

INSIDE THIS ISSUE

- Survivor Rate Highest with Prostatectomy for Localized Prostate Cancer
- New Members for Us TOO Board of Directors
- The Year in Prostate Cancer, Part II
- Medicare Part D and Erectile Dysfunction
- Leading by Example
- PROVENGE® Granted FDA Priority Review
- UCLA Researchers Say Natural Treatment May Slow A Rising PSA
- Doc Moyad's What Works and What is Worthless Column: Vitamin D—Part IV
- From the Doctor: Physician Commentary on Selected Articles in This Month's *HotSheet*
- Chapter Honors Fallen Leader
- Special Thanks to Russ Gould, Outgoing Us TOO Board Member



Us TOO[®]
PROSTATE CANCER
EDUCATION & SUPPORT

HOTSHEET

March 2007

SURVIVAL RATE HIGHEST WITH PROSTATECTOMY FOR LOCALIZED PROSTATE CANCER

Both radical prostatectomy (RP) and radiotherapy appear to result in significantly higher survival rates compared with conservative management in patients with clinically localized prostate cancer, according to the results of a large study conducted at the Henry Ford Health System in Detroit.

Dr. Ashutosh Tewari, of New York-Presbyterian Hospital-Weill Cornell Medical Center in New York, and colleagues studied 3,159 men, who were 75 years of age or younger with biopsy-confirmed, clinically localized prostate cancer, treated between 1980 and 1997. The overall 15-year survival rate was 35% with conservative management, 50% with radiotherapy and 65% with RP, the investigators report in the December issue of *Urology* (Vol. 68, pp. 1268-74, 2007).

Prostate cancer-specific survival rates were 79%, 87% and 92% with conservative management, radiotherapy and RP, respectively. The adjusted relative risk of death at 15 years was 0.67 for radiotherapy and 0.41 for RP compared with conservative management.

(Continued on page 2)

NEW MEMBERS FOR US TOO BOARD OF DIRECTORS

After a year-round search process, Us TOO International is thrilled to welcome four new members to the Us TOO International Board of Directors: George Ledwith, Fred Mills, Stuart Porter and Ron Witherspoon. The Membership Committee reviewed all applicants and made recommendations to the Board for approval. All involved in the review process were encouraged to see so many well-qualified people apply for the open positions, and found making the final selection a difficult decision.

The new members joined the rest of the Board for their first meeting of 2007 on March 9 and 10 in Chicago. The meeting included a one-day orientation so new and current members could get to know one another, understand the mission and activities of Us TOO International and develop a team spirit.

George Ledwith

George Ledwith is the Director of Corporate Communications for KPMG LLP, a major international accounting and consulting firm. He has extensive communication consulting and journalism experience and is a seasoned counselor in nearly every area of corporate communications.

(Continued on page 4)

THE YEAR IN PROSTATE CANCER

Adapted from MedPage Today (with permission)

Part II of this three part series highlights of the year in prostate cancer research. Summaries cover Watchful Waiting, Treatment Decisions and Treatment and Efficacy. Like Part I, relevant articles in 2006 HotSheets are cited. For fuller accounts, links to the individual articles published in MedPage Today have been provided. Next month, Part III will review Health Food, Vitamins and Cholesterol.

Watchful Waiting

Data from the NCI's SEER registries (Surveillance, Epidemiology, and End Results) showed that >50 percent of 24,405 men with low-risk prostate cancer and candidates for "watchful waiting" received aggressive treatment instead, according to University of Michigan researchers. Of the men identified as low risk, 55% had initial curative treatment, 10% had a prostatectomy, and 45% had radiation therapy.

- Low-Risk Prostate Cancer Called Over-Treated Disease

www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/3933

(Continued on page 6)

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.



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MEDICARE PART D AND ED MEDICATIONS

Background:

During the difficult and sad days following hurricanes Katrina and Rita, Congress worked feverishly to authorize funds to help the victims of the hurricanes and fund the reconstruction of the Gulf area. Coincidentally during this time, it was reported in the national news that men in prison were obtaining oral ED medications.

The backlash from this situation, and the need to raise monies for hurricane relief, resulted in the Chairman of the Health Subcommittee in the House of Representatives to insert language in the Child Care Continuation Act of 2005 to eliminate ED medications from the Medicaid program beginning January 1, 2006, and the Medicare Part D program (without any exceptions) beginning January 1, 2007. The bill was signed into law by President Bush.

In early 2006, representatives of US TOO International, Vivus, Inc., and the lobbying firm of Greenberg Traurig met with members of the House in an effort to allow ED medications to remain on the Medicare Part D formulary when a man's ED is a result of prostate cancer treatment. A meeting was also arranged with Congressman Deal and his staff to present the issue and discuss the reasoning for covering ED medications for men following prostate cancer treatment.

Mr. Deal was receptive to amending the statute depending on scoring from the Congressional Budget Office, and the goal was to insert an amendment in the final spending bill of 2006. With the Democrats victory in the November elections, the final days of the 2006 congressional session required 100% agreement from both sides of the aisle in committee meetings regarding the many amendments before them, and the issue regarding ED medications and Medicare Part D was tabled.

Current situation:

Effective January 1, 2007, all medications used to treat sexual dysfunction or erectile dysfunction were eliminated from all Medicare Part D formularies. However, as a result of the elec-

tions, there are new Chairmen in the various House Committees.

Specifically, the Chairman of the Health Subcommittee of the House Energy and Commerce Committee is Rep. Frank Pallone, Jr. (D-NJ), and the Chairman of the House Energy and Commerce Committee is Rep. John Dingell (D-MI). The Chairmen of the Health Subcommittee of the Ways and Means Committee and the Ways and Means Committee are Reps. Pete Stark (D-CA) Rep. Charles Rangel (D-NY), respectively

A grassroots effort by the many US TOO volunteers across the country to reinstate ED medications on the Medicare Part D formulary, when ED is the result of prostate cancer treatment, may result in a positive outcome.

Interested volunteers could fax a letter to their Congressional Representative in the House, and fax a copy of their letter to each of the four Chairmen. Also, volunteers could call their Representatives. The most effective calls would be from volunteers that live in the congressional districts of the four Chairmen.

Contact information for all Senators and Representatives can be found on the following website:
<<http://thomas.loc.gov/>>.

SURVIVAL HIGHER WITH RP

(Continued from page 1)

Survival duration was increased by 4.6 and 8.6 years for radiotherapy and RP, respectively compared with conservative management.

The investigators point out that one of the strengths of this study was the size, the lengthy follow-up and the inclusion of black patients. Subgroup analysis showed that risk ratios were the same across all subgroups analyzed, including race, age, tumor grade, co-existing morbidities and income.

Due to this trial's retrospective design, Dr. Tewari and colleagues caution that randomized clinical trials are still needed confirm survival benefits of each of these 3 treatment approaches.

Reuters Health, 23 January 2007

LEADING BY EXAMPLE

Jim Kiefert, EdD, Chairman of the Board, Us TOO International

We know what we have to do.

We learned from breast cancer that public awareness is critical in our attempt to acquire funding for prostate cancer research, patient education and support services.

We know all the statistics about the number of men diagnosed annually and the number that die each year.

Our passion is heightened as we see the actual faces of these men and come to know their families as they attend our chapter meetings and request information coping with this disease.

We know that decisions regarding funding are made through influence and persuasion – and that the better informed the decision makers, the better our chances are to get the funding we need for this fight

It's time to step up to the plate. Each of us has the opportunity every day to put a face on this disease. Each of us can play a role in helping others realize that thousands of men are dying of this disease. Each of us can help someone else understand the pain and suffering a family experiences when a man is diagnosed with prostate cancer – and the need for funding to fight this killer.

As chairman of the board of directors, I made a commitment to lead through example, so let me give you some examples of those opportunities we all have for creating public awareness.

- I attended my high school reunion last September and found some of my classmates are successful business leaders. I also found out that many of my classmates have been affected by prostate cancer. I used this opportunity to talk to as many as I could about this great opportunity to participate in our Sneakers@Work Day program. It can cost the company nothing—individual employees choose to participate by donating \$5 for the privilege of wearing sneakers with blue shoelaces to work to help raise public awareness on the Friday before Father's Day.
- I have good friends who are in the Lions organization. This organization is always looking for good civic ac-

tivities to improve the community and to help others. I was given the opportunity to talk to the Lions groups about prostate cancer and about Sneakers@Work Day. Other civic organizations have similar goals of improving the community and helping others. If you are a member of Kiwanis or Rotary or Lions or Zonta, perhaps you can help them learn more about prostate cancer. If just one person in the group persuades a man to get screened and they find the cancer at an early stage, we may have saved a life.

- I don't hesitate to talk to the businesses I patronize about Sneakers @ Work. We need to get the word out that prostate cancer is killing thousands of men each year. It does not have to be this way. Does your doctor, your grocery clerk, your dry cleaner or your dentist know about Sneakers@Work? How about your minister, the local restaurant, or that helpful hardware man? Each of us has opportunities daily to spread the news of this fun program that heightens awareness of prostate cancer.

The latest cancer statistics show that the death rate for prostate cancer has declined and that fewer advanced cancers are being diagnosed. Like most cancers, early detection and treatment is the best known cure for prostate cancer. We are saving lives by early detection and providing better information about treatment options. Providing education and support for men is the key to prevention and survival.

I have sons, grandsons, and great grandsons who should not have to suffer with this disease. Many of you do too. Please help me fight prostate cancer – for them.

At Us TOO International, we give men HOPE and teach them to COPE.

I feel passion in my heart for this cause. We can make a difference. As Margaret Mead says, "Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it's the only thing that ever has."

For more information about Sneakers@Work Day, contact Dan Reed at 1-800-808-7866, dan@ustoo.org, or visit <www.ustoo.org/sneakers@work>.

DENDREON'S PROVENGE® GRANTED FDA PRIORITY REVIEW FOR THE TREATMENT OF ASYMPTOMATIC, METASTATIC, ANDROGEN-INDEPENDENT PROSTATE CANCER

FDA Accepts PROVENGE Biologics License Application

Dendreon Corporation (NASDAQ: DNDN) today announced that the U.S. Food and Drug Administration (FDA) has accepted for filing and has assigned priority review status to the Company's Biologics License Application (BLA) for PROVENGE (Sipuleucel-T), its investigational active cellular immunotherapy for the treatment of asymptomatic, metastatic, androgen-independent (also known as hormone refractory) prostate cancer.

Priority Review is granted to products that, if approved, would provide a significant improvement in the safety or effectiveness of the treatment, diagnosis or prevention of a serious or life-threatening disease. The goal for reviewing a product with Priority Review status is six months from the filing date. The Prescription Drug User Fee Act (PDUFA) date for completion of review by the FDA of the PROVENGE BLA is May 15, 2007.

"Clinical trials have shown that PROVENGE increases survival and is generally well tolerated in men with late-stage prostate cancer, a highly prevalent disease for which there are currently few available treatment options," said Mitchell H. Gold, president and chief executive officer of Dendreon. "We are extremely pleased the FDA has granted priority review to PROVENGE, which may represent an important new treatment option for men suffering from prostate cancer."

The BLA submission is based primarily on an improvement in overall survival observed in Study D9901, a multi-center, randomized, double-blind, placebo-controlled Phase 3 Study, the results of which were published in the July 2006 issue of the Journal of Clinical Oncology.

Dendreon Corporation, 16 January 2007

UCLA RESEARCHERS SAY NATURAL POMEGRANATE TREATMENT MAY SLOW A RISING PSA

If you're one of the millions of prostate cancer survivors with an elevated PSA, you may be interested in a new study. Researchers are testing whether a purified extract of pomegranates can slow a rising PSA (and by inference slow the re-growth of a tumor.)

At least 15% of men treated with surgery or radiation surgery will have a biochemical recurrence of their prostate cancers. If your PSA rises, the odds are about one-in-three that you'll develop a spread of the cancer over the next 15 years (on average that spread occurs in about eight years.)

The result for patients is often uncertainty and anxiety. But recent studies suggest totally natural pomegranate juice may slow the spread of any remaining cancer cells. The so-called "food of the gods" is especially high in phytoestrogens that inhibit the male hormones stimulating tumor growth.

"This is a great way for someone with a rising PSA to participate in a research study using a natural treatment" says Principal Investigator Alan Pantuck MD, a UCLA urologist. Researchers have begun a major 10-center nationwide study to compare the effectiveness of the juice with a pomegranate extract that has 20-times the level of those same antioxidants. .

Researchers are seeking 300 subjects nationwide. All must have been treated with surgery or radiation for prostate cancer and all must have rising PSA levels. For one year they'll receive an 8-ounce glass of juice, the extract, or a placebo. However, any patient who has a spike in his PSA and is on placebo will have the option of receiving study extract. All study-related treatment and care is provided at no cost.

Michael Davidson MD, Medical Director of Radiant Research/Chicago says, "Our volunteers are participating in what could be a landmark study. If this study is successful, the implications for the treatment and prevention of prostate cancer are enormous."

For more information about the study, contact Radiant Research Inc. at 1-800-494-2227 or Michael Breen, MD at 1-847-790-7610.

NEW MEMBERS FOR US TOO BOARD OF DIRECTORS

(continued from page 1)

George was diagnosed with prostate cancer in 2003. A graduate of St. John's University and a former Navy journalist, George and his wife, Elizabeth, reside in Wyckoff, NJ, and have a family of four sons and a daughter.

Fred Mills

Fred Mills, also a survivor, has 30+ years experience as a health care executive and consultant in various health care settings. His area of expertise is in the area of medical staff and board relations. Fred is Board Certified in Healthcare Management and a Fellow in the American College of Healthcare Executives, and currently serves on the board of several health-care related organizations. He has a BS degree in Hospital Administration from Ottawa University. Fred has been married for 43 years to Sylvia, and has 4 sons and 8 grandchildren.

Stuart Porter

Stuart Porter has spent his career in the financial arena, currently serving as a Managing Partner of Sowood Capital Management LP and Chief Investment Officer for Sowood's private investment activities. He received his BA in Economics from University of Michigan, and his MBA from the University of Chicago Graduate School of Business. He serves on the board of directors of five large companies.

Stu's father is a prostate cancer survivor and his mother is a breast cancer survivor. Stu and his wife, Susan, have two sons.

Ron Witherspoon

Ron Witherspoon has worked for 25 years with General Motors, an electrician by trade. In addition, he has served as a UAW Health & Safety Representative for GM for the past 15 years, consistently raising cancer awareness in his workplace. Ron, a Navy veteran, is committed to bringing cancer awareness to all Veterans. He has been as a member of the Royal Oaks, MI chapter of Us TOO since 2004, serving in a variety of leadership roles. Ron is a 4-year prostate cancer survivor, and his wife, Carol, is a uterine (endometrial) cancer survivor. Ron and Carol, married 39 years, have two children and seven grandchildren, ages 2-19.

All Us TOO Board members are also members of committees that function throughout the year to help support the mission and goals of our organization. These committees include: Membership, Finance, Development, Minority and Underserved, Bylaws and Policy, Circles of Love (Companions & Families), and Chapter Development. Committee chairs are encouraged to invite non board members to serve as members of their committees.

By design, one-third of the Us TOO International Board members come up for renewal each year, so if you have interest in serving on the Board of Directors, please contact Tom Kirk, President & CEO, Us TOO International, by e-mail at tom@ustoo.org or call 1-630-795-1002. Open positions are filled at the last Board meeting of each calendar year in December.

FROM THE DOCTOR: PHYSICIAN COMMENTARY ON SELECTED ARTICLES IN THIS MONTH'S *HOTSHEET*

By Gerald W. Chodak, MD

This month's *HotSheet* again is full of controversy about which treatment works best and what patient's should do. Previous readers of my column may often wonder why so often I am hesitant to endorse something that has been published in a scientific journal or recommended by a distinguished physician. The answer is quite simple; just because a study gets published or a well-known physician makes a recommendation does not make it accurate or correct. My attempt always is to make the reader aware of the limitations of the information so he can make more educated decisions about what to do. In almost every issue of the *HotSheet* I have pointed out that without a proper study, making scientifically valid conclusions is impossible, although the information may be useful for determining what studies are worth con-

(Continued on page 5)

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

**Give me the bottom line summary on vitamin D and
why The Chicago Bears lost the Super Bowl—
The final part 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**

What happened to the Chicago Bears? I bet Tom Kirk asked himself this question as he cried in his beer (to be more politically correct I should say his “diet Pepsi/tomato juice combo”) at a local Chicago Tavern Super Bowl night--by the way Tommy, beer has a compound called “Xanthohumol” in it that is being studied against heart disease and prostate cancer so feel free to have another beer because I am having one right now writing this column. Anyhow, see if you can figure out why Chicago lost...the second string Michigan quarterback for the Bears (Brian Griese) did not play at all, and Cato June for the Indianapolis Colts also played at Michigan but started and played the whole game. Coincidence? I think not! Solution = always play your Michigan players if you want to win the Super Bowl (remember the guy named Tom Brady). I rest my case.

Let's wrap up this vitamin D thing! Everyone in my opinion reading this column should at some point be blood tested for vitamin D. The blood test is simple, getting cheaper, covered by most insurance plans, and it is written by doctors or requested officially as a “25-OH vitamin D” test when it is ordered. The best time to be tested is in the fall and winter (hint hint) because individuals get less ultraviolet B (UVB) light during this time.

Regardless, if you want to increase your vitamin D blood level, you are going to have to eat a lot of fish, mushrooms, egg yolks (watch the cholesterol please), fortified products, and lose weight (because obesity reduces blood levels of vitamin D). However, the best way to get vitamin D is via dietary supplements or a prescription medication. What I love about dietary supplements of vitamin D is that they should be dirt-cheap (How cheap you ask--almost cheaper than a rectal exam at a free US TOO PSA screening). I paid 10 dollars for a 6-month supply at

a local vitamin shop because my blood level of vitamin D was embarrassing low because the last time I got sun was during my high school spring break trip when I forgot to use sunscreen.

Regardless, you can buy vitamin D₃ (also known as “cholecalciferol” so look for this on the label of the bottle) for pennies almost anywhere, and please buy vitamin D₃ and not vitamin D₂. Vitamin D₃ is the most natural because it is made by the human body when struck by UVB light, cheap, a small pill, tested in every major clinical trial, and it raises the blood level of vitamin D more effectively compared to D₂. Rarely in the supplement world has there been such a clear and easy choice between two similar vitamins such as D₂ and D₃, so again D₃ is the clear choice. If your blood level comes back 30 ng/ml (75 nmol/L) or greater than most doctors would call this normal, but I will tell you that eventually carrying a blood level of closer to 40 ng/ml (100 nmol/L) makes more sense.

The bottom line is that most individuals will have to get at least 800 IU a day of vitamin D to reach these levels, but never take my word for it because the blood test should ultimately determine how much of this stuff you need (if at all). Get blood tested for it at your next exam and you and your doctor can determine if you need more or less, or no vitamin D supplements to get your level to normal. I bet you will thank me for these series of vitamin D articles because only about 10-20% of men and women are carrying a normal blood level of vitamin D.

You can thank me by spending no more than \$250 on my belated birthday (February 15th) gift.

References:

1. Moyad MA. Sem Prev Alt Med: December, 2006.
2. Bischoff-Ferrari et al. Am J Clin Nutr 84:18-28, 2006.

FROM THE DOCTOR

(Continued from page 4)

ducting. To borrow from an oft-quoted line, “SHOW ME THE RANDOMIZED TRIAL”.

Let's start with the Vitamin D controversy. A strong recommendation is made to increase your intake in order to reach a certain level in your bloodstream. Although this may not cost you very much money, Dr. Moyad would most certainly agree that his recommendation has no definitive scientific basis. Not one proper study has ever been done to prove that achieving or maintaining a specific level of vitamin D will improve survival or reduce recurrence. Nevertheless, intriguing data is available to clearly justify doing such a study to find out if this would be helpful. Until then patients should not feel they must go measure their blood level or start popping these pills. Similar thoughts abound about the intake of anti-oxidants and here we should applaud the ongoing prospective trial of Pomegranate juice to determine if a true benefit exists from its use rather than recommend it outright. Only by doing the proper study will the answer be obtained! At present, no one can tell if recommendations about vitamin D or other supplements are correct or incorrect. The fast track status of Provenge also should be applauded because a well-designed study was performed and the early results are quite exciting.

Similarly, the article about Radical Prostatectomy providing the highest survival rate in men with localized disease is interesting but in no way conclusive, as acknowledged by the authors. Many factors other than the treatment selected could explain these results. For example, radiation therapy used during those years is now known to be inadequate and has greatly improved. Furthermore, the reason the survival was lower in men on watchful waiting could simply be that they were less healthy. The authors correctly state that a prospective trial is needed. So my question is “what does this study tell us about the best local treatment?” – unfortunately, nothing.

Lastly, the second installment of the Year in Review contains numerous studies allegedly supporting one form of therapy over another. What conclu-

(Continued on page 7)

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

Furthermore, a Johns Hopkins study found that men who postpone surgery for treatment of localized low-grade prostate tumors do not reduce their chance for curative therapy.

After adjusting for age and PSA density at the time of diagnosis, men who delayed surgery for more than two years did not increase their risk of noncurable prostate cancer compared with men who had surgery three to four months after diagnosis

- Men with Localized Low-Grade Prostate Tumors Can Delay Surgery
www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/2769

The Hopkins study came shortly after researchers from Fox Chase Cancer Center reported at the ASCO prostate meeting that among 48,606 men, active intervention for localized prostate cancer led to better outcomes than classic watchful waiting, defined as delaying treatment until symptoms start.

- ASCO Prostate: Action for Localized Disease Outdoes Classic Watchful Waiting
www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/2752

In a December follow-up of their ASCO report, the Fox Chase investigators said that among Medicare-age men with low- and intermediate-risk prostate cancer, those treated with radical prostatectomy or radiation therapy had a 31% lower risk of death during the next 12 years than men followed by watchful waiting.

- Treating Older Prostate Cancer Patients Extends Survival
www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/4688

Us TOO comments:

All four of these articles appeared in 2006 HotSheets (April and October issues). "Highlights of the 2006 ASCO /ASTRO Symposium" that appeared in May 2006 alluded to both the Fox Chase and Hopkins reports.

In addition to the MedPage Today summarizes, the April issue discussed a natural approach to slow a rising PSA in men undergoing watchful waiting.

The October 2006 HotSheet reviewed the published version of the University of Michigan report "Overtreatment of Low-Risk Prostate Cancer." It must be noted that the study population included many patients diagnosed at an advanced age, so their results cannot be directly related to the average man diagnosed with early stage prostate cancer today.

Treatment Decisions

A variety of factors other than PSA values enter into treatment decisions. For example, studies found that decisions for localized disease tended to be driven more by patients' fears and misconceptions and by whether the urologist preferred androgen deprivation, rather than by the nature of the tumor or the patient's age.

- Fear Often Overpowers Reason When Choosing Prostate Cancer Treatment
www.medpagetoday.com/HematologyOncology/ProstateCancer/3634
- Urologist, Not Tumor, Drives Androgen Deprivation Therapy
www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/3581

In still another study, an analysis of peer-reviewed articles focusing on the decision-making process for localized prostate cancer found that urologists nearly always indicated that surgery is the optimal treatment, while radiation oncologists chose their own specialty.

- Specialists Offer Biased Treatment Advice for Prostate Cancer
www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/2935

Us TOO comments:

The existence of the factors mentioned in the articles above highlight the purpose and mission of Us TOO International: Communicate timely, personalized, and reliable information enabling informed choices regarding detection and treatment of prostate cancer. Us TOO encourages patients to become informed on all treatment options, and understand post-treatment issues, so they and their families can

make the best decisions for themselves.

Treatment and Efficacy

Radiation +/- Hormone therapy

A large meta-analysis of 4,373 patients found that progression-free survival was prolonged by 10% in men with locally advanced prostate cancer who received both radiation and hormone therapy, according to Italian researchers at the Elena Cancer Institute in Rome.

- ESMO: Radiation Plus Hormone Therapy is Prostate Cancer Plus
www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/2752

For early prostate cancer, however, a single-institution study found that brachytherapy was as effective as external-beam radiation. Researchers at Massachusetts General Hospital in Boston compared 132 men treated with high-dose brachytherapy with 132 controls given high-dose external-beam radiation and found no difference in the rate of PSA failure.

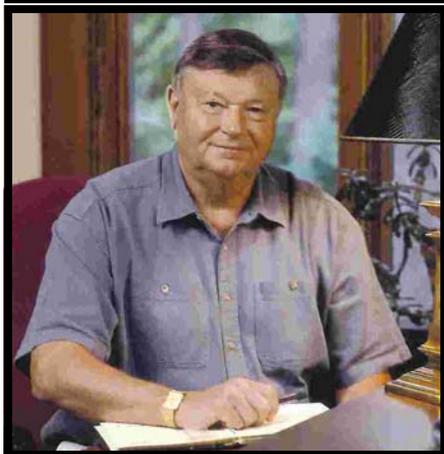
- ASCO Prostate: Brachytherapy as Effective as External-Beam Radiation in Early Disease
www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/2744

Two years of androgen deprivation therapy reduced the risk of progression for patients with locally advanced prostate cancer, according to researchers at the Fox Chase Cancer Center.

Men given hormone therapy for two years after radiation and hormone therapy had a disease-specific survival (the good news), but there was no statistically significant difference between the groups for overall survival (the bad news). However, a Cleveland Clinic study suggested possible adverse results from hormone therapy longer than six months, including a two-fold increased risk of death and an increased risk of diabetes and heart disease.

- ASTRO: Hormone therapy in Prostate Cancer Shows Good News and Bad

(Continued on page 7)



CHAPTER HONORS FALLEN LEADER

The Prostate Cancer Support Group of Lee County chapter of Us TOO donated \$500 to Us TOO International in memory of Hugh Carr, a nine year survivor of prostate cancer, who passed away Dec. 22, 2005.

Hugh helped co-found and then co-facilitate the Prostate Cancer Support Group of Lee County in 1997, and became actively involved with many activities for the awareness and education of men and survivors. He was state and regional director for Us TOO International, assisting and supporting the development of active prostate cancer support groups across North and South Carolina. He reached out and individually counseled men diagnosed with prostate cancer all over the state, volunteering his time over and over.

Carr was retired CEO and Chairman of the Board of Trion, Inc., an active Rotarian, and a graduate of Penn State.

In honor of Hugh, the chapter has renamed their annual prostate walk and run event the Hugh Carr Memorial Run.

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, collectibles, gift baskets, etc. A range of price points are needed. Items could appeal to men, women, young adults or children.

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



SAVE THE DATE!

May 11, 2007

Us TOO University

**Patient education
symposium**

Hyatt Austin at Townlake
Austin, TX



REMINDER: Company and Group Registration Deadline is Friday, March 2nd!



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 for more
information or contact Dan Reed at
1-800-808-7866 or dan@ustoo.org

THE YEAR IN PROSTATE CANCER (Continued from page 6)

<www.medpagetoday.com/HematologyOncology/ProstateCancer/tb/4457>

Us TOO comments:

Many studies have evaluated benefits and risks of adding hormone therapy to radiation. Most show improvements in local control and survival in men with locally advanced prostate cancer, particularly when the Gleason score is ≥ 7 . The November 2006 HotSheet article "Hormone Therapy for Prostate Cancer Linked to Diabetes and Heart Disease" highlighted the hidden dangers of long-term hormone use. Ultimately, the decision to combine radiation with hormone therapy is made jointly by the patient and his treating physician.

Next month's HotSheet will feature the conclusion of this three-part series. Topics that will be covered include Health Foods, Vitamins and Cholesterol.

FROM THE DOCTOR

(Continued from page 5)

sions are justified from these studies-again the answer is NONE!! Not one study was a prospective randomized trial. Unfortunately, some patients may feel that they are missing out by not receiving a treatment advocated in these studies. Please put your mind at ease since no one knows if the conclusions are correct. Instead, patients ought to appeal to the medical community to do the studies necessary to find out what is best for your condition.

SPECIAL THANKS TO RUSS GOULD ~ OUTGOING US TOO BOARD MEMBER

In December 2006, the Us TOO International Board of Directors bid a fond farewell to two outgoing Board members, Joe Piper and Russ Gould, who both completed two full terms on the Board. Last month we acknowledged Joe Piper. Our heartfelt appreciation goes out to Russ Gould this month.

Russ was diagnosed with prostate cancer in 1998 at age 58. Within one week of his diagnosis, he learned about Us TOO International, and within a short time period he attended two conferences on prostate cancer. Thus began Russ's prostate education, and typifies Russ's persistent quest for knowledge, empowerment and understanding.

"Russ is an empowered prostate cancer patient who dedicates his time and talent to helping others who are dealing this challenge," says Us TOO Board Chairman, Jim Kiefert.

Information and accuracy have long been an integral part of Russ's character. As an active plastics engineer, he runs RG Associates, a consulting firm to the plastics industry. As a volunteer leader of suburban Chicago's Us TOO Don Johnson Chapter, he brings the

same dedication, commitment and excellence to this fine group as well.

Kiefert said, "I have seen Russ as a chapter leader who is compassionate and caring and knows how to communicate complex information in an understandable manner. He is always there for men needing to talk about prostate cancer and other related issues."

Russ served on the Us TOO International Board of Directors from 2000-2006, acting as Chairman of the Education and Publications Committee, Vice Chairman of the Us TOO International Board of Directors from 2002-2004, as well as Board Liaison for



Tom Kirk, President & CEO of Us TOO International (left) and Russ Gould, retiring Board member

Education and Publications Initiatives.

Looking back, Russ considers working with the Board through Us TOO's change of leadership in 2004 to be one of the major highlights. In addition, he was pleased to be a part of demonstrating that Us TOO can produce large successful awareness events, such as races and walks for prostate cancer. Finally, Russ was proud to have been actively involved in consistently reminding and strongly encouraging the Board to always do more to support the patients and their loved ones, one example being the creation of the Newly Diagnosed Kit.

Kiefert agrees, "Russ provided great leadership in developing our Newly Diagnosed Kit. He researched materials and contacted experts to make sure the kit included some of the best information available."

"Russ has come to be a great friend. He is always willing to talk, share and care. We learn from each other as we discuss treatment options and supplemental resources. He knows the power of healing the BODY, MIND and SPIRIT," concludes Kiefert.

US TOO INTERNATIONAL: OUR MISSION

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

***Us TOO* INTERNATIONAL Tax Deductible Donation**

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

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