

INSIDE THIS ISSUE

- Diagnoses of Cancer Decline in the US
- Cleveland Clinic Unveils 'Top 10' Medical Innovations for 2009
- Antidiabetic Drugs Linked to Lower Risk of Prostate Cancer
- Doc Moyad's "What Works and What Is Worthless Column"—The JUPITER trial
- PSA Doubling Time and Time to Biochemical Failure May Predict Prostate Cancer-Specific Mortality
- Report on Us TOO University—Tempe, AZ
- The Doctor's Note
- VA Clears Most Facilities in Prostate Cancer Treatment Probe
- Index of Articles Appearing in the 2008 Us TOO *HotSheets*



Us TOO[®]
PROSTATE CANCER
EDUCATION & SUPPORT

HOTSHEET

January 2009

DIAGNOSES OF CANCER DECLINE IN THE US

The pace at which Americans are getting cancer has started to decline, marking what could be a long-awaited turning point in the battle against the disease, according to an annual report that tracks progress in the war on cancer.

The drop in new cancer diagnoses has been driven largely by declines in many of the leading forms of cancer: lung, prostate and colorectal cancer in men, and breast and colorectal cancer in women. The analysis found that the overall incidence of cancer began inching down in 1999, but not until the data for 2005 were analyzed was it clear that a long-term decline was underway. The explanation for the drop in prostate cancer diagnoses remains less clear, but it may reflect a trend toward fewer men getting screened with the PSA test.

"It is a significant milestone," said Otis W. Brawley, chief medical officer at the American Cancer Society. "The take-home message is that many of the things we've been telling people to do to be healthy have finally reached the point where we can say that they are working," Brawley said.

The report analyzed data collected between 1975 and 2005 in ongoing

(Continued on page 8)

CLEVELAND CLINIC UNVEILS 'TOP 10' MEDICAL INNOVATIONS FOR 2009

Imagine if a simple blood test could detect recurrent cancer earlier, while also predicting a patient's prognosis. Imagine if a device the size of two decks of cards could help a paraplegic breathe without a bulky ventilator. Or imagine if a machine could essentially keep harvested organs alive until they're transplanted in the recipient.

Now imagine that these innovations already exist, because they do, along with seven other emerging technologies that make up Cleveland Clinic's Top 10 Medical Innovations for 2009.

The list of breakthrough devices and therapies was selected by a panel of Cleveland Clinic physicians and scientists and was unveiled during Cleveland Clinic's 2008 Medical Innovation Summit, held November 10-12, 2008. The innovations touch on avian influenza, electronic medical records, and various minimally invasive surgeries.

"Once again, we are seeing a diverse list of technologies that have the potential to make an enormous medical impact in the near future," said Michael Roizen, M.D., who chaired the Top 10 Medical Innovations List.

(Continued on page 2)

ANTIDIABETIC DRUGS LINKED TO LOWER PROSTATE CANCER RISK

Antidiabetic drugs are associated with a decreased risk of prostate cancer, investigators at the University of Tampere in Finland reported in the *American Journal of Epidemiology* (Vol. 168, pp. 925-31, 2008).

"Recent studies have reported a decreased prostate cancer risk for diabetic men, although the evidence is controversial," lead author Dr. Teemu J. Murtola and colleagues write. "It is currently unclear whether use of antidiabetic medication affects the association between diabetes and prostate cancer."

To better define this association, the researchers examined newly diagnosed cases of prostate cancer from the Finnish Cancer Registry between 1995 and 2002. The Population Register Center was used to randomly select matched controls, yielding a total of 24,723 case-control pairs. The authors also used a comprehensive prescription database to obtain information on medication use.

The subjects were a median of 68 years old. Oral antidiabetic drugs were used by 7.5% of men with prostate cancer and by 8.4% of controls. The

(Continued on page 8)

THIS ISSUE OF THE US TOO PROSTATE CANCER
HOT SHEET IS MADE POSSIBLE BY
CHARITABLE CONTRIBUTIONS FROM



AND PEOPLE LIKE YOU!

ITEMS CONTAINED IN US TOO PUBLICATIONS ARE OBTAINED FROM VARIOUS NEWS SOURCES AND EDITED FOR INCLUSION. WHERE AVAILABLE, A POINT-OF-CONTACT IS PROVIDED.

REFERENCES TO PERSONS, COMPANIES, PRODUCTS OR SERVICES ARE PROVIDED FOR INFORMATION ONLY AND ARE NOT ENDORSEMENTS. READERS SHOULD CONDUCT THEIR OWN RESEARCH INTO ANY PERSON, COMPANY, PRODUCT OR SERVICE, AND CONSULT WITH THEIR LOVED ONES AND PERSONAL PHYSICIAN BEFORE DECIDING ON ANY COURSE OF ACTION.

THE INFORMATION AND OPINIONS EXPRESSED IN THIS PUBLICATION ARE NOT RECOMMENDATIONS FOR ANY MEDICAL TREATMENT, PRODUCT SERVICE OR COURSE OF ACTION BY US TOO INTERNATIONAL, INC., ITS OFFICERS AND DIRECTORS, OR THE EDITORS OF THIS PUBLICATION. FOR MEDICAL, LEGAL OR OTHER ADVICE, PLEASE CONSULT PROFESSIONAL(S) OF YOUR CHOICE.

HOT SHEET EDITORIAL TEAM:

JONATHAN MCDERMED, PHARMD
PAMELA BARRETT
THOMAS N. KIRK
GEORGE LEDWITH, BOARD REPRESENTATIVE

US TOO INTERNATIONAL STAFF
& CONSULTANTS:

THOMAS N. KIRK, PRESIDENT AND CEO
PAMELA BARRETT, DEVELOPMENT DIRECTOR
TERRI GIBBONS, CHAPTER SERVICES PROGRAM
MANAGER
JAQUELINE KONIECZKA, OFFICE MANAGER
RYAN MAGUIRE, COMMUNICATIONS COORDINATOR
ELIZABETH CABALKA, PROGRAM CONSULTANT

US TOO BOARD OF DIRECTORS:

EXECUTIVE COMMITTEE/OFFICERS

JIM KIEFERT, EDD, CHAIRMAN
JOANN HARDY, VICE-CHAIRMAN
GEORGE LEDWITH, SECRETARY
GREGORY BIELAWSKI, TREASURER
THOMAS N. KIRK, PRESIDENT AND CEO

DIRECTORS:

CHRIS BENNETT
ROBERT FIDOTIN, PHD
CARL FRANKEL
TOM HIATT
DAVID P. HOUCHEMS, PHD
KAY LOWMASTER, MSW, LCSW
FRED MILLS
BILL PALOS
STUART PORTER
RON WITHERSPOON

US TOO INTERNATIONAL IS INCORPORATED IN
THE STATE OF ILLINOIS AND RECOGNIZED AS A
501(C)(3) NOT-FOR-PROFIT
CHARITABLE CORPORATION.

**DONATIONS / GIFTS TO US TOO
ARE TAX DEDUCTIBLE.**

5003 FAIRVIEW AVENUE
DOWNER'S GROVE, IL 60515
PHONE: (630) 795-1002 / FAX: (630) 795-1602
WEBSITE: WWW.USTOO.ORG

COPYRIGHT 2009
US TOO INTERNATIONAL, INC.

'TOP 10' MEDICAL INNOVATIONS FOR 2009

(Continued from page 1)

Top 10 Medical Innovations for 2009

1. Circulating Tumor Cells

A blood test that measures circulating tumor cells – cancer cells that have broken away from an existing tumor and entered the bloodstream – has the ability to detect recurrent cancer sooner, while also predicting how well treatment is working and the patient's probable outcome.

2. Warm Organ Perfusion Device

Once a heart becomes available for transplant, surgeons have just four hours before the organ begins to decay. This device recreates conditions within the body to keep the heart pumping for up to 12 hours.

3. Diaphragm Pacing System

Four electrodes are connected to the phrenic nerves on the diaphragm. When stimulated by current, the diaphragm contracts and air is sucked into the lungs. When not stimulated, the diaphragm relaxes and air moves out of the lungs.

4. Multi-Spectral Imaging Systems

The imaging system is attached to a standard microscope, where researchers can stain up to four proteins using different colors and look at tissue samples with 10 to 30 different wavelengths, allowing for the accumulation of more information than is currently available. This may lead to more personalized treatment for individual patients.

5. Percutaneous Mitral Valve Repair

Using a tiny barbed, wishbone-shaped device, the heart is fixed non-surgically from the inside out. Surgery is done more quickly and helps restore normal blood flow.

6. New Vaccines for Avian Flu

A newer vaccine approach that uses a mock version of the bird virus may offer a better solution to protect people against infection.

7. LESS and NOTES Applications

LESS (laparoendoscopic single-site surgery) reduces the process to a small cut in the belly button. NOTES (natural orifice translu-

minal endoscopic surgery) gets to the site of surgery by one of the body's natural cavities, such as the mouth, vagina, or colon.

8. Integration of Diffusion Tensor Imaging (Tractography)

Diffusion tensor imaging (DTI) is the new technology that allows neuroscientists to non-invasively probe the long-neglected half of the brain called white matter, with its densely packed collection of intertwining insulated projections of neurons.

9. Doppler-Guided Uterine Artery Occlusion

Fibroid tumors occur in upwards of 40% of women older than 35, triggering pelvic pain, pregnancy complications, and heavy bleeding. There is a new, non-invasive approach to treat fibroids called Doppler-guided uterine artery occlusion, or DUAO.

10. Private Sector National Health Information Exchange

A comprehensive system of electronic health records that link consumers, general practitioners, specialists, hospitals, pharmacies, nursing homes, and insurance companies is in the process of being established. Primarily a private-sector effort, this computerized system can potentially replace paper-based medical files with digitized records of patients' complete medical history.

Four major criteria served as the basis for qualifying and selecting the Top 10 Medical Innovations. Nominated innovations were required to:

- Have significant potential for short-term clinical impact (either a major improvement in patient benefit or an improved function that enhances healthcare delivery).
- Have a high probability of success.
- Be on the market or close to being introduced.
- Have sufficient data available to support its nomination.

PRNewswire, 12 November 2008

**DOC MOYAD'S WHAT WORKS & WHAT IS WORTHLESS
COLUMN ALSO KNOWN AS "NO BOGUS SCIENCE" COLUMN**

"It is now official in my opinion, statins or cholesterol-lowering medication is simply the greatest preventive pill of my lifetime and aspirin is overrated!!!"

Mark A. Moyad, MD, MPH
University of Michigan Medical Center, Department of Urology

**Email and to sign up for more information on general health now!*

Go to the journal at <www.seminarsprevaltmed.com>

Bottom Line:

The envelope please...and the winner of the greatest pill ever invented award in my lifetime thus far goes to...."STATINS"!!! Thank you and I just want to say that "you like me, you really, really like me!!!"

Michigan lost to Ohio State in college football again, which simply means I do not have to buy beer for the entire staff at Us TOO, but I do have to spend more money on a therapist! However, we did just beat Duke and UCLA in basketball so perhaps I can reduce the dosage on my blood pressure medication?!

Anyhow, I said in the last issue that I would talk about selenium but that is boring compared to the breaking news that I have so lets talk selenium at a later time. In this issue we will talk briefly about the JUPITER Study that was done at 1315 clinical sites in 26 countries! A total of 17,802 healthy men and women with an LDL ("bad") cholesterol level of about 108 mg/dl and an hs-CRP blood test of about 4.2 mg/L took 20 mg per day of Crestor® (statin drug) compared to a placebo and it was expected that this study would go for 5 years.¹ However, after 1.9 years the study was stopped because the drug worked so well!!! The LDL after taking the drug was around 55 mg/dL and the hs-CRP was 1.8 mg/L. The statin reduced the risk of heart attack by 54%, stroke by 48%, dying early for any reason by 20% and dying from cancer by 43% (all statistically significant findings)!!!

So, what do you do with this incredible new information?! Well, you do NOT run out and get a prescription of Crestor just yet or another statin drug but you ask yourself if you have an LDL that is above 100 and a high hs-CRP blood test despite regular exer-

cise and a good diet than perhaps you should talk to your doctor about a statin drug.

The bottom line is that I find it interesting that someone might simply recommend or take a multivitamin, selenium, vitamin E, or another pill without thinking twice, but along comes a drug that at a lower dose has a side effect rate similar to a placebo, but people get nervous about recommending it or taking it?! Also, I find it amazing that so many so called "preventive medicine full of BS experts" will tell patients and the public to take a daily aspirin or two even if your healthy, which is so dangerous unless someone really needs it, but will be nervous themselves about recommending a statin drug!? What?! It is time for all of us to realize that an LDL cholesterol level greater than 100 and a high hs-CRP level is not good enough anymore and we should work harder on bringing those numbers down, down, down!!!

This study was outstanding and ground-breaking and hopefully eye opening for all of us!

Reference:

1 N Engl J Med 359:2195-2207, 2008.



Please keep Us TOO in your charitable giving plans this holiday season! Thank you again for all you have done and for your additional support, especially in these challenging times.

See our appeal letter and/or make an online donation at:
www.ustoo.org/HolidayAppeal

**PSA DOUBLING TIME AND
TIME TO BIOCHEMICAL
FAILURE MAY PREDICT
PROSTATE CANCER-
SPECIFIC MORTALITY**

Time to biochemical failure and PSA doubling time may be useful surrogate markers for prostate cancer-specific mortality among patients who fail curative treatment according to an article published in the journal *Lancet Oncology* (Vol. 9, pp. 1058-1068, 2008).

Researchers from the School of Medicine and Public Health in Newcastle, Australia and the Wellington Cancer Centre in New Zealand conducted a surrogacy study to determine the efficacy of time to biochemical failure and PSA doubling time as surrogate markers using data from the Trans-Tasman Radiation Oncology Group 96.01 trial. The trial included 802 men with locally advanced prostate cancer. From 1996 to 2000, participants were randomly assigned to prostate irradiation or to three or six months of maximum short-term androgen deprivation therapy (ADT) before and during radiation, according to the researchers.

Compared with radiation alone, short-term ADT for six months decreased prostate cancer-specific mortality (HR=0.56; P=0.01); however, ADT for three months did not (HR=0.95; P=0.79, non-significant difference).

PSA doubling time successfully predicted the time from randomization to death from prostate cancer and satisfied four Prentice criteria at cut points of <12 months and <15 months. Proportion of treatment effect ratios was between 0.36 and 0.56. However, time to biochemical failure was superior at predicting the trial finding and satisfying Prentice criteria at cut points <1.5 years, <2 years and <2.5 years. The proportion of treatment effect ratios was between 0.45 and 0.64.

According to the researchers, PSA doubling time and time to biochemical failure may have the potential to reduce follow-up in clinical trials.

HemOnco Today, 5 November 2008

REPORT ON US TOO UNIVERSITY—TEMPE

Vital information - Connection & Friendship - Warm sunshine

Us TOO Chapter members and leaders from around the country gathered in Tempe, AZ on November 7th and 8th for Us TOO University. This was the fourth “Us TOO U” program of this kind and, like its predecessors, it received rave reviews! Not only were the speakers and sessions well received but the location and warm sunshine of Arizona made for a terrific setting and enjoyable weekend.

Us TOO U began Friday evening with the Arizona Update, a prostate cancer

- Anti-cancer Agents, Michael Gordon, MD
- Incontinence Solutions, Melissa Morrison, RN, CURN

We know that prostate cancer is a disease of the patient, as well as the partner or spouse, and the family. This was readily evident at the Arizona Update Symposium. Many prostate cancer patients and survivors attended the event with a partner, spouse or loved one. Some loved ones came to this Us TOO U Symposium for infor-

mation, while others were actively seeking connection with other couples, spouses or family members. Still others were doing what they always do, providing logistical support and standing strong beside their loved one.

On Saturday, 79 current and future chapter leaders participated in a full-day Us TOO U program designed to:

- Provide information, tools and interactive discussions about the larger prostate cancer community
- Clarify the structure, vision, and challenges of Us TOO International, and
- Further strengthen the global network of chapters.

The day included an opening presentation by Tom Kirk, Us TOO CEO and President, a panel discussion and small group sessions about issues chapter leaders face in their local chapters. In keeping with Us TOO U’s motto “Learn. Laugh. Lead.” participants were provided with timely and useful information, they had a terrific time, and returned home better prepared to confidently lead.

Recipients of Us TOO’s First Annual Edward C. Kaps Hope Award were acknowledged at Us TOO University’s Gala Celebration Dinner on Saturday evening. Not only did those present



Tom Kirk, Us TOO President and CEO, opens the Arizona Update Symposium

educational symposium featuring excellent speakers, abundant pertinent exhibitors, excellent food, music and FUN. Participants included nearly 200 patients, survivors, loved ones, curious community members, exhibitors and Us TOO chapter leaders.

Attendees heard from well recognized speakers in a variety of fields of prostate cancer expertise. In addition to our two keynote speakers, Larry Bans, MD, and Russ Gould, the program offered four concurrent sessions from which attendees could choose:

- Reclaiming Intimacy - Solutions that Work, James Daitch, MD, Jerry & Jo Ann Hardy
- Radiation Update, Scott Tropper, MD



Jim Kiefert, Us TOO Chairman of the Board, opens Saturday’s Us TOO University Chapter Leader workshop as Tom Kirk looks on



Jo Ann Hardy, Vice Chair for the Us TOO Board, facilitates small group discussion



An attendee talks to Enlight exhibitor and presenter, Mellissa A. Shepherd

receive a lovely plaque, but Ed Kaps, the award's namesake and one of the organizing and founding Board Members, was there to address the crowd and witness the event!

Some of the winners, such as Shirley Grey, Stan Rosenfeld, and Ralph Valle were on hand to receive their awards. Larry Hollis accepted the award on Chuck Maack's behalf and Bill Blair will receive his award via personal visit from Us TOO staff.



(L to R) Ed Kaps Hope Award recipients: Larry Hollis (accepting for Chuck Maack); Shirley Grey, Ralph Valle, Stan Rosenfeld; Ed Kaps, the award's namesake and one of the organizing and founding Board Members of Us TOO (not pictured: Bill Blair)

Us TOO University was made possible through the generosity of our sponsors and exhibitors:

Sponsor

- Platinum sanofi-aventis
- Gold Amgen Oncology
 AstraZeneca
- Silver Comprehensive
 Cancer Center at St.
 Joseph Hospital
 EDAP/Enlight
 MITA
- Blue Ribbon Accuray-CyberKnife
 Dendreon
 Endocare
 GTx
 Theralogix

Exhibitors

- Arizona Department of Health Services
- Arizona State University
- La Loma Village/La Loma Care Center
- The University of Arizona College of Nursing

Many thanks to all who made this program possible, and for those who will take lessons learned back home!



(R to L) Australian support group leaders Bill McHugh and Peter Gebert present Tom Kirk



George Lloyd & Johnny Payne, chapter leaders from South Carolina, enjoy networking

THE DOCTORS NOTE

Dr. Gerald Chodak

One of the most important articles in this month's *HotSheet* cites a report looking at PSA doubling time which found that it was a good predictor of dying from prostate cancer following radiation/hormone therapy. This also is potentially a very important finding. It is based on a prospective, randomized study and could mean that future studies might generate results in less time than currently required. Until now, the most important and acceptable end-point for a study to determine if a treatment is beneficial is the survival rate, which can take many years. If this finding is correct, studies could yield interpretable results earlier and bring potentially beneficial therapies to patients much sooner.

An interesting study from Finland is also cited, which found that men taking any of medication to treat diabetes were less likely to be diagnosed with prostate cancer and less likely to have advanced disease. Because of the study design, however, this one does not prove cause and effect. The authors suggest that it is the disease that is the reason for the lower detection rather than the medications. If valid, it would mean a side benefit of having diabetes is perhaps a reduced risk of prostate cancer. Is there any practical take home message from this study at this time? Probably not. Certainly, without a prospective study, there is no way to suggest that any of these medications be taken by men as a preventive agent. Also, no one is likely to suggest that you find a way to cause diabetes because it might lower your prostate cancer risk! But, potentially, there is an opportunity with further study to find out what effect diabetes or the medications produce that might be impacting on the disease. Follow-up studies will be interesting to watch.

Another article raises some important issues regarding seed implantation. Patients at several VA hospitals were found to have received a lower radiation dose than prescribed to treat their prostate cancer. Investigations are underway to determine why this happened. Is it technical, meaning that not enough seeds were used, or the seeds were not placed in the right location or could the seeds have migrated? Interestingly, the analysis has suggested no

harm has come from it yet, but of course it is far too early to know if that is true and it does leave these patients with a dilemma. Do they get additional treatment now or just wait to see what happens? It is interesting that some of the comments from officials have said that the patients had low risk disease. Does that mean that men with low risk disease do not need a full course of treatment, or perhaps any treatment at all? A message for prospective new seed implant patients is to make sure you are treated by clinicians with significant experience and ask your doctor how they insure that you are getting the right dose.

The Cleveland clinic has published its top ten medical innovations it expects to reshape health care in 2009. In that list is the ability to detect circulating tumor cells including prostate cancer and potentially identify men with advanced prostate cancer. At this time, extreme caution is advised. In other words, there is no evidence that men should run out and get this test performed. The reason is that it is unclear how to interpret the result. If a man with an undetectable PSA does have some of these cells, there is no evidence what it means; does it predict a future recurrence in all cases, how long will that recurrence take to develop and what should be done about it are all critical questions that need answers before clinical use. Some years back there was great excitement over using RT-PCR because it also could identify circulating tumor cells before a man was treated for prostate cancer. Some investigators suggested that the information could determine who was not a good candidate for local treatment thinking that if there were already cells outside the bother then the 'cat was out of the bag.' Subsequently, however, it was found NOT to be a useful predictor. Clearly, more research is needed, but at this time it must be considered strictly a research tool needing much more investigation.

Lastly, I want to announce several new videos to the prostate video website, <www.prostatevideos.com>. These include Proton Beam radiation, immediate radiation after radical prostatectomy and managing impotence after cancer therapy.

VA CLEARS MOST FACILITIES IN PROSTATE CANCER PROBE

Veterans Health Administration doctors investigating radiation underdosing of prostate cancer patients said they have found no problems at nine of 13 medical facilities that perform the treatment known as brachytherapy. In May, a physicist at the Philadelphia VA Medical Center discovered that a patient had received a lower-than-prescribed dose of radiation, prompting a probe that uncovered more than 90 additional cases of incorrect dosages at the facility since the cancer treatment program's inception there in 2002.

The problems in Philadelphia prompted VA to investigate its 12 other medical facilities that perform brachytherapy. In reviewing the 10 most recent procedures performed at each of the facilities, VA found several additional potential cases of underdosing at centers in Washington, DC; Jackson, MS; and Cincinnati, OH. So far, VA has found no evidence that any patients have suffered adverse outcomes as a result of the underdosing, said Dr. Madhulika Agarwal, VA's chief patient care services officer.

"We have some limited data that show the [cancer] recurrence rate is no different from the national average," said Dr. Charles Anderson, a radiologist and chief consultant of diagnostic services. "Understand that prostate cancer is a very slow-growing tumor and you may not know for 10 or more years. Most people with prostate cancer die of something else."

According to reports VA filed with the Nuclear Regulatory Commission, which licenses VA's radiation programs and has initiated its own review of operations at the medical centers, nine cases of underdosing were identified at Jackson, six at Cincinnati, and three at Washington. VA has convened a multidisciplinary team of medical specialists to examine the findings at the three additional medical centers with cases of potential underdosing. The team will determine if the investigation should be expanded beyond the initial 10 cases examined at those hospitals, Anderson said.

(Continued on page 8)

INDEX OF ARTICLES APPEARING IN THE 2008 HOTSHEETS

Name of Article	Month	Name of Article	Month	Name of Article	Month
\$1.6M Appropriated to Continue Research	January	FDA Cautions against Cancer "Cures"	August	Proscar® Lowers Cancer Risk in All Men	August
1st Annual Edward C. Kaps Hope Award	January	Gene Activity and Cancer's Racial Divide	June	Prostate Cancer & Peyronie's Disease	May
1st Annual Kaps Hope Award Winners	September	Genetic Variants and Prostate Cancer	April	Prostate Cancer Leaves Men in a Muddle	April
2008 Kaps Hope Award Nominees	September	Geneve Bio's Revolutionary ED Treatment	May	Prostate Test for Elderly and the Debate	September
2008 Us TOO Online Auction a Success	August	GPC Biotech's Phase 2 Trial of Satraplatin	August	Protein Helps Predict Prostate Cancer Survival	June
2nd Annual Cancer Awareness Days in NJ	October	"GPS for the Body" Targets Cancer Cells	May	Proton RT Not Impressive in Cancer Study	November
Abiraterone Acetate Has Antitumor Activity	December	Grassley's War on Cancer Patients—Editorial	July	Provenge® in Prostate Cancer Prior to RP	September
Abnormal p53 Boosts Cancer Recurrence	August	Greater Chicago PCA Run Walk 'n Roll	December	PSA Adjustment for Screening Obese Men	August
Active Surveillance Still a Viable Option	July	GTx's Toremifene Meets Primary Endpoints	April	PSA Screening Bias Against Obese Men	October
Adjuvant Radiation Shows Promise post-RP	July	GVAX Immune Response and Patient Survival	April suppl.	PSA Screening in Younger Black Men	October
ADT Does not Improve Cancer Survival	September	Harry Pinchot Memorial	April	PSA Test May Not Be Needed in Older Men	July
Agent Orange Linked to Prostate Cancer	September	High Fat Diet Abets Cancer Progression	August	Radiation Hikes Risk of Secondary Cancers	July
Amgen's Positive Results with Denosumab	September	Highly Elevated PSA & Dietary PhIP Intake	February	Radiation May Help After Cancer Setback	August
Amgen Reports Positive Data at ASCO	July	Hormones Delay Prostate Cancer Growth	February	Regular NSAID Use May Reduce PSA Levels	October
Articles Appearing in the 2007 <i>HotSheets</i>	January	How to Alleviate Your Pain and Stress	November	Research Yields Clues to Cancer Recurrence	February
Aspirin Impairs Prostate Cancer Treatment	February	Imaging Tracks Lymph Node Cancer Spread	September	Results of Prostate Study in Black Men	February
Better Survival in Phase 2 GVAX Trial	April suppl.	Immediate ADT Questioned for Cancer	April suppl.	Rethinking Prostate Cancer in Older Men	December
Bisphosphonate Long-term Effect in ADT	April suppl.	Interim Data from Phase 3 Provenge Trial	November	RP Improves Outcome of Some Men	October
Bisphosphonates May Cause of Bone Pain	February	Iowa, Arizona SEA Blue Awareness Campaign	June	RT + ADT Halves Risk of Cancer Death	November
Blood Calcium and Lethal Prostate Cancer	October	Kennedy Has Major Cancer Bill in Senate	July	RT Reduces Risk of Recurrent Cancer Death	April suppl.
Blood Test Indicates Lymph Node Spread	May	Large Vitamin E and Selenium Study Stopped	December	Screening May Miss Cancer in Obese Men	January
Brachytherapy in Obese Cancer Patients	October	Lawyer Names Us TOO As Beneficiary	December	Senate Passes "Rescue" for Doctor Fee Cuts	February
Cancer Doctors May Need Empathy Skills	March	Letter to the Editor	January	Short-Term Mortality after Prostate Biopsy	October
Cancer Mortality Declining Slower in the UK	June	Low Risk Seen in Not Treating Some Cancers	April suppl.	Similar Survival with Salvage RP and RT	June
Cancer Tool Shows Promise in Scottsdale	February	Medicare Changes and Orchiectomy Decision	May	Some New Cancer Drug Risks Exceed Merits	August
Cancer Vaccine Linked to Better Survival	July	More Awareness Events: Pints, S@W Day	December	Sorafenib Active against HRPC	February
Celebrex-Lipitor Combo May Halt Cancer	June	More FDA Action Possible for ESAs	February	Special Thank You to Rex Zeiger	February
Cell Genesis Stops VITAL-1 GVAX Trial	December	Mrs. Illinois 2008	August	Stress Management During Chemotherapy	March
Cell Genesys Halts GVAX Trial	October	Nanotechnology Enhances Early Detection	June	Supreme Court Reviews the Abigail Alliance	March
Cell Genesys' Clinical Trials to Continue	March	National Minority Cancer Awareness Week	April	SWOG Clinical Trials for Prostate Cancer	March
Co-Morbidities with Cancer Therapy Combo	March	Nerve-Sparing RP Improves Continence	April	Takeda, Abbott Conclude TAP Joint Venture	May
Coping Program for Patients/Spouses	January	New Analysis Boost's Finasteride's Value	July	Takeda, Cell Genesys GVAX Partnership	May
Cryosurgery Ok in Certain Prostate Cancers	December	New Analysis Out on Cancer Drug	April	The Doctor's Note	June
Cumulative Provenge® and Patient Survival	April suppl.	New Changes in Bladder Control Treatment	May	The Doctor's Note	August
Defending the Prostate Cancer Blood Test	September	New Hope for Chemo Holidays	April	The Doctor's Note	September
Doc Moyad—Weight Loss Drugs	November	New Prostate Cancer Gene Marker Found	October	The Doctor's Note	March
Doc Moyad—High Blood Pressure	February	New Risk Factor for Prostate Cancer	December	The Doctor's Note	April
Doc Moyad—High-Fructose Corn Syrup	March	New Websites Launched by Physicians	May	The Doctor's Note	February
Doc Moyad—I.V. Vitamin C	October	No Judicial Review for Provenge	November	The Doctor's Note	November
Doc Moyad—Probiotic Supplements	June	No Link Between Androgen and Risk for PCa	March	The Doctor's Note	December
Doc Moyad—Saturated Fat	August	Non-Fat Milk Linked to Prostate Cancer	February	The Power of Words for Cancer Patients	April
Doc Moyad—Statins	January	Novacea Has No Plans to Develop Asentar®	November	The Wrong Call on Prostate Cancer Screening	October
Doc Moyad—Vitamin E (#1)	April	Outer-Course vs. Inter-Course	May	Treatment Decision-Making Not Easy	April
Doc Moyad—Vitamin E (#2)	December	Overall Survival Analysis of SPARC Trial	January	Understanding Scientific Studies & Reports	November
US Cancer Cases Drop in Highly Educated	August	Paddling for Prostate Cancer Awareness	August	Us TOO Raises Minority Cancer Awareness	March
Early Buzz for Novel Hormone Blocker	September	Patients Often Get Contraindicated Therapy	January	Us TOO Seeks Board Member Applications	July
Editorial: Provenge Pressure Builds on FDA	March	PCA3 for Selecting Active Surveillance	July	Us TOO Seeks Board Member Nominations	September
Editors Reply to Letter to the Editor	January	Pelvic Node RT Does Not Improve Survival	February	Us TOO's 2008 Board Members/Officers	January
ENTHUSE (ENdoTHelin-A USE) Opens	July	Phase I Oncology Trials Safe for Patients	March	Washington Univ. Wins Tissue Ownership	March
'Equivocal' Antioxidant Effects in Cancer	July	Phase I/II Data on Ipilimumab Presented	July	Where Is Your Prostate Cancer Tissue?	September
Estrogen Patch Works for Prostate Cancer	October	<i>Pints for Prostates</i> Men's Health Message	August	Which Men Have Persistent Prostate Cancer?	April suppl.
Experimental Vaccine Shows Promise	June	Post-Prostatectomy Incontinence Treatment	January	Wife's Mental State Key to Survivor Couples	May
Favorable Trend Cited in Toremifene Study	November				

CANCER CASES DECLINE

(Continued from page 1)

surveys and cancer registries that federal officials use to track cancer trends. The analysis, published in the October 15th issue of the *Journal of the National Cancer Institute*, found that a drop in the rate at which Americans are dying from cancer, which began in the early 1990s, fell about 2% per year for men since 2001 and 1.6% per year for women since 2002.

The analysis found that since 1999 the overall incidence of cancer was also falling, retreating 0.8 percent per year. Notably, the drop occurred for both men and women, although it fell much more sharply for men -- down 1.8 percent per year from 2001 to 2005, compared with 0.6 percent per year for women from 1998 through 2005.

Brawley and others cautioned, however, that part of the reduction could be the result of fewer people getting screened for prostate and breast cancers. In addition, the rates at which many other types of cancer are being diagnosed are still increasing, he said, and overall far too many Americans are still getting and dying from cancer.

Washington Post, 26 November 2008

ANTIDIABETIC DRUGS

(Continued from page 1)

prevalence of insulin use was 2.5% in the cases and 3.0% in the controls, according to the investigators. An association was observed between ever using any antidiabetic medication and a decreased risk of prostate cancer (adjusted OR = 0.84).

Decreased risk was comparable for all antidiabetic drugs, including metformin, sulfonylureas and insulin. They found that the overall risk, as well as the risk of advanced prostate cancer, decreased with the amount and duration of medication use.

“The potential mechanism behind decreased prostate cancer risk for diabetic men is currently unclear,” Dr. Murtola’s group notes. “Most likely, the changes in endogenous hormone metabolism occurring in diabetes have an important role.”

Reuters Health, 18 November 2008

Editor’s note: *This is another uncontrolled study suggesting a risk association between prostate cancer and disorders of insulin metabolism. Other studies have suggested increased risk from hyperinsulinemia and elevated blood levels of IGF-1 (insulin-like growth factor 1) although a direct association has not yet been proven.*

VA HOSPITAL PROBE

(Continued from page 6)

Agarwal said one reason the numbers likely will change is that some initial findings were based on CAT scans taken very soon after the procedure was conducted. Because the radioactive seeds are metal and show up on the scans, specialists can determine the dosage based on the scans and seed placement. In a couple of cases subsequent CAT scans have shown the dosing to be correct, she said.

A significant number of the underdosing cases discovered in Philadelphia resulted from radioactive seeds being inadvertently placed in other organs, said Anderson. Two of the 57 patients found to have received lower-than-prescribed doses have since died of unrelated causes, according to VA.

The problems encountered in the three additional hospitals were of a lower magnitude than those in Philadelphia. VA has a conference in early January to bring all of the agency’s radiation oncologists together to discuss the probe’s findings and develop stricter guidelines for giving brachytherapy.

*<www.GovernmentExecutive.com>
14 November 2008*

**US TOO INTERNATIONAL:
OUR MISSION**

Communicate timely, personalized and reliable information enabling informed choices regarding detection and treatment of prostate cancer.



US TOO INTERNATIONAL

See blue. SEA Blue.
SUPPORT
EDUCATE
ADVOCATE

US TOO INTERNATIONAL Tax Deductible Donation

Name: _____ Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____ e-mail: _____

Please accept my enclosed tax-deductible donation to Us TOO a not-for-profit 501(c)(3) organization.

Amount: _____ \$25 _____ \$50 _____ \$75 _____ \$100 Other: \$ _____ Check # _____

VISA/MasterCard # _____ Expiration Date: _____ / _____

Signature _____

Us TOO INTERNATIONAL, Inc., 5003 Fairview Ave., Downers Grove, IL 60515