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**Us TOO**<sup>®</sup>  
PROSTATE CANCER  
EDUCATION & SUPPORT

# HOTSHEET

## January 2010

### DEGARELIX (FIRMAGON®) VERSUS LEUPROLIDE (LUPRON®) IN PATIENTS WITH ADVANCED PROSTATE CANCER: FURTHER ANALYSIS FROM A PHASE III PIVOTAL TRIAL

Drs. Neal Shore and E. David Crawford presented results from the additional analysis of secondary end points in a Phase III pivotal study of Firmagon (monthly degarelix for injection) or monthly leuprolide in prostate cancer patients during the first year of treatment. Results of the PSA analysis were presented in a poster at the 10th Annual Meeting of the Society of Urologic Oncology (SUO) on 3 December 2009 in Bethesda, MD.

Firmagon is an injectable gonadotropin-releasing hormone (GnRH) receptor antagonist approved by the FDA for the treatment of advanced prostate cancer. As a receptor antagonist, Firmagon reversibly binds to the GnRH receptors in the pituitary gland, immediately suppressing the secretion of LH, FSH and subsequently, testosterone.

The study was a Phase III, multicenter, open-label trial wherein prostate cancer patients (n=610) were randomized to a starting dose of degarelix 240 mg for one month, followed by monthly

*(Continued on page 6)*

### US TOO NAMES NEW BOARD REPS FOR 2010

At their Annual Meeting held 4 December 2009 in Chicago, IL the Us TOO International Board of Directors elected new Executive Committee officers, announced three new Board members, and bid a fond farewell to three whose terms have been fully served.



*Fred Mills, Chairman,  
Us TOO Board of Directors*

The newly elected Board of Directors officers and Executive Committee members serving from January through December 2010 are Fred Mills, San Antonio, TX, Chairman; Kay Lowmaster, MSW, LCSW, Pittsburgh, PA, Vice-Chair; Carl Frankel, Esq., Pittsburgh, PA, Secretary; and David Houchens, PhD, Columbus, OH,

*(Continued on page 4)*

### DENDREON RECEIVES FDA ACKNOWLEDGEMENT OF COMPLETE RESPONSE

Dendreon Corporation announced that the FDA acknowledged in writing that the Company's amended Biologics License Application (BLA) for Provenge® (sipuleucel-T) is a complete response. The FDA has assigned a Prescription Drug User Fee Act (PDUFA) date of 1 May 2010, by which time it will respond to Dendreon's amended BLA. Dendreon is seeking licensure for Provenge for men with metastatic castrate-resistant prostate cancer (CRPC).

FDA considers this to be a complete, Class 2 Resubmission following the action letter Dendreon received in 2007. The BLA includes data from the IMPACT (IMmunotherapy for Prostate AdenoCarcinoma Treatment) trial, which was conducted under a Special Protocol Assessment agreement with the FDA. The IMPACT study met its pre-specified primary endpoint demonstrating a statistically significant improvement in overall survival in men with metastatic CRPC.

The resubmission also contains the remaining information requested by the FDA pertaining to chemistry, manufacturing and controls section of the BLA for Provenge.

*Dendreon Corporation, 20 November 2009*

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

**"Going, going, going, and now it is long gone! Statins (cholesterol-lowering drugs) and low cholesterol hit another home run in the bottom of the ninth inning to take a 6 to 0 lead! (remember the number "6" for this column!)"**

Mark A. Moyad, MD, MPH,

University of Michigan Medical Center, Department of Urology

**Bottom Line:** How many more studies are needed before everyone begins to take statins or low cholesterol seriously for not only prostate cancer prevention, but also perhaps to improve conventional treatment outcomes for patients with prostate cancer??!!

Ohio State beat Michigan again this year and as I sat in the Michigan Football Stadium and watched the clock tick to zero on our 6th loss in a row to those goofballs (I meant to say "well educated outstanding athletes") I could only keep my mind occupied on 1 critical and important thing! Was it the highly expensive, burned, and carcinogen-filled hotdog I was eating that only really tastes good with a gallon of spicy mustard on top of it? No! Was it the large diet Coke®, the so-called souvenir plastic cup (since when does the word "souvenir" and "plastic" belong together), that cost as much as an expensive bottle of Pinot Noir from Italy? No! Was it the Ohio State fan in front of us that kept calling the Michigan fans "losers," despite the fact that I know our hospital has always had a better ranking in US News and World report compared to Ohio State Hospital? No! Was it the Michigan fan that yelled to the Ohio State fan that they were the "losers" despite Michigan getting their Gluteus Maximi (aka "buttocks") handed to them for 6 years in a row? No! So, what kept me so pensive during this silly game? I am glad you did not ask, but I am still going to tell you! It was the latest study on statins or cholesterol-lowering drugs!<sup>1</sup>

Incredible research, just released from some amazing researchers, from the most famous Prevention Trial in the history of prostate cancer (PCPT using finasteride versus placebo) just found a 59% reduction in the risk of men being diagnosed with a Gleason Score of 8-10 if they had low cholesterol and/or were potentially on statins (note: this specific benefit was not found in the finasteride group)! This

is now the 6th major study to demonstrate this finding! The sixth (just like the number of times we have lost to Ohio State)!!! Now, this does not prove 100% that statins or low cholesterol reduce the risk of dying from prostate cancer, but someone please find me another method that reduces the risk of the number 1 cause of death in men in America (aka "heart disease"), and may also reduce the risk of dying from prostate cancer?! Selenium? No! Multivitamins? No! This is getting silly! It is time for men with and without prostate cancer to become somewhat more obsessed with lowering their cholesterol by diet, exercise and even statins if needed NOW!!!

So, remember my friends what I have been saying for the last 15 years in a row at this time of year... "HAPPY HOLIDAYS AND REMEMBER IF YOU ARE NOT TRYING TO LOWER YOUR CHOLESTEROL AND OTHER CARDIOVASCULAR RISK FACTORS BEFORE OR AFTER CANCER TREATMENT, WELL WHAT WAS THE POINT IN BEING TREATED FOR PROSTATE CANCER?!" And, if you do not finally stop \_\_\_\_\_ (insert your favorite infamous family member name here) from drinking his/her 6th alcohol-filled eggnog beverage, well just get ready for a verbal fight to break out again at the annual family holiday get together!

1. Platz EA, Till C, Goodman PJ, et al. *Cancer Epidemiol Biomarkers Prev* 18: 2807-13, 2009

*Want to learn more about local prostate cancer support group activities? Read the*

**CHAPTER NEWS!**

*at [www.ustoo.org](http://www.ustoo.org)*

## DRUG EASES ADT SIDE EFFECT IN MEN

Hot flashes in men undergoing prostate cancer treatment is uncomfortable, but a new study suggests medroxyprogesterone could be the new gold standard in treating hot flashes in men.

ADT, which lowers the level of the male sex hormone testosterone to prevent the growth of prostate cancer, is the most common treatment for advanced prostate cancer. Hot flashes are a common side effect of this therapy, experienced by up to 80% of men undergoing prostate cancer treatment.

Although there are several hormonal and non-hormonal treatments to combat hot flashes, researchers say that until now they have not been compared in men undergoing ADT.

In a study published online in *The Lancet Oncology*, researchers in France evaluated the effectiveness of 3 hot flash medications, cyproterone, medroxyprogesterone and the antidepressant venlafaxine, in men who had 14 or more hot flashes per week after receiving 6 months of ADT.

The 311 men were randomly divided into 3 groups and treated with one of the three hot-flash treatments for 12 weeks. Participants were asked to report hot flash frequency and severity at weeks 4, 8 and 12 during the study.

Results showed all three drugs reduced the frequency of hot flashes, but the hormonal treatments, cyproterone and medroxyprogesterone, were more effective than venlafaxine at combating hot flashes throughout the study.

The median reduction in number of daily hot flashes after four weeks of treatment was 47% for venlafaxine, 95% for cyproterone, and 88% for medroxyprogesterone.

However, researcher Jacques Irani of University Hospital in Poitiers, France and colleagues say cyproterone is a recognized treatment for prostate cancer and could interfere with other hormone-based treatments. Therefore, medroxyprogesterone could be considered the new standard in treating hot flashes in men undergoing ADT for prostate cancer.

*WebMD Health News, 7 December 2009*

## PSA SCREENING SHOULD BE OFFERED TO OLDER MEN

Men older than 70 are more likely to have advanced prostate cancer by the time of surgery and experience worse survival rates, according to research published in the November *Journal of Urology* (Vol. 182, pp. 2242-9, 2009).

Since 2008, the US Preventive Services Task Force has encouraged clinicians to forgo PSA screening in men over age 75, the study reports. Senior author, Dr. Judd Moul of Duke University, expressed concern that under these current guidelines many treatable prostate cancers are being missed.

Hypothesizing that prostate cancer becomes more aggressive and deadly with age, a finding that might support heightened surveillance and treatment, Dr. Moul and colleagues analyzed data on radical prostatectomy (RP) patients treated at the Duke Prostate Center from 1988 to 2008. They split the 4,561 patients into three age groups: <60, 60 to 70, and >70. PSA recurrence, distant metastasis, and disease-specific death were the primary outcome measures. All patients underwent RP and had different patterns of follow-up care, so the analysis did not control for treatment effects.

PSA recurrence following RP was significantly more common in men >70 ( $p<0.001$ ), as was tumor recurrence ( $p=0.004$ ), and death due to prostate cancer ( $p=0.007$ ). Analysis also distinguished between early and late PSA eras (before and after 2000), when testing was less and more prevalent, respectively. Men >70 had higher grade tumors in both periods ( $p<0.001$ ).

The researchers judged age against

other factors with known clinical and pathological significance, including race, BMI, PSA at diagnosis, tumor stage, extracapsular extension, seminal vesicle invasion, presence of surgical margins, prostate weight, tumor volume and Gleason sum. In this multivariable analysis, men over 70 had higher pathological Gleason sums ( $p=0.034$ ), larger tumor volumes ( $p<0.05$ ) and more advanced tumor stages ( $p<0.05$ ).

Older age, however, did not change PSA recurrence, tumor recurrence or cancer-specific death when compared against all other variables.

“With age and time, the cancers in general are getting larger and potentially more lethal,” Dr. Moul said. “If you literally don’t offer any testing to men over age 75, there are quite a few who are going to be harmed, because they may have a potentially serious prostate cancer at 75, not get screened, and then they may die of the disease because they have a long life expectancy.”

Editorialists Dr. Ahmed Magheli of Charité University in Berlin, Germany, and Dr. Mark Gonzalgo of Stanford University highlight the study’s failure to establish the clinical significance of age with multivariable analysis. They caution that age “should not be used alone to identify men at higher risk for biochemical recurrence after RP.”

“There are a lot of men at age 75 who have a greater than 10 year life expectancy,” Dr. Moul said. “How do you tell a healthy 75-year-old man that we’re just going to cut you off from doing more testing?”

*Reuters Health, 3 November 2009*



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## US TOO NAMES NEW BOARD REPS FOR 2010 *(Continued from page 1)*

Treasurer. Ridge Taylor, Lake Oswego, OR, was named Assistant Treasurer/Secretary. The newly elected Board members are Jerry Hardy of Detroit, MI, Jean Jeffries of Meridian, ID and David M. Lubaroff, PhD, of Iowa City, IA, whose 3-year terms all begin 1 January 2010.

Jerry Hardy is a prostate cancer survivor, counselor, speaker, and advocate. He is a member of the Us TOO Livonia, MI Chapter, a peer reviewer for National Cancer Institute, and with wife (and retiring Board member) Jo Ann Hardy, shared their personal prostate cancer story in *The Circles of Love Collection*, published by Us TOO International.



*Jerry Hardy, New Director*

He has recently retired from 35 years with the US Postal Service, serving as a National Association of Letter Carriers union steward and USPS supervisor. Jerry is a pianist and choir director, and is on the Board of Deacons at Trinity Baptist Church in Detroit, MI.

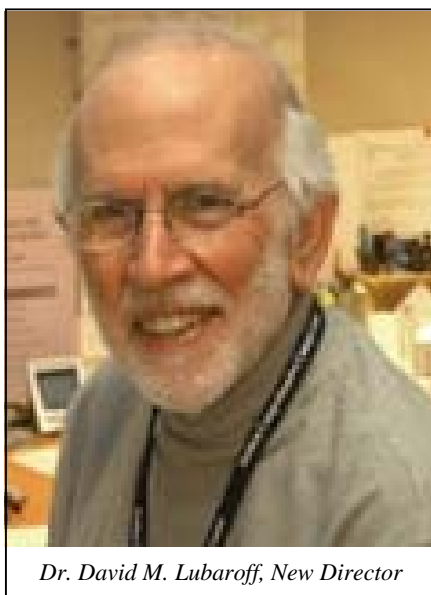
Jean Jeffries is an active member of the Treasure Valley Us TOO chapter in Idaho. Jean's husband was diagnosed with prostate cancer in 2009 and is currently undergoing treatment. Her service work includes being a Board Member of the Ada County Community Guardians, the Vancouver Women's Resources Centre Society of the University of British Columbia,

and the Lower Mainland Grief Recovery Society. Jean is a founding member of the Widowed Journey which is an outreach program by the University of British Columbia for widows, widowers and their families.



*Jean Jeffries, New Director*

David M. Lubaroff, PhD, is a Professor in the Departments of Urology and Microbiology and in the Interdisciplinary Graduate Program in Immunology as well as Associate Director in the Holden Comprehensive Cancer Center, all at the University of Iowa. His research is centered on immunotherapy for prostate cancer. Currently, he is Principal Investigator in a Phase II clinical trial of a vaccine for the treatment of recurrent prostate cancer.



*Dr. David M. Lubaroff, New Director*

Continuing service on the Us TOO International Board of Directors is Rick Lyke, Charlotte, NC, Founder of the very active Pints for Prostates national awareness campaign, Greg Bielawski, Wheaton, IL, Steering Committee Co-Chair for the 2009 Chicago SEA Blue Prostate Cancer Walk, and Tom Kirk, President & CEO, Us TOO International, Downers Grove, IL.

The 2010 Board committees will be named in January, and with open positions yet on the Board, an active top priority is for the Membership Committee to continue identifying candidates for Board service.

After the dinner portion of the event, Chairman Fred Mills and Director Emeritus and Immediate Past-Chair Jim Kiefert recognized 3 Board members, whose terms of service were completed, with warm thanks and appreciation to Jo Ann Hardy, Detroit, MI, Bob Fidotin, PhD, Pittsburgh, PA and Tom Hiatt, Esq., Hilton, NY.

"Us TOO has had the advantage of having Bob, Jo Ann and Tom serve on the board for the past several years," said Mills. "They each have brought specific talents and experience that has benefited the Board in so many ways. They had a large part in helping guide the organization to grow and expand

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*Outgoing Us TOO Board member Jo Ann Hardy receives a gift of appreciation*

**2009 US TOO ANNUAL MEETING HIGHLIGHTS**

The Us TOO International Board of Directors held its Annual Meeting this December in Chicago, with the overall theme of the evening recognizing 20 years of progress in the treatment of prostate cancer and the daily contributions of volunteers providing peer-to-peer support and information-sharing in local Us TOO support group chapters across the country.

After a welcome by Chairman of the Board Fred Mills and President & CEO Tom Kirk, 50 attendees enjoyed a presentation by Dr. Daniel Shevrin, senior attending medical oncologist and clinical associate professor at NorthShore University Health System, Kellogg Cancer Care Center in Evanston and Glenview, IL. Dr. Shevrin gave the Bill Blair Memorial Lecture on "Where do we stand with prostate cancer today," reviewing the evolution of treatments for prostate cancer and describing new drugs and analysis tools currently in clinical trials or in the assessment pipeline.



*Dr. Dan Shevrin*

After a dinner of delicious prostate-healthy entrees, vegetables, salads and sides, it was time to recognize the Annual Edward C. Kaps Hope Awardees for 2009. Named after Ed Kaps, one of the organizing and founding Board Members in 1990 and who remains a Director Emeritus of Us TOO International today, this is only the second year the award has been given. Nominations are collected from the Us TOO chapter support group network world-

wide, with final candidates selected by the Us TOO Program Committee. The awards are given to volunteers viewed as "An outstanding Leader in an Us TOO Support Group who has shown unselfish, dedicated service to prostate cancer survivors and their families."

Kaps Hope Award winners for 2009 are: Bob Boyd, former Chapter Leader, Us TOO Flint MI (in memoriam); Johnny Payne, Chapter Leader, Us TOO Greenville SC; Dr. Bill Stevens, Chapter Leader, Us TOO Lancaster OH; Russ Gould, former Vice-Chair Us TOO International Board of Directors, Chapter Leader Us TOO; Bill Blair Palatine IL; and Rex Zeiger retired Regional Director AZ, Board Member & Chapter Leader, Us TOO Sun City AZ. In addition to award winners' family and friends, we were especially happy that Ed Kaps' son, Jack Kaps and daughter, Patti Bahnick and their spouses were able to attend this special ceremony. More information about this year's award winners can be found in the Dec/Jan issue of *Chapter NEWS* and on the Us TOO website at <www.ustoo.org>.

A surprise award was given to Us TOO Office Manager Jackie Konieczka, for her 17 years of service on the Us TOO staff (see picture on page 6)!

Representatives from Us TOO's corporate supporters were also in attendance, and were presented certificates of appreciation for their support of Us TOO International programs and services, including Abbott, American Medical Systems, Aureon Laboratories, Dendreon Corporation, Ferring Pharmaceuticals, GTx, IRIS International and Medivation.

The evening closed with a splash of confetti, sparklers and sparkling non-alcoholic champagne, kicking off the celebration of Us TOO International's 20th Anniversary of peer support and educational services. All attendees received a commemorative lapel pin featuring the special anniversary logo.

Special warm and appreciative thanks go to event sponsors Genentech, Medivation, IRIS International and Ferring Pharmaceuticals for making this evening of camaraderie and celebration possible.



*L to R: 2009 Edward C. Kaps Hope Award winners, Reg Tidball, accepting for Bob Boyd, Dr. Bill Stevens, Johnny Payne and Russ Gould, who also accepted for Rex Zeiger*



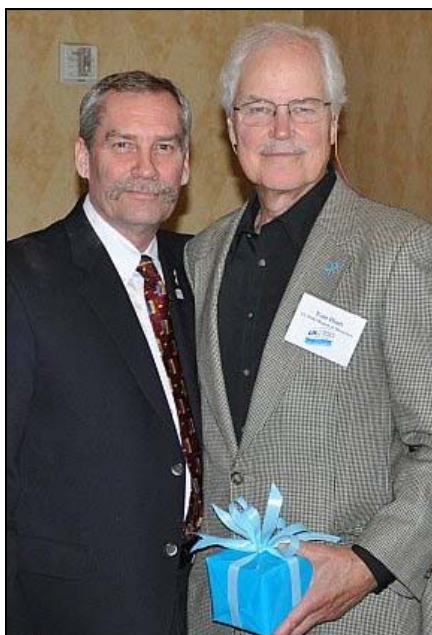
*The family of Edward C. Kaps, L to R: Carlene Kaps, daughter Patti Bahnick, son Jack Kaps, Kerry Bahnick*

**NEW BOARD REPS 2010**

*(Continued from page 4)*

during their terms on the Board. Thank you Bob, Jo Ann and Tom for your contribution to our success and we wish you the very best as you continue to support Prostate Cancer education and awareness.”

Jo Ann and Tom were each presented a silver Us TOO watch in appreciation of his/her years of service and commitment to the organization. Bob, who was not able to attend the event, will receive his in a special delivery.



*Outgoing Us TOO Board member Tom Hiatt, Esq. receives a gift of appreciation*

**FIRMAGON**

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maintenance doses of 80 mg (n=207) or 160 mg (n=202), or leuprolide 7.5 mg/month (n=201).

At Day 3 of treatment, the degarelix group achieved a 90 percent decrease in median testosterone levels compared with the leuprolide group, which experienced a 65 percent increase in median testosterone levels. Degarelix was as effective as leuprolide in suppressing testosterone levels from Day 28 to the end of the study (Day 364), with 97.2% of the degarelix patients maintaining medical castrate levels compared with 96.4% for leuprolide.

PSA recurrence was 12.9% for leuprolide 7.5 mg/month patients compared to 7.7% with the approved degarelix 240/80 regimen. The probability of completing the study without dying by day 364 was 97.4% for degarelix versus 95.1% for leuprolide. In patients with baseline PSA >20 ng/mL, risk of PSA recurrence was lower for patients receiving degarelix compared with leuprolide (p=0.04). The risk of PSA recurrence was comparable in patients with baseline PSA >50 ng/mL (p=0.10).

The most commonly observed adverse reactions during Firmagon therapy include injection site reactions and other androgen deprivation therapy (ADT) associated side effects.

*Ferring Pharmaceuticals, 4 December 2009*

**PROSTATE CANCER SURGERY PERFORMED BY MANY SURGEONS WITH LITTLE EXPERIENCE**

A new study from researchers at Memorial Sloan-Kettering Cancer Center found that the majority of surgeons treating prostate cancer in the US have extremely low annual caseloads, potentially leading to increased rates of both surgical complications and cancer recurrence. The research was published in the December 2009 issue of the *Journal of Urology*.

It is known that surgical volume is associated with improved patient outcomes, and fewer complications. Previous work from this team has indicated that a surgeon’s lifetime experience with radical prostatectomy (RP) is strongly associated with cancer control; patients treated by experienced surgeons had a 40 percent lower risk of a cancer recurrence than patients treated by inexperienced surgeons. The importance of experience in cancer outcomes has been termed the “learning curve.”

“We have previously shown that a surgeon needs to conduct an average of 250 RPs to give patients the best chance of cure,” said Dr. Vickers, Associate Attending Research Methodologist in the Department of Epidemiology and Biostatistics at Memorial Sloan-Kettering Cancer Center. “So we decided to look at how long it would take a typical surgeon to reach that number of procedures. While the learning curve is not the only factor in determining surgical skill, we found that the majority of surgeons who treat prostate cancer patients will not achieve that number of procedures in their entire career.”

A high-volume surgeon is defined as one who performs 50 cases a year or more. According to Dr. Vickers and colleagues, only 2 percent of surgeons nationally and 4 percent of New York State surgeons fall into this category. Nationally, only about 1 in 5 prostate cancer patients are treated by high-volume surgeons; this rises to 40 percent in New York State, likely because of the large, specialized centers in New

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**ANNUAL MEETING HIGHLIGHTS** *(Continued from page 5)*



*Terri Gibbons (L) and Tom Kirk (R) present Us TOO staffer Jackie Konieczka with the President’s Award for Outstanding Service*

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2009 ASCO GU: Abiraterone in HRPC	May	Don't Forget Us TOO's Online Auction	June	Prostate Shrinkage Reveals High-Grade Cancer	August
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Coronary Artery Disease Risks with ADT	October	PET/CT & Recurring Prostate Cancer	October	The Doctor's Note	December
Costs Force Survivors to Avoid Health Care	April	Pleasanton CA Chapter Will Miss Bill Stone	February	The Doctor's Note	February
Degarelix Approved for Advanced Cancer	February	Predicting Prostate Cancer Recurrence	July	Toremifene Passes FDA Safety Review	April
Denosumab & ADT-Related Fractures	October	Predicting the Return of Prostate Cancer	August	Us TOO Prostate Cancer Recovery Guide	December
Denosumab vs. Zometa® in Metastatic Cancer	August	Proposal Involves Multiple Oncology Studies	August	Us TOO Seeks Board Member Applications	June
Diagnoses of Cancer Decline in the US	January	Prostate Cancer Advocacy Joint Statement	May	Us TOO Seeks Board Member Applications	July
Doc Moyad—Why I Donate to Us TOO	December	Prostate Cancer & Neglect of Other Illnesses	March	Us TOO Seeks Board Member Applications	August
Doc Moyad—Acupuncture: Real vs. Simulated	September	Prostate Cancer Awareness Motorcycle Ride	April	VA Clears Most Facilities in RT Probe	January
Doc Moyad—Coenzyme Q10	October	Prostate Cancer Now Has Better Survival	November	Vitamins C or E Don't Reduce Cancer Risk	February
Doc Moyad—Drugs vs. Herbs for BPH	November	Prostate Cancer Family History & Outcomes	March	Watchful Waiting Ok for Low-Risk Cancers	October
Doc Moyad—ADT & Cardiovascular Disease	March	Prostate Cancer in 40% Initially Negative	February	Web-Based Us TOO Support Community	November
Doc Moyad—Calcium Supplements for Men	May	Prostate Cancer "Man-O-Gram" Urged	March	What Prostate Cancer Screening Studies Mean	May
Doc Moyad—Exercise & Cancer Fatigue	April	Prostate Cancer Screening: Common Sense	August	What's Your Type—An Important Question	September
Doc Moyad—Flaxseed (ground/powdered)	July	Prostate Cancer Screening Controversy	Sept. BIS	Youth with Advanced Cancer & Prognosis	July
Doc Moyad—Healthy LDL and hs-CRP Levels	August				

**NIH ANNOUNCES FIRST NATIONAL RESEARCH STUDY RECRUITMENT REGISTRY**

Individuals who want to participate in research studies now can connect online with researchers nationwide through the first disease-neutral, volunteer recruitment registry. <www.ResearchMatch.org> is a not-for-profit secure Web site, designed to provide people who are interested in participating in research the opportunity to be matched with studies that may be the right fit for them. ResearchMatch offers an easy-to-use, free and safe way for volunteers to connect with thousands of researchers who are conducting research on a wide range of diseases.

The site is a collaborative effort of the national network of medical research institutions affiliated with the Clinical and Translational Science Awards (CTSAs). The CTSA program, a part of the National Institutes of Health, is focused on enhancing local and national efforts to enhance the translation of laboratory discoveries into treatments for patients.

“Participant recruitment continues to be a significant barrier to the completion of research studies nationwide -

recent NIH data indicates that just 4 percent of the US population has participated in clinical trials,” said NCRR Director Barbara Alving, MD. “ResearchMatch is a tool that can improve the connection and communication between potential participants and researchers providing opportunities for the public to contribute to advancing new treatments.”

The convenient and user-friendly registry employs a familiar research matching model that is complementary to <www.Clinicaltrials.gov>. One key difference is that ResearchMatch places the burden of connecting the right volunteers with the right study on the researchers, whereas Clinicaltrials.gov asks volunteers to identify the trials that could work for them.

For the first year of the project, only researchers affiliated with participating CTSA institutions are eligible to use ResearchMatch. However, plans are in place to make it available to other researchers by 2011. To learn more about ResearchMatch and to register as a volunteer, visit <www.researchmatch.org>.

**SURGERIES PERFORMED**

*(Continued from page 6)*

York City and elsewhere in the state. There were two independent data sets used in this analysis. The first set was obtained from the 2005 Nationwide Inpatient Sample (NIS), available from the Agency for Healthcare Research and Quality. The second set, the Statewide Planning and Research Cooperative System (SPARCS), included all patient discharge records from New York state in 2005. More than 6,500 patients treated with RP in 2005 by one of 933 surgeons were identified. The study included RPs that were performed laparoscopically and with robotics as well as more traditional open surgery.

On the basis of this research, Dr. Vickers said that, “prostate cancer patients considering surgery should be aware that most surgeons have very little experience treating this disease. They are likely to have a reduced risk of complications, and better chance of cure, if they are treated at a specialist cancer center by a surgeon who focuses on treating prostate cancer.”

<www.PhysOrg.com>, 19 November 2009

**US TOO INTERNATIONAL:  
OUR MISSION**

Be the leading prostate cancer organization helping men and their families make informed decisions about prostate cancer detection and treatment through support, education and advocacy.



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