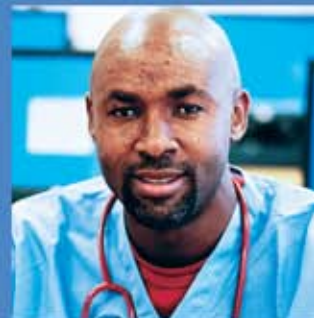


Consumers Making a Difference: Addressing Disparities in Breast and Prostate Cancers





Understanding Health Disparities

Why Should You Get Involved?

- The **Congressionally Directed Medical Research Programs (CDMRP)** seek members of the American public who are affected by various diseases, including **patients and survivors**, to serve as **consumer reviewers**. Consumers from all backgrounds are sought to take part in the review of scientific research proposals.
- Consumer advocates' firsthand and personal experiences with a disease provide a **unique perspective** that complements scientific expertise during proposal review. The consumer perspective increases awareness of the human side of research and how it impacts survivors. The **voices and concerns** of members of disproportionately affected and underserved populations need to be represented during proposal review.
- To help address **health disparities**, the CDMRP encourages researchers to apply for grants to address the needs of minorities, the elderly, women, and low-income, rural, and other underserved populations in their research protocols.

Did You Know?

- Although breast cancer is diagnosed 10% less frequently in African American women than White women, African American women are 34% more likely to die from the disease.
- The incidence rate of prostate cancer for African American men is 1.5 times higher than for White men.
- African American men are 2.4 times as likely to die from prostate cancer compared to White men.



"I am a two-time breast cancer survivor for the past 7 years. After going through chemotherapy for the second time and receiving radiation, I felt the need to become involved. I decided to join the CDMRP as a consumer to find out as much information as I could so I would be able to go into the community and talk with African Americans about breast cancer. Serving as a consumer reviewer with the Breast Cancer Research Program has turned my life around completely, as I have had the opportunity to sit on a panel with scientists and clinicians who respect my views and input and consider my perspectives equally with those of the experts."

*Ollie Ferrell, Consumer Reviewer
Susan G. Komen for the Cure, Tarrant County, Texas*

GET INVOLVED as a CONSUMER REVIEWER

What Is the Role of the Consumer Reviewer?

The Role of a Consumer Reviewer in Scientific Peer Review Is to:

- Represent the collective views of survivors, patients, family members, and persons affected by and at risk for the target disease.
- Read and evaluate research study proposals for relevance to the consumer community's needs and concerns.
- Actively participate in peer review panel discussions.
- Participate as a full member of the review panel with full voting member status.

Requirements to Serve as a Consumer Reviewer:

- Be a breast or prostate cancer survivor. For other program requirements please see <http://cdmrp.army.mil/cwg> for program-specific requirements.
- Be an active participant in a breast or prostate cancer advocacy, outreach, or support organization in your local community and be nominated by your organization.
- Represent the views of your community, not your personal perspective.
- Have an interest in expanding personal scientific knowledge.
- Have at least a high school education or its equivalent.
- Have the ability to read and write in English.
- Have basic computer skills and access to a computer with a connection to the Internet.

How Do I Apply?

- Visit the website (<http://cdmrp.army.mil/cwg>).
- Download and complete a nomination form.
- Write a personal statement describing your advocacy experience or experience with the disease/illness/injury.
- Obtain a letter of support from the leader of your advocacy/community group.
- Submit your nomination letter and application materials to the address below.

To Request and Submit Nomination Packets:

Congressionally Directed Medical Research Programs

ATTN: Consumer Recruitment
1077 Patchel Street
Fort Detrick, MD 21702-5024

Questions Concerning Consumer Involvement:

Phone: (301) 619-7071
Fax: (301) 619-7796
E-mail:
cdmrpconsumers@amedd.army.mil



"My experience as a consumer reviewer for CDMRP has been extremely rewarding, as I have had the opportunity to interact with scientists, clinicians, and other prostate cancer survivors during the review process. I believe this multifaceted effort to investigate prostate cancer will eventually be fruitful in conquering the disease."

*Benjamin Floyd, Consumer Reviewer
Prostate Cancer Network Group*



Congressionally Directed Medical Research Programs

CDMRP Vision:

Find and fund the best research to eradicate diseases and support the warfighter for the benefit of the American public.

CDMRP Mission:

We provide hope by promoting innovative research, recognizing untapped opportunities, creating partnerships, and guarding the public trust.

History

The CDMRP was born from a powerful grassroots effort led by the breast cancer advocacy community that convinced Congress to appropriate funds for breast cancer research. This enabled a unique partnership among the public, Congress, and the military. The CDMRP has grown to encompass multiple targeted programs, and it has received nearly \$5.9 billion in appropriations from its inception in fiscal year 1992 (FY92) through FY10. Funds for the CDMRP are added to the Department of Defense (DOD) budget, where support for individual research programs is allocated via specific guidance from Congress. For a full listing of current research programs, please visit the CDMRP website at <http://cdmrp.army.mil>.



"African American men continue to die almost 10 years earlier than other men; that age, in my county, is 56 years. This is too young, and prostate cancer is one of the foremost contributors to premature death of African American men. The CDMRP Prostate Cancer Research Program is on the cutting edge of understanding the complexity of this disparity and is supporting innovative interventions to eliminate the problems. Thank you."

*V. Diane Woods, Dr.P.H., M.S.N., R.N.
University of California, Riverside*

PARTNERING for a CURE

Proposal Review

The CDMRP uses a two-tier review process for proposal evaluation. Both steps in this process involve dynamic interactions between scientists and consumer reviewers.

Peer Review

The first tier of evaluation is a scientific peer review of proposals. Consumers represent the concerns and interests of their communities and serve as equal participants on peer review panels. They present critiques to the panel, actively participate in discussions, and are full voting members. Consumers provide a distinctive viewpoint and a sense of urgency, joining forces with leading scientists and clinicians in identifying innovative research.

Programmatic Review

The second tier of the review process is a programmatic review of peer-reviewed proposals that is conducted by each program's Integration Panel (composed of scientists, clinicians, and consumers). Consumers are full voting members of the Integration Panel. This review compares and recommends proposals for funding based on scientific merit, innovation, portfolio balance, and overall goals of the program.

Consumer Working Group

The Consumer Working Group (CWG) brings together CDMRP staff and consumer representatives. Consumers play a vital role in the CWG by advising on topics ranging from consumer program policy, evaluation of consumer participation in CDMRP processes, recruitment efforts, and consumer conferences. Consumers on the CWG provide guidance and recommendations necessary to the CWG and the CDMRP as a whole, contributing to the continued successful partnership of consumers with the CDMRP.



"Cancer is a disease we must defeat. While scientists are intelligent, most have not faced the words 'you have cancer' like I have. Scientists are trying to help people who have been diagnosed with cancer. This is a partnership, and researchers need cancer survivors as much as we need them. Reviewing grant applications can be challenging, but I must represent survivors to the best of my ability. I encourage cancer survivors to join the team and help the research community beat this disease!"

*Ce Ce Whitewolf, Consumer Reviewer
Native People's Circle of Hope*



Genetic Risk Factors in African Americans



Genetics of Breast Cancer in African Americans

Carolyn Broome, Ph.D., Howard University

Between 2000 and 2006, African American women had an average cancer mortality rate that was a startling 22.1% higher than that of White women. Dr. Carolyn Broome, a four-time recipient of the Breast Cancer Research Program Idea Award, has spent the better part of her career identifying and analyzing the genetic and epigenetic differences between African Americans and Whites contributing to cancer aggressiveness and early-onset mortality. She identified a broad spectrum of mutations in BRCA1, BRCA2, and CHEK2 in high-risk African American women.

Using microarray analysis, Dr. Broome's team identified significant differences between African Americans and Whites in the expression of several genes (such as COL1A1), thereby identifying putative biomarkers for aggressive breast cancer in African American women. Within both racial groups, the team observed significant differences in gene expression profiles between normal versus precancerous tissues (ductal carcinoma in situ) and normal versus carcinoma tissues. Most important, this study revealed that more aggressive tumors and early-onset breast cancer are associated with gene expression patterns that are qualitatively different or quantitatively more pronounced in African American compared with White breast cancer patients. As a recipient of an FY07 award, Dr. Broome is attempting to discover protein biomarkers for breast cancer in African American women. Dr. Broome's work has potential implications for genetic testing and counseling, risk assessment, diagnosis and prognosis, and treatment of breast cancer in African American women.

Did You Know

For a sampling of 7 states, during the period 2004–2006 African American women between the ages of 25 and 44 were an average of 1.9 times more likely to die of breast cancer than young White women.



"The Breast Cancer Research Program at CDMRP has provided vital support to establish significant breast cancer research capabilities at Hampton University. This is an excellent program that will advance imaging and treatment technology for breast cancer patients, address minority health disparities, train a new diverse generation of breast cancer researchers, and establish a strong partnership by leveraging the expertise of a national laboratory and a medical school."

Cynthia Keppel, Ph.D., Hampton University



"My experience as a PCRCP Consumer Reviewer was both personally enlightening and rewarding. All aspects of the disease disparity were addressed in the range of proposals reviewed. A diverse group of scientific and consumer reviewers engaged in panel discussions that were thorough, spirited, and well organized and gave me a much broader appreciation of the many facets of prostate cancer. Not only did I feel that my views were sought, respected, and appreciated, but I could also see that the mutual respect enjoyed among us facilitated a thoroughly effective exchange of ideas and opinions allowing those proposals with the highest impact value to advance. I am confident that my input was influential and made a difference."

Earl Jones, Consumer Reviewer, California Prostate Cancer Coalition



Cancer-Related Genes in African Americans

Rick Kittles, Ph.D., University of Chicago, Chicago, Illinois

African American men have prostate cancer (PCa) mortality rates that are frequently 2-3 times higher than those of other racial groups in the United States and that are also among the highest in the world. In an effort to elucidate the underlying reasons for this disparity, four-time Prostate Cancer Research Program awardee Dr. Rick Kittles has been investigating the relationship between genetic ancestry and susceptibility to prostate cancer among African American men. His most recent work uses an admixture mapping (AM) approach to find disease-causing genetic variants that differ in frequency across populations. This technique is well suited to studies of populations whose members are a mix of two ancestral groups that have been geographically isolated for tens of thousands of years—in this case, African Americans who share both West African and European ancestry. This comparison of the prevalence of ancestral gene variants among prostate cancer patients and healthy controls in the African American population using AM has the power to reveal new gene loci that contribute to disease susceptibility. Upon analyzing 1,227 samples, Dr. Kittles' team corroborated the findings of other groups that indicate susceptibility genes located in chromosomal region 8q24. Additionally, the researcher discovered new susceptibility regions on chromosomes 7 and 5. These results provide new insights into genetic ancestry and PCa and are of particular interest because some of these same chromosomal regions have been implicated in aggressive disease. The approaches utilized by Dr. Kittles and his team potentially may uncover new directions in early detection, prostate carcinogenesis, and disease aggressiveness among high-risk populations.

Did You Know?

Between 2004 and 2006, African American men in Florida and Kansas were an astounding 2.9 times more likely to die of prostate cancer than White men; this was the highest factor in the nation.



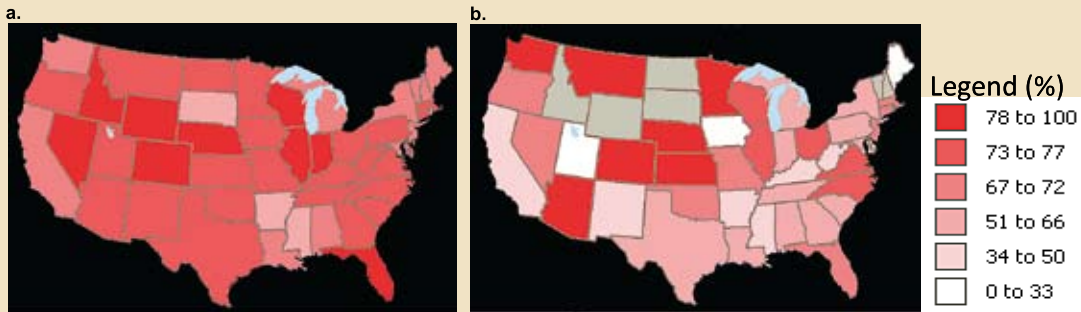
Disparities in Access to Care



Grace Smith, M.D., Ph.D., M.P.H., The University of Texas M.D. Anderson Cancer Center

Dr. Grace Smith of The University of Texas M.D. Anderson Cancer Center was awarded an FY06 Multidisciplinary Postdoctoral Award to conduct a comprehensive assessment of treatment of early breast cancer in the United States. Evidence suggests that disparities in care are present, as certain breast cancer patients do not undergo the radiation and chemotherapy treatments they may need in parallel with a lumpectomy. Additionally, minorities and disadvantaged patients, such as women with disabilities or lower education levels, are more likely than their peers to receive suboptimal care.

Dr. Smith investigated breast cancer care using data gathered from the National Medicare dataset. For each year from 1995 to 2005, Dr. Smith analyzed treatment for approximately 20,000 women living in every state in the Union, who were older than age 65 and diagnosed with breast cancer. Of the 34,080 women with invasive breast cancer included in this study, 91% of those who underwent lumpectomy were White, 6% were African American, and 3% were another race. Utilization of adjuvant radiation therapy (RT) varied from 50% to 85% across states while utilization of adjuvant chemotherapy ranged from 8% to 22% by state. Some regions of the United States showed marked disparities in adjuvant treatment by race, particularly the Pacific West, the East South Central region, and the Northeast, while others had no disparity. Moving forward, Dr. Smith will assess the impact of these treatment disparities on breast cancer outcomes and costs.



Percentage of RT use in White patients (a) versus African American patients (b). Gray shading indicates the sample size was too small to provide meaningful data.



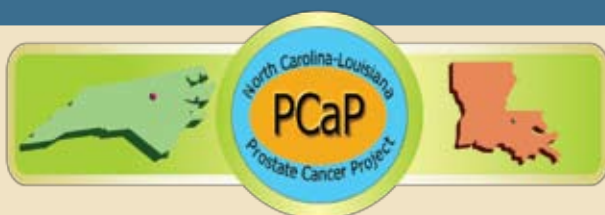
“Most if not all breast cancer survivors know the exact day and time that changed their lives forever. After the dust settles and the journey begins, a decision is made to either exist in life or live your life. A huge part of living my life is being able to give back and help other people who may go through the same or very similar journey. I first heard about CDMRP at a breast cancer survivorship conference in 2003. I thought what better way to contribute than to work with other survivors and advocates who share the same vision of one day finding a cure, improving the effectiveness of treatment, or at least proposing a concept to make treatment more tolerable. Each time I participate I leave with a sense of accomplishment and, most important, a sense of hope. I’m honored and very blessed to take part in such a worthy process and am hopeful that other survivors will get involved.”

Fredda Bryan, USN (Ret), Consumer Reviewer, American Cancer Society



“As an African American prostate cancer survivor and Vietnam veteran, I find it difficult to believe that the exorbitant rate of prostate cancer among black males is not considered an issue to be dealt with on an urgent basis at a national level. There needs to be considered a program to better educate the undereducated and discuss lifestyles that may contribute to the disparity indicated by national rates by ethnicity. The information exists to support an effort to reduce this suffering and loss of lives. Now is the time to elevate prostate cancer awareness.”

*Mr. Fred Blanchard, Us TOO, Consumer Reviewer
Walter Reed Army Medical Center (WRAMC)
Consumer Reviewer*



Racial Differences in Prostate Cancer: Influence of Health Care and Host and Tumor Biology

James Mohler, M.D., Co-director,

Roswell Park Cancer Institute (RPCI); Jeannette Bensen, Ph.D., Co-director, University of North Carolina Chapel Hill (UNC-CH); Elizabeth Fontham, Dr.PH., Louisiana State University Health Sciences Center (LSUHSC); Joseph Su, Ph.D., UNC-CH; Merle Mishel, Ph.D., UNC-CH, Paul Godley, M.D., UNC-CH; Gary Smith, Ph.D., RPCI

The Prostate Cancer Project (PCaP) was initiated in fiscal year 2002 to explore racial differences affecting prostate cancer aggressiveness with the goal of delineating the factors that contribute to the high incidences and disproportionate rates of prostate cancer morbidity and mortality in African American versus White men. PCaP represents the first comprehensive study of racial disparity in prostate cancer, facilitating the identification of factors that contribute to its severity in African American men. The project is a collaboration among three institutions, including the UNC-CH, the LSUHSC, and the RPCI. After 7 years of intensive work and despite significant loss of infrastructure and resources at LSU following Hurricane Katrina in 2005, accrual of 2,264 men with newly diagnosed prostate cancer was completed in August 2009: 1,032 from North Carolina and 1,229 from Louisiana. Half of the men in each state were African American and half were White. Study participants were assessed for various factors, including (1) access to and interaction with the health care system, (2) diet and genetics, and (3) characteristics of the tumor. These various factors will be evaluated using information gathered from research questionnaires, medical records, and biological specimens provided by each study participant. PCaP has developed a website that serves as a resource to provide enhanced access to aggregate or group-level PCaP subject information and data from biorepository specimens and to facilitate data sharing and communication with investigators in the prostate cancer research community. Portions of the website are secured by controlled access to safeguard information and maintain data integrity. Additionally, PCaP has developed user guides and data sharing policies to assist investigators in retrieving and depositing information, sharing their data, and facilitating standard operating procedures.

Dissecting the Complexity Behind Health Disparities

Did You Know

Asian and Hispanic women typically have an average breast cancer mortality rate that is 40% lower than that of White women. For women under age 50, this difference shrinks to 17%.



"I pursued health disparities research because of the tremendous need to identify the causes of, and the strategies for, eliminating glaring health disparities experienced by many minority populations. I bring to the field an urgency and determination to eliminate health disparities that disproportionately affect African American populations."

Daniel Howard, Ph.D., Meharry University



Increasing Adherence to Follow-Up of Breast Abnormalities in Low-Income Korean American Women: A Randomized Controlled Trial

Annette Maxwell, Dr.P.H., University of California, Los Angeles

Dr. Annette Maxwell, recipient of an FY02 Breast Cancer Research Program Idea Award, designed and tested a highly interactive, culturally tailored peer navigation intervention for low-income Korean American women (KAW) at high risk for noncompliance with diagnostic follow-up after notification of a potential breast abnormality. Dr. Maxwell and colleagues tested a peer navigator intervention on 176 low-income KAW who received a screening mammogram through the Breast

Cancer Early Detection Program (BCEDP), had a potential breast abnormality, and had already missed their first follow-up appointment. Half of the study participants were randomly assigned to a control group in which they received standard care with minimal follow-up by a BCEDP case manager while intervention arm participants received standard care and assistance from a peer navigator that included rescheduling appointments, reminder calls, directions to the hospital, translating, filling out forms, answering questions, and emotional support. Results from a telephone survey 6 months after the intervention showed that 67% of women in the control group completed all recommended follow-up compared to 97% of women in the intervention group. This suggests that intensive interaction via a culturally tailored peer navigation intervention was efficacious in improving KAW diagnostic follow-up after being notified of a potential breast abnormality.





So Why Did I Get into Health Disparities Research?

Jose Pagan, Ph.D., University of Texas-Pan American

Between 2003 and 2005, I completed a fellowship with the Robert Wood Johnson Foundation (RWJF Health and Society Scholars) at the University of Pennsylvania. This fellowship gave me the opportunity to really focus in health services research and health economics (my Ph.D. training was in labor economics and econometrics). I have lived and worked in the Rio Grande Valley of South Texas for most of the past 13 years. The Rio Grande Valley is a very dynamic area in terms of economic activity, mostly trade with Mexico, but it is also a region with very large income and health care access disparities. Hidalgo

County, where the University of Texas-Pan American is located, is approximately 90% Hispanic and has one of the highest poverty rates in the country (38%). One-third to one-half of the population is uninsured.

I am really interested in being part of the solution in finding ways to solve the problem of being uninsured in this country, a problem that affects ethnic/racial minorities disproportionately, particularly Hispanics/Latinos but also African Americans and other minorities. My recent work on how the uninsured population in local health care markets is related to mammography screening for both the insured and the uninsured is critical to understanding the long-term ramifications for all concerned.

My project funded by the CDMRP Breast Cancer Research Program is to look at the different factors related to mammography screening in border communities. The project focuses particularly on factors such as distrust of the health care system, acculturation, and health literacy. These are all elements that are likely to be very important in trying to understand how Latinas decide whether to get screened, how much they understand about mammography and breast cancer, and whether they follow up.

I believe that living in this area—the Rio Grande Valley—and having the opportunity to train outside of my area have given me important insights into the causes and consequences of health disparities where I live. Also, being Latino helps increase my understanding about health disparities and their solutions, particularly when the answers are related to language, acculturation, literacy, and trust. This is also why it is very important that we train minority students and faculty to become interested in finding solutions to these problems, as they may have insights into these problems because of their shared cultural background and upbringing.



“I was extremely pleased to be able to work with cancer scientists who eagerly integrate consumer perspectives into the research grant reviews. My hope is to live to the day that breast cancer is eradicated. I am grateful that CDMRP continues to support rigorous research to that end, and I am proud that I am making a contribution in the process as a cancer survivor.”

Mieko K. Smith, Ph.D., Consumer Reviewer, Cleveland State University, Center for Reducing Health Disparities



Stories of Survivorship



And the Challenge Became Grace

**I. Olga Ogoussan, M.D., M.P.H., Ph.D.(c)
Bosom Buddies**

I was diagnosed with Stage III breast cancer in 2001, a few years after graduating from medical school. Even before this, I had decided to turn my focus from curative care to health education and prevention. I completed my master's degree in public health in 2003, and I am now completing my Ph.D. in this field. In 2004, after starting in the Ph.D. program, I was diagnosed with Stage IV breast cancer that had spread to my

lungs, bones, and brain. I have remained on treatment since this diagnosis, and I am surviving and raising my two young boys with my husband. While they are my biggest form of support, I also have a great medical team.

When I was first diagnosed with breast cancer, I thought that my working life was over. On my way to continuing a great career, I planned to use all my skills to improve people's lives and help my patients obtain the best treatment possible. But on that morning in 2001, I thought my wings were cut. Today, however, I can say I am as useful as I ever hoped to be. Early on, my nurse navigator was there for me, and I joined the Bosom Buddies support group. I also work occasionally with the Lance Armstrong Foundation and am a member of the Mayor's Campaign Against Breast Cancer Committee in Columbia, South Carolina. I use my personal story to educate people about cancer in general and breast cancer in particular. I talk to support groups to share my experience and provide them with much-needed courage.

Of course, I would not have chosen to be diagnosed with breast cancer, but thanks to a very supportive community, I have seen the best of America through my challenge with this disease—in the form of compassion, strength, and courage. I have also learned to "live" while I am still alive and give the best of myself to the people around me. Most of all, however, I have learned to take a break once in a while and accept help from others.

Through the Bosom Buddies support group, I learned about the DOD Breast Cancer Research Program, and I have participated several times as a consumer advocate. It is always a great experience to share my knowledge with the scientists and other survivors. Last time, one of the scientists told me that because of my story he feels he must do more to find the cure. Although finding a cure for breast cancer seems to be "stretching the limits," I am so thankful for this program. The scientists' dedication humbles me and also keeps me going. I am always thanking them for their efforts because, for us, breast cancer is a personal story. I only hope more consumers can participate, especially minorities. We need to put faces on this disease so that when these scientists go back to their laboratories, they will never forget our faces, our stories, and our family members. They know that Olga, mother of two beautiful boys, is out there and wants to live to see her boys grow up. It is my passion to share my story so that I am never forgotten. In addition, I do what I do because I believe in the healing power of sharing our stories.

Did You Know

In Louisiana, during the period 2004–2006, young African American women between the ages of 25 and 44 were 2.6 times more likely to die of breast cancer than young White women.

Did You Know?

Between 2004 and 2006, Hispanic men in Arizona were 1.3 times more likely to die of prostate cancer than White men.



“Professional Survivor”

Manny Vazquez, Texas Us TOO

I am Manny Vazquez, a 13-year prostate cancer survivor. I owe my life to my wife, who nagged me for a long time to get a regular medical checkup. When I finally acquiesced, I learned that I had two very serious problems: polyps in the colon turning into cancer and a higher-than-normal prostate-specific antigen reading, later diagnosed as very aggressive prostate cancer. Both problems were addressed with the removal

of the polyps and a subsequent radical prostatectomy, which changed the course of my life. I have since learned the value of preventive medicine in the form of regular annual checkups.

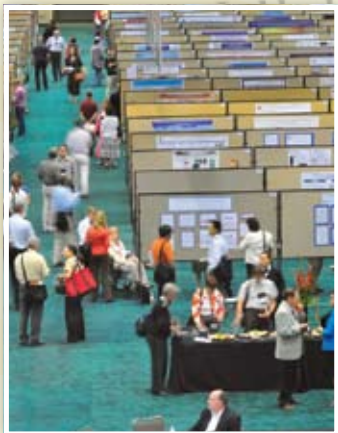
I would have not been able to coast toward the road to recovery without Tex Us TOO, my prostate cancer support group in Houston, Texas. From them, I received much and, in turn, I became empowered to give back. I have reached perhaps thousands of individuals, communicating in both English and Spanish, through presentations at churches, schools, civic organizations, corporate health fairs, and radio and television segments, and also as a monthly newsletter editor and contributor to a published book, *Prostate Cancer: Portraits of Empowerment*. Our mission is to provide information and support, though we do not offer medical advice. Medical professionals, with their vast knowledge and treatments, care very effectively for a diseased organ or gland, but they may not be able to fathom entirely the internal struggles their patients wage confronting their disease—during or after treatment—unless they are cancer patients themselves.

One of the most rewarding experiences in my life has been my participation as a consumer advocate in the DOD Prostate Cancer Research Program (PCRP), managed by CDMRP. I never thought that I would be working alongside some of the brightest researchers in the field evaluating scientific research projects in a peer review setting. The unique perspective that I, as a prostate cancer survivor and community advocate, offered during peer review provided a frame of reference that the scientists and clinicians would not have considered otherwise during these deliberations. My views were reflected in the final outcome of the peer review process, which made the experience deeply gratifying for me.

As I consider myself a “professional survivor,” I believe my cumulative experiences can be valuable to help the newly diagnosed, or those like me, with quality-of-life issues related to therapies. In the 13 years since my diagnosis, the depth and breadth of prostate cancer research have advanced exponentially. I can only think about the breakthroughs that lay ahead as the PCRP continues to move forward toward finding a cure for prostate cancer.

Era of Hope

The Era of Hope Conference is an international forum for presenting research studies funded by the Breast Cancer Research Program. It is a unique opportunity for consumers and expert scientists from different fields and research areas to discuss unanswered questions, share ideas, identify promising directions in breast cancer research, and develop collaborative partnerships.



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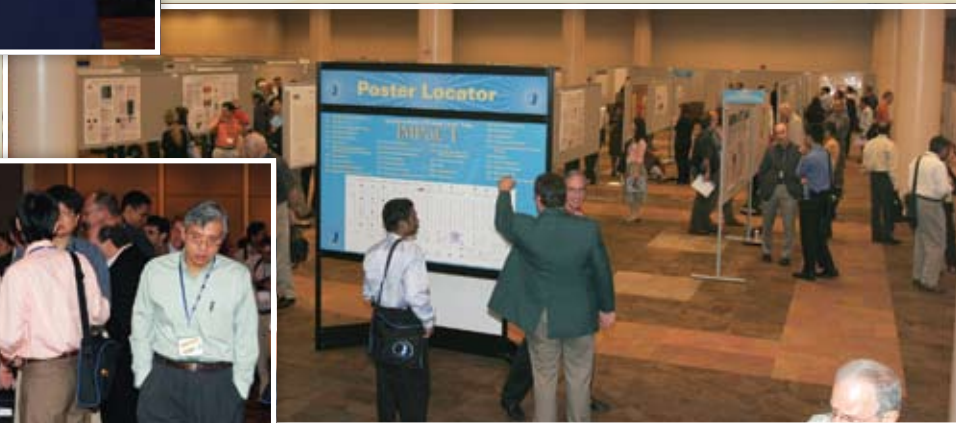
Survivors keep program scientists grounded



IMPACT



The Innovative Minds in Prostate Cancer Today (IMPACT) meeting brings together prostate cancer consumer advocates and PCRP-supported investigators from across the world. Over the course of 3 days of intensive learning and exchange of ideas, the prostate cancer community brainstorms new paths for scientific discovery and key strategies toward accelerating the elimination of death and suffering from prostate cancer.





For information, visit
<http://cdmrp.army.mil>
or contact us at:
CDMRP.PublicAffairs@amedd.army.mil
(301) 619-7071

