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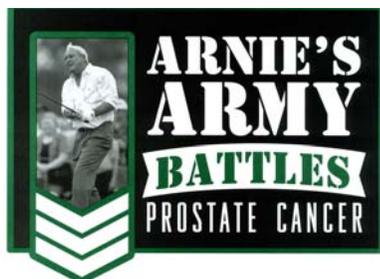
Us TOO[®]
PROSTATE CANCER
EDUCATION & SUPPORT

HOTSHEET

September 2006

September Is Prostate Cancer Awareness Month

A PROUD PARTNER OF US TOO TAKES A SHOT AT PROSTATE CANCER



Since the program was established in 2002, more than 100,000 golfers have participated in Arnie's Army Battles Prostate Cancer at more than 1,800 golf and country clubs across the country. In addition, the program has raised over one million dollars to support research by the Prostate Cancer Foundation (PCF). Arnold Palmer has lent his support to the program, serving as Honorary Chairman of the campaign. Entering into our fifth year, we are proud to be affiliated with Us TOO International and support the education and awareness goals of your mission.

The services provided by Us TOO are a tremendous complement to the Arnie's Army program. By leveraging Us TOO's reach into hundreds of communities across the country and

the successful awareness and fundraising platform of Arnie's Army, together we will increase awareness of Us TOO and raise additional funds for both Us TOO and PCF. Twenty percent of all funds raised through Us TOO events will stay with Us TOO to be used to support chapter volunteers. And, as a program partner, Us TOO will become part of our media efforts which reach over 6 million golfers and their families every month.

Arnie's Army events are easy. One-day events (dates at your discretion) are a simple closest-to-the-pin contest on a par-3 hole. Banners, posters, pin flags and other collateral materials carry the program logo and all golfers will be encouraged to join Arnie's Army to help win the battle against prostate cancer.

How to set up a contest:

1. Call Dan Reed at the Us TOO home office at **630-795-1022** to schedule a date that works best for your group. Contests can be held during regular outing or tournament play.

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PROSTATE CANCER AWARENESS MONTH PATIENT EVENTS

Sat. Sept. 9 – Chicago Prostate Cancer Symposium, "Exciting New Advances In Treatments and Detection," 2:30 pm – 7:00 pm, Chicago, IL. Includes "Talk with the Docs" reception 5:30 pm – 7:00 pm. \$45 individual, \$75 couple. To register call 800-808-7866 or www.ProstateCancerRunWalknRoll.

Sat. Sept. 9 – PCRI 2006 Regional Conference, "Prostate Cancer Recurrence: Improving Treatment and Quality of Life," 8:20 am – 5:00 pm, California State University, Los Angeles, Calif., \$35. To register, call 310-743-2116 or visit www.prostate-cancer.org

Sun. Sept. 10 – Greater Chicago Prostate Cancer Run Walk 'n Roll, 5K run and 3K walk and roll (for strollers and wheelchairs), 9:00 am – 2:00 pm, Grant Park, Chicago, IL. Increase awareness and raise funds for patients and families through Us TOO International and the Wellness Place. You don't have to be in Chicago to support teams of walkers/runners! To register call 847-241-5972 or www.ProstateCancerRunWalknRoll.org.

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US TOO INTERNATIONAL

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



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

The search for anti-cancer activity in food and plants has yielded many beneficial results over the years. In this issue of the *HotSheet* a certain species of mushrooms was found to improve the killing ability of the chemotherapy agent doxorubicin in laboratory tests. Although these findings and others like it often invite considerable excitement, individuals need to recognize that this is just the first step in a rather lengthy process before it might be useful for patients. All too often patients' hopes are elevated only to be lowered later when these findings do not result in a breakthrough. Administering an extract to mice is not the same as preparing a drug to be given to patients. How much is needed, does it cause side effects and will it be effective in humans are all questions needing answers before its value is known and unfortunately this process takes many years. Hopefully, this finding can benefit patients but only time and research will tell.

A treatment much closer to clinical use is the immune response stimulator called Provenge. As clearly explained in this article, cancer cells are different than a simple bacterial infection. Our bodies recognize bacteria as being foreign and go about a process for fighting the abnormal cells. With cancer, that process is not very efficient, because normal cells and cancer cells have much in common. Boosting the immune response in a way that enables the body to recognize and respond to cancer cells more effectively is the basis for this therapy. The results to date are quite encouraging and could lead to an approved

therapy soon. More studies are needed and once again patients are encouraged to find out if they are eligible. Patients with progressive metastatic disease on hormone therapy without significant pain are the primary candidates. If you are in this group you should consider finding out more to see if you can participate.

Lastly, we have the article on a treatment already in clinical use, cryotherapy. This treatment was first used in the 1960's, unfortunately without great results. New technology in 1990 resulted in a resurgence of the method, again with disappointing results. More recently, technological improvements have again occurred leading to renewed interest. Controversy remains, however, because many questions are unanswered. Studies have not been done to determine the optimal approach; how many times should the tumor be frozen, how long should it be frozen and how long should it be thawed are a few of the unanswered questions. Does it kill cancer cells? The answer is clearly yes and the apparent early success story of the patient described in this issue is positive. This treatment is an option for those men with recurrent disease after radiation, but whether it helps men live longer remains unknown. For those facing the problem of a rising PSA, the option should be discussed along with the risks and benefits. Unfortunately, no definitive studies are underway to determine its exact role in managing men with recurrent disease.

From the Editorial Team:

Us TOO thanks Dr. Chodak for his insights and comments. As he stated this month in the HotSheet, several controversial topics are addressed and clearly more research is needed. In the meantime Us TOO will continue to provide the information that men and their families need to make informed decisions.

CRYOTHERAPY FOR RECURRENT PROSTATE CANCER . . . A PATIENT'S STORY

My Salvage Cryotherapy By Troy Kee (Bedford, TX)

In 1993 at age 63, a routine physical revealed I had a PSA reading of 8. A second PSA was lower, at 6, so I waited six months. By then it was 12.9, so my doctor referred me to a urologist. He did a biopsy and found malignancies on both sides of the prostate. I decided to see a couple more urologists for second opinions, but they all recommended surgery or radiation. I ended up with a fourth doctor who sent me to a radiation oncologist, who treated me with external radiation.

My PSA dropped to 0.05 right after the radiation treatments, but I developed a pink bloody bowel discharge. It cleared up, but around that time I needed a double hernia repair. The doctor who did it said there was a lot of scar tissue, which I felt was the result of the radiation. Then my PSA started creeping up over a seven-year period. My urologist said the only thing we could do was watch it and when it got high enough, start hormone shots. His attitude was, "Maybe you'll die of a heart attack before the cancer actually spreads." Sounds kind of cruel, if you're in my shoes. Anyway, my wife and I read an article in the local paper about Dr. David Ellis and the cryoablation procedure. So I made an appointment to see him.

Dr. Ellis did a biopsy and found cancer on both sides. He also did a bone scan, which was negative. He said we could definitely take some positive action

instead of waiting until something disastrous happened. I told Dr. Ellis I would think about the cryo procedure. I did a little more research and talked it over with my wife. On September 12, 2001, I went in for cryosurgery.

The recovery was no cakewalk because I had a lot of swelling and soreness. The radiation treatments had done some damage to the tissue (which is why they usually don't attempt surgery after radiation). After 3-4 days the catheter came out and I was able to urinate normally.

My first PSA reading after the cryo was 0.04. As of September 2005, my PSA was 0.004. I'm 75, and I'm happy to know that, at least for now, the cancer is gone. Cryo is not that big of a jump if you've had radiation before. At least it's an alternative and one that I would have preferred having originally, if it had been available then.

Cryotherapy, or freezing, is a treatment alternative to surgery or radiation therapy for prostate cancer. It is minimally invasive and highly effective. Thousands of patients have undergone cryotherapy. They chose it for its low rate of incontinence, long-term success rates, and rapid return to normal activity. In most cases, cryotherapy can be done on an outpatient basis. For patients with localized prostate cancer recurrence following radiation treatment, cryotherapy is a Medicare-approved salvage treatment. For more information, call 1-877-PCA-CRYO (877-722-2796) or visit www.prostatecancer.com.

ONCOLOGISTS DIVIDED OVER EXPERIMENTAL TREATMENTS

According to a new survey, off-protocol therapies are commonly discussed in physicians' offices and are often administered to cancer patients, but attitudes toward these approaches continue to vary widely in the oncology community.¹ At the recent 42nd annual meeting of the American Society of Clinical Oncology (ASCO), researchers recommended that experts develop guidelines to help physicians navigate the murky waters of prescribing experimental therapies.

"We surveyed a random sample of American medical oncologists chosen from the ASCO directory regarding their attitudes and practices surrounding off-protocol prescribing," lead author Jeffrey Peppercorn, MD, from the University of North Carolina at Chapel Hill, stated during his presentation in a poster session at the meeting. "We evaluated the correlation between demographic factors, attitudes, use of off-protocol prescribing, and response to hypothetical cases." The investigators point out that there are no published data on the frequency of investigational-therapy use outside of clinical trials, or of physician attitudes toward their use. The researchers sent surveys to 471 oncologists and received responses from 146 — a 31% response rate.

A total of 93% of respondents reported discussing experimental therapies with patients, and 81% said they had prescribed them. Of these, 66% reported prescribing investigational treatments at least once a year. About 12% said they prescribed an off-protocol therapy once a month or more.

But 68% reported denying requests for such treatments at least once a year and 6% refused to provide them once a month or more often.

Many Discouraged Use of Investigational Therapies

The majority of respondents — 61% — said that patients should be discouraged from using off-protocol treatments. A smaller number — 31% — said they should not be available at all.

(Continued on page 4)

PROSTATE CANCER AWARENESS MONTH PATIENT EVENTS

(Continued from page 1)

Thu. Sept. 21 – Fri. Sept. 22 – 2nd Annual African American Prostate Cancer Disparity Summit, hosted by PHEN in Washington DC. Free. More information at: <http://prostatehealthd.org>.

Fri. Sept. 29 – Us TOO University Patient Education Symposium, "The Latest Updates on Prostate Cancer Treatment Options," 6:00 pm – 9:00 pm, Columbia, SC. \$25 individual, \$40 couple. Register at www.ustoo.org or call 800-808-7866.

Thu. Oct. 5 – "Expanding Treatment Horizons in Prostate Cancer: Building Awareness of Current Research and Clinical Trials," teleconference and webcast sponsored by HealthTalk and Us TOO International. Free. More information at www.ustoo.org.

Oct. 19-22 – International Conference on Prostate Cancer 2006, moderated by Charles "Snuffy" Myers, MD, Reston, Virginia, \$125 individual, \$10 syllabus, \$50 Saturday gala. Register by calling 718-522-7512 or go to www.cancer-foundation.org.

EXPERIMENTAL THERAPY*(Continued from page 3)*

More than half the oncologists surveyed said that patients considering trial enrollment should be informed if an investigational therapy is available; 34% disagreed. A total of 26% of respondents thought that patients considering enrollment have a right to off-protocol treatment; 56% said this is not the case.

Dr. Peppercorn and his team stratified the cohort by practice setting and found that academic oncologists were more likely than community oncologists to have ever provided off-protocol therapy (89% vs. 75%; $P = .06$ by Fisher's exact test). Academic oncologists were also more likely to discuss these therapies at least once a month (45% vs. 12%; $P = .003$) and to deny requests on at least a monthly basis (15% vs. 2%; $P = .02$).

The researchers report that, despite generally fewer requests, oncologists in nonacademic practice settings were more likely to provide an off-protocol prescription to patients ($P = .04$). This was especially true of physicians in practice for more than 15 years ($P = .08$). Oncologists who believe that trial and nontrial care are equivalent ($P = .01$) and those who believe that patients have a right to access investigational therapies ($P = .004$) were also more likely to make these treatments available.

The investigators say their study highlights the need for additional research into the ethical considerations of experimental therapies and the development of subsequent practice guidelines to help oncologists and patients make decisions.

1. ASCO 42nd Annual Meeting: Abstract 6047. Presented 5 June 2006.

Medscape, 2 August 2006

A CIRCLE OF LOVE SERIES IN DECATUR

Members of the Decatur, Illinois chapter are in for a treat in the coming months. The leaders for this vital chapter applied for the *Circles of Love* Grant last spring and were selected as winners! As a result, they requested numerous *Circles of Love* Companion and Family Care Kits and *Circles of Love* Collection books, which they received as part of their grant award. The *Circles of Love* materials will be introduced at their September chapter meeting, which will include a special kick-off speaker. This meeting marks the beginning of a three month series on companion and family care using the *Circles of Love* materials.

Kudos to the Decatur chapter leadership for their attention to, and appreciation of, the vitally important role companions and family members play in the overall health and longevity of their loved one with prostate cancer!

Circles of Love Care Kit was released in June 2005. The Circles of Love Discussion Guide was distributed to all chapters in early February. The Circles of Love Care Kit and all its individual components are available for purchase by calling the Us TOO offices at 800-808-7866. For additional information about The Circles of Love Program, please contact Elizabeth at 320-980-0437 or e-mail Elizabeth@ustoo.org.

ZAP CANCER, SPARE HEALTHY TISSUE

Calypso Medical Technologies has gotten the green light from the U.S. Food and Drug Administration to sell its first creation, a tiny implanted device that can make sure radiation treatment for prostate cancer only zaps the prostate, and not a patient's surrounding healthy tissues.

The privately held Seattle company has spent seven years on research and development and more than \$80 million in venture capital to get to this point. Chief executive Eric Meier said the company plans to start selling the device in the fourth quarter, and will release full results from a 40-patient clinical trial at a medical meeting in November.

The problem Calypso is trying to solve is vast. Prostate cancer, which afflicts 234,000 American men each year, is often treated with radiation. Technicians currently use CT scans to take a snapshot of the prostate, and tattoos are placed on the skin to properly line up the radiation beam. The problem is that beams often miss the tumor, hitting the bladder and other tissues, causing side effects such as impotence and incontinence.

One reason for the misses: As patients lie on a table for 20 minutes, urine can build up in the bladder and gas can build up in the rectum, pushing the prostate and making it a moving target. Sometimes patients also just have a hard time lying still for that long.

To solve the problem, Calypso has developed what doctors say is the first system that can precisely — and continuously — monitor where the prostate is, while radiation beams do their job. Calypso's device uses several implanted transponders, the size of a grain of rice, which bounce a radio signal back to a base receiver. A touch-screen monitor plots 3-D coordinates of the prostate.

(Continued on page 5)

A PROUD PARTNER OF US TOO TAKES A SHOT AT PROSTATE CANCER

(Continued from page 1)

2. Prior to the event, you will receive the contest prize and promotional materials. All participants receive a one-year subscription to Golf Digest magazine, a Lamkin grip, a custom repair tool and prostate cancer awareness information. Entry fee for the contest is a minimum of \$20 per player.
3. The prize for the winner of the contest is a replica of the Original Arnold Palmer Putter by Callaway and the runner-up receives a full set of Lamkin grips.

“We must find a way to beat all forms of cancer, particularly cancer of the prostate. Join this campaign, see your doctor and get tested.”

----- Arnold Palmer

**DOC MOYAD'S WHAT WORKS & WHAT IS WORTHLESS COLUMN -
ALSO KNOWN AS "NO BOGUS SCIENCE" COLUMN**

**DO GRAPEFRUIT AND OTHER FRUIT JUICES REALLY IMPACT THE CONCENTRATIONS OF
MY PRESCRIPTION DRUGS, OR IS THAT A LOT OF BULL NUMBER 2?**

MARK A. MOYAD, MD, MPH

UNIVERSITY OF MICHIGAN MEDICAL CENTER, DEPT. OF UROLOGY

Grapefruit juice (I like this stuff) and other fruit type juices have the temporary ability to stop an enzyme from working in the intestine and liver that is usually involved in the metabolism of certain drugs. It can take as little as 5 ounces of grapefruit juice or just eating one grapefruit is enough, and this impact can last for as much as 3-7 days. This impact means that the concentration of the drug can run quite high (higher than normal over a long period of time) and this could result in nothing, minor, or a major side effect (depends on the drug, dose, and person). However, even though grapefruit juice gets a lot of attention there are other products that should also be mentioned that have this ability to increase prescription drug concentrations. For example, Seville oranges, tangelos, limes, and even marmalades made from grapefruit peel may be an issue. It also turns out that recently pomegranate juice has been found to potentially have this same effect (needs more research). Hey, I like pomegranate juice, but everything in life has to come with a catch! So, ALWAYS ASK THE PHARMACIST ABOUT THE LATEST INTERACTIONS OF YOUR MEDICATIONS WITH FRUIT JUICES. Not all prescription drugs have this problem, but some of the more common ones might surprise you and includes:

- Antidepressants (such as Zoloft@...)
- Benzodiazepines for anxiety... (such as Valium@, Halcion@, ...)
- Calcium channel blockers for high blood pressure (such as Norvasc@...)
- Cholesterol-lowering drugs (such as Lipitor@, Zocor@, ...)
- Erectile dysfunction drugs (such as Viagra@...)
- Estrogen
- Extended release tablets

Some of the dietary supplements and herbal products have not been tested so always inquire about any pill your taking and possible interactions with fruit juices. This column may scare some of you, but it should not because the purpose of it is to show you that knowing a lot about any pill you take is simply smart, and pharmacists are NERDS (this is a compliment—I am a nerd also) just like doctors, nurses, physician assistants... and they know all about this drug interaction stuff. So, PLEASE TALK TO YOUR PHARMACIST ABOUT THIS WACKY STUFF and see you at the next nerd convention.

References:

1. Kim H, et al. Drug Metab Dispos 2006; 34:521-523.
2. Hidaka M, et al. Drug Metab Dispos 2006; 33:644-648.

Note: Dr. Moyad can be reached by phone at 734-936-6804, or you may now e-mail him personally at thedoc@WJR.com (an ABC radio station). Please always include your phone number in the e-mail in case I need to call you to ask you more detailed questions about your medical condition, or I just may call you because I want to say "hi", or I may even call you in order to try to borrow some money because it is better to ask over the phone compared to an e-mail when it comes to the subject of money.

ZAP CANCER *(Continued from page 4)*

Calypso likens its device to Global Positioning Systems — and has trademarked the phrase "GPS for the body" for marketing purposes. The company believes its system also could be used for guiding radiation against all sorts of moving tumors in the lungs, liver, pancreas, breast and other parts of the body.

Dr. Parag Parikh, a radiation oncologist at Washington University in St. Louis who has done some technical work for Calypso, said the procedure could significantly change the field. He said he is currently pursuing funding from the National Institutes of Health to study whether Calypso's system can enable patients to receive higher doses of radiation, and fewer of them. If that proves true, it would make a big difference in an inefficient field. Partly because of the inaccuracy

of standard radiation, patients need 40 clinic visits in eight to receive lower doses of radiation.

The Calypso system isn't much faster — Parikh said it may shave two to three minutes off each procedure. But that could allow two extra patient treatment per day, "which could be the difference between breaking even and making money," Parikh said. He also said the device is easy enough to use that it won't require much training. Parikh said skeptics in the field of radiation oncology question Calypso's claims that prostates can move more than one centimeter during a radiation session. Meier said a later trial confirmed that earlier finding.

Meier said Calypso plans to raise additional funding in the next 12 months to bankroll its product launch.

Seattle Times, 8 August 2006

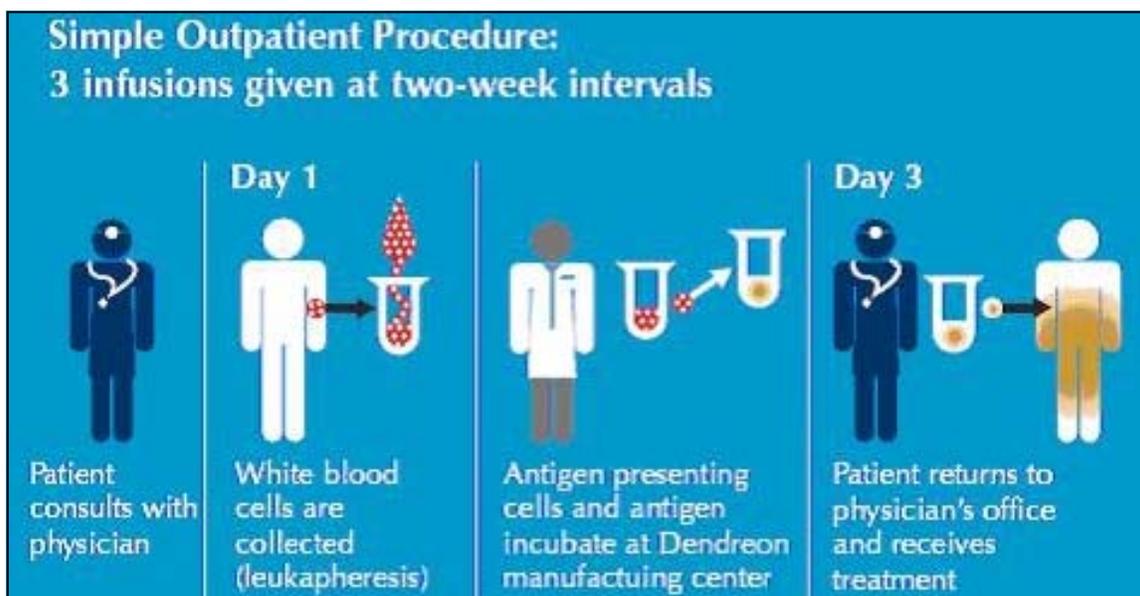
UNDERSTANDING ACTIVE IMMUNOTHERAPY: WHAT IT COULD MEAN FOR PROSTATE CANCER

As researchers often remind us, current progress in understanding the basic biology of cancer and discovering potential new treatments is unparalleled. However, exactly how and when those discoveries translate into advances in patient care is not always made clear. Active immunotherapy is a relatively new field of potential cancer treatments that may soon become available to patients. It is important as new treatments enter the market that patients are aware of the science supporting new therapies in development and the impact these new therapies may have on their disease.

Active Immunotherapy

Active immunotherapy is cancer treatment designed to stimulate the immune system, the body's natural mechanism for fighting disease, in the hope that it may overcome many of the limitations of traditional cancer therapies such as surgery, radiation, chemotherapy and hormone treatments. A person's immune system is composed of a variety of specialized cells that recognize foreign antigens, the chemical structures that are found on disease-causing agents. In a healthy body, the immune system will treat the agent carrying the unfamiliar antigen as a foreign invader and fight to remove it from the body.

Tumors, however, often display characteristics of antigens that are also found on normal cells, perhaps making it difficult for the immune system to distinguish between them and mount a strong anti-cancer response. Tumors may also actively prevent the immune system from working correctly. Researchers believe that one key to directing the immune system to fight cancers is to modify, or engineer, tumor antigens so that the immune system can recognize and destroy cancer cells. The modified antigen is combined in the laboratory with antigen presenting cells taken from a cancer patient, which then activates the cells. The activated cells are re-administered to the patient to stimulate their T-cells to recognize and attack cancer cells that carry the target antigen.



How Will Active Immunotherapy Impact Patients?

There is excitement around active immunotherapy because it may provide patients with a meaningful survival benefit with low toxicity. Various cancer immunotherapy agents are being studied for prostate cancer. Research ranges from pre-clinical studies (very early studies with animal models) to completed Phase 3 studies awaiting FDA submission, such as the active immunotherapy candidate, sipuleucel-T (PROVENGE®). The sponsor of these studies, Dendreon Corporation, has completed Phase 3 clinical trials in patients with advanced hormone-refractory prostate cancer. The results have shown a favorable safety profile for active immunotherapy, and data seems to indicate a potential survival benefit over the current standard of care for advanced hormone-refractory prostate cancer.

The double-blind, placebo-controlled Phase 3 Study D9901 showed that the group of men with asymptomatic, metastatic, androgen-independent prostate cancer who received sipuleucel-T had a median survival time 4.5 months longer than the median survival seen in the group that had been assigned to receive placebo. In addition, 34 percent of patients receiving sipuleucel-T were alive 36 months after treatment compared to 11 percent of patients randomized to receive placebo. These results were recently published in the *Journal of Clinical Oncology*. Dendreon plans to submit a Biologics License Application to the U.S. Food and Drug Administration later this year to obtain approval to market sipuleucel-T.

An ongoing Phase 3 clinical trial of sipuleucel-T, known as the IMPACT study, is currently enrolling patients in North America. If you are interested in learning more about active immunotherapy or clinical trials, speak with your doctor. For more information on the IMPACT study, visit <www.prostatecancertrial.com> or call 1-866-4-PROSTATE (1-866-477-6782).

**FREE BLUE RIBBON
LAPEL PINS DURING
PROSTATE CANCER
AWARENESS MONTH!**



In honor of Prostate Cancer Awareness Month, **Valera Pharmaceuticals** is sponsoring a free lapel pin giveaway on the Us TOO Web site!

In addition to hats, wristbands and car magnets, Us TOO

now has available for order blue ribbon lapel pins to help increase awareness in your community about prostate cancer and patient education and support needs.

During the month of September only, an individual can order up to 30 lapel pins for FREE. Valera has agreed to sponsor up to a total of 3,000 free pins.

Go to www.ustoo.org and visit the **Us TOO Store** to make sure you place your order early before they run out!

SHOW YOUR TRUE BLUE COLORS
During September for Prostate Cancer Awareness Month and Prostate Cancer Awareness Week, September 17-23, 2006



1. Wear and display the BLUE RIBBON

Show your support for prostate cancer patients and survivors. Let's make the blue ribbon as visible as the pink one! The blue ribbon universally signifies research and patient support efforts for Prostate Cancer. Visit the Us TOO Store at www.ustoo.org to obtain wristbands, hats, car magnets and more.

2. Focus on Self Health

Get tested—schedule an appointment for a PSA blood test and DRE. Eat healthy. Look at new ways to improve your diet. Stay informed on new advances in treatment options and erectile dysfunction and incontinence solutions.

3. Volunteer

Start an Us TOO support group chapter to serve your own community, or help with a fundraising event for Us TOO.

4. Honor a survivor or the memory of a loved one

Consider making a Tribute or Memorial to Us TOO in honor of a friend or family member fighting prostate cancer now, or remember a loved one who has passed away.

Please accept our sincerest thanks for all you have done over the years to support Us TOO International Prostate Cancer Education & Support Network and all those men and their families who have been touched by prostate cancer.

2007
Us TOO
FOUNDERS' FUND

ONLINE AUCTION

**SEEKING COMMITTEE
VOLUNTEERS FOR
2007 ONLINE AUCTION**

Since we were so excited by the response to the first online auction, we would like to do it again next year!

We are seeking volunteers to assist in obtaining donated items for the 2007 auction. You can be anywhere in the country to participate. The group will interact via phone and email.

If you are interested, please contact Pam Barrett, Director of Development, at pam@ustoo.org or 630-795-1002.

JUNE 15, 2007

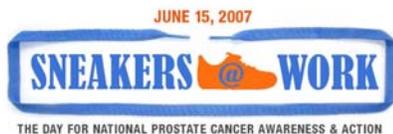
SNEAKERS @ WORK

THE DAY FOR NATIONAL PROSTATE CANCER AWARENESS & ACTION

- **Baseball Hats** – Navy or white, \$16.00 ea
- **Prostate Cancer Car Magnets "Know Your PSA"** – \$5.00 ea
- **Blue Us TOO Awareness Wristbands** – \$1.00 ea
- **Plus many more patient resource materials...**

**To order, visit www.ustoo.org or
call 1-800-808-7866**

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



Now that we've got your attention and, we hope your curiosity, we are going to ask you do wait another month – until the October *HotSheet* – to learn all about Sneakers@Work Day and YOUR VERY IMPORTANT ROLE IN IT!

We believe that Sneakers@Work Day will bring much needed positive, national awareness and excitement about prostate cancer and prostate health, and help close the huge gap between prostate cancer and breast cancer support.

And to help you focus on this disparity, consider the following: Last year 56 corporations each gave \$200,000 or more (and many more than \$1 Million) to support breast cancer – just 6 corporations made the same donation to prostate cancer.

IT'S ABOUT TIME TO LEVEL THE PLAYING FIELD!!!

MUSHROOM EXTRACT MAY BOOST PROSTATE CANCER DRUG

Extracts from a mushroom used for centuries in Eastern Asian medicine may be able to boost the power of a leading chemotherapy drug for prostate cancer, researchers said in August. They found that when the mushroom called *Phellinus linteus* was added to the drug doxorubicin in the laboratory it improved its ability to kill cancerous cells.

"This species of mushroom has been reported to have some degree of activity in cancer patients. Our aim was to study what effect, if any, extracts of *Phellinus linteus* have, but we also need to know precisely how it produces these effects," said Dr Chang-Yan Chen, of the Boston University School of Medicine in Massachusetts, the lead researcher of the study.

The researchers added the mushroom extract to doses of the drug too small to have any effect. They found that the combination was just as effective in killing cancerous cells as larger doses of the drug alone, but without harming healthy cells.

The findings, reported in the British Journal of Cancer, suggest lower doses of chemotherapy combined with the

extract could be as effective in treating prostate cancer and less toxic than higher doses.

Prostate cancer kills about 200,000 men worldwide each year. It is the third most common cancer in men in the world, with 543,000 new cases each year, according to the IARC in Lyon, France.

Prof. Sung-Hoon Kim of Kyung Hee University in South Korea provided the researchers with the extract of the mushroom which is known as "sang-hwang" in Korean, "mesimakobu" in Japanese and "song gen" in Chinese.

Dr. Richard Lewis, of the charity Cancer Research UK, said many important drugs have been derived from natural sources. But he added that further studies are needed to understand the full effects of the mushrooms. "There was evidence that extracts of *Phellinus linteus* slowed tumor progression. Now they have shown promise in combination with one type of chemotherapy drug, but it is still too early to say whether it will be successful in the long-run."

Reuters, 1 August 2006

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