



CATALYST

Growing Funds for Parkinson's Research

Jennifer Bugnatto's Team Raises Over \$25,000 for Parkinson's Research at US Half Marathon

Jennifer Bugnatto's father, George, had Parkinson's disease. April 2003 marked the one-year anniversary of his death due to Parkinson's complications. As the date approached, Jennifer felt compelled to do something in his honor. "I participated in the Leukemia Society's 'Team in Training' program a few years ago, training and raising money for them. But I always felt a little guilty I was not doing something for Parkinson's."

Fueled with the desire to pay homage to her dad, Jennifer did an Internet search to see if there were fund-raising walks or runs in the Bay Area to benefit Parkinson's. While she didn't find anything locally, she did discover the Team Parkinson site which included information on how it raises money for Parkinson's research during the LA Marathon. She also discovered that with the assistance of The Parkinson Alliance,

Team Parkinson guarantees that 100% of all net proceeds goes to Parkinson's research. When Jennifer learned of the Alliance's offer of giving assistance to help plan a local event, Jennifer e-mailed Carol Walton at the Alliance for that assistance. She also contacted John and Edna Ball of Team Parkinson. The idea of locating a local run and putting together a Team Parkinson group was born.

Jennifer selected the US Half Marathon being held in San Francisco. "I picked the event since it was in the fall and would give me enough planning and training time. I also felt I could get more newer runners involved if we did the shorter (half marathon) distance. Then I started e-mailing family and friends. We had a lot of first time runners that signed up—a few had family members with Parkinson's and others just wanted to help the cause. While some participants were nervous about their abilities, confidence grew by the week. My mom, Maggie, and my brother, Pete, helped with some of the planning and also supported us during our training runs."

On Saturday, October 18, 2003, the Team Parkinson booth was set up in the Expo for the US Half Marathon. The booth was well located, and displayed the team name and corporate sponsors, Titan Pharmaceuticals, Franklin Templeton Investments, and Mark X Inc. prominently. Jennifer, the local Chairperson for this event, worked at

INSIDE

Message from the Executive Director 2

DBS-STN.org Newsletter

 And Now A World From Our Sponsors 3

 Our Surveys..... 3

 Current Science Review 4

 The Zen of DBS Programming 5

 "Brain Sounds" 6

Past Events 7

Upcoming Events 8

the booth for several hours. Afterwards, it was time for a carbo-load dinner at Italian restaurant, *Buca di Beppo*. At that dinner, Jennifer made the surprising announcement that Team Parkinson raised over \$25,000. Jennifer's announcement further energized Team Parkinson's participation in the following day's US Half Marathon.

On race day, Jennifer and 24 others on behalf of Team Parkinson joined thousands of other participants in the 13.1 mile race that included a run out and back across the Golden Gate Bridge. Two team members with PD participated: John Ball, who ran the race, and Mariah Smith, who organized a walking group from her Napa Valley support group. Every person of Team Parkinson finished the race!

Jennifer is already organizing the next team, and she is speaking with the race organizers about becoming one of the official charities of the US Half. "Everyone is very dedicated to this cause, and from what I can tell everyone wants to participate again next year. I hope to grow the team even more and am looking forward to making this event an even bigger success."

For more information on Team Parkinson, please visit its web site at www.teamparkinsonla.org. For more information on the US Half Marathon, please visit its site at www.usahalf.org.



Jennifer Bugnatto and her father, George.



The Idea of Three into the Marathon of Many—Team Parkinson

The Public Policy Forum is a unique educational conference that brings together Parkinson's advocates from around the country to Washington, D.C. It is often through these Forums that advocates get an opportunity to personally meet, pool their experiences and knowledge, and help each other bring their Parkinson's research fundraising visions to fruition. Such is the case with Team Parkinson.

In 1999, three LA residents, Mary Yost, a walker, Tom Brown, a cyclist, and John Ball, a runner—all persons with Parkinson's—had an idea to form a team under the "Official Charities Program" of the Los Angeles Marathon. They learned if accepted into the Program, team participants are permitted to collect pledges from friends, family, and co-workers. After learning of their goal at a Forum meeting, Ken Aidekman (a co-founder of the Parkinson's Unity Walk) and I flew to Los Angeles in December 1999 to offer our collective guidance. Working together, Team Parkinson became one of the 50 approved charities in time for the 2000 Los Angeles Marathon.

The 2000 Team included three people with PD in the marathon; three people with PD in the bike tour; and five people with PD in the 5K. In 2000, Team Parkinson raised over \$50,000 for Parkinson's research. It was just the beginning.

I recently returned from Team Parkinson 2004 at the Los Angeles Marathon. The 2004 Team included 19 participants in the marathon, 5 with PD; 5 participants in the bike tour, 2 with PD; and 54 participants in the 5K, 5 with PD. While the totals are not yet in, estimates are that Team Parkinson raised \$130,000.

Through its commitment, dedication, and networking, Team Parkinson is expanding into other cities. As detailed in our cover story, Team Parkinson participated in the US Half Marathon in San Francisco. Team Parkinson has also recently been named the first approved charity for The Lilac Bloomsday Run—commonly known as "Bloomsday"—in Spokane, Washington. This is quite an achievement, as the Bloomsday run has been an annual event for 27 years without any official charity. Team Parkinson's involvement came about when Steven Evans—a TP participant with PD who last year made history by completing his first ever marathon in Los Angeles less than seven months from his Deep Brain Stimulation (DBS) surgery—went to the Bloomsday Board and obtained approval for Team Parkinson. Bloomsday's 7-mile run attracts almost 100,000 people from all over the country.

John Ball and his wife Edna continue their tireless devotion to growing Team Parkinson, and the Team now has participants running in other marathons, including the Chicago Marathon, the Hyannis Marathon, the Napa Valley Marathon, the Mid-City Marathon, and Big Sur Marathon.

In the past 4 years, the dedicated people working across the country for Team Parkinson have raised more than \$250,000 for Parkinson's research. It is truly an honor and privilege working with people like John and Edna Ball, who have dedicated their lives to curing Parkinson's; Jennifer Bugnatto, who is organizing TP's participation in the next US Half-Marathon; and Steve Evans and his sister Stella Martin, who are organizing TP's participation in the Bloomsday run in Spokane, WA.

When I see Team Parkinson participants wearing the TP logo—with its walker, cyclist, and runner, I know the Team is carrying forth the vision of its founders. I take immense pride in witnessing the idea of three growing into the marathon of many—Team Parkinson—working together to raise money for Parkinson's research and ultimately find its cure. If you are interested in running a marathon for Team Parkinson, visit its website at www.teamparkinsonla.org or call toll free 1-866-822-CURE.

A handwritten signature in black ink, appearing to read "Carol J. Walton". The signature is fluid and cursive.

Carol J. Walton
Executive Director

And Now A Word from Our Sponsors

By Margaret Tuchman

It has taken many months of work and much thought and discussion among the many talented staff members of The Parkinson Alliance and our volunteer friends working together to bring out this issue of *The Catalyst*. In addition, we are proud to announce the creation of our own website dedicated to issues relating to DBS-STN patients: www.DBS-STN.org.

We hope to achieve several goals: providing the most current scientific information concerning DBS-STN; reporting the results of surveys we are conducting on the effects of DBS-STN surgery on the lives of patients and their loved ones; and providing an online forum for asking questions, sharing experiences and gathering information concerning the procedure. Our primary goal is providing patients and their caregivers with information that is essential to their well-being and quality of life.

We were fortunate to have had the comfort and security of our previous website home, www.RewiredforLife, but it was time to become independent. We truly appreciate our strong and lasting relationship with the neurological medical staff on the 15th floor of The Hospital for Joint Diseases, NYC. The title of this little monologue refers to "our sponsors," and that is literally the truth. The Parkinson Alliance supports all the costs that our work entails, including our participating sponsorship of the NINDS/DBS Consortium and other symposiums, the cost of creating and maintaining our new website, publishing *The Catalyst*, and all the administrative time and travel expenses. I am personally involved because of my long-standing involvement with the Parkinson community and my own DBS-STN surgery in December 2000.

The channels of communication we will be employing are *The Catalyst*, published twice per year with a removable DBS-STN section, and the new DBS-STN.org website, with articles and news from the most recent scientific literature that will be presented in their entirety.

We are striving to share information, involve the DBS-STN community and facilitate communication. Non-internet patients are encouraged to communicate with us via the US Postal Service and by telephone. All others will have access to information on our website and to participate in our online Forum. The Forum, which is moderated by me, is totally anonymous and can become a vibrant street corner where we find answers and caring support.

One last thought: I feel that your appreciation can best be expressed by opening your mind and your heart to what we are offering.



Margaret Tuchman,
President of The Parkinson Alliance
&
Founder of DBS-STN.org

**Participate • Learn • Spread the Message
• Communicate!**

INSIDE

Current Science Review, March 2004 . . .	2
The Zen of DBS Programming, by guest columnist Roberta Rubin	3
"Brain Sounds" by Mona Schwartz	4

Our Surveys

For the majority of those who had DBS-STN surgery, their quality of life has improved dramatically.

In 2002, the first DBS-STN survey was distributed to a group of PD patients who had DBS-STN surgery. This survey was designed to collect, analyze, and compare the individual circumstances leading up to, through, and after surgery. We found that the survey helped answer many questions and raised some others. The evaluation of the collective responses is the foundation for *The First Report*.

A number of large gaps were uncovered in the patients' knowledge and understanding of many issues they and their families were struggling with—even as they were recuperating from the surgery. *The Focus 1 Survey* was sent to the respondents of the initial survey. It was an outgrowth of some of the questions that were raised and collected in *The First Report*. This survey compared the severity of many PD symptoms before and after surgery, as reported by forty-nine patients.

If you would like to receive a copy of *The First Report* or of the *Focus 1 Report*, please either visit our website at www.DBS-STN.org where you can download a PDF or contact our office at 1-800-579-8440.

Additionally, if you or someone you know had DBS-STN surgery at least six months ago, we'd like to hear from you. Please call our office toll free at 1-800-579-8440 to learn how you can participate in our new surveys.

Current Science Review—March 2004

by *The Parkinson Alliance Research Team*

According to the World Health Organization: “Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”¹ This definition of health clearly conveys the importance of examining quality of life (QOL) and its role in medical illness. Relevant components of QOL include “physical status and functional ability, psychological status, social interactions, economic and vocational status, and religious and spiritual issues.”² More and more, medical research is recognizing the need to assess QOL to better understand the effectiveness of various prevention, monitoring, and intervention techniques.³

Although an implicit assumption in the treatment of Parkinson’s disease (PD) is that improvement in the cardinal symptoms (rigidity, bradykinesia, postural instability, tremor) will lead to an improvement in QOL, research has shown that QOL is not simply related to symptom severity.⁴ Non-motor symptoms, psychiatric symptoms, social adjustment, vocational functioning, cognitive functioning, and other issues all play a role in QOL in PD.⁵

A large amount of research has examined QOL in PD,⁶ but relatively few studies have examined QOL in patients undergoing DBS-STN. Our review of the scientific literature identified 8 studies that formally measured QOL in DBS-STN patients. Of these studies, two included very few patients with DBS-STN and the results were not reported specifically for the DBS-STN patients.^{7,8} The remaining six studies all found that QOL improves following DBS-STN. However, some domains of QOL seem to improve more than others.

The largest study to date examined QOL in 60 DBS-STN patients.⁹ The results showed a 43% improvement in QOL 12 months after surgery. In addition, emotional functioning improved by 29% and social functioning improved by 63%. Three other studies found similar results.¹⁰⁻¹² Another study

of 11 DBS-STN patients found that significant improvements were evident across many, but not all, subscales of a commonly used PD-specific measure of QOL.¹³ Specifically, at six months post-surgery, DBS-STN patients improved on measures of mobility, activities of daily living, and cognition. However, subscales measuring communication, bodily discomfort, social support, and emotional functioning did not improve.

The most recent study of QOL in 26 DBS-STN patients showed an average improvement in QOL of 31%.¹⁴ Importantly, this study also assessed change in depressive symptoms and found that QOL improvement was significantly related to a reduction in symptoms of depression. In fact, these researchers found that improvement in QOL was more related to a decrease in depression than a decrease in motor symptoms. Clearly, this study highlights the importance of assessing depression, and this is the topic to which we now turn.

Although the actual incidence of depression among individuals with PD varies, recent reported prevalence rates indicate that about 20 to 40 percent of patient’s with PD experience depression.^{15,16} Between 15 and 25 percent of individuals with PD may even present with depression prior to the manifestation of motor symptoms by 1 or more years.^{16,17}

Research is just beginning to examine depressive symptoms following DBS-STN surgery. The vast majority of studies we reviewed indicated that DBS-STN patients experience either no change or some improvement in depression following surgery.¹⁸⁻²¹ This improvement in mood could be attributed to improvement in motor symptoms, improvement in activities of daily living, and the procedure itself may affect the brain systems associated with depression.

It is important to note, however, that a sizable portion of patients show a worsening of depressive symptoms

following surgery, and depression is sometimes cited as an adverse event.²² One research project studied 24 PD patients prior to and within 6 months after surgery. The investigators studied mood, motor, and cognitive status to examine the effects of the DBS-STN on mood.²³ The study found that 25% of the patients demonstrated a worsening state of mood, and three were transiently suicidal; this is despite clear motor improvement. Two other studies examined PD patients who underwent DBS-STN surgery and found several patients became severely depressed even after clinical improvement in motor symptoms.^{24,25} Specifically, behavioral and psychiatric changes occurred after the surgery, including increased mood swings, aggressiveness, irritability, depressed mood, thoughts of suicide, social withdraw, and abnormal sexual behavior.²⁵ Studies also found that stimulator location can cause depressive symptoms.^{25,26} For example, crying spells and feelings of despair occurred when high-frequency stimulation was delivered to a brain structure 2 mm below the site where stimulation alleviated the signs of PD.²⁶

It is plausible that increased depression after surgery relates to one’s expectations about surgery outcome. Although the surgery is effective in reducing the cardinal motor symptoms of PD, DBS-STN is not a cure, and many patients may feel disappointed and frustrated when symptoms remain and/or complications occur. In addition, the brain systems involved in depression are poorly understood and it is possible that DBS-STN can change brain functioning in ways that may produce or exacerbate depressive symptoms.

Our future goals include deepening our understanding of the relationship between QOL and depression in DBS-STN patients.

References for this article are available on our website at www.DBS-STN.org or by contacting our office at 1-800-579-8440. An expanded version of this article with additional references is also available on our website.

The Zen of DBS Programming

By Roberta Rubin, RN, CNOR, RNEA, California Neuroscience Institute

Is it black magic, or simple physics? The answer is—both.

Programming is 30% physical science, 30% listening and observing, 30% clinical movement disorders training, and 10% creative thinking. Here are answers to some frequently asked questions.

What do amplitude, pulse width and pulse rate mean?

If you picture in your mind an EKG waveform, the amplitude is the height of the spike, the pulse width is the length of time it stays at the top of the spike, and the pulse rate is the number of spikes per second.

How do you decide what parameters to set?

There are pretty well established starting parameters that researchers agree are effective for a lot of people with similar symptoms. But one size does definitely NOT fit all. Most programmers will start with a conventional setting, and then take it in whatever direction the patient needs to go based on responses and side effects.

What are unipolar and bipolar?

To create an electrical current you need a cathode and an anode (remember high school physics?) A negative and a positive. The generator battery pack in your chest is referred to as the “case”. The electrode in your brain has 4 contacts—0 1 2 3. The deepest one is 0, and the top one is 3. Unipolar means that the case is positive and one or two or all of the contacts are negative. For example, case + 0-. This creates the widest current spread. For some, unipolar is too strong, and bipolar is a better option. This takes case out of the equation, and focuses the current between two contact; for example, 0- 1+, or 1- 2+. You can reverse the cathode and anode for an even weaker current in an extremely sensitive patient.

How much time is programming supposed to take?

Programming takes as long as it takes to achieve the optimal setting. This may not be achieved in one visit. Sometimes it is a “slam dunk” on the first try. For most, however, it is an ongoing process. It’s important that the programming provider know your symptoms intimately and do a practical assessment of them at each visit. If you play the guitar, bring

the guitar. If you have trouble typing, or writing—whatever, test these activities throughout the process. Always take your medication after programming and stay put until you are “on” to make sure you

do not get disabling dyskinesia from the combination.

Why does the effect seem to fade out?

You leave the office feeling great, and one or two days later, or even later the same day, you’re right back where you started. This is a tough one, and frustrating for all. But remember with your medication, how long it took to find the right dosage and combination. It’s a process of trial and error—and patience. Having a response at all means you are very close, you just need a little more, or a little less of one or two or all of the parameters. Keep working at it, and don’t give up.

Roberta’s Ramblings

The most successful patients are the ones who “partner” on their programming. It’s an interactive process, and the more you bring, the more you’ll go home with. My most diligent patients keep “diaries” we create together for them charting every three hours for five days, meds, meals, and rating scales of 1-5, walking, tremor, dyskinesia, feeling of well being, sleep, on and off time.

This can be created on a spreadsheet or by hand. This is **great** information for

planning med changes and programming changes. Your neurologist will love this too. Also, before going to programming, list your goals for that session. Is your left leg dragging? Head feels fuzzy? Speech slurred? Communicate these needs before starting. Call once in a while when you’re feeling great. This makes us dance down the halls with joy!

Don’t forget to hug your programmer!

Roberta Rubin has been working in the field of Neurosurgery for 22 years, and specializing in Movement Disorders surgery for the past 13 years. She has been on staff of some of the most progressive neurosurgical centers in the country, and she is currently clinical supervisor and head nurse at California Neuroscience Institute, at St. John’s Regional Medical Center in Oxnard, CA.



Roberta programming a patient



Roberta testing a patient in the OR

“Brain Sounds”

by Mona Schwartz

“Brain Sounds” is the first person account of Mona Schwartz’s experiences as a Parkinson’s patient and, subsequently, with DBS-STN. While actively seeking a publisher of her memoir, Mona graciously agreed to allow us to publish excerpts.

I wish I could say I awoke and then I moved. It would make a much more dramatic beginning. But, I waited two more weeks; then I moved. And the moment had all the drama I could have wished for.

After years of limited mobility, extremely negative reactions to medicine, and a prognosis for a bleak future, I finally had hope. . . and real movement. I was one of approximately one and a half million people in the United States, millions worldwide, who suffered with Parkinson’s, a degenerative disease that affects mobility. The stage I was at, after almost twenty years of slow degeneration, suggested that I no longer should live alone. If I bent over, I couldn’t straighten up. If I lay down, I struggled to get up. If I sat down, it had to be on the edge of a firm chair. And God forbid I fell down, which happened at least once a week. Depending on the prevailing whim of the Parkinson’s, either I was able to crawl to something I could pull myself up on, or I could lie there



Mona Schwartz is a former English professor, director of a college-level writing program, and author of a textbook on writing. A Parkinson’s patient for 20 years, Mona had DBS-STN surgery in November 2001. She lives with her geriatric cat, Cleo.

until somebody rescued me. And I lived alone.

The symptoms of Parkinson’s are generally described as tremor, rigid posture, slow movement, and a shuffling walk. That description is accurate as far as it goes; however, it doesn’t begin to describe the jail one’s body becomes.

Today, every moment of every day is a gift. I waken in a position different from the one I went to sleep in. I stretch luxuriously, and I “pop” out of bed. I walk to the kitchen, make breakfast—including boiling water, which involves filling the kettle, then pouring the hot water in, not past, the cup which I have pre-filled with instant oatmeal. I take pleasure in brushing my teeth, and I’m dressed in five minutes.

I no longer have to allocate an hour for getting on my clothes and dealing with the various fasteners. Pulling up zippers on slacks and fastening buckles or tying laces on shoes was problematic. Heels, even low ones, and pumps were out of the question. I had long ago abandoned skirts because trying to pull up pantyhose was a frustration. And manipulating a button into its hole was an Olympic event. Consequently I settled for baggy jeans with an elastic waist, a loose top worn over them, and jogging shoes that I had allowed an extra half-hour to lace—not exactly the fashion statement I was used to, but pragmatic and realistic.

What was my life like before Parkinson’s? Pretty much like anyone else’s. I went to work, which meant teaching basic writing skills to college freshmen who didn’t want to be in that particular class at that particular time in their lives. And who could blame them? But I digress.

I had many interests, primarily reading and crafts. I was an omnivorous reader, a Ph.D. in English lit-

erature. Commuting was primarily an opportunity to read, having only peripherally anything to do with getting from point A to point B.; reading was my justification for taking public transportation. It may be a cliché, but an absence of interesting material on hand would drive me to reading cereal boxes. They have an amazing wealth of nutritional information. I dabbled in various crafts, especially needlework, including sewing, needlepoint, and embroidery. For a time all I wore were designer-inspired clothes I had made myself. I knitted and crocheted a number of sweaters. I made needlepoint sofa pillows.

Additionally, I had become involved in faux finishing, working primarily on small boxes, and the newest addition to my repertoire was decorative printing with rubber stamps on fabric and other surfaces. I had even considered a second career working in the crafts market after retirement. My problem was deciding which craft I enjoyed the most.

My most truly artistic endeavor was photography—the serious kind, not the vacation or family snapshots we usually mean when we talk about amateur photography. I specialized in still lifes, flower and nature close-ups as well as carefully selected segments of landscapes, the best of which I had enlarged, framed, and hung in the twenty foot long hallway in my apartment, a gallery of my favorite places and images.

Also there was cooking. I loved to cook; I even had considered writing a vegetarian cookbook which didn’t rely heavily on eggs or soy-tofu as protein sources, as did the few vegetarian cookbooks published at the time.

To read Chapter 1 of “Brain Sounds” in its entirety, please visit www.DBS-STN.org. If you would like to see Mona find a publisher, please write us with your support. We will forward all letters to her.

DBS-STN.org — The Newsletter

published by The Parkinson Alliance

Post Office Box 308 • Kingston, NJ • 08528-0308 • 1-800-579-8440

www.DBS-STN.org • e-mail: info@DBS-STN.org

Carnegie Center 5K & Fun Run

October 4, 2003

West Windsor, NJ

The Parkinson Alliance is proud to announce that this year's event raised \$44,000 - our most successful year! Fortunately the rain held off until close to 400 runners, walkers, and volunteers participated in the 5K & Fun Run to raise money for Parkinson's disease research.

It was an early and chilly start this year for a one-mile Fun Run that was held for youngsters and some parents. All were winners as our child runners received their own runner's trophy. Prior to the 5K, Miss Rhode Island 2002, Gianine Marie Teti, beautifully sang our National Anthem. Carol Walton, Executive Director of The Parkinson Alliance, also took this opportunity to thank our sponsors, participants, and volunteers. A special thanks was given to those corporations who have supported this event for the past 4 years.



The men's winner was Dave DeWolfe with a time of 15:15, and the women's winner was Harper Hoff-Collins with a time of 21:26. For all other race times visit The Parkinson Alliance's Web site at www.parkinsonalliance.org.

After the race, enthusiastic volunteers worked hard serving a spread of drinks, snacks, sandwiches, and pizza for the runners to enjoy. The Parkinson Alliance thanks commercial real estate broker Jerry Fennelly, his wife Nancy Fennelly, NAI Fennelly, his family, and Boston Properties for another year of exceptional work in making the Carnegie Center 5K & Fun Run a great success. We also thank our Premier Sponsors: Boehringer Ingelheim/Pfizer and our Gold Sponsors: Interpool, Inc and Yardville National Bank.



Updating our Mailing List ...

If your name or address is incorrect on this newsletter's mailing label, please let us know. If you receive multiple copies of this newsletter, please notify us so that we can correct our mistake. If you no longer wish to receive this newsletter, or if you know someone that would like to receive it, please notify us so we can update our database. Finally, if you'd rather receive this newsletter by email, let us know. Thank you!

Buy Delicious Pancakes from Pj's & Help Support Parkinson's Research

100% of the net sales proceeds from the online sale of pancake products are donated to The Parkinson Alliance.

Pj's Pancake House

<http://www.pancakes.com>

Upcoming Events - 2004

April 24th—Parkinson's Unity Walk

Join us, rain or shine, for the 10th annual Unity Walk in Central Park, New York City. For more information, visit www.unitywalk.org.

May 2nd — Team Parkinson at Bloomsday

Bloomsday is an annual 7.46 mile fun run/walk in Spokane, Washington that starts at 9 a.m. Team Parkinson is the first official charity of Bloomsday and is endorsed by the Bloomsday Association.

May 20th — Putting for Parkinson's Golf Outing—West

The Tuchman Foundation will again hold its annual golf tournament at the beautiful Chardonnay Country Club's Shakespeare Course in Napa Valley, CA. All proceeds will directly benefit Parkinson's research.

June 27th — 3rd Annual Shake, Rattle, & Roll

A one-mile walk along the Peoria Riverfront path, featuring benches and plenty of water stops along the way. Refreshments, music and guest speakers follow the walk. Event proceeds will support The Parkinson Alliance and People Living with Parkinson's (PLWP).

September 14th — Putting for Parkinson's Golf Outing—East

The Parkinson Alliance and The Tuchman Foundation are again combining forces this year providing a great opportunity to raise funds. This golf outing will be held at Forsgate Country Club in Jamesburg, NJ. All proceeds will directly benefit Parkinson's research.

October 2nd — Carnegie Center 5K & Fun Run

Our annual 5K and one-mile fun run where walkers and families are also welcome. Food and refreshments will be served and awards will be given to age-category and group team winners. Relatively flat course. USATF-NJ Certified Course.

October 17th — Team Parkinson at the US Half Marathon

Join Team Parkinson for the US Half Marathon in San Francisco on a beautiful 13.1-mile course over the Golden Gate Bridge, while raising funds to find a cure for Parkinson's disease! This is the largest half marathon to run out and back across the Golden Gate Bridge.

October 24th — "A Step Ahead: A Positive You" Fashion Show & Luncheon

Please join us for an elegant and fun-filled afternoon that will help raise much needed funds for Parkinson's disease. This year's show will be held at the Hyatt Regency Princeton and will include fashions for women, men, and children.

100% of net proceeds from all events goes directly to Parkinson's research.
For the latest news on upcoming events,
please visit our Web site at www.parkinsonalliance.org

The Catalyst
published by:

The Parkinson Alliance
Post Office Box 308
Kingston, NJ 08528-0308

1-800-579-8440
609-688-0870
fax: 609-688-0875

www.parkinsonalliance.org
e-mail:
admin@parkinsonalliance.org

Designer/Editor
Gloria Hansen

Board of Directors

Chairman of the Board
Martin Tuchman

President
Margaret Tuchman

Executive Director
Carol J. Walton

Secretary
Lauren Barbero

Treasurer
Kathleen C. Francis

Directors
Kenneth Aidekman
Lynn Fielder
H. James Maurer

The Parkinson Alliance
Post Office Box 308
Kingston, New Jersey 08528-0308

Nonprofit Org.
U.S. Postage Paid
New Brunswick, NJ
Permit #1



TIME VALUE MAIL—ADDRESS SERVICE REQUESTED