INSIDE THIS ISSUE

Us TOO® PROSTATE CANCER EDUCATION & SUPPORT

HOTSHEET

August 2007

Additional New Data from SPARC Trial Presented at ASCO Annual Meeting

GPC Biotech AG and Pharmion Corporation announced that additional data from the double-blind, randomized satraplatin Phase 3 registrational trial, the SPARC trial (Satraplatin and Prednisone Against Refractory Cancer) were presented at the 2007 Annual Meeting of the American Society for Clinical Oncology (ASCO) in Chicago. The SPARC trial is evaluating satraplatin plus prednisone versus placebo plus prednisone in 950 patients with hormone-refractory prostate cancer (HRPC) whose prior chemotherapy has failed. A New Drug Application (NDA) for satraplatin is currently under priority review by the US Food and Drug Administration (FDA).

"Today hormone-refractory prostate cancer patients whose chemotherapy has failed have no approved treatment options. The data I presented from the SPARC trial show that satraplatin lowers the risk of disease progression by 33% compared to control. The data are consistent across numerous pre-defined subsets, including patients previously treated with Taxotere® (docetaxel)," said Cora Sternberg, MD, FACP, Chief of the Department of Medical Oncol-

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Us TOO University in Austin, Texas "A Marvelous Evening"

Us TOO University
Learn. Laugh. Lead.

Motivated survivors and caregivers, Us TOO chapter support group leaders, board members, regional directors, spouses and Us TOO International staff gathered in Austin, Texas on May 11-12 for a two-day educational event called **Us TOO University**, the second event of its kind. In attendance were men and women, young and young-at-heart, medical professionals, and lay people too.

As with the pilot Us TOO university event last fall, this event also lived up to the program's motto in intent, ***"Learn. Laugh. Lead."*** The weekend was packed with terrific speakers, exceptional content, great fellowship and networking (creating fast and firm friendships,) much laughter and fabulous, expertly prepared nutritious and delicious meals.

Us TOO University, a two-day educational event originally developed in 2006, is yet another tangible and powerful example of Us TOO International's unwavering commitment to the educa-

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The second graduating class of Us TOO University 2007! Congratulations to the 44 volunteer chapter leader leaders who joined us in Austin, TX!

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NEW SPARC TRIAL DATA PRESENTED AT ASCO MEETING

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ogy at the San Camillo and Forlanini Hospitals, Rome, Italy and one of the principal investigators of the SPARC registrational trial. "I believe these efficacy results, together with satraplatin's manageable side effect profile, mean that, if approved, satraplatin will represent an important new therapy option for patients with advanced prostate cancer whose prior chemotherapy has failed."

The relative risk (RR) of disease progression favored satraplatin for all prespecified patient subsets, including prior Taxotere use, geographies, and the presence or absence of pain. For each of the 20 subsets presented today, the reduction in RR of disease progression ranged from 26% to 46%, corresponding to hazard ratios (HRs) between 0.74 and 0.54.

Disease progression in the SPARC trial was defined as the first occurrence of any of several types of progression, including radiologic tumor progression (RECIST for soft tissue lesions or two or more new lesions on a bone scan); skeletal-related events (including a bone fracture, bone surgery or initiation of bisphosphonates); symptomatic progression (pain, weight loss, decreased performance status); or death from any cause.

Approximately 37% of patients in the trial progressed by pain and approximately 36% progressed by radiologic evidence. The HR for progression free survival (PFS) for the subset of patients with progressive pain or death was 0.64 (95% CI: 0.51-0.79, p=0.0001), representing a 36% reduction in the RR of progression. The HR for PFS for the subset of patients with radiologic progression or death was identical as was the percentage reduction in the RR of progression. The hazard ratio for PFS for the subset of patients who progressed in ways other than by radiologic findings or pain was 0.86 (95% CI: 0.63-1.17, p =NS).

In accordance with the recommendation of the independent Data Monitoring Board for the SPARC trial, patients who have not progressed continue to be treated and all patients will be followed for overall survival. As previously communicated, the interim analysis for overall survival conducted in June 2006 showed a trend, although not statistically significant, in favor of the satraplatin arm.

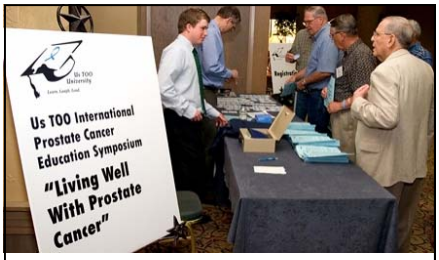
PFS data as observed by the clinical site investigators were also presented today. Compared to the PFS data previously reported, these progression events were not adjudicated by the blinded independent review committee. The HR for PFS for the intent-to-treat population per investigator observation was 0.58 (95% CI: 0.50-0.67, p = 0.000000000002). Median time to progression (TTP) was 16.0 weeks for the satraplatin arm versus 6.0 weeks for control. The HR for PFS for the intent-to-treat population treated with prior Taxotere per investigator observation was 0.52 (95% CI: 0.42-0.65, p=0.000000002), with a median TTP of 15.3 weeks for the satraplatin arm compared to 5.6 weeks for control. These data are consistent with the PFS outcomes as adjudicated by the blinded independent review committee.

Safety findings in the SPARC trial were consistent with previous clinical studies involving satraplatin. Myelosuppression (decrease in the production of blood cells by the bone marrow) was the most common adverse reaction associated with satraplatin therapy. Twenty-one percent of patients in the satraplatin arm experienced grade 3 or 4 thrombocytopenia; 14% had grade 3 or 4 leucopenia and 21% had grade 3 or 4 neutropenia. Gastrointestinal disorders were the most frequent non-hematological adverse events (occurring in 57.9% of the patients receiving satraplatin). Eight percent of patients in the satraplatin arm experienced grade 3 or 4 gastrointestinal toxicities, including nausea (1.3%), vomiting (1.6%), diarrhea (2.1%) and constipation (2.1%). Additionally, 5% or less of patients in the satraplatin arm experienced grade 3 or 4 fatigue (1.7%), grade 3 or 4 infections (4.0%) and pulmonary/respiratory grade 3 or 4 toxicities (3.0%).

For more information, please call (609) 524-5884 (in the US) or e-mail <usinvestors@gpc-biotech.com>.

GPC-Biotech, 4 June 2007

US TOO UNIVERSITY IN AUSTIN, TEXAS *(continued from page 1)*



Us TOO staffer Dan Reed welcomes attendees at the registration desk

tion and support of those on the front line of prostate cancer – Us TOO's many volunteer support group leaders.

Us TOO University was designed to equip Us TOO's network of chapter support group volunteers with the skills and information to confidently provide leadership and support to prostate cancer patients and their families in their community.

The weekend began with a community-wide patient education symposium called ***"Living Well… with Prostate Cancer."*** The evening began with a reception featuring outstanding food and refreshments, music, 17 exhibitors and a silent auction. One hundred and fifty people from the nearby community, as well as Us TOO University students, faculty, exhibitors and spouses, were treated to an evening packed full of information and opportunities to connect with others traveling a similar path.

Us TOO staff in Austin, L to R: Elizabeth Cabalka, Dan Reed, Pam Barrett, Tom Kirk, Terri Gibbons, Karen Bacher

The highlight of the evening was clearly the four breakout sessions featuring some of the brightest and finest from a variety of disciplines.

- Dr. Randy Fagin provided an outstanding session on the Da Vinci robotic prostatectomy
- Kimberlee Sullivan, PhD, discussed incontinence and solutions for living life dry
- A panel featuring Dr. Brian Kansas as well as patient advocates, Jerry and Jo Ann Hardy, provided a lively discussion on Intimacy and Prostate Cancer
- Research physician, Dr. Beth Hellerstadt, presented a powerful session on emerging treatment solutions

Even after the final educational sessions were over, many participants lingered for coffee and conversation well into the late evening.

"This was a MARVELOUS evening," exclaimed one attendee from nearby San Antonio. "I've felt so alone since my diagnosis last month. I now know I am NOT alone and there IS hope and support. Thank you Us TOO!"

Tom Kirk, President & CEO of Us TOO International, recognizes Us TOO South Austin Chapter Leader Mike Jones for his help in making Us TOO University Austin, Texas such a success!

Day-two of Us TOO University featured a wide variety of topics designed to give chapter support group leaders the tools and information to move confidently and successfully into the future. The curriculum featured eight diverse and timely sessions:

- Reaching Out and Growing Your Chapter
- Recognizing and Supporting Emotionally Challenged Individuals
- What Now? Support for those with Advanced Disease
- Planning for the Future of Your Chapter.
- The Unseen Patient: Supporting Companions and Family Members
- From Cure to Comfort: Supporting those Facing End-of-Life Issues
- Advocacy: Key Resource for Making Every Voice Count
- Hot Topics for Chapter Leaders

Volunteer support group chapter leaders in one of the training workshops on Saturday

These sessions, covering a wide variety of topics, were extremely well-received and prompted lively discussion among participants. Not only did support group leaders learn from the many presenters, they actively learned from each other as well.

"Wow!" exclaimed one chapter leader. "So many outstanding sessions! I head home with a full tool kit, new friendships and a wealth of information!"

Us TOO University was made possible from generous sponsorship by:

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- Cytogen
- Hospital at Westlake Medical Center

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SURVIVORSHIP CARE PLAN IS AN IMPORTANT PART OF CANCER CARE

With many more patients now surviving cancer, drawing up a survivorship care plan and a treatment summary for these individuals has become increasingly important, and yet this "posttreatment phase is a neglected phase of the cancer care trajectory," says Patricia Ganz, MD, from the University of California, Los Angeles Jonsson Comprehensive Cancer Center.

Speaking at a "meet-the-expert" session during the American Society of Clinical Oncology (ASCO) 43rd Annual Meeting, in Chicago, IL, Dr. Ganz commented that the point at which cancer patients complete their treatment offers the ideal opportunity to lay down some guidelines for patients to follow to foster their recovery — "this is a teachable moment," she said. However, cancer care is often not very well coordinated between all the specialists involved (surgeons, radiation specialists, medical oncologists) and liaison with the family physician is often poor, and so in many cases that "teachable moment" is lost. In Los Angeles, where she is based, these specialists can be geographically some distance apart, and the family physician is often not involved in the cancer treatment but then needs to take over when the patients has completed the treatment course.

There is no blueprint for cancer survivorship care, Dr. Ganz added. "This is new territory, and those of us running these centers are finding our way." Models exist for other chronic diseases, such as diabetes and asthma, but cancer is different from these diseases and follows a different tempo, she commented. With cancer, there is a crisis at the beginning, right after diagnosis, and then a flurry of activity, with treatment being quick, prompt, and intensive. The treatment is also complex, involving multidisciplinary teams, and it is very toxic and extremely expensive, she continued.

It is essential that all the details of the cancer treatment that have been delivered be recorded in a treatment care summary, Dr. Ganz emphasized. This should record details of the cancer type, with specific details of the tissue involved and stage at diagnosis. It should also contain exact details of the treatment that was delivered, with details of the type and dose of chemotherapy and radiation used, the timing of the schedules that were followed, and all toxicities that were encountered during treatment. In addition, there should be some information on the expected toxicities that may be encountered in the future and advice on how to monitor for late toxicity, as well as recommendations for surveillance for recurrence of the primary cancer or development of a second cancer.

The recommendation for such treatment summary plans was first made in 2005 by the Institute of Medicine in its "From Cancer Patient to Cancer Survivor: Lost in Transition" report and prompted ASCO to work on templates for such plans. The first of these, the colon cancer adjuvant chemotherapy treatment plan and summary template, has recently been completed and was unveiled during the Chicago meeting. Work is in progress now on a similar template for breast cancer, and there are plans to develop templates for many other cancers in the near future.

US TOO UNIVERSITY

(Continued from page 3)

Thanks to our Silent Auction item donors and winning bidders who raised $350 for Us TOO's mission of patient education and support services!

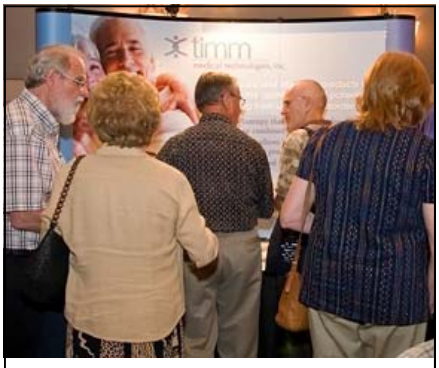
Donor: Kimberly Sullivan – 3 bottles of wine; winning bidder: Bob Rhoades

Donor: Dick Hartin – VCR recorder/ DVD player; winning bidder: Louis Strohaker

Donor: McAllen Us TOO Chapter – Vita-ProA Institutional food/drink blender; winning bidder: Lamar Berry

Donor: Sylvia Taylor from Theragenics Corporation – iPod mini; winning bidder: Gary Skramstad

A special thanks to our Platinum Program Supporter: Sanofi-aventis! Watch for information about the next Us TOO University scheduled for November 2-3, 2007 in Chicago, IL, as well as other programs hosted in different locations around the United States!



Friday's Living Well with Prostate Cancer attendees flocked to the exhibit hall to visit with vendors. Blue Ribbon Supporter Timm Medical Technologies' booth is shown here.

SNEAKERS@WORK DAY GREAT FUN, GREAT SUCCESS

JUNE 15, 2007

SNEAKERS @ WORK

THE DAY FOR NATIONAL PROSTATE CANCER AWARENESS & ACTION

Thanks to all the companies and chapters who participated in the first annual day for national prostate cancer awareness and action, Sneakers @Work Day!

The easy-to-participate-in "sneakers" event consisted of lacing up sneakers and wearing them to work on June 15, the Friday before Father's Day. Companies and groups that signed up to participate received a kit of awareness materials to promote the event to employees, and each employee who donated as little as $5 received a pair of blue laces to wear with their sneakers on the event day.

Event participation and proceeds are still being tallied, so please check in next month's Us TOO *HotSheet* for more information!

To see more Sneakers@Work Day photos, please visit the Us TOO website, <www.ustoo.org/sneakers>.

F-18 FLUOR CHOLINE PET/CT ASSESSES BONE METASTASES IN PATIENTS WITH PROSTATE CANCER

F-18 fluor choline (FCH), a positron emission tomography (PET)/computed tomography (CT) tracer used to detect malignant lesions in prostate cancer, appears to have potential for assessing bone metastases in patients with prostate cancer. Lead investigator Mohsen Beheshti, MD, from the Department of Nuclear Medicine and Endocrinology, PET/CT Center, St. Vincent's Hospital, Linz, Austria, and another member of his research group presented 3 studies evaluating the use of F-18 FCH PET/CT in prostate cancer at the 54th annual meeting of the Society of Nuclear Medicine. While all 3 studies dealt with F-18 FCH PET/CT, one focused on the effectiveness of this tracer for detecting bone metastases.

The study enrolled 302 men who underwent F-18 FCH PET/CT for preoperative assessment or in response to increased PSA levels. Dual-time-point PET was evaluated to determine its effectiveness for assessing bone lesions. The first PET/CT image acquisition was done approximately 10 minutes after intravenous injection of 4.07 MBq/kg/bw F-18 FCH. Delayed acquisition followed about 90 minutes after the injection.

Dr. Beheshti told Medscape, "In our experience, delay time provides no further information for lymph node metastasis evaluation and prostate evaluation. However, for the assessment of bone metastasis, delayed images provide us with more information.... The intensity increases in delayed images in bone metastasis, but not in the lymph nodes and the soft tissue metastases."

Of the 220 bone lesions detected in 60 patients, 177 were identified as bone metastases and confirmed by other imaging or clinical methods; 41 lesions that lacked follow-up studies or conclusive confirmation were classified as equivocal; 2 rib lesions took up F-18 FCH due to recent fractures. Only 132 lesions were found with CT.

Dr. Beheshti's presentations described an interesting pattern in series of studies comparing F-18 FCH PET/CT with F-18 fluoride PET/CT in the detection of bone metastases. In his interview, he discussed this comparison in more detail. Four phases of bone metastasis were identified with these tracers:

- Early phase (bone marrow) — FCH-positive, fluoride-negative;
- Second phase (sclerotic or lytic changes in bone) — FCH-positive, fluoride-positive;
- Third phase (highly dense sclerotic changes) — FCH-negative, fluoride-positive;
- Fourth phase (extremely dense sclerotic lesions) — FCH-negative, fluoride-negative.

"This is a dynamic pattern that we have seen in many patients," Dr. Beheshti added. "In at least 10 patients, we have monitored them at least 6 months."

A strong correlation was also found between the maximum metabolic diameter of lesions detected by F-18 FCH PET/CT and CT results ($r = 0.93$; $P < .001$). Overall, the value of F-18 FCH PET/CT for assessing metastatic bone lesions in prostate cancer patients was supported. Dr. Beheshti is planning additional investigations into the value of F-18 FCH PET/CT for patients who have undergone hormone therapy.

Another presenter in the session on solid tumors–genitourinary cancers was Bernd Krause, MD, from the Department of Nuclear Medicine, Technische Universität, Munich, Germany. Dr. Krause discussed the use of various tracers for assessing prostate cancer. "The clinically accepted technique nowadays is the C-11 choline PET/CT," he said, "especially for recurrent disease in prostate cancer. And there is now evolving evidence that for advanced disease and also for bone metastases there is a role."

Dr. Krause observed that one problem with choline-based tracers is their excretion via the kidneys and the bladder. Although furosemide can be used to increase the contrast ratio by stimulating diuresis, there are sometimes problems. "There's a possibility of doing late imaging," he continued. "But still I think for some indications, this poses problems."

Medscape Medical News, 7 June 2007

QUICK, INNOVATIVE PROCEDURE HELPS MEN MINIMIZE INCONTINENCE AFTER PROSTATECTOMY

A team of expert urologic surgeons at New York-Presbyterian Hospital/ Weill Cornell Medical Center has devised a simple, effective means of reconstructing key anatomical structures that ensure continence. They describe the success of the procedure in the journal *Urology*.

"Modifying existing tissues, our technique added only a few minutes to standard robotic prostatectomy, yet attained a 95 percent continence rate among patients 16 weeks after their surgeries," explains lead researcher Dr. Ashutosh K. Tewari, director of robotic prostatectomy and outcomes research at New York-Presbyterian/Weill Cornell and the Ronald P. Lynch Associate Professor of Urologic Oncology at Weill Cornell Medical College.

"This is a real breakthrough in prostate cancer care, as a significant number of patients have post-prostatectomy uri-

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ATTENTION: MILITARY AND FEDERAL EMPLOYEES

Military and Federal Employees planning to donate to Us TOO in the Combined Federal Campaign held annually Sept 15 - Dec 31, please be aware that OPM has changed their numbering system. In the old system, Us TOO had a 4-digit code: 2865. Us TOO's new 5-digit code is: 11614. Please use this new number on your donation forms. Thank you!

NEW Us TOO CFC CODE# 11614

ALTERNATIVE THERAPIES

Most cancer patients try herbs, vitamins, or other untested treatments in search of relief, or even a cure - Now, scientists are figuring out which ones might really work.

Doctors used to toss cancer treatments like ginseng tea into the category of "unproved remedies" along with faith healing and laetrile, the now-discredited medicine made from apricot pits that can cause severe poisoning. But the medical profession's disdain didn't stop most cancer patients from trying a wide array of these alternative treatments in their desperate hope for a cure, or at least comfort. Today, scientists are gaining respect for home cancer remedies as carefully designed studies show that some may actually work.

At the American Society of Clinical Oncology (ASCO) 2007 Annual Meeting in June, scientists at major research centers released studies showing that ginseng appears to help patients fight the fatigue that accompanies chemotherapy, while a grain called flaxseed appears to shrink prostate tumors. A third study suggested that ground up shark cartilage -- popularized by the book "Sharks Don't Get Cancer" -- does nothing to help lung cancer patients. But the study's existence underscores the new seriousness about alternative medicine.

"Patients ask me about these things they have snookered away in their purses and pocketbooks: 'Will they help me?' Most of the time, we can't answer," Dr. Bruce D. Cheson , chief of hematology at Georgetown University Hospital in Washington, DC, said at a press conference unveiling the studies. He called the studies, which he had no role in, "some of the first and most rigorous studies" ever of complementary and alternative cancer treatments, adding, "We take our cancer advances wherever we can get them."

So far, the most persuasive evidence concerns treatments that ease the suffering that goes with cancer -- such as nausea, pain, and anxiety. It's harder to show that alternative treatments attack the disease itself. However, a few researchers have raised intriguing possibilities: a small four-year study at Creighton University in Nebraska last week suggested that taking vitamin D supplements reduced the risk of cancer in older women by up to 60 percent.

Longtime observers of alternative medicine say the most hopeful sign is that leading researchers are moving into the field, applying the same tough standards they would to test conventional medicines. The ginseng, flax, and shark cartilage studies were carried out by researchers at the Mayo Clinic, Duke University Medical Center, and MD Anderson Cancer Center, respectively, all considered among the best cancer centers in the country.

"It's refreshing to see institutions that are well respected in the oncology field . . . applying acceptable, high quality, rigorous standards of proof to look at these things as fairly and dispassionately as possible," said Dr. David Eisenberg , director of the Osher Institute at Harvard Medical School and a leader in research to evaluate complementary and alternative medicine. "If you think of oncologists doing studies like these 10 years ago, there were few, if any."

The rising tide of research comes as the number of people dying from cancer is slowly declining, thanks to a big drop in smoking, better screening to catch tumors early, and improvements in treatment such as the availability of Herceptin for breast cancer. Today, two-thirds of those diagnosed with cancer are likely to be alive in five years compared with a 50 percent survival rate in the mid-1970s.

But cancer patients are not willing to rely solely on conventional medical care, turning to alternative treatments -- including dietary supplements, herbal remedies, yoga, and acupuncture -- about twice the rate of the general public, according to the National Center for Health Statistics. A survey of cancer patients in 2000 showed that they don't tell their doctors about half the time.

For oncologists, the pervasive use of unconventional treatments has long been a problem because they can undermine the patient's care. Research-

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US TOO GREENVILLE SC CHAPTER HONORS RETIRING LEADER - ART STAMLER, MD

Arthur Stamler, MD, served as the leader of the Us TOO Greenville, South Carolina Chapter for 10 years, and was honored in June with a retirement party and award from his fellow chapter members. The plaque states: "Presented to Dr. Arthur Stamler for Exceptional Service – Sept. 1998 to June 2007 — as leader of the Us TOO Prostate Cancer Education and Support Group, Harvey Floyd Chapter, Greenville, SC. Your accomplishments will always be remembered… Thank you." In attendance was Roland Young, volunteer Senior Regional Director for Us TOO International, who stated the event "reflected Art's loyalty and great works in our crusade to Educate and Support the prostate cancer survivors and their families. We appreciate his hard work."

Roland Young (L) and Bob Milks (R) present Dr. Art Stamler (center) with an award honoring his 10-year leadership and service to the Harvey Floyd Chapter in Greenville, SC.

BRCA2 MUTATION LINKED TO AGGRESSIVE PROSTATE CANCER

The Icelandic BRCA2 999del5 founder mutation is strongly predictive of aggressive, lethal prostate cancer, according to a report in the June 20th issue of the Journal of the National Cancer Institute (Vol. 99, pp. 929-35, 2007, released online June 12th). Previous reports have tied BRCA2 mutations to the development of prostate cancer, but it was unclear if they also influenced progression of the disease, lead author Dr. Laufey Tryggvadottir, from the Icelandic Cancer Registry in Reykjavik, and colleagues note.

In the current study, the researchers assessed the occurrence of the BRCA2 999del5 mutation in 527 prostate cancer patients and then compared survival, disease stage, and tumor grade between carriers and non-carriers. Thirty patients (5.7%) carried the mutation, the report indicates. Carriage of the mutation was associated with a younger age at diagnosis (69 vs. 74 years for non-carriers), more advanced disease stage, and higher tumor grade.

The mutation was also strongly linked to survival. Median survival for carriers was just 2.1 years compared with 12.4 years for non-carriers. After adjusting for stage and tumor grade, the hazard ratio for dying from prostate cancer was 2.35 for BRCA2 carriers

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ALTERNATIVE THERAPIES

(Continued from page 6)

ers caution women with breast cancer against taking soy supplements, for example, because they contain isoflavonoids that may partially neutralize the Tamoxifen that helps prevent cancer recurrence.

"Just saying that it's a vitamin or a leafy green something or other doesn't mean it doesn't have potential side effects," said Cheson, speaking at the 2007 ASCO meeting in Chicago.

The National Cancer Institute spends more than $120 million a year supporting studies of complementary and alternative cancer treatments, such as the largest-ever study of prostate cancer prevention, now underway, and the shark cartilage research. Already, NCI-funded studies have shown that vitamin E does not protect women against cancer, but a low-fat diet may help women avoid breast cancer recurrence.

However, scientists have struggled to apply scientific methods to a largely unregulated industry when they can't be sure that the ginseng tea on store shelves contained ginseng. In the research released in June, scientists took pains to avoid similar pitfalls, obtaining their natural alternatives from reputable suppliers rather than taking it off the shelf. They were also careful to avoid the hyperbole that often surrounds alternative cancer treatments. For instance, Debra Barton, lead researcher on the ginseng study at the Mayo Clinic in Minnesota, said she would want a larger study before she would recommend routine use of ginseng to combat fatigue.

Wendy Demark-Wahnefried of Duke University in North Carolina was measured in her conclusions about the role of flaxseed in fighting prostate cancer. Flax, a grain widely used in medieval foods, is unusually high in omega-3 fatty acids and lignans, both believed to have cancer-fighting properties. Her analysis of surgically removed prostate glands showed that the disease was growing 30 to 40 percent more slowly in men who had eaten flax supplements in the weeks before the surgery.

Researchers will need years to sort out the science behind alternative cancer treatments and to determine what

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ALTERNATIVE THERAPIES

(Continued from page 7)

works best -- even then, people will have to be careful to use products that are not contaminated or fraudulent.

But cancer patients need to tell their doctors which complementary and alternative treatments they are following, Harvard's Eisenberg said. "Don't ask and don't tell is an era that we would want to see behind us."

Boston Globe, 11 June 2007

BRCA2 MUTATIONS

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vs. non-carriers.

The results suggest "the need for prostate cancer surveillance of carriers of early truncating BRCA2 mutations. Also, it is of great importance to study whether these results can be confirmed for carriers of mutations at other locations within the BRCA2 gene," the researchers note. The team concludes that in searching for new methods of predicting prostate cancer progression, "it may be fruitful to look for gene or protein expression patterns in prostate cancers resembling the patterns seen in BRCA2 mutation carriers."

Reuters Health, 13 June 2007

NEW PROCEDURE MINIMIZES INCONTINENCE

(continued from page 5)

nary incontinence," adds senior researcher Dr. E. Darracott Vaughan, attending urologist at New York-Presbyterian/Weill Cornell and The James J. Colt Professor of Urology at Weill Cornell Medical College. "Too often, the threat of incontinence can be a key factor in a patient's decision for or against prostatectomy," Dr. Vaughan adds. "A simple intervention like this could make that choice a lot easier."

"Unfortunately, this (prostatectomy) can weaken structures that control the retention and release of urine from the bladder, such as the puboprostatic ligaments, related muscle and other key anatomy," Dr. Tewari explains. "Together, these structures form a kind of sphincter that must remain strong and supported to maintain urinary continence."

Numerous attempts have been made to modify prostatectomy and preserve continence, but none have proven ideal. Drs. Tewari and Vaughan devised the new technique, modeling it first in cadaver tissues. They then tested the new procedure in 50 consecutive patients scheduled to undergo robot-guided prostatectomy for the treatment of localized prostate cancer. The procedure added just two to five minutes to the standard prostate-removing operation.

"Our technique uses tissues that would normally remain behind after prostatectomy — tissues that we can flip around and support to our advantage," Dr. Tewari explains. "We reconstruct the anterior and posterior parts of the sphincter and surgically join the bladder and the anastomosis (the gap in tissues left by prostatectomy) with the surrounding structures. In doing so, we reconstruct the major anatomical players controlling urinary continence." The post-surgical results were impressive. One week after patients first had their urinary catheters removed, 29 percent were already fully continent; by six weeks, that figure rose to 62 percent; by eight weeks, 88 percent of the men were fully continent; and by 16 weeks, 95 percent had achieved continence.

The researchers stressed that only non-aggressive, localized cancers were studied and this new procedure may not useful for more aggressive cases.

Adapted from a news release from Weill Cornell Medical College 11 May 2007

US TOO INTERNATIONAL: OUR MISSION

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

US TOO INTERNATIONAL

has received Charity Navigator's highest rating for the second year in a row for sound fiscal management. Less than 12% of the charities in the US receive this exceptional rating.

US TOO INTERNATIONAL **Tax Deductible Donation**

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Phone: ( ) _____ Fax: ( ) _____ e-mail: _____

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

Amount: ____ $25 ____ $50 ____ $75 ____ $100 Other: $ _____ Check # _____

VISA/MasterCard # _____ Expiration Date: ____ /____

Signature _____

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