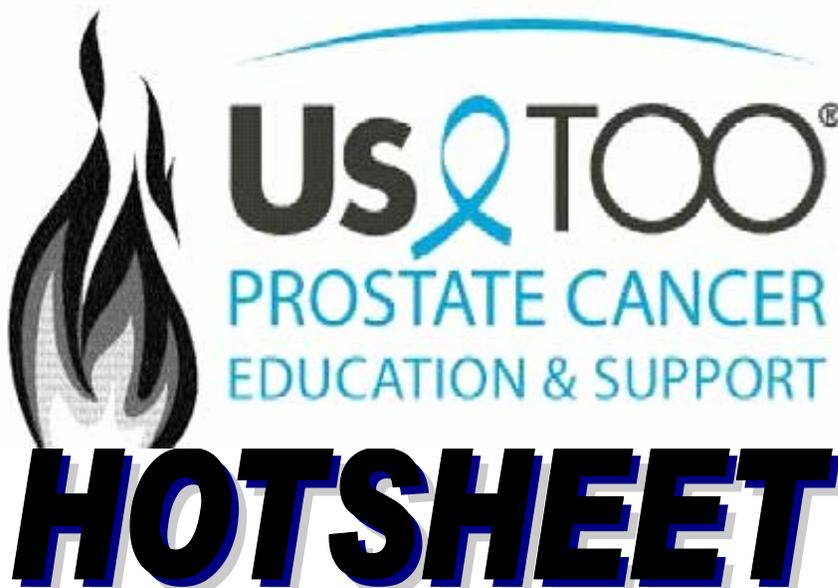


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## February 2007

### **PRESIDENT'S MESSAGE: WHAT IS AWARENESS?**

*By Tom Kirk, President & CEO,  
Us TOO International*

Cliff was at a classic car show in California when he heard the news. Tom was at a NFL game in Detroit. Tory was at a modern dance show in Minnesota. These are just three examples of men who learned about prostate cancer in unexpected, but very effective, ways.

Due to the efforts of a committed few, not everyone learns about prostate health, risk factors, and early detection in their doctor's office. Francis was in his church basement when he learned about prostate cancer risk factors. Ed was in a mall during the holiday season. John was at a golf tournament near his hometown.

Cliff, Tom and Tory received free or reduced-cost PSA tests at these locally sponsored outreach events. More importantly, all three men received PSA results that indicated a visit to their physician was an important next step. Francis encouraged his son to go with him to get baseline PSA tests together. Ed drove his homebound neighbor to the doctor to be tested. John's wife saw the brochure he brought home from the

*(Continued on page 2)*

### **SPECIAL THANKS TO JOE PIPER ~ OUTGOING US TOO BOARD MEMBER**

As Us TOO continues to grow and evolve, so does the leadership team. In December 2006, the Us TOO Board of Directors experienced some changes, bidding a fond farewell to two outgoing Board members and welcoming new members to their ranks.

Over the next two months, we want to acknowledge our outgoing Board members for their role on the board, and will be introducing our new Board members as well.

Joe Piper, from Houston, Texas, served two full terms on the Board from 2000-2006 bringing passion, commitment and a strong attention to detail to all his efforts. Board Chairman, Jim Kiefert, has this to say about him, "Joe is a gentleman who is able to support the mission and vision of Us TOO with his wisdom and energy. When he takes on a task, he does it with dispatch and excellence." Many of his colleagues and friends no doubt echo this sentiment.

When Joe was diagnosed with prostate cancer in 1993, he went to a good friend who also had prostate cancer and received two valuable pieces of advice:

*(Continued on page 2)*

### **THE YEAR IN PROSTATE CANCER**

*Adapted from MedPage Today  
(with permission)*

The long-running debate about treatment choices for early localized prostate cancer remained the focus of much research into the disease during 2006, a year in which malignancy of the gland was the second leading cause of cancer deaths in American men. The American Cancer Society estimated that there were 234,460 prostate cancers diagnosed in 2006. On the other hand, death rates were down, with 27,350 men projected to die of prostate cancer in 2006, going from 10% of all cancer deaths in 2005 to 9% in 2006.

Both PSA (prostate specific antigen) testing and improvement in treatment are given credit for the decline in mortality, although even that is in dispute. Although PSA testing appeared helpful in monitoring treatment, studies of watchful waiting in localized disease versus active intervention in containing overall mortality have been conflicting, adding to the long-running debate about the risks and benefits of screening.

The American Cancer Society and the American Urological Association have recommended screening for prostate

*(Continued on page 4)*

## US TOO INTERNATIONAL

has received Charity Navigator's highest rating for the 2nd year in a row for sound fiscal management. Less than a quarter of the charities in America receive this exceptional rating.



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

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## THANKS TO JOE PIPER

(Continued from page 1)

- Learn as much as you can about this disease
- Attend an Us TOO support group

Joe took both pieces of information to heart and remains actively involved in his own health care and his local chapter to this day.

His passion for creating an event to bring attention to their local support group and raise awareness for prostate cancer led to the creation of Houston's annual 5K race, now a successful event for several years. "Joe works hard in Texas doing events that raise public awareness and generates resources used to help the prostate cancer cause," says Jim Kiefert.

Tom Kirk says this of Joe Piper, "Joe is a gifted, poetic and charming man who showed nothing but passion for the prostate cancer cause. He has taken action and made a difference. It was so like him that at his last Board meeting he challenged the Board to do more to explore the needs of the support groups and move beyond the "snowflake" approach and assist the volunteers more so we can see more "muscular" chapters in the future. The Board has taken that challenge and I believe we will have Joe to thank in the future as Us TOO seeks to assist the chapter volunteers more in the future."

Thank you, Joe, for your time and effort, and for all you do that touches so many lives!

## WHAT IS AWARENESS?

(Continued from page 1)

golf tournament and scheduled a check-up for him the very next day.

These are the fortunate few who received a priceless gift of knowledge from in unforeseen places and unexpected places because of the commitment of others. **This** is the power of awareness. **This** is the power of outreach. And, at the end of the day, **AWARENESS AND OUTREACH = LIVES SAVED.**

Despite the fact that the number of men diagnosed with prostate cancer every year is even greater than the number of breast cancer diagnoses, prostate cancer awareness is far from where it needs to be. If we are to meet the needs of the growing at-risk population, we **must** step up and reach out. Now is our time to act.

What if Cliff was your father? What if Tom was your neighbor? What if John and Ed worked with you? What if Francis attended your church? Who is it in your life that needs to know about prostate cancer risks and detection? How will they hear the message if not through you?

While there are countless ways to reach into your community to promote prostate awareness, **Sneakers@Work**,

(Continued on page 8)



L to R: Us TOO Chairman of the Board Jim Kiefert, President & CEO Tom Kirk, and retiring Board member Joe Piper at the Greater Chicago Prostate Cancer Run Walk 'n Roll

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

**Tell me about dietary sources of vitamin D and why your team played so poorly in the Rose Bowl Part III of an exciting 4 part holiday series!**

**Mark A. Moyad, MD, MPH  
University of Michigan Medical Center-Department of Urology  
E-mail: moyad@umich.edu**

My football predictions were not only wrong, but they were more embarrassing than my first testicular exam in seventh grade! What happened to my beloved Michigan Wolverines—well I think they stayed up too late the night before the game studying for fall exams (this is my excuse and I am sticking to it)! Heck, I also have no love for Ohio State but they looked worse than my blue powdered tuxedo that I wore at my ninth grade fall dance. Where did it all go wrong? Anyhow, back to vitamin D.

I thought I would simply provide a basic table to show you why you need to start consuming more fish and shellfish in your diet, and possibly more mushrooms and eggs (yeah!). The real point here is that fish are not just a wonderful source of vitamin D, but also selenium, omega-3 fatty acids and protein (note: as I am writing this column I am sitting at a sushi bar—no kidding!).

<b>Food</b>	<b>Serving Size</b>	<b>Vitamin D (I.U.)*</b>
Oysters	3-oz	545
Cod-liver oil	1 teaspoon	450
Catfish	3-oz	425
Mackerel	3-oz	395
Salmon	3-oz	240
Sardines (canned in oil)	3-oz	230
Halibut	3-oz	170
Tuna (blue fin)	3-oz	170
Tuna (canned in water)	3-oz	135
Shrimp	3-oz	120
Milk*	1 cup	100
Mushrooms (Shitake)	2-oz	55
Mushrooms (Chanterelle)	2-oz	50
Cod	3-oz	50
Sole/flounder	3-oz	50
Bass (freshwater)	3-oz	35
Swordfish	3-oz	35
Egg (whole)	1	25
Clams	3-oz	7

\*I.U.= International Units. **Note:** Many studies have suggested that many dairy products are under-fortified with vitamin D despite claims in the label. Most Americans need a minimum of 400-800 IU of vitamin D daily.

**References:**

1. Moyad MA. Sem Prev Alt Med: June 2006.
2. Consumer Reports: 2005 Guide to Diet, Health & Fitness. Time Inc. Home Entertainment Books, New York, page 66, 2005.

**FEB. 13 CONFERENCE CALL: "INTIMACY & PROSTATE CANCER"**

Us TOO International is hosting a one-hour, nationwide teleconference program on the topic, "Intimacy and Prostate Cancer" on Tuesday, February 13<sup>th</sup> at 9pm Eastern, 8pm Central, 7pm Mountain, 6pm Pacific. The call will feature a medical professional specializing in this area as well as two couples who have faced prostate cancer AND the challenge of recreating or redefining intimacy and found solutions.

Just in time for Valentine's Day, make a date with your loved one and join us for this frank, open dialog about this challenging issue. Learn about solutions that can bring intimacy back into your relationship.

Response has been amazing so please RSVP to secure your place today! RSVP: This FREE teleconference is filling quickly, so register today to secure your place. To register, contact Dan Reed at <dan@ustoo.org> or call 1-800-808-7866. You may remain anonymous when you RSVP if you chose but please RSVP so we can reserve ample space for all who wish to participate.

**TO PARTICIPATE IN THE CALL:** On February 13<sup>th</sup> please dial the toll-free number to listen to, or participate in, the program. There will be time for questions and answers immediately after the panel presentations.

Date: Tuesday, February 13<sup>th</sup>  
Time: 9pm Eastern, 8pm Central, 7pm Mountain, 6pm Pacific  
Dial in # (toll free): 1-800-475-3716

For additional information about this teleconference program or any of Us TOO's Companion and Family efforts, please contact Elizabeth at <elizabeth@ustoo.org> or call 1-320-980-0437.



**THE YEAR IN PROSTATE CANCER** (continued from page 1)

cancer in men over 50, whereas the American College of Physicians has suggested discussing its benefits and risks, and the U.S. Preventive Services Task Force has found insufficient evidence to recommend screening.

Us TOO comments:

The 2006 National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology section on Prostate Cancer Early Detection now recommend that men who choose to begin PSA screening consider obtaining a baseline at age 40.

The National Alliance of State Prostate Cancer Coalitions (NASPCC) announced more stringent guidelines for early prostate cancer detection in November 2005. They are as follows: "NASPCC supports the early detection of prostate cancer in recommending that beginning at age 40 (35 for high-risk men, including African American men and those with a definite or indeterminate family history of prostate cancer), men obtain a baseline PSA in combination with a DRE, and thereafter a PSA and DRE on an annual basis."

Us TOO International recommends that men have annual prostate examinations, which should include both a PSA blood test AND a digital rectal examination (DRE), starting at the following ages:

- By age 40 if you are an African American man, or have a family history of prostate cancer (either are considered high-risk)
- No later than age 45 for all other men

Us TOO continues to recognize the importance of early and aggressive screening despite the debate — we are an organization of prostate cancer survivors who have benefited from PSA screening.

\*\*\*\*\*

The following summary reviews some of the highlights of the year in prostate cancer research. In Part I, appearing in this issue of the HotSheet, PSA Screening is discussed. Part II, appearing in next month's HotSheet, will

discuss Watchful Waiting, Treatment Decisions, Health Food and Vitamins and Cholesterol.

For fuller accounts, links to the individual articles published in MedPage Today have been provided. Us TOO also includes references to relevant articles appearing in HotSheets during 2006.

**PSA Screening**

In response to the guidelines of the various groups, Yale's John Concato, MD, put it simply, saying that screening almost always increases detection of disease. However, his team's retrospective case-control study of 71,661 veterans at 10 VA hospitals in Connecticut found that screening did not appear to decrease mortality. Of the men who died of prostate cancer, 14% were screened with PSA, compared with 13% of the men in the control group. Furthermore, PSA screening did not affect all-cause mortality.

- PSA screening has no effect on mortality

<<http://www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/2453>>

Us TOO comments:

There were several weaknesses in this study. This was a retrospective, nested case controlled study wherein case patients were matched on a one-to-one basis with controls of the same age receiving care in the same facility. This design introduced variables that would otherwise have been controlled using a prospective, randomized study design. In this analysis, it could not be determined whether screening was done by PSA testing or by digital rectal examination (or both) before the cancer diagnosis was made among cases or during the same time interval for controls.

\*\*\*\*\*

In a somewhat stark, but realistic report, researchers at the University of California San Francisco found that older men with limited life expectancy are being screened much too often, given the potential harm that may follow a positive test versus the likelihood of benefit in the next 10 years.

In a cohort study of 59,642 U.S. veterans, 70 and older, many non-clinical factors, such as marital status and region of the country, had a greater effect on PSA screening than health.

Some physicians may be uncomfortable incorporating life expectancy into screening, a discomfort partly driven by fear of malpractice liability. However screening elderly men in poor health is not considered a standard of care, UCSF's Louise Walter, M.D., said.

- PSA screening rates for elderly men found too high

<<http://www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/4520>>

Us TOO comments:

This study also had several limitations. These included:

- lack of data on why a test was ordered
- some tests performed outside the VA may have been missed
- the Charlson Comorbidity Index does not include all factors that may determine life expectancy, and
- limited generalizability to men who do not use the VA.

Two (2) related articles appeared in the April and October 2006 issues of the HotSheet:

- The April article "Older Patients Survive Longer with Treatment" showed that older prostate cancer patients treated after diagnosis lived longer than those that were only treated for symptomatic progression.
- The October article "Overtreatment of Low-Risk Prostate Cancer" included many prostate cancer patients diagnosed at an advanced age. In both articles, however, most of the cancers were diagnosed by PSA screening.

\*\*\*\*\*

Not unexpectedly, obesity turned out to distort PSA results, and to be an obstruction in biopsy with an increased likelihood of yielding a false negative. Regardless of race, obese

(Continued on page 8)

**FROM THE DOCTOR:  
PHYSICIAN COMMENTARY ON SELECTED ARTICLES IN  
THIS MONTH'S *HOT SHEET*  
By Gerald W. Chodak, MD**

Despite extensive publicity about prostate cancer screening and awareness, the message for the public remains unclear; for every advocate of routine testing there seems to be another who cautions about the uncertainty of benefit and the risk for harm. Most, if not all, *HotSheet* readers already have had their cancer diagnosed. Those men whose cancer may not be completely cured probably torture themselves for not being tested earlier. But there are also those men who have undergone diagnosis and treatment resulting in complications that have greatly diminished their quality of life. Those individuals may frequently ask themselves "did I make a mistake by getting tested and treated?"

In this issue of the *HotSheet* we have two more seemingly conflicted messages. In one we read that AWARENESS AND OUTREACH = LIVES SAVED, whereas the article by Judith Groch about the year in review cites several studies that concluded screening did not reduce mortality but it did result in many men being treated unnecessarily. Stated very simply, this controversy cannot and will not be resolved until proper studies are completed. All the arguments by the brightest people in this field cannot provide the missing information.

Which leaves us with the question "how can prostate cancer patients help their friends and neighbors? The answer is to help them with awareness and understanding. Awareness that the disease kills 27,000 men each year and that a simple test is available to help detect it, AND understanding that although screening may improve early detection, it may also lead to unnecessary treatment and harm. Men need to understand that while early detection offers the best chance for cure, out of every 20 cases diagnosed only 1-2 will live longer by undergoing treatment. In some ways, patients have the greatest challenge which is to provide accurate information to their friends absent their personal biases so that through

awareness, each man can choose what is right and best for himself.

For those men who have been diagnosed and treated with radical prostatectomy or radiation therapy and now find their PSA is rising, improvements in technology have made a Prostate-specific Antigen (PSA) scan more reliable than in previous years. Using this test, doctors now can determine if the rise in PSA is due to cancer in the pelvis, outside of the pelvis or both. Unfortunately, debate continues about what to do when this information becomes available. Although radiation is the most obvious treatment after surgery, the results from a randomized study found PSA levels remained low for a longer time but there has no evidence that men undergoing radiation live longer. Neither is there evidence that performing a radical prostatectomy after failing radiation will prolong survival. So for now, the good news is that doctors can better assess why a PSA is rising after local therapy, and hopefully that will lead to other studies that assess how best to treat those men.

Lastly, the *HotSheet* contains an article by Dr. Moyad about the best dietary sources for this interesting compound. Now the question comes what should men with prostate cancer do? Is there an optimal amount of Vitamin D intake for men with prostate cancer? Will increasing your intake of vitamin D help you live longer? Here again, more information is needed. No valid randomized study has demonstrated that any specific intake of Vitamin D will prolong survival or prevent this disease. An important study is underway, however, using DN 101, a synthetic vitamin D compound to determine if combining it with Taxotere in men with advanced prostate cancer will prolong survival.

For now, the best message is eat a balanced meal that includes 5-10 portions of fresh fruits and vegetables. For those wanting to increase their vitamin D intake naturally, the best sources are well defined.

**QUALITY OF LIFE IN PROSTATE CANCER SURVIVORS VARIES WITH INITIAL TREATMENT TYPE**

Men with prostate cancer treated with radical prostatectomy have, in general, the highest scores on health-related quality of life measurements 10 years after treatment, while men who underwent hormone therapy generally have the lowest quality of life scores.

Those findings come from a population-based study of men in the Eindhoven Cancer Registry in the Netherlands, conducted by Dr. M. L. Essink-Bot and colleagues affiliated with the Registry, and published in the November 1st issue of *Cancer* (Vol. 107, pp. 2186-96).

The researchers administered the 36-item Short Form Health Survey and the Quality of Life-Cancer Survivors questionnaire to 964 men diagnosed with prostate cancer between 1994 and 1998. Mean follow-up time was 10 years.

General Health Perceptions scores were worse but Mental Health scores were better for cancer survivors compared with age-matched normative controls.

Quality of life scores were similar between cancer survivors and controls. However, when analyzed by type of treatment received for prostate cancer, Dr. Essink-Bot's team found that "the long-term quality of life can vary significantly as a function of the type of primary treatment."

Men who underwent radical prostatectomy had the highest physical health-related quality of life scores and men who received hormone therapy had the lowest scores. Men who underwent radiotherapy or watchful waiting fell between these two groups.

The researchers acknowledge that data on the baseline differences between treatment groups were not included in this study, and such differences (rather than treatment per se) might explain the variation in quality of life.

*Reuters Health, 1 December 2006*

## EXPANDED ROLE FOR CYTOGEN'S PROSTASCINT® INCORPORATED INTO NCCN® CLINICAL PRACTICE GUIDELINES

### Revised guidelines now include PROSTASCINT imaging for recurrent disease

Cytogen Corporation (NASDAQ: CYTO) today reported that the National Comprehensive Cancer Network (NCCN) has included PROSTASCINT® (capromab pentetide) in its updated clinical practice guidelines for recurrent prostate cancer. PROSTASCINT is the only commercial monoclonal antibody-based agent targeting prostate-specific membrane antigen (PSMA) to image the extent and spread of prostate cancer. Expanded inclusion in NCCN's guidelines further reinforces the value of PROSTASCINT for evaluating prostate cancer in patients suspected of having locally recurrent disease.

"Proper selection of therapy depends on whether prostate cancer has spread from the prostate gland," said Michael Manyak, M.D., vice president of medical affairs. "The NCCN guidelines recognize that fused PROSTASCINT images can assist in that determination."

Emerging data from several sources using the superimposition, or fusion, of the PROSTASCINT functional study upon an anatomic image such as Computed Tomography Imaging (CT) or Magnetic Resonance Imaging (MRI), have generated renewed interest in the clinical application of these images. The expanded NCCN guidelines reflect the growing awareness of the potential for fused scans of this type to assess disease and plan individualized treatment regimens.

"The use of these fused PROSTASCINT scans has significantly benefited our patients receiving brachytherapy," explained Rodney J. Ellis, M.D., a radiation oncologist and assistant professor of urology with the Case School of Medicine. Dr. Ellis is the lead author on a long term study demonstrating a three-fold difference in biochemical disease-free survival between patients who had suggested metastatic deposits and those without on the fused images. "The expanded NCCN guidelines take into consideration these and other findings that have improved prostate cancer localization through the use of fused PROSTASCINT images."

NCCN, a non-profit alliance of 20 of the world's top cancer centers, issues Clinical Guidelines in Oncology that are a benchmark for clinical policy in the oncology community. These guidelines are updated continually and are based upon evaluation of scientific data integrated with expert judgment by multidisciplinary panels of expert physicians from NCCN member institutions. NCCN has posted the updated information to its website at <<http://www.nccn.org>>.

NCCN guidelines are distributed free of charge to clinical professionals in the US and internationally. User-friendly patient versions of NCCN guidelines are available to patients and their families. For more information, call the NCCN at (215) 690-0300 or visit <<http://www.nccn.org>>.

#### About PROSTASCINT®

PROSTASCINT consists of Cytogen's proprietary PSMA-targeting monoclonal antibody, 7E11-C5, linked to the imaging radioisotope Indium-111. By targeting PSMA, the PROSTASCINT molecular imaging procedure can detect the extent and spread of prostate cancer using a standard gamma camera.

PROSTASCINT is indicated as a diagnostic imaging agent in newly diagnosed patients with biopsy-proven prostate cancer, thought to be clinically localized after standard diagnostic evaluation and who are thought to be at high risk for pelvic lymph node metastases. PROSTASCINT is also indicated as a diagnostic imaging agent in post-prostatectomy patients with a rising PSA and a negative or equivocal standard metastatic evaluation in whom there is a high clinical suspicion of occult metastatic disease.

A copy of the full prescribing information for PROSTASCINT, including warnings, precautions, adverse events and other safety information, may be obtained in the U.S. from Cytogen Corporation by calling toll-free 800-833-3533 or by visiting the Website at <<http://www.cytogen.com>>, which is not part of this press release.

## CHEMOTHERAPY PLUS HORMONE THERAPY IS FEASIBLE FOR PROSTATE CANCER RELAPSE

Androgen-deprivation therapy, along with chemotherapy appears to be feasible for treating the early relapse of prostate cancer, when tumor bulk is still minimal, researchers report in the December 1st issue of the *Journal of Clinical Oncology* (*J Clin Oncol* 2006; 24:5408-13). As lead investigator, Dr. Mary-Ellen Taplin told Reuters Health: "Our study evaluated the concept of administering chemotherapy earlier in the natural history of relapsed disease than is currently the standard."

Dr. Taplin of Dana Farber Cancer Institute, Boston and colleagues studied 62 men who underwent prostatectomy, radiation or both, for localized disease with no metastases, but an increasing PSA level. Treatment consisted of four cycles of docetaxel (Taxotere®) every 21 days and estramustine (Emcyt®) 280 mg three times a day on days 1 through 5. After chemotherapy, androgen-deprivation therapy (ADT) consisting of goserelin acetate (Zoladex®) and bicalutamide (Casodex®) was prescribed for 15 months. The proportion of patients with a complete remission after chemotherapy was 53%; after ADT, it was 63%, and 1 year after completion of ADT, it was 36%.

In the 56 patients who were observed for at least 1 year after the end of ADT, 23 (41%) had recovered testosterone and had not progressed at their last follow-up. The median time to progression was 34 months from initiation of treatment.

Dr. Taplin pointed out that the study "conclusions are limited, based on the fact that this was not a randomized trial. But our data are promising and support larger efforts to investigate this concept in a prospective, randomized fashion."

*Reuters Health, 19 December 2006*

**SAVE THE DATES!**

**Tue, Feb 13**

“Intimacy and Prostate Cancer,” FREE teleconference call, 9pm Eastern, 8pm Central, 7pm Mountain, 6pm Pacific. Dial in # (toll free): 1-800-475-3716. Sponsored by Us TOO International. For more information, see pg 3.

**Wed, May 30—Fri, June 29**

2nd Annual Us TOO Online Auction, <www.ustoo.org>

**Sat, April 28**

3rd Annual Duke Prostate Cancer Symposium, cosponsored by AUA Foundation and PCCNC, “Urology Health Forum: Patient Centered Prostate Cancer,” Keynote Speaker: Mark Moyad MD, MPH, “Diet and Dietary Supplements for Prostate Cancer: What Works and What is Worthless,” FREE but pre-registration required, 1-886-RING-AUA or visit <www.pccnc.org> for program info.

**Sun, Sept 9**

3rd Annual Greater Chicago Prostate Cancer Run Walk ‘n Roll, Grant Park, downtown Chicago. Visit <www.ustoo.org> for the latest info.

**2ND ANNUAL US TOO ONLINE AUCTION ANNOUNCED**

After last year’s great inaugural success, Us TOO International will again be holding an online auction to raise funds for the Us TOO International Founders’ Fund.

Due to all the feedback from last year’s auction participants, we have extended the auction time period from 3 weeks to 4.5 weeks. (Thank you for your comments and suggestions!) The auction will begin Wed, May 30 and end Friday, June 29.

The auction is timed in June to honor fathers who either have had prostate cancer or who are trying to stay prostate-healthy.

The auction website address will be announced in the March issue of the *HotSheet*, and will be accessible from the Us TOO website at www.ustoo.org.

Funds raised are used to create and expand Us TOO services and resources toward the fulfillment of our mission of serving tens of thousands of prostate cancer patients and their families.

**DONATED ITEMS SOUGHT FOR 2007 US TOO ONLINE AUCTION**

Us TOO is seeking donated items from individuals, companies and chapters for bid.

Ideas for items can range anywhere from tickets to a professional sports event or show, a flat screen TV, an iPod, a unique or limited edition item, collectibles, gift baskets, etc. A range of price points are needed. Items could appeal to men, women, young adults or children.

To donate an item, please contact Dan Reed, Us TOO Development and Marketing Coordinator, at dan@ustoo.org or by phone at 630-795-1002.



**Company and Group Registration Deadline is Friday, March 2nd! Sign up Today!**



JUNE 15, 2007



THE DAY FOR NATIONAL PROSTATE CANCER AWARENESS & ACTION

Participate in our **WORKPLACE GIVING** program to support prostate cancer patient education and support efforts!

Visit [www.ustoo.org/sneakers@work](http://www.ustoo.org/sneakers@work) for more information or contact Dan Reed at 1-800-808-7866 or dan@ustoo.org



**Hold a Closest To The Pin Contest at your golf club to benefit Us TOO International and Arnie’s Army!**



**ARNIE’S ARMY. BATTLES**  
PROSTATE CANCER

Visit [www.ustoo.org](http://www.ustoo.org) for more information or contact Dan Reed at 1-800-808-7866 or dan@ustoo.org

*All proceeds from donations and items sold benefit Us TOO’s FREE programs, support services and educational materials for prostate cancer patients and their families*

**WHAT IS AWARENESS?**

*(Continued from page 2)*

which takes place in Friday, June 15, 2007, is one of the most FUN, simple, effective tools available today.

**Sneakers@Work Day** was created as a way to develop much needed positive awareness about prostate health and prostate cancer, the # 2 cancer killer of men. This event is as simple as lacing up your sneakers with BLUE LACES for one day and inviting your colleagues and friends to do the same. Who will learn about prostate cancer through you? Can you save a life today by lacing up your Sneakers?

To register for **Sneakers@Work** or get more information, go to <www.ustoo.org>. If you have any questions regarding the **Sneakers@Work** Awareness Campaign, please contact Dan Reed at <an@ustoo.org> or call 1-808-7866 (800-80-US TOO).

Remember, awareness isn't just a word. Awareness saves lives...



**THE YEAR IN PROSTATE CANCER** *(continued from page 4)*

men had lower PSAs than normal-weight men. As a result, an obese man with a slightly elevated PSA might be at greater risk for prostate cancer than a man with a similar PSA and a normal BMI, Jay Fowke, Ph.D., of Vanderbilt found in a study.

Also, when it comes to biopsy, because obese men tend to have larger prostates, the needle may be more likely to miss a tumor, Duke researchers reported.

- Obesity May Mask Prostate Cancer Risk by Lowering PSA Levels

<<http://www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/4258>>

- Obesity May Shroud Prostate Cancer

<<http://www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/2445>>

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Taking a closer look at PSA levels themselves, Johns Hopkins researchers advised that the velocity, or the rate of PSA change, not the absolute level, is the key to determining who has a life-threatening malignancy. Typically, a serum PSA level above 4.0 ng/mL de-

termines who needs treatment and who doesn't. But the rate at which the hormone level changes is a better guide and can be evaluated years before a cancer is diagnosed, they reported.

- PSA Velocity Predicts Risk of Prostate Cancer Death

<<http://www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/4413>>

Us TOO comments:

*This article appeared in the December 2006 HotSheet "Newer Approach for Screening Aggressive Prostate Cancer." An article with differing conclusions also appeared in the January 2006 HotSheet. Published literature shows that PSA velocity can only help if values are determined with tests run on the same laboratory equipment.*

**Continued in March 2007 HotSheet:**

*Part II, appearing in next month's HotSheet, will discuss Watchful Waiting, Treatment Decisions, Health Food and Vitamins and Cholesterol.*

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

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