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Us TOO® PROSTATE CANCER EDUCATION & SUPPORT

HOTSHEET

May 2008

DOCTORS USE "GPS FOR THE BODY" TO TARGET CANCER CELLS

Many people use a GPS to find restaurants, navigate new towns or find a friend's house. But now the technology is offering patients incredible hope in fighting cancer. Its called "Calypso." Doctors are calling it a GPS for the body.

Radiation oncologist, doctor Stephen Kurtzman said, "Calypso is a revolutionary new system that allows us to track prostate motion continuously in real time during a radiation treatment."

During an outpatient procedure, doctors implant tiny transponders the size of a grain of rice in a patients prostate. Then with the help of these sensors the calypso machine creates a precise real

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TAKEDA, CELL GENESYS PARTNER TO DEVELOP PROSTATE CANCER VACCINE

Takeda Pharmaceutical Company and US biomedicine firm Cell Genesys Inc. have announced that they have teamed up to develop and commercialize Cell Genesys' prostate cancer vaccine, GVAX.

In exchange for worldwide rights to the vaccine, Takeda will pay Cell Genesys 50 million dollars in upfront fees and additional milestone payments of up to 270 million dollars based on regulatory approval and commercialization in Japan, the US and Europe. It will also pay all future costs associated with ongoing Phase 3 clinical trials.

Assuming the trials prove successful and the vaccine is approved, Cell Genesys will produce GVAX and Takeda will market it. In addition to the 320 million dollars in fees, Takeda will pay Cell Genesys tiered royalties on US sales and flat royalties on non-US sales.

Unlike cancer treatments, which directly attack affected cells, vaccines introduce inactive cancer cells into the body to build up a person's immune response.

Therapeutics Daily, 1 April 2008

BLOOD TEST INDICATES NODAL SPREAD IN LOCALIZED PROSTATE CANCER

Testing plasma levels of endoglin, a co-receptor for transforming growth factor $beta_1$ and $beta_3$, may help physicians know before surgery whether a patient with localized prostate cancer actually has lymph node metastases, new research suggests.

"Although it is recognized that pelvic lymphadenectomy can provide important staging and prognostic information, it is still not clear in whom this procedure should be done," study co-author Dr. Claus G. Roehrborn, from the University of Texas Southwestern Medical Center in Dallas, said in a statement.

Previous research has identified elevated levels of endoglin in patients with breast and metastatic colon cancer, according to the report in the March 1st issue of Clinical Cancer Research (*Clin Cancer Res*, Vol. 14, pp. 1418-22, 2008). Whether such levels are increased in prostate cancer patients had never been studied until now.

In the current study, which involved 425 men who underwent radical prostatectomy with bilateral lymphadenectomy, elevated endoglin levels correlated not only with lymph node metastasis, but also with higher

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MEDICARE CHANGES INFLUENCED PROSTATE CANCER TREATMENT DECISIONS

Researchers are trying to explain a major shift in prostate cancer treatment, and they are wondering whether factors other than evidence-based medicine are influencing treatment decisions. Investigators report a dramatic change from medical to surgical castration — a shift they say cannot be explained by differences in disease demographics or changes in clinical practice promoted in the literature.

The work was released online April 7 in the journal *Cancer*, and researchers attribute the shift to changes in Medicare reimbursement.

"It has been estimated by some that the drastic reduction in luteinizing hormone-releasing hormone agonist (LHRH-A) reimbursement actually would cause practicing physicians to lose money by administering these medications after enactment of the Medicare Modernization Act," write the authors, led by Christopher Weight, MD, from the Cleveland Clinic in Ohio.

"Certainly, changing a recommendation to a patient from a LHRH-A to surgical castration solely for economic reasons is ethically inappropriate," Gerald Chodak, MD, from the Midwest Prostate and Urology Health Center in Chicago, Illinois, comments in an accompanying editorial.

"However, asking urologists to take a financial loss while treating patients also is inappropriate, even if they benefited in the past from a flaw in the reimbursement system," he noted.

Dr. Chodak explained that, as a result of a shortcoming in the Medicare reimbursement system, physicians were previously given an economic incentive to favor medical castration.

"Companies used this situation to promote their drugs and urologists benefited greatly," he writes. "At one point, LHRH-A reimbursements were the number 1 expenditure in the Medicare budget. Fortunately for the government, this problem was eventually corrected with the Medicare Modernization Act, which reduced reimbursement for these drugs by about 50%."

Dr. Weight and colleagues document a significant shift in treatment that occurred at the same time as this change. The group identified an increase in the use of orchiectomy and a simultaneous decrease in the use of all but 1 LHRH-A. The researchers found that the use of medical castration increased from 2001 to 2003; over the same period, surgical castration decreased. Total allowed charges for medical castration peaked in 2003, at $1.23 billion, and in 2005 dropped 65% from that peak.

"For many patients, this decrease may be appropriate based on the literature suggesting a tendency to overprescribe androgen deprivation for certain patients," write the investigators.

"However, there is some undefined risk that patients who would benefit from androgen deprivation may have that treatment withheld if financial pressures inhibit use."

Dr. Weight and his team believe that those with moderate or high-risk disease who might benefit from the neoadjuvant or adjuvant administration of androgen deprivation with radiotherapy are especially likely to be at risk for underuse.

The 1 product showing an increase in prescribing was the drug for which reimbursement was much less affected by the Act. This translated into a greater profit for clinicians using triptorelin pamoate, and the drug use increased by 2786.2%.

Practitioners and individuals involved in financial decisions regarding healthcare reimbursement should be aware that variables other than evidence-based medicine and patient preference can influence treatment decisions significantly, the researchers warn.

Editorialist Dr. Chodak urges doctors to be completely honest with patients to make sure they are aware of the choices and the factors affecting a recommendation for surgery. "If enough patients find the practice unacceptable," he writes, "perhaps they could help drive some changes."

Medscape Medical News, 11 April 2008

NEW INFORMATION DRIVES CHANGES IN BLADDER CONTROL TREATMENT

By Bill Cosner, VP of Quality Systems, BioDerm, Inc.

It's a problem no one wants to talk about, much less admit they are dealing with, but more than 20 million Americans struggle with issues related to bladder control, urinary incontinence, or the loss of the ability to control urination, is common in men who have had surgery or radiation for prostate cancer, but bladder issues can also be caused by stroke, spinal cord injury, aging or neurological diseases.

Radiation to the prostate can decrease the capacity of the bladder and also cause spasms that force urine out. Surgery can, at times, damage the sphincter muscles that hold the urine in. If you or a loved one have urine leakage or incontinence following a prostate procedure, you may be dealing with inadequate urine storage or control issues – which is the injury – and a doctor who is telling you it will resolve itself, to keep on with the Kegel exercises, or just put on a pad – which can seem like the insult following the injury.

Many patients attempt to manage the problem by using bulky incontinence pads, restricting fluid intake, and limiting their daily activities and lifestyles. However, new technologies, Medicare guidelines, and significant clinical studies are driving a change in bladder control treatment for the first time in almost fifty years.

The old standards of care are now being challenged on a variety of fronts. Billions of adult diapers and pads are sold at grocery and drug stores around the country; however, as patients sit in wetness up to 24 hours a day, their pads can become a breeding ground for germs and wounds. That's one more reason why the bedsores caused by diapers and pads have now become a top wound care concern in the U.S. In addition to the questions being raised concerning pads, certain types of catheters are also proving they may be more of a problem than a solution.

Research has shown that more than 40% of all infections acquired in hospitals are urinary tract infections (UTI's) and most are linked to catheters. Yet even with this information, a recent study found that hospitals are doing very little to reduce the risks. The study, published in the January 15, 2008, issue of *Clinical Infectious Diseases*, says that even the most basic steps to make catheters safer are often not taken. The study was led by Dr. Sanjay Saint of the VA Ann Arbor Healthcare System and the University of Michigan.

Dr. Saint has released conclusions from other studies, some of them comparing indwelling catheters to other types of external catheters. He stated, "Both patients and nursing staff prefer condom to indwelling catheters for patient comfort, but they recognize that dislodgment and leaking are major drawbacks of condom catheters. A more secure catheter would greatly improve the management of male incontinence."

Other external catheters and products such as urinals are on the market, but they also can cause UTIs, and some have proven to cause damage to the penis due to friction, ischemia (insufficient blood flow), and obstruction. Thankfully, there are changes on the horizon. Beginning October 1st of this year, Medicare will not pay hospitals for the costs of treating certain conditions that could reasonably have been prevented, including bedsores and infections resulting from the prolonged use of catheters in the bladder.

"New standards of care for Bladder Control will be good news for the more than eight million men who are forced to endure wounds and infections caused by 50 year old bladder control methods," says Dennis Kay, MD, CEO of BioDerm, Inc. "Incontinence care is a $21 billion a year issue, so you can see the massive amount of money being spent each year. Medicare is speaking out and saying that the wounds, the infections, and the bedsores caused by some of these older bladder control methods are avoidable. That's exactly why BioDerm developed the Liberty Pouch."

The Liberty Pouch Clean & Dry™, featuring new BioDerm technology already being used by NASA Astronauts, is one of the new methods for

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OUTER-COURSE VS. INTER-COURSE

Dr. Jo-an Baldwin Peters

Editor's note: Even though the sample size for this study is small, Us TOO felt the study questions and outcomes measured were informational for the Us TOO network of survivors and their partners, and might serve to open lines of discussion about any post-treatment issues encountered, and identify potential approaches for solutions.

This paper is based on the study I did for my PhD. I am also the wife of a prostate cancer survivor. The study population consisted of 13 prostate cancer survivors and their partners. The short form of the Sexual Health Inventory for Men (SHIM) was filled out by both partners as well as the sexual bother scale. Separate interviews were tape recorded. The study group consisted equally of Canadians and Americans; the men aged 58 to 83; married from 13 to 55 years.

- 8 men had a nerve sparing radical prostatectomy
- 3 men had external beam radiation and in 2 cases androgen deprivation
- 1 man had proton beam radiation
- 1 man had brachytherapy (radioactive seed implants)

Prior to cancer treatment 100% of my study group were sexually active irrespective of their age.

- 83% had sex once or twice per week
- 17% had sex two to four times per week (aged mid to late 70)
- 72% described their sexual practices as innovative

An earlier study done in 2003 examined the erectile function in aging men and found that 62% of men between the ages of 65 and 75 were impotent. My study group was sexually more active than the norm so what happened to their sexual practices after treatment for prostate cancer?

- 80% continued to have sex, with or without penetration, once to twice per week but 77% needed aid or some form of assistive stimulation,
- 20% in their eighties maintained intimacy but no longer felt the need for orgasmic sex.

The type of aids my participants use

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GENEVE BIO DEVELOPING REVOLUTIONARY CURATIVE ED TREATMENT

Geneve Bio, the first biologic company focused on the treatment of erectile dysfunction, is developing a revolutionary and potentially curative treatment for ED.

Geneve Bio's lead candidate, VEGF, is a recombinant protein that is naturally produced by the body. VEGF acts arterially and upon smooth muscle, creating new blood vessels and replacing collagen with smooth muscle. It is also neural protective. The Geneve treatment will be administered by a urologist via a painless, localized injection and should result in the restoration of natural erectile function that may last for months if not longer. No treatment will be required at the time of intercourse.

Geneve Bio's treatment is targeted at the 35% of patients that are not responsive to PDE-5 inhibitors (Viagra®, Cialis® and Levitra®) or are troubled by side effects, those that take nitrates, the vast majority of prostate cancer patients, and many of those with diabetes or cardiovascular disease. Company research indicates that it should become first-line treatment with urologists.

"We're excited about the opportunity to develop the first biologic treatment for erectile dysfunction," says CEO Terry Bruggeman. "Unlike other treatments that either temporarily address the symptoms of ED or are surgical, Geneve Bio's VEGF is potentially curative, and should result in months if not more of spontaneous, natural sexual function."

CEO Bruggeman is a seasoned senior executive who has raised more than $100M from venture and institutional investors over the course of his career. Among his many previous accomplishments is a role as the former CEO of Diversa, where early venture investors received a return of 16x their investment. Adding to his excitement about Geneve, Mr. Bruggeman sees "Similar return potential for Geneve investors in the current round." Numerous, compelling animal studies by leading scientists clearly demonstrate the restorative power of Geneve Bio's VEGF, with full physical function returning within weeks of treatment.

Geneve has in-licensed four revolutionary patents to treat erectile dysfunction. One of these was developed by co-founder and Columbia University Professor Dr. Ridwan Shabsigh. Two others were developed by Dr. Tom Lue, the Emil Tanagho Vice Chair in Clinical Urology at the University of California, San Francisco and past President of the Sexual Medicine Society of North America. To date, Geneve Bio has raised more than $1 Million towards development of their breakthrough platform.

Geneve Bio anticipates a sale or strategic partnership of its VEGF franchise on completion of Phase II clinical trials.. Depending on efficacy, Geneve investors in the current round should obtain returns of 10-20x their investment within five years.

For more information, interested accredited investors can learn more about Geneve at <www.genevebio.com>, may contact Craig Davis at 312 705 2785, or may contact Geneve Bio CEO Terry Bruggeman at 949-706-3697.

Press Release, Geneve Bio, 11 March 2008

CALYPSO SYSTEM

(Continued from page 1)

time map to the tumor.

"We're saving surrounding tissue and we're able to treat the prostate to a higher dose because we are not worried about complications," said Kurtzman. In the future, this technology may be used to help more than prostate cancer patients. Researchers are looking at using it to help patients with breast cancer and lung cancer.

Prostate patients using the technology receive ten minute treatments five days a week for about 2 months. They have the peace of mind knowing that even if they move while on the table only their tumor will receive radiation, the rest of their body will not.

NB News Channel Report, 2 April 2008

Editor's note: Calypso Medical Technologies is the newest company to sponsor the HotSheet!

OUTER- VS. INTER-COURSE

(Continued from page 3)

were felatio, mutual masturbation, external pumps, inter-cavernosal shots and one successfully used Viagra®, which requires an intact nerve supply to the penis to be effective. Two cases, 18 months after surgery, resumed normal intercourse. In this study, the effects of radiation appeared to continue destroying nerve tissue in the treatment area for longer than reported.

Disappointing was the fact that even though 100% of the study group were sexually active at the time of diagnosis only one of the 13 treating physicians asked about pre-treatment sexual relations and practices. When approached one other physician dealt with and discussed this subject. The majority of the group felt unprepared to deal with the after effects of the treatment.

All of the male and female participants, when asked if they could only have one thing, sexual intercourse or intimacy chose intimacy (hugging, kissing, holding hands, cuddling, caressing while naked, bonding and sharing intimate experiences).

- None of the participants felt that intimacy only occurred during "penetrative intercourse."
- Eleven of the women said they were willing to settle for not having penetrative sex but wanted intimacy, the most important part of their relationship.
- Three of the men were not concerned about penetrative sex or erectile function.
- Ten of the men were concerned with erectile function and penetrative sex.

The question arose as to why eleven women weren't concerned about the lack of penetrative sex whereas 10 men were concerned?

This led me to start to address the issue of sexuality. After treatment, which of these—orgasm or penetration—was more important to both partners? Some of the answers dealing with the link between sexuality and penetrative sex required an in depth literature review.

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OUTER– VS. INTER-COURSE

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- According a 2004 nationwide study of female sexuality, 70% of women never experience vaginal orgasms.
- Could this be why 11 of the women weren't concerned about penetration?

If 62% of men over the age of 75 are impotent and women don't need penetration for orgasms what is the problem? Could the solution be to have orgasms without penetration? Did the men and women know that men could achieve an orgasm without an erection? How many men and their partners in my group knew that 70% of women do not experience vaginal orgasms and that clitoral orgasms are stronger?

- 100% of men and 83% of the women knew that there was such a thing as clitoral orgasm but only about 10%-15%, were aware that it is actually stronger.
- 36% of men and 45% of women did not know that most women do not have vaginal orgasm.
- Orgasm without erection was not a widely known fact amongst this study group.

It became obvious that the importance of educating patients about the necessity of achieving sexual satisfaction without penetrative intercourse could not be over emphasized; 'Outer-course versus intercourse' so named by one of the study participants. Although the couples in this study were in concurrence assessing the severity of the Erectile Dysfunction, they were not that accurate in assessing the amount of "bother" this caused their partners.

- 46% of the women in the study believed that their male partners had less concern about penetration than the man actually had.
- 46% of the men in the study group believed that their partners had more concerns about the loss of penetrative sex than the women actually had.

My group felt that good information is essential to make good decisions. 85% of the group felt that both partners should have input into treatment decisions as the outcome affected both of

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NEW WEBSITES LAUNCHED BY PHYSICIANS

A new website has been developed by Dr. Gerald Chodak, a prostate cancer specialist with 25 years experience. This unique new website will be entirely in a video format as if you are sitting in a doctor's office listening to the information.

The information is evidence-based, meaning that it reflects the results of good scientific studies. When good studies are not available, all the options will be discussed. This site will enable patients to understand the controversies and uncertainties that exist.

There are three goals this site hopes to achieve: To educate men and their families about all aspects of prostate cancer, to inform them of all the treatment options, and to empower them to ask good questions that will help them get the most appropriate treatment.

Dr. Chodak has published over 150 scientific articles, has been invited to speak in 14 countries on prostate cancer and helped form Us TOO back in 1990.

The website can be reached at <www.1prostatecancer.com> for a direct link or more directly link at <www.chodak.answerstv.com>. It was made possible by an educational grant from AstraZeneca Pharmaceuticals.

Dr. Arnon Krongrad, Founder of the Krongrad Institute, also announced this week he is bringing back to life the Prostate Cancer InfoLink, <http://prostatecancerinfolink.net>. Dr. Krongrad and his friend Mike Scott are using web 2.0 technology to include a blog and a social network at <http://prostatecancerinfolink.ning.com>, where you can invite friends, form groups, and share ideas.

They report they have worked with UCSF and the University of Iowa to create a page about the Iowa Prostate Cancer Consensus that gives guidelines on screening and early diagnosis of men older than 75 years of age, that is published exclusively on this web site.

News release, 14 April 2008

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The 3rd Annual Us TOO International Online Auction will open on Friday, May 30th, and will continue through Monday, June 30th. We need your help! We are seeking as many appealing items as possible in order to make the auction as successful as ever. To donate an item, please visit the following link: <www.ustoo.org/Donate_Item>. We are looking for electronics, sports memorabilia, jewelry, art and more. If you have questions or comments, please feel free to contact Dan Reed at dan@ustoo.org or at 630-795-1002. Thank you!

PROSTATE CANCER AND PEYRONIE'S DISEASE

By Laurence A. Levine, MD, Professor of Urology,
Rush University Medical Center, Chicago, Illinois

Prostate cancer is the most common diagnosed tumor in adult men and the number two most common cause of cancer death in the United States. As a result of improved diagnosis, we are now able to identify prostate cancer at an earlier stage and offer most men curative therapy. Unfortunately, it has been recognized that many of these treatments may result in erectile dysfunction, particularly when radiation therapy or surgery is used.

Over the past several years it has been reported that there is an increased risk of Peyronie's disease, particularly after radical retropubic prostatectomy. Peyronie's disease (PD) is a wound healing disorder which has been noted to be present in up to 9% of men. The scarring that occurs in the penis of the man with Peyronie's disease causes curvature, indentation, shortening and is frequently associated with erectile dysfunction.

It should be clear that PD is not a form of prostate or any other form of cancer. It is now understood to be due to an abnormal scarring process that occurs following an injury to the penis, most commonly, but not necessarily following sexual relations. More recent studies have shown that up to 50-70% of men do not recall any injury to the penis. Men who have undergone radical prostatectomy may develop PD within weeks to months after surgery when they are typically not sexually active.

As PD is now recognized to occur in men following radical prostatectomy, it is important to identify it early, as there are medical treatments which may stabilize the problem or may actually reduce the progression and allow the man to be more functional.

When medical therapy fails, surgery remains the gold standard for treatment to correct the deformities and occasionally a penile prosthesis is necessary when the man has a combination of erectile dysfunction and Peyronie's disease. On physical examination, a palpable lump or nodule is typically found on the surface of the penis under the skin. These lumps can occasionally be tender to touch and when there is good erectile function, various deformities may be seen as noted above.

The actual cause for the Peyronie's disease following radical prostatectomy is not fully understood, but several theories have been proposed including activation of the penile scar formation process due to local release of chemicals during radical prostatectomy or nerve injury. Trauma from the urinary catheter is not felt to be the cause of PD.

Treatment of Peyronie's disease has included oral therapies which have not been particularly effective alone. Injection therapy into the scar with verapamil and interferon has been offered as a treatment which has been successful in stabilizing the disease and with this therapy, up to 60% of men have had measured improvement of deformity.

The newest non-surgical approach is the application of an external penile traction device which is worn on the penis 2-8 hours per day. The goal here is to stretch the scar tissue, which will hopefully correct the curvature and recover some lost length. This traction therapy may also be beneficial to prevent shortening of the penis which is not infrequently seen in men following radical prostatectomy.

When the curvature is severe or the scar is calcified, medical therapy tends to not be successful, and then surgical treatment is indicated. Surgical approaches can be used for the man who has good erections to straighten the penis, but if the erections are inadequate with oral therapy, then it is best to consider placement of an inflatable penile prosthesis.

In conclusion, Peyronie's disease presents another unfortunate potential side-effect for the man who has been treated for prostate cancer, but it is not one which is without effective treatment, and can usually be addressed by your local urologist. The key is identifying the change in the penis, discussing it with your physician, and if indicated, initiating therapy.

Editor's note: Dr. Levine can be contacted at phone: (312) 563-5000.

OUTER- VS. INTER-COURSE

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them. They felt their treating physician provided poor information and especially concerning:

- Pre-treatment sexual activity
- The woman's role
- The women's sexuality which includes either clitoral orgasm or vaginal orgasm or both
- Orgasm without erection

Post treatment risks of impotence were not fully discussed. The risk of incontinence, which involved 20% of the group, was fully discussed.

The group had several recommendations:

- A take home video educating patients about the total picture of diagnosis, treatment, after effects and solutions should be developed.
- Both partners should visit the treating physician
- All couples should be asked to complete a form describing their current sexual activity and hand it to the treating physician
- Educate patients and their partners:
  - Sexual enjoyment should not be sacrificed for either partner
  - Satisfactory orgasm can occur without penetration or erection
  - Each couple must develop solutions that are acceptable to both partners
  - There are many alternatives such as mutual masturbation, oral sex (felatio), sex toys and dildos - even penile implants, pumps and shots for those who feel that penetrative intercourse is essential
- Most important is to maintain intimacy, kissing, hugging, holding hands, stroking etc.

Based on my study and literature reviews there are many things that the treating physicians can do to help their patients better prepare for prostate cancer treatment:

- Almost 60% of Canadian patients want enough information to allow them to make their own treatment decisions (2004 study)
- Consider your patients current sex-

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WIFE'S MENTAL STATE KEY TO CANCER-SURVIVOR COUPLES

Whether a man is recovering from cancer or helping his spouse to deal with cancer, how his wife is coping emotionally will play a key role in his physical health, a new American Cancer Society (ACS)-funded study shows.

"Regardless of your status as a caregiver or a cancer patient, gender matters," the study's first author, Dr. Youngmee Kim of the ACS's Behavioral Research Center in Atlanta, GA, told Reuters Health.

While health professionals treating cancer patients are increasingly recognizing the importance of emotional health, Kim added, less attention has been paid to how the emotional health of a patient's spouse might affect his or her quality of life. To investigate, she and her colleagues looked at 168 married couples. One member of each pair had been diagnosed with prostate or breast cancer roughly two years before joining the study.

The cancer patient's own level of psychological stress was the most important factor in determining his or her quality of life, the researchers found.

Overall, patients and their spouses tended to have similar levels of emotional distress, and the level of emotional distress a partner had didn't independently influence his or her spouse's distress levels.

However, the researchers did find that emotional stress level of breast cancer survivors was related to the physical health of their spouse, and the degree of emotional stress experienced by the wives of prostate cancer survivors influenced their husbands' physical health.

"Although these two partner effects may seem disparate, they are actually very similar in that they both show that the woman's psychological distress (as either survivors or caregivers) was negatively related to her husband's physical health," Kim and her colleagues write in the Annals of Behavioral Medicine.

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TAKEDA, ABBOTT ANNOUNCE PLANS TO CONCLUDE TAP JOINT VENTURE

Companies Agree to Evenly Divide Value of TAP

Takeda Pharmaceutical Company Limited and Abbott have entered into an agreement to conclude their TAP Pharmaceutical Products Inc. (TAP) joint venture. The companies expect the transaction to close within 30-60 days.

Under terms of the agreement, the companies will evenly divide the value of the joint venture. Abbott receives rights to the oncology treatment, Lupron, including the commercial organization supporting that franchise, and will receive payments based on TAP's other current and certain future products.

Takeda receives the rights to the product Prevacid, all the remaining TAP commercial and support organizations, and the rights to TAP's pipeline. Abbott expects the transaction to be neutral to 2008 earnings per share. Takeda expects that this agreement will have no impact to its consolidated financial results for the current fiscal year.

The TAP joint venture was created by Takeda and Abbott in 1977 and has been one of the most successful joint ventures in the history of American business. In 2007, TAP had revenues of $3.1 billion from its two currently marketed products, Prevacid and Lupron. Additionally, TAP has two new drug applications under review at the U.S. Food and Drug Administration (FDA).

"I want to take this opportunity to thank our partners at Abbott and the many people who helped make TAP a successful company in its more than 30 years of existence," said Yasuchika Hasegawa, president, Takeda Pharmaceutical Company Limited.

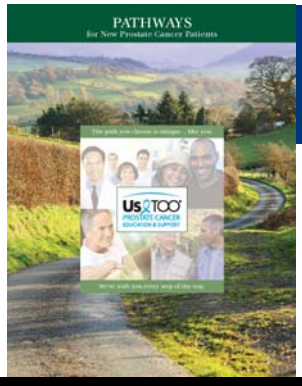
"With this agreement Takeda combines two successful organizations and creates a top 15 pharmaceutical company with more than 5,000 employees in the United States. This size and talent base creates a tremendous platform for continued growth in the world's largest pharmaceutical market, which plays a significant role in Takeda's ongoing global growth."

"Takeda and Abbott have shared in the commercial success of TAP for many years," said Miles D. White, chairman and chief executive officer, Abbott. "Now we have the opportunity to make a strategic change that equally splits the assets in a way that will benefit both Abbott and Takeda in the future. For Abbott, the addition of Lupron establishes an on-market presence in oncology where we have a number of promising compounds advancing through our pipeline."

Following the completion of the transaction, Takeda plans to integrate TAP into two of its wholly-owned U.S. subsidiaries, Takeda Pharmaceuticals North America, Inc. and Takeda Global Research and Development Center, Inc. The Lupron franchise will become part of Abbott's U.S. pharmaceutical business.

TAP Pharmaceutical Products Inc., located in Lake Forest, Ill., is a joint venture between Abbott, headquartered in Abbott Park, Ill., and Takeda Pharmaceutical Company Limited, of Osaka, Japan. TAP markets Prevacid® (lansoprazole) and Lupron Depot® (leuprolide acetate for depot suspension). For more information about TAP Pharmaceutical Products Inc., and its products, visit the company's web site at <www.tap.com.>.

Takeda/Abbott joint news release



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BLADDER CONTROL TREATMENT *(continued from page 3)*

solving bladder control problems caused by prostate radiation and/or surgery. The product attaches to the tip of a man's anatomy and promotes dryness and comfort 24/7. Because the product attaches only to the tip, there are no opportunities for pop-offs or for the UTIs caused by the formation of bacteria in and around other catheter devices. Recently approved by California's Medi-Cal, the Liberty Pouch is accepted by Medicare, most insurances and Medicaid, and by the VA.

"Indwelling Foley catheters are not an acceptable means of routinely controlling bladder incontinence," said Cynthia Maloney, director of the Seton Health Incontinence Treatment Center in Troy, NY. "In fact, it's one of the worst things you can do, because of the many bacteria and UTI's."

Kay believes that there is a better way. "Just as in the neurologic and spinal cord injury communities, bladder dysfunction in men who have had prostate radiation or surgery can be treated," he says. "For millions of people who are homebound or severely restricted in their activities due to bladder control problems, new advances offer the hope and answers they desperately need."

BioDerm, Inc. can be reached at 1-800-373-7006.

NEW BLOOD TEST

(Continued from page 1)

preoperative PSA levels, Gleason score, and positive surgical margins.

On multivariate analysis, only the preoperative endoglin level and the biopsy Gleason sum were independent predictors of lymph node metastasis. Inclusion of endoglin serum testing into a standard preoperative model featuring pre-operative PSA, clinical stage, and Gleason score increased the accuracy in predicting nodal metastases from 89.4% to 97.8%.

The authors call for larger multicenter studies to verify these findings.

Reuters Health, 5 March 2008

OUTER- VS. INTER-COURSE

(Continued from page 6)

ual habits and practices when recommending and selecting treatment

- Thoroughly inform your patient of all the after effects of all the treatments and discuss alternative solutions other than medical/chemical ones.
- Many men were given Viagra that didn't work due to treatment compromised nerve supply and this left them feeling discouraged and hopeless.

WIFE'S MENTAL STATE IS KEY *(continued from page 7)*

Women's psychological distress is a stressor for men, she noted in an interview. While men may not to feel this stress psychologically, they will feel it in their bodies, for example as backaches or headaches -- a phenomenon known as somatization.

Women tend to have friends beyond their husband, whom they can rely on for emotional help, but a man's spouse may be his sole emotional resource.

"If their wives are psychologically distressed, that means their wives are not emotionally available," she added.

The findings show, Kim said, that while the focus of cancer care is expanding to include the whole person, not just his or her disease, it should expand further. "We need to deal with the whole family, beyond the whole person."

Reuters Health, 31 March 2008

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