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Us TOO[®]
PROSTATE CANCER
EDUCATION & SUPPORT

HOTSHEET

May 2005

MR METHOD ASSESSES PROSTATE CANCER AGGRESSIVENESS NONINVASIVELY

Hydrogen 1 magnetic resonance (MR) spectroscopic imaging can be used to assess prostate cancer aggressiveness, researchers report.

They found that a specific MR parameter correlates with the Gleason score at biopsy. The findings, which appear in the March 2005 issue of *Radiology* (Vol. 234, pp. 804-813), are based on a study of 123 patients who were evaluated with endorectal MR imaging and MR spectroscopic imaging between 2000 and 2002. Data from 94 of these patients were included in the analysis.

Overall, MR spectroscopic imaging was 56 percent sensitive for tumor detection, based on the ratio of choline compounds and creatine to citrate -- [(Cho+Cr)/Cit ratio]-- lead author Dr. Kristen L. Zarkian and colleagues, from Memorial Sloan-Kettering Cancer Center in

(Continued on page 3)

BRACHYTHERAPY FOR PROSTATE CANCER YIELDS GOOD LONG- TERM RESULTS

Brachytherapy with radioactive iodine can produce a high degree of biochemical and local control in men with prostate cancer, New York-based researchers report. Lead investigator Dr. Nelson N. Stone told Reuters Health that "long-term results with I-125 brachytherapy demonstrate over 90 percent of low risk prostate cancer patients disease free at ten years."

He added, "The most important factor for treatment success is a delivered radiation dose of at least 140 Gy."

Dr. Stone and colleagues at Mount Sinai School of Medicine analyzed retrospective data on 279 men with T1-T2 prostate cancer. They were implanted with I-125 alone or in conjunction with six months of hormone therapy.

Follow-up after a median of six years showed that 49 (17.6 per-

(Continued on page 2)

TESSERA, INC. LAUNCHES NEW PROSTATE CANCER TEST

Tessera, Inc., a Seattle-based biomedical company, has released its first product, ProstaMark™ EPCA (Early Prostate Cancer Antigen), as an Analyte Specific Reagent for commercial use in pathology laboratories to assist pathologists in their efforts to determine if cancer is present in the prostate.

Tessera's EPCA test is now available at Unipath, LLC (Denver, CO) and will soon be offered by pathology laboratories throughout the country, as well as major prostate cancer centers. Pathologists will use the test to assist in the detection of prostate cancer in biopsy tissue samples, in ways not currently possible, and will report findings to the patient's urologist.

CEO Tricia Hughey states: "Unipath is pleased to now offer Tessera's EPCA antibody for predictive testing in prostate carcinoma. Utilized in conjunction with standard evaluation procedures, we

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US TOO PUBLICATIONS

In addition to the *HotSheet*, Us TOO offers a FREE e-mail based service called *NEWS You Can Use* sponsored by Sanofi-Aventis, providing updates on the latest prostate cancer related news. To subscribe or link to the archives, simply visit the Us TOO website www.ustoo.org.

Items contained in Us TOO publications are obtained from various news sources and edited for inclusion. Where available, a point-of-contact is provided.

References to persons, companies, products or services are provided for information only and are not endorsements. Readers should conduct their own research into any person, company, product or service and consult with loved ones and personal physician before deciding on any course of action.

COMING MAY 10TH...

NEWLY DESIGNED US TOO WEBSITE!

Our new website features expanded resources for patients, chapter leaders and anyone interested in learning more about prostate cancer.

Find updated information on:

Clinical Trials, Emerging Therapies and Resources for Patients and Family Members.

See new items available in our on-line store including: Blue Ribbon Car Magnets, PC Awareness Wristbands and more!

**Find all this and more at
WWW.USTOO.ORG**

BRACHYTHERAPY

(Continued from page 1)

cent) experienced failure. This amounted to a 10-year freedom from failure rate of 78 percent, the team reports in the March issue of the *Journal of Urology* (Vol. 173, pp. 803-7).

The only significant variables were the radiation dose delivered to 90 percent of the gland (D90) and the risk group. Patients with a D90 of at least 140 Gy had a positive biopsy rate of 4.8 percent versus 20.5 percent in those given a lower radiation dose.

The risk ratio of biochemical failure, as reflected by three consecutive increases in prostate specific antigen, was as high as 4.4 in patients who received radiation doses of less than 140 Gy. The corresponding ratio was 5.3 in those receiving a dose of less than 120 Gy.

Overall, subjects receiving at least 140 Gy had a 90 percent chance of biochemical freedom from failure and a 95.2 percent likelihood of local control of the disease.

"Patients who receive lower doses of radiation," the investigators conclude, "are more likely to experience failure."

Reuters Health, 14 March 2005

**PSA + DIGITAL EXAM
BEST AT SPOTTING
PROSTATE CANCER**

A combination of both the blood PSA test and the digital rectal exam (DRE) appears to work best for detecting prostate cancer, according to early results the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial.

About 14% of men screened so far in the study tested positive for signs of prostate cancer. According to the researchers, 8% of men tested positive by PSA while 7% of men had a positive DRE.

Because only 1% of men had a positive result on both screening methods, the researchers say the findings support a continued need for both methods.

"We were hopeful some years ago that men could just have the PSA blood test, because men hate the DRE," Dr. Gerald L. Andriole Jr., head of urologic surgery at Barnes-Jewish Hospital. "We've found that if you omit the DRE, you'll miss a certain percentage of cancers."

The results appear in the March 16 issue of the *Journal of the National Cancer Institute* and the other in the March issue of the *Journal of Urology*.

HealthDay News, 24 March 2005

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TESSERA*(Continued from page 1)*

believe the EPCA test will be an important tool in the ongoing surveillance of prostate cancer patients. In addition, we predict that EPCA will contribute positively to future control of prostate cancer."

Published in the April 2004 Issue of the Journal of Urology, study findings from Dr. Robert Getzenberg, Director of the Brady Urological Research Institute at Johns Hopkins, indicate that prostate cancer can be detected as many as five years earlier by testing for the EPCA protein in biopsy tissue samples. Dr. Getzenberg explained that EPCA is a protein that indicates the earliest changes that occur in cells during the development of cancer.

Dr. Getzenberg's first manuscript on the EPCA prostate cancer blood test has been accepted for publication in the May 2005 edition of Cancer Research.

According to Dr. Getzenberg, "Our ultimate objective is to differentiate between aggressive and non-aggressive forms of prostate and colon cancer. Through our collaboration with Tessera over the past three years, we are making significant progress toward the achievement of this important goal."

Tessera has contracted Chemicon Int., located in Temecula, CA, to manufacture ProstaMark™ EPCA.

Tessera has licensed more than 60 markers from John Hopkins University and the University of Pittsburgh. ProstaMark™ EPCA is the first of these markers to be commercialized by Tessera.

Tessera is expects to commence clinical trials on its first blood test for prostate cancer before the end of this year.

PRNewswire, 28 March 2005

MULTIDISCIPLINARY MANAGEMENT OF PROSTATE CANCER

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

Following recent activities I feel encouraging words are in order for those of us dealing with prostate cancer. I am very excited by the medical communities providing leadership for communication and cooperation with the patient support and advocacy network.

For example, Us TOO was recently asked to participate in the International Oncology Network / International Urology Network Meeting held on March 18-20 in New Orleans, LA focusing on the "Multi-disciplinary approach to the management of the prostate cancer patient."

We were pleased to be able to give the patient perspective of screening, treatment, and follow through. The participants at the meeting heard about Us TOO education and support group activities and the mission and goals of Us TOO International.

Drs. Roy Berger and Neal Shore co-chaired the meeting held in New Orleans March 18-20. Experts shared information regarding improved and innovative screening, treatment, and management of patient care. It was a great opportunity for medical experts from different areas to share information and plan ways to work together for the benefit of the patient.

Also, on February 17-19 the first 2005 Multidisciplinary Prostate Cancer Symposium was held in Orlando, FL. This symposium was co-sponsored and developed by the American Society of Clinical Oncology (ASCO), the American Society for Therapeutic Radiology and Oncology (ASTRO), the Prostate Cancer Foundation (PCF), and the Society for Urology (SUO). This is the first time these organizations co-sponsored a multidisciplinary symposium on prostate cancer.

The symposium provided integrated education sessions from national and international opinion leaders in the field of prostate cancer. The spirit of sharing and cooperation flowed from session to session. There was news coverage of the Symposium and we featured an Associated Press article in the recent NEWS You Can Use, available on our webpage also. There is a wealth of information available on the Symposium web site for you to listen, observe and learn the latest in prostate cancer research and treatment at http://www.asco.org/ac/1,1003,_12-002517-00_18-0037,00.asp.

In both cases, it was remarkable to see some of the best and brightest working together to solve the dilemma of prostate cancer. That fills me with a great deal of encouragement in our fight against this disease.

MR SPECTROSCOPY*(Continued from page 1)*

New York, report. However, the sensitivity of the test was strongly influenced by the prostate biopsy Gleason score, ranging from 44 percent for lesions with 3 + 3 scores to 89 percent for those with scores of at least 4 + 4.

The team also found that increasing [(Cho+Cr)/Cit ratio], as well as

tumor volume assessed by MR, correlated with the Gleason score.

"One of the most challenging characteristics of prostate cancer is its variable biologic aggressiveness," the investigators note. "This study demonstrates that MR spectroscopic imaging has potential in the noninvasive assessment of prostate cancer aggressiveness."

Reuters Health, 4 March 2005

THE LOVING PIE

By Ralph & Barbara Alterowitz

[Editor's Note: This is the first of two articles on reviving intimacy after prostate cancer treatment. The second article will talk about the many treatments available for obtaining erections, how to use them, and their side effects.]

Intimacy and sexual pleasure is known to be essential to good physical and mental well being; it may even lengthen life. Unfortunately, many couples abandon intimacy after prostate cancer treatment, unaware that their intimacy can not only be revived but possibly made better than before. Often all a couple needs is a vision of what intimacy could and should be for them and how to go about regaining it.

The devastation wreaked on many couple's love life by prostate cancer is shown in the following comments from participants in an on-line forum.

Women's comments:

"Since his prostate cancer treatment, we have gradually settled back into pretty much a sexless marriage. We love each other. So, what has happened?"

"His libido seems to be totally gone. He has ED [erectile dysfunction] and doesn't seem to care. I had no clue this would happen when he was first diagnosed. Now I don't sleep and sometimes I think I can't live through this. But another day goes by and I do. I still can't believe this has happened to us."

"I'm not ready for celibacy. I am having a major problem coping with isolation, loneliness, and living with a guy who seems to have forgotten I am here."

Men's comments:

"I'm 51 years old...and I haven't touched my wife in I don't know how long. I don't feel like a man anymore."

"Do I think about it? Most of the time, I try to keep my mind busy so that I don't think about it. I try to focus on other things. But there are moments when the thoughts slip through. I hear a song about making love... Or see a scene in a movie... and am reminded that that is something I will never have again."

These couples all fell into hopelessness because they think erectile dysfunction (ED) means the end of intimacy. But other couples know that ED can open the door to a revived love life because it forces us to reinvent our sexual relationships. Some key insights from the happier side of the ED community include:

It is possible to make love after prostate cancer treatment, with or without mechanical aids or medications.

It is possible to have fabulous erection-free sex. That's because arousal, erection, and orgasm use different "wiring." Both men and women can experience sexual pleasure and orgasm without penetration.

If the goal is to express love for one another, there are wonderful and creative ways to be intimate. And intimacy means staying connected as a couple.

Both partners share the responsibility to talk about their sexual wants and needs, and to try new ways to give each other pleasure. But one partner has to have the courage to start the conversation.

What Is "The Loving Pie?"

In a good long-term relationship, love is the emotional underpinning for intimacy. Sex is really a combination of arousal, erection, and orgasm. Arousal is necessary for sex but there may be no erection or the man or woman may not have an orgasm. Many people think of arousal and erection as one because in younger men they seemed to happen simultaneously. But as men get older there is a delay between arousal and erection, and erection sometimes does not occur at all.

Certainly, if the man is distracted by something he and his partner have been arguing about, he is not likely to get aroused, and therefore he will not have an erection.

We like to use the metaphor of a pie to describe a loving relationship. (the scientific or technically oriented might want to think of it as an integrated system). Good sex is only achieved if all the parts are brought together.

The pie's crust, the foundation for the entire relationship, represents the quality of the relationship and is expressed in the way the partners behave toward one another. If the crust falls apart, there is no pie.

The filling is a combination of ingredients that give the loving pie its unique flavor. The three primary ingredients are:

- communication
- an agreement by the couple to get to know each other again
- an atmosphere or general feeling of love that enables the couple to have sensual sex.

Mechanical aids or medications are toppings, because they may be used to enhance a sexual experience within the context of the filling. But they are not essential for good loving.

This is a surprise to people who are not aware they can have sex without erections. But erection-free sex can be a wonderful experience for both partners. Also, having sex without an erection changes the sexual experience.

Let's take a closer look at making the loving pie.

The Crust

Making the loving pie crust means getting out of a “rut” relationship—one that is routine, unappreciated, and tired—and developing a “crest” relationship—one that has creativity, respect, excitement, sensitivity, and togetherness.

Too often, a marriage becomes a roommate relationship, which does not foster arousal. It's important to revive the spirit that brought a couple together in the first place.

The Filling

Communication is the key to the loving pie filling, yet many couples do not understand what it means in everyday life. Communication is the ability of the partners to talk with each other about all aspects of their lives, especially the sensitive topic of sex. A couple cannot argue or be angry with each other much of the time and expect to get into the mood for good sex, or even plain sex. A relationship without communication is one where the major connection between the partners is missing.

Impotence is not a man's problem; it is a couple's problem. Very often a man's impotence becomes the 600-pound gorilla in the relationship, leading to a “conspiracy of silence” where neither partner wants to begin the process of dealing with it. As one man said “I try to think of other things and not say anything that will bring up sex.” The partners must talk about their feelings about impotence, and about sexuality in general, if they want to develop the loving pie. Sexual likes and dislikes must also be expressed.

Getting reacquainted with each other is necessary because cancer and the treatment consequence of impotence change a couple's thinking about many aspects of life, not just loving. Getting reacquainted involves learning about one another again; that means taking time to touch one another, and to explore each other's personality and each other's anatomy.

Couples can't assume they know each other's bodies. People change as they age and the consequences of prostate cancer treatment often change where a man feels the most pleasure. So it's good to have touch sessions and tell each other where the pleasure is greatest.

Finally, to get on the road to sensual sex, it helps to start to *think love, not sex*. Getting in the mood for sex means thinking about the pleasures of kissing, touching sensitive areas, and creating a sensual mood. Each session of love making is a chance to learn and try different things, positions and techniques. Focusing on what is commonly called foreplay can reduce the anxiety about erection and intercourse, and heighten the pleasure. Sometimes people lose sight of the fact that great sensual sex is a whole-body experience, that involves all your senses and your mind and soul.

The Toppings

Toppings can change the taste of a pie. They can enhance the basic flavor and vary the taste of the same pie. The same is true for the toppings of the loving pie – the aids and medications. Toppings can help men obtain or improve the rigidity of an erection. These can be pills such as Viagra, Levitra, and Cialis, or injections, or devices such as vacuum pumps or splints, or implants.

One reason so much attention must be given to the crust and the filling is that medications generally increase erectile quality only when there is arousal. This means the emotion of love has to be in place before medication can create the physical condition for sex.

This is one of the reasons why we say that using a topping as a filling doesn't work. If a couple just wants sex, but doesn't have the love, taking a pill won't help. It's the same as the man who said that he took a Viagra and read the newspaper for an hour and nothing happened. And using a mechanical aid might provide the ability to have wham-bam sex, but it probably won't be truly pleasurable for both partners.

On the other hand, if an aid or medication topping is combined with the “crust” of a good relationship and a delicious “filling” of good communicating, understanding each other's personality and bodies, and sensual enjoyment, the loving pie is absolutely delicious.

As with any other treat you have given yourselves over your life together, a loving pie takes time to prepare properly, so savor it.

Ralph and Barbara Alterowitz, husband and wife, are popular speakers, intimacy counselors and co-authors of Intimacy with Impotence: The Couple's Guide to Better Sex After Prostate Disease, (2004, Da Capo Press). The book is available through www.renewintimacy.org with proceeds furthering education efforts on intimacy after cancer, at bookstores, and will be part of Us TOO's Circles of Love Care Kit, an education and support program for companions and family members of prostate cancer patients. Us TOO Circles of Love Care Kits will be available Father's Day, June 2005 at www.ustoo.org or 1-800-808-7866. They are prostate cancer activists and members of the American Association of Sex Educators, Counselors, and Therapists.

PCARE - NEW INTERACTIVE ON-LINE RESOURCE FOR PATIENTS AND LOVED ONES

Being diagnosed with prostate cancer can be frightening and overwhelming for both you and your loved ones.

As you begin to come to terms with this diagnosis, you may have a lot of questions about the disease and its treatments. One thing to remember is that dramatic improvements in early detection, diagnosis and treatment can offer hope and reassurance.

Overall, the prognosis for prostate cancer patients has dramatically improved compared with years ago. The American Cancer Society reported the five-year survival rate for all stages of prostate cancer combined has increased from 67 percent to 99 percent during the past 20 years.

This means more men are living longer after diagnosis. And according to the American Cancer Society the five-year relative survival rate for patients whose cancers are detected while still in the local and regional stages is 100 percent.

Still, a good first step is to learn as much as you can about the disease and the treatment options. Many patients with advanced prostate cancer seek information from sources in addition to consulting with their physician. For example, in a survey of 783 patients with advanced prostate cancer, the Internet was universally selected as one of the most frequently used resources.

An innovative on-line program has recently been launched by TAP Pharmaceutical Products Inc. called, "PCare – Be Informed. Be Strong. Be Heard." The program is designed to help patients with

advanced prostate cancer and their loved ones take a more active role in the treatment of the disease, and can be accessed at www.pcare.info. The program is an interactive website that is designed to provide unique, informative content and practical information, including an overview of the illness, therapy options and side effects, nutritional information, and key resources.

When patients or loved ones sign up for this on-line resource, they will receive personalized information via e-mail. Patients also will receive a personalized discussion guide with tips and questions designed to facilitate informed discussions with their doctors.

It's important to be prepared for visits to your doctor. Be sure to write down answers so that you can review the information at a later time. By learning about prostate cancer and its treatment, and then talking frankly about it with your doctor, you are taking an active role in your care.

You, your loved ones, and your doctor and other health care providers are becoming a team.

Communication among the members of this team is vitally important. In fact, many people with cancer find that engaging in open, honest communication with everyone from family and friends to doctors and other health care providers helps relieve the stress and anxiety they face.

Active participation in PCare begins with an easy, on-line enrollment process. Visit www.pcare.info/107 and complete a brief survey on your current condition, outlook and treatment.

NEW COMPANIONS AND FAMILY RESOURCE COMING SOON

Prostate cancer is a disease of the patient, the partner or spouse, and the family. While the patient experiences cancer in their body, those closest to the patient have an experience of prostate cancer that is very real as well.

The experience of companions and family members can leave them feeling helpless, confused and alone. Their lives are also dramatically impacted by the diagnosis and treatment of prostate cancer.

Us TOO created **The Circles of Love** Education and Support Program to acknowledge empower and support companions, partners, spouses and family members of men with prostate cancer. We know companions, spouses, and family members create a tangible intertwined circle of support - a CIRCLE OF LOVE – that surrounds the men they love.

Since the beginning of time, we have been sharing our stories as a way to connect, teach, inspire and inform. In the many Us TOO support groups and online communities, it is the stories of those who sit there with you or post their thoughts that connect you to each other, creating context, perspective and often the possibility for inner emotional healing.

The Circles of Love Collection, one component of the forthcoming **Companions & Families Care Kit**, includes sixteen inspiring stories of companions & families facing prostate cancer.

One remarkable story comes from Jo Ann Hardy, the Secretary of the Us TOO Board of Directors. Jo Ann recounts the journey she and her husband, Jerry, have taken from the paralysis of fear at diagnosis to a sense of possibility. Particularly poignant is the story of how this young African Ameri-

(Continued on page 7)

CIRCLES OF LOVE

(Continued from page 6)

can couple found an Us TOO support group shortly after Jerry’s diagnosis.

“We entered into the meeting, feeling too young and surely out of place. They embraced us, patched us up and confidently told us we would be back in one month. It was like landing in a warm comfortable feather bed! These were OUR people, and they were right. One month later we were back.

Also included in The Circles of Love Collection is the touching story of another Us TOO Board member, Jim Keifert, the Us TOO Chairman of the Board, and his wife, Maureen. In a chapter called “The Gains from Loss”, Maureen shares their path of learning, growing, and sharing they have traveled as a result of prostate cancer.

In the mid-90’s, after Jim began freely discussing his journey, the both began supporting others with prostate cancer in any way they could. They started a support group still in place today, which

includes separate time for men and women during the last 30-minutes of each meeting.

“We don’t want others to not be able to talk about their struggles. We want to encourage them to stay calm, not panic, read, learn and talk.”

Nancy Peress, who manages thirteen of the fourteen Us TOO Prostate Pointers online communities, shares her journey as the daughter of a prostate cancer patient. In a chapter entitled, “Our Tiny Village”, Nancy shares the power and

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US TOO FEATURED RESOURCES

To order or find, visit www.ustoo.org

- 1) **NEW! Prostate Cancer Car Magnets – \$5.00 each plus S+H**



- 2) **STRIVE Initiative Wristbands – \$1.00 each plus S+H**



- 3) **HotSheet Subscriptions – \$35 for 12 issues**

Unable to regularly attend chapter meetings? No access to the Internet? Don’t miss an issue—we can deliver it right to your home or office!

- 4) **“What You Need To Know For Better Bone Health” – FREE Us TOO brochure**

- 5) **100 Questions & Answers About Prostate Cancer – \$14.95 includes S+H**

By Pamela Ellsworth, MD, John Heaney, MD, Cliff Gill

- 6) **Prostate Cancer Resource Kit – \$18.95 includes S+H**

Included in this handy boxed kit:

A Primer on Prostate Cancer – by Dr. Stephen Strum and Donna Pogliano

Know Your Options – from Us TOO and the National Cancer Institute (NCI)

Prostate Cancer Treatment Guidelines for Patients – from the National Comprehensive Cancer Network (NCCN) and the American Cancer Society

What You Should Know About Prostate Cancer – from Prostate Cancer Research Institute (PCRI)

Prostate Cancer Resource Guide – from the American Foundation for Urologic Disease (AFUD)

Us TOO / Phoenix 5 CD-ROM – developed by Robert Young

- 7) **Understanding Prostate Cancer: A Patient's Resource Kit – \$7.50 includes S+H**

Included in this handy boxed kit:

Humanizing Prostate Cancer: A Physician-Patient Perspective – by Roger E. Schultz, MD (Physician), and Alex W. Oliver (Patient)

Living With Prostate Cancer – booklet

Know Your Options – from Us TOO and the National Cancer Institute (NCI)

Living With Advanced Prostate Cancer video – patient testimonials on Viadur®

- 8) **Prostate Pointers Virtual Support Communities – FREE at www.prostatepointers.org**

- 9) **Us TOO Prostate Cancer NEWS You Can Use –FREE e-News**

Proceeds from all items benefit Us TOO’s FREE programs, support services and educational materials for prostate cancer patients and their families

CIRCLE OF LOVE

(Continued from page 7)

life-saving support she received online and from her family as well.

“It really isn't overstating the case to say that the help and information I received from friends in the online prostate cancer community may actually have saved my dad's life.”

Nancy and her sisters also provided ‘emotional after-care’ to their parents by e-mail and by phone.

“During this time, we called our family email communication ‘our tiny village’. It was wonderful and special,” she recalls.

Those who contributed stories to this book are remarkable in so many ways. Their honesty, courage, time and dedication are commendable beyond measure. They have allowed themselves to be vulnerable, and exposed their journey in hopes that their story will serve someone, somewhere, especially in the Us TOO Education and Support Network.

The Circles of Love Collection
& Companions & Families
Care Kit will be AVAILABLE
IN JUNE at www.ustoo.org

ETHNICITY, MARITAL STATUS AFFECT TREATMENT DECISIONS IN PROSTATE CANCER

Being married increases the likelihood that a man will choose prostatectomy (RP) or radiotherapy (RT) for a prostate cancer diagnosis, new research suggests. Whites and Latinos are more likely to choose RP over RT compared with blacks, but ethnicity does not appear to increase the odds of receiving expectant management.

To assess variables influencing prostate cancer treatment decisions, Dr. Thomas Denberg and colleagues at the University of Colorado Health Sciences Center analyzed data from the linked Surveillance, Epidemiology and End Results (SEER) cancer registry and Medicare inpatient records for 1995 to 1999. Their findings appear in the May 1 issue of the journal *Cancer* (e-pub ahead of print).

Included in the analysis were 27,290 patients, 65 years or older, localized prostate cancer and no documented comorbidities. Racial makeup was 84.4% white, 9.9% black and 5.7% Latino.

Black men were less likely than white men to undergo RP (30%

vs.38%.) whereas Latinos were more likely to undergo RP (45%).

Overall, however, race had little effect on receipt of curative therapy, including external-beam radiation therapy or brachytherapy, with rates varying between 65% and 68% for the three groups.

Age also affected treatment decisions, with curative-intent therapy chosen 84% of the time for men < 70 years of age versus 56% for those age 70 and above.

For those < 70 years old, married men were more likely to receive curative therapy (86% vs. 75%), as well as RP specifically (65% vs. 47%). Corresponding figures for those age 70 and higher were 61% vs. 44% for curative treatment and 24% vs. 14% for RP.

Researchers said, "it is possible that married men (or their wives) advocate therapy that they perceive as likeliest to yield cure, whereas unmarried men are more likely to lack social supports that would encourage aggressive interventions."

The authors conclude, "Clinicians should recognize the importance of cultural and social forces as well as biomedical factors in decisions regarding the treatment of patients with early-stage prostate carcinoma."

Reuters Health, 29 March 2005

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