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Us TOO® PROSTATE CANCER EDUCATION & SUPPORT

HOTSHEET

September 2007

SEPTEMBER IS PROSTATE CANCER AWARENESS MONTH!

COURT SEES NO RIGHT TO UNAPPROVED MEDICINES

Terminally ill patients do not have a constitutional right of access to experimental drugs that are not approved by regulators, a U.S. appeals court ruled on Tuesday. The Food and Drug Administration requires a wide battery of research, ranging from animal and laboratory tests to advanced trials with people, before it will consider approving a new drug. Manufacturers say the process can take up to 10 years.

Two advocacy groups have sued the FDA seeking greater access for dying patients to unapproved medicines that have cleared early safety tests, which usually include 20 to 80 people. The Abigail Alliance for Better Access to Developmental Drugs and the Washington Legal Foundation argued that patients have a constitutional right to try experimental drugs that have passed that hurdle, if they choose.

The 8-2 ruling by the full U.S. Court of Appeals for the District of Columbia reversed a May 2006 ruling by a divided three-judge appeals panel,

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FDA REQUESTS MORE DATA ON SATRAPLATIN FOR PROSTATE CANCER

The experimental drug satraplatin (Orplanta, GPC Biotech Inc) could offer a new option to men with hormone-refractory prostate cancer, but it now looks unlikely to be available soon. Yesterday the Food and Drug Administration's (FDA's) Oncology Drug Advisory Committee (ODAC) voted 15-0 to recommend that the agency delay approval of the drug until there are data on overall survival (OS). The FDA is not bound to follow the advice of its advisory committees but usually does so.

The committee was reviewing data from a large company-sponsored phase 3 trial, known as Satraplatin and Prednisone Against Refractory Cancer (SPARC). The sponsor's results so far show a statistically significant effect on progression-free survival (PFS), as well as on several other end points, including time to pain progression. But it appears that these were judged insufficient, as the ODAC recommended waiting until data on OS become available, which may not be until the end of 2007.

Details of the SPARC trial, as presented by the manufacturer to ODAC, are now available on the FDA website, but results were reported for the first time at the American Society for Clinical Oncology (ASCO) 43rd Annual Meeting in Chicago. The ASCO presentation was made by Cora Sternberg, MD, from the San Camillo Forlanini Hospital, in Rome, Italy, who commented that satraplatin, if approved, would offer a new oral treatment for second-line therapy in patients with metastatic hormone-refractory prostate cancer.

In the ASCO report of the trial, 950 such patients were enrolled, all of whom had progressed after first-line chemotherapy (about half had received docetaxel); nearly 70% of patients were older than 65 years of age (27% were older than 75 years). More than a third of patients reported more severe degrees of pain, but almost half had minimal or no pain. Patients were randomized 2:1 to receive either satraplatin (80 mg/m^2 per day for 5 days every 5 weeks) with prednisone or placebo plus prednisone. The study

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HORMONE INHIBITOR PROMISING FOR HARD-TO-TREAT PROSTATE CANCER

For prostate cancer patients whose tumors have continued to grow despite medical or surgical castration, a new drug candidate that inhibits production of male hormones anywhere in the body is showing promise in early trials.

Two poster presentations at the recent ESMO (European Society for Medical Oncology) Conference in Lugano show that the drug, called abiraterone, reduced levels of "prostate specific antigen", a marker of cancer activity, and shrank tumors in patients in whom hormone therapy had stopped working and also in patients who had previously been treated with chemotherapy.

Male hormones such as testosterone are produced mainly in the testes, but are also produced by the adrenal gland and elsewhere in the body. These hormones can stimulate prostate cancer cells to grow, so the first treatment option for all men with prostate cancer that has spread, is to use chemical suppressants or surgery to inhibit testicular synthesis of male hormones. However, this treatment does not block the production of male hormones elsewhere in the body. Abiraterone, a drug that is taken orally, inhibits an enzyme called CYP450c17, which is critical to the production of the male hormones -- not only in the testes, but also at other sources.

Dr. Alison Reid from The Institute of Cancer Research and Dr. Gerhardt Attard from The Institute and The Royal Marsden NHS Foundation Trust in London described two ongoing Phase II trials of the drug in men with advanced prostate cancer.

Men in both studies were given 1,000mg of abiraterone daily. The first study treated men who had not previously received chemotherapy. So far 34 men have been treated, of whom 22 have seen their PSA levels drop at least 50% after 2 months. Some patients have also had shrinkage of their tumors (partial response).

This represents "significant anti-tumor activity," the researchers say.

In the second study, the UK team studied 28 men whose cancer was growing despite treatment with the chemotherapy drug docetaxel. Ten of these men have seen PSA declines of more than 50% that have lasted at least 3 months from the start of taking abiraterone, with no major toxicities or adverse events.

Overall, the results are significant, the authors say. The drug has produced PSA decline rates by greater than 50% in 60% of pre-docetaxel patients and 50% of post-docetaxel patients. These results are supported by evidence of tumour shrinkage on scans, drops in circulating tumor cell counts and improvements in symptoms.

A Phase III trial of abiraterone is planned for next year.

ScienceDaily.com, 10 July 2007

FDA SUED OVER PROVENGE DELAY

The heated controversy over Dendreon's prostate-cancer drug Provenge has boiled over into the courtroom.

A patient-advocacy group sued U.S. Food and Drug Administration officials Monday for withholding approval of the Seattle Company's genetically engineered therapy in May.

The plaintiffs say the spurned drug is safe and effective, and claim the denial was the capricious outcome of political infighting within the agency.

The lawsuit, filed in federal court in Columbus by Ohio-based nonprofit Care to Live, also accuses the agency of ignoring conflict-of-interest issues with some medical advisers chosen to review the therapy. The suit doesn't skimp on harsh words for the FDA.

"There has never been such an incredible, irrational and unjustifiable denial of the rights of dying patients by such a dysfunctional agency," the lawsuit says. The lawsuit is the latest episode in a case that has stirred intense debate and deep emotions among patients, investors and industry observers.

Prostate-cancer patient advocates and Dendreon investors cheered when an FDA advisory panel made positive comments about Provenge in March.

(Continued on page 5)

BOTOX BEING USED TO TREAT PROSTATE PROBLEMS

One of the things men talk about when they're with other men might surprise you. One man says, "I'd say when men reach their late 50's and early 60's, my experience is that a common topic of conversation in a men's only environment is prostate problems." Dr. David Ginsberg says, "That includes issues of urinary frequency, urgency and voiding several times at night."

Botox is usually used for getting rid of frown lines by relaxing facial muscles. However, when used to treat urinary symptoms, botox is injected through an ultrasound probe, right into the prostate. It sounds severe, but it may be safer than some medicines and may be easier than surgery. Plus, it take only 5 minutes to do, requires local anesthesia and can be done in the physician's office or at a surgical center.

Some studies show that a year after treatment, 90 percent of men reported that their symptoms had improved.

The procedure costs about $2,000 and is sometimes covered by insurance.

KTIV.com, 12 July 2007

Us TOO University
Patient Education Symposium

Chicago, IL
Friday, November 2, 2007

"Windy City Update:
Vital information you need to know about prostate cancer"

Registration

In Advance: $5 per person
At the Door:
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Visit <www.ustoo.org/university>

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

"Just because I use and recommend a women's daily multivitamin does not make me less of a man—aka multiple problems with the multivitamin (is that a catchy title or what)!?"

Mark A. Moyad, MD, MPH
University of Michigan Medical Center, Department of Urology

Bottom Line: Multivitamins taken in large quantities with and without large quantities of other dietary supplements may potentially increase the risk of advanced and fatal prostate cancer.

Here we go again, yet another study that suggests that less is more when it comes to a variety of dietary supplement dosages. I have always been concerned that the average multivitamin continues to provide larger and larger quantities of antioxidants. I found a best-selling multivitamin from 25 years ago recently and it only instructed the buyer to take 1 pill a day and it only had about 7 vitamins and minerals. Today, I am amazed at how some companies tell the buyer to take 3 or more pills a day as a multivitamin. Taking more than 1 multivitamin pill a day just never seemed to make sense to me because taking 1 pill a day has a little bit of research but taking more than 1 has no research.

Throughout medicine the less is more theory has held the test of time. For example, the following examples illustrate that LESS of a variety of things are healthy including:

- Alcohol intake
- Blood pressure
- Calories
- Cholesterol
- Glucose in the blood
- Hormone levels
- Smoking
- Weight…

Note that sex is not on this list, so MORE SEX must be better (at least, I tell my wife this)! Now, it is time to review the latest study that has the prostate cancer community concerned.

Men that were free of cancer that participated in the National Institutes of Health (NIH)-AARP Diet and Health Study were evaluated.[1] Basically, this study selected from the 3.5 million AARP, 50-71 years old men living in the US. Their average age was 62.

An increased risk of advanced and fatal prostate cancer was found for the men reporting an intake of MORE than 7 times a week for multivitamins. This concerning information was found to be even stronger for men that were heavy users of multivitamins and those who also had a family history of prostate cancer and/or who took additional individual higher-dose supplements including β-carotene, selenium, vitamin E and zinc.

Men that took individual selenium supplements and more than 7 multivitamin pills a week had an almost ($p=0.054$) significant 5.8 times higher risk of fatal prostate cancer. Men with a heavy use of multivitamins and also taking individual vitamin E or folic acid or other supplements (β-carotene and zinc) had 1.6 to as much as 4.4 times the risk of fatal prostate cancer! The highest risk of fatal prostate cancer was found for the high-dose supplement takers and men with a family history of prostate cancer (16.4 times the risk of fatal prostate cancer).

There was no increased or decreased risk for men that never took multivitamins or took 1-6 multivitamins per week. This is good news. However, perhaps the best news from this study (that did not receive much attention) was for men taking 1 multivitamin pill A DAY, which represented the largest numbers of men followed for fatal prostate cancer in the study. Men had a 10 to 20% educed risk of fatal prostate cancer in this group, which was the only group to demonstrate a lower non-significant risk of dying from prostate cancer in this study.

So, why do I take and recommend a CHEAP women's one pill a day low-dose multivitamin to men in general, because it has more calcium, vitamin D, moderate or low doses of the other vitamins and minerals and it also has some iron, which has been removed from many of the men's products.

(Continued on page 8)

FRIDAY THE 13TH LUCKY FOR PROSTATE POINTERS

After being down for 3 months, as of July 13, 2007, the Prostate Pointers online discussion lists are back! Prostate Pointers, one of the most active and popular prostate communities available online, features 14 focused and moderated mailing lists, an event calendar and links to thousands of physician and lay contributed web pages.

Back in April, there was a catastrophic power surge caused by electrical storms at the Internet Service Provider (ISP) that hosted Prostate Pointers, sufficient to knock out the uninterruptible power sources (UPSs) that protect the computers. The Prostate Pointers server was a casualty. The computer needed to be replaced, the files and archives needed to be extracted, a new server had to be built, a new ISP had to be identified, and a new system administrator had to be found.

Coinciding with the loss of the server, Gary Huckabay, who founded Prostate Pointers back in 1995 and had been its system administrator in recent years, decided to retire completely from daily responsibilities at Prostate Pointers. Gary had been a mathematics/computer science professor at Cameron University, and made an enormous contribution to the online prostate cancer community, and the empowerment of patients and their families.

Many heartfelt thanks go to the staff at the Us TOO home office, Brian Davis of BMD PC Services – whose hard work got the server and all it's software running, and Nancy Peress, the list manager and moderator, for sending out emails and posting updates on the Us TOO website to keep all the subscribers informed of all the work going on and progress being made. Happily, between the time when the lists went offline and then restored, not only did we not lose subscribers to the online groups, the number of subscribers actually increased, and now number more than 9,000.

Once the lists were back up, the community rejoiced with many postings. A few are listed here:

- "Due to the health problems of the men in my family, I have been an avid reader of the "Seedpods" mail. I would consider myself only an observer/listener, and the amount of knowledge and hope gained from the site was immense... But then, there was silence! And the void it created in my life is difficult to explain. Then, finally this week, everything went back to normal again, and I want to say "thank you" from the bottom of my heart. I feel "things will be right again!"

  "To all of you I send my unending gratitude for your guidance, for sharing the most vulnerable corners of your lives, for the light you shine, and for the hand you are always willing to extend. This disease makes life rough going, and all of you make the load a lot easier to shoulder."
- "It is wonderful to be back in contact with this group. I have missed the encouragement and help that is available here."
- "Congrats to all who worked so hard on the rebuild. Although I am a non active member, I do follow it and it still helps."
- "Thanks to all for their hard work in getting this list back up....It has been greatly missed! Since the list went down 3 friends have been diagnosed with PCA. I promised each of them that as soon as the list got back up I would forward to them because I KNOW it will provide them with much needed answers and support. It helped us go thru the diagnosis and treatment with a lot more confidence. Tears are now coming to my eyes as I write this. It feels so much like going home after you've been away for a long time...God Bless everyone of us!"

Quite a number of subscribers sent donations to Us TOO to help restore Prostate Pointers. These are much appreciated! If anyone wants to fund this effort, they may still do so online at <www.ustoo.org/makeadonation.asp>, call 800-808-7866, or send a check to Prostate Pointers c/o Us TOO International, 5003 Fairview Ave., Dowers Grove, IL 60515.

Certain pages of the Prostate Pointers websites may still not be working as getting the lists back online was the top priority. As soon as possible, the other links will be restored. Thank you for your patience, and for your continued participation and support of these important online communities.

SATRAPLATIN

(Continued from page 1)

design included two co–primary end points, OS and PFS. PFS in this study was a composite end point of radiological progression, symptomatic progression, skeletal events, or death.

The satraplatin-plus-prednisone group showed a significant 42% improvement in the composite PFS end point, with a median PFS of 16 weeks compared with 6 weeks with prednisone alone (hazard ratio [HR], 0.58; P = 0.023). The drug also had a significant effect on secondary end points, Dr. Sternberg reported. It increased the time to pain progression, the pain response rate, the tumor response rate, and the PSA response rate compared with the control group.

The most common adverse effect was myelosuppression, with grade 3/4 neutropenia seen in 21.1% of patients in the satraplatin-plus-prednisone cohort compared with 0.6% with prednisone alone (P < 0.001), Dr. Sternberg reported. Gastrointestinal (GI) disorders were the most frequent non-hematological adverse events. Eight percent of patients in the satraplatin group experienced grade 3 or 4 GI toxicities, including nausea (1.3%), vomiting (1.6%), diarrhea (2.1%), and constipation (2.1%). In addition, 5% or fewer of patients in the satraplatin group experienced grade 3 or 4 fatigue (1.7%), grade 3 or 4 infections (4.0%), or pulmonary grade 3 or 4 toxicities (3.0%).

An oncologist present at the ODAC meeting told Medscape that there was some concern among the committee members about the composite PFS end point created by the sponsor. The committee was also not satisfied with the strength of the evidence presented.

GPC-Biotech, developer of satraplatin, said that it was "extremely disappointed with the decision." Data on OS should be available in about 6 months, the company said, adding that it has sufficient funds to get to this end point. The final analysis for OS will be made after the pre-specified number of 700 deaths is recorded.

Abstract number 5019, presented on June 4, 2007 at the 43rd Annual ASCO Meeting, held in Chicago, IL

Medscape Medical News, 5 July 2007

VIAGRA'S NEW FRONTIER: POST-CANCER TREATMENT

After prostate cancer surgery last March, 56-year-old Jeff Geller just wanted to get his life back to normal. And new research strongly suggests that a daily regimen of sex-enhancing drugs started immediately after surgery can help patients avoid the impotence that vexes so many men after their cancerous prostates are removed..

The problem is that , many doctors recommend men take a Viagra, Cialis or Levitra either every day or every other day for 6 months to a year after surgery to give their patients the best chance of restoring their sex lives. Even scrimping and relying on samples from his doctor, Geller says, he's needed to cut his pills in half and take them every other day to avoid huge expenses.

The insurance industry argues that the science behind sex drug treatment does not yet support their cost. Sex-enhancing drugs such as Viagra, cost about $10 a pill. Using a daily dose for one year, multiplied by about 70,000 US men having radical prostatectomies each year, costs quickly add up.

Scientists are quick to acknowledge that the value of these drugs has only been shown convincingly in mice. But doctors prescribing these drugs for years based on promising laboratory experiments and anecdotal reports say they are convinced that they work.

It was long believed that impotence resulted when the nerves on either side of the prostate that are responsible for erections were damaged during cancer surgery. However, despite nerve regeneration, many men complained that their sex organs did not. Scientists at the University of Virginia think they may have discovered why. They removed the erection-producing nerves in two sets of mice. After the surgery, one group of mice was given sex-stimulating drugs. The other got salt water. The group that got only salt water experienced tremendous cell death in the penis. The mice on Viagra or one of its equivalents did not.

The results led researchers to believe that the fight against impotence after prostate cancer surgery must include care of the penis itself, as well as the nerves near the prostate. When the nerve impulses are interrupted, even temporarily, cell death in the penis begins so quickly that sexual function can be impaired during the weeks or months it can take for damaged nerves to heal. The drugs seem to take the place of the nerves, providing messages to the cells in the penis that they should continue producing the nitric oxide needed to keep them alive. Without those impulses, the cells die and useless scar tissue results.

Dr. William Steers, chairman of the department of urology at the University of Virginia and the lead investigator on the mouse study was a pioneer in the earliest studies on Viagra. He said that he is sure that fewer men now become permanently impotent after prostate cancer surgery. However, he said he is not certain if sex drugs are the saviors or if men are just doing better after surgery, because more are being treated at an earlier age, or because surgical techniques have improved.

Steers stated that more study is also needed to ensure that sex drugs are not dangerous for cancer survivors.

<www.courant.com>, 22 July 2007

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. Us TOO had a 4-digit code of 2865 in the old system. 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

LAWSUIT OVER PROVENGE

(Continued from page 2)

But two months later, the agency decided to request more data, likely delaying the drug's launch for years. Stock had rocketed to $23.58 from around $5 after the panel recommendation, but sank back to single-digits.

The suit alleges Dr. Richard Pazdur, head of FDA's Office of Oncology Drug Products, sabotaged Dendreon's application in order to stake his turf as czar of all cancer-therapy approvals. The application was under review by a rival unit within the agency.

According to the suit, Pazdur placed two advisers with conflicts of interest on the review panel overseeing the drug. One of them, Dr. Howard Scher, is lead investigator in a competing cancer drug made by Novacea and is a defendant in the lawsuit.

After the majority of the FDA advisory panel gave a positive review of Provenge in March, the suit claims, Scher and other advisers embarked on a campaign to undermine the drug, writing negative letters that were later leaked to the media.

The suit claims the FDA commissioner, Andrew von Eschenbach, concerned about funding from Congress, gave in to Pazdur's demands to withhold a green light for Provenge. The lawsuit called the success of Pazdur's pressure a "coup d'état" within the FDA.

An FDA spokeswoman said she could not comment on pending litigation. A spokeswoman for Memorial Sloan-Kettering Cancer Center in New York, where Scher works, said he had no comment.

Conspiracy theories aren't necessarily the only explanation for disagreements over approving a new therapy.

Dr. Donald Kennedy, a former FDA commissioner who is editor-in-chief of the respected peer-review journal *Science*, said that often within the agency there are "perfectly competent people who wanted a drug to be approved and equally competent people" who don't.

"You're going to have differences of opinions of that kind in a science agency all the time," he said.

Seattle Times, 31 July 2007

3RD ANNUAL GREATER CHICAGO PROSTATE CANCER RUN WALK 'N ROLL

Join us on Sunday, Sept. 16, 2007!

Not in Chicago? Set up a VIRTUAL TEAM!

Learn how at **www.ChicagoProstateWalk.org**

or contact Dan Reed at dan@ustoo.org, 630-795-1002

NO RIGHTS TO UNAPPROVED MEDICINES *(Continued from page 1)*

which had overturned a 2004 district court decision to throw out the case. "The FDA's policy of limiting access to investigational drugs is rationally related to the legitimate state interest of protecting patients, including the terminally ill, from potentially unsafe drugs with unknown therapeutic effects," Judge Thomas Griffith wrote in Tuesday's majority opinion.

The Abigail Alliance and the Washington Legal Foundation said they planned to appeal the latest ruling to the Supreme Court. "We are saddened by the decision and so are the patients we represent," said Frank Burroughs, the group's president. Every drug the group has sought early access to over the past six years was eventually approved by the FDA, Burroughs said.

While some patients can take experimental drugs as part of a clinical trial or other programs, many patients are excluded. The FDA proposed new rules in December 2006 that officials said would help more seriously ill patients gain access. An FDA spokeswoman had no immediate comment on the court ruling.

In a dissenting opinion, Judge Judith Rogers wrote: "there is no logic to be found ... in the conclusion that the right to save one's life is unprotected" by the Constitution.

Reuters, 7 August 7 2007

Prostate Cancer
Call-in Radio Show
Vital Options—*The Group Room*

Sunday, September 9, 2007
1:00-3:00 pm PT (3:00-5:00 pm ET)

Featuring:
Russ Gould—Us TOO chapter leader
Elizabeth Cabalka—Us TOO Circles of Love Program Manager

To find a radio station or listen on the web:
www.vitaloptions.org

OVERVIEW ON PROSTATE CANCER LEGISLATION AND SEPTEMBER CONFERENCES

Us TOO Advocacy Committee Chairman and Board Vice-Chairman Don Lynam along with Us TOO advocacy volunteer Fred Gersh have requested an update from Washington, DC on prostate cancer legislative highlights. We also thought it would be helpful to also mention key conferences which will be taking place during September which will highlight and discuss some of these legislative initiatives.

The National Alliance of State Prostate Cancer Coalitions (NASPCC), which will be holding its third annual meeting in Washington, DC soon, has been bringing to our attention the Manton bill HR2131 and S1275 which calls for the Social Security Act "to provide a screening and treatment program for prostate cancer in the same manner as is provided for breast and cervical cancer."

In addition S1734, the Prostate Research, Imaging and Men's Education (PRIME) Act is moving forward. The Us TOO Advocacy plan developed in June 2006 speaks to moving forward improvements in imaging for prostate cancer in diagnosis and treatment. Us TOO representatives including Board Chairman Jim Kiefert will be faculty at the September 16-18, 2007 Fourth Annual AdMeTech Foundation conference: "Ending the Era of Blind Cancer Care & Creating a Future of Image-Guided, Minimally Invasive Diagnosis & Treatment" where issues on this legislation and other imaging issues will be presented. For information on the conference go to <http://www.admetech.org/new_site/>.

In addition there has been much interest in the Us TOO network on HR1903, the act to "amend the Social Security Act to require that group and individual health plan insurance coverage and group health plans provide coverage for reconstructive prosthetic urology surgery if they provide coverage for prostate cancer treatment."

Many of you may have noticed HRes.

(Continued on page 8)

SNEAKERS@WORK DAY: FIRST NATIONAL PCA WORKPLACE AWARENESS PROGRAM MAKES AN IMPACT

On June 15, the Friday before Father's Day, 363 companies, organizations and groups who signed up through Us TOO commemorated the first annual day for national prostate cancer awareness and action, Sneakers @Work Day!

GPC Biotech, Princeton, NJ

The "sneakers" event consisted of lacing up sneakers and wearing them to work. Companies and groups that signed up to participate received a kit of awareness posters and handouts 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.

In addition to wearing sneakers, hanging posters and wearing blue shoelaces (very creatively in some cases!), some organizations held a reception, luncheon with a speaker, or staged walks outside their offices over lunch.

The largest organization had over 2,900 employees participating at multiple sites. The smallest companies, (fewer than 20 employees), made up 138 of the total number participating. Forty US states (including the Virgin Islands) were represented and 37 Us TOO support group chapters (including one from Australia!).

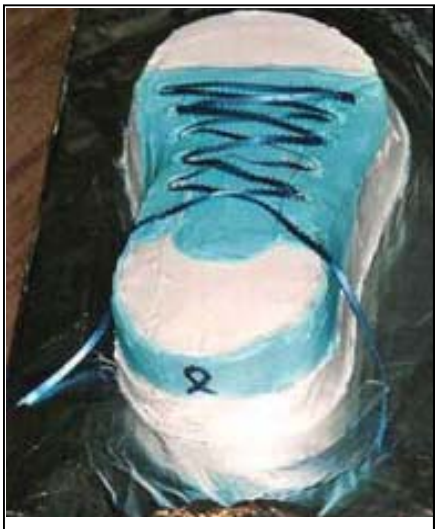
Types of participating organizations included local hospitals and cancer centers, physician practices, dental offices, exercise centers, construction and painting companies, manufacturing companies, churches, schools, pharmaceutical companies, insurance companies, attorneys, accountants and consulting offices, fire departments, barber shops, men's clubs, television station, professional baseball team, banks, governmental offices and agencies, and individuals and families honoring patients and survivors.

A sampling of just some of the companies or groups included: Wal-Mart, LifeSource, General Motors, AFLAC, UAW, Costco, and the Wichita Wranglers – a Double A Minor League team for the Kansas City Royals!!

Special thanks to our **NATIONAL CORPORATE SPONSORS**: American Institute for Diseases of the Prostate, Augusta Medical Systems, Bard Urological, Dendreon Corp., Foundation for Cancer Research & Education, and Rivanna Health Publications.

One hundred percent of collected funds go directly to Us TOO International and American Prostate Cancer Initiative (APCI), both 501-c-3 nonprofit organizations, to support prostate cancer awareness, patient education, advocacy and research programs that might otherwise go unfunded.

Us TOO Chairman Jim Kiefert (center back, light shirt) at the American Cancer Society Great West Division offices in Tacoma, WA, with regional vice president, Larry Andrus (right)



Tech-Syn Corporation, Bloomingdale, IL

Thanks to all who participated in this national event!

If you participated but haven't sent in your proceeds or any left-over laces yet, please do so ASAP!

See more photos at <www.ustoo.org/sneakers@work>.

Schneider Regional Medical Center Charlotte Kimelman Cancer Center, Virgin Is.

LEGISLATION

(Continued from page 6)

288 "recognizing that the occurrence of prostate cancer in African American men has reached epidemic proportions and urging Federal agencies to address that crisis by designating additional funds for research, education, awareness outreach and early detection."

Again this year the Prostate Health Education Network (PHEN) will hold its African American Prostate Cancer Disparity Summit in Washington, DC on September 21 and 22, 2007. For information on the conference go to <http://www.prostatehealthed.org/>.

Finally, do not forget to investigate the "2007 National Conference on Prostate Cancer: Making a Positive Impact on Quality of Life" produced by the Prostate Cancer Research Institute and sponsored by Us TOO and the Prostate Cancer foundation on September 7-9, 2007 in Los Angeles. Us TOO volunteers will be conducting support groups during the conference. Information on this conference can be found on the Us TOO webpage at <http://www.ustoo.org>.

PROSTATE CANCER RISK NOT SKEWED BY FINASTERIDE

Although use of finasteride to reduce prostate volume also leads to a reduction in prostate specific antigen (PSA) levels, this does not negatively affect prostate cancer prediction, researchers report in the July 20th issue of the Journal of Clinical Oncology (Vol. 25, pp. 3076-81, 2007).

All that is required is to double a given PSA value. PSA, the authors point out, reflects a range of risk rather than a simple normal or abnormal marker of cancer risk.

"Historically, dating back almost two decades," lead investigator Dr. Ian M. Thompson told Reuters Health, "it was originally thought that the reduction in PSA by finasteride 'masked' the presence of prostate cancer.

In the current study, Dr. Thompson of the University of Texas Health Science Center at San Antonio and colleagues examined data on 4440 men who comprised the finasteride group in a prostate cancer prevention trial.

Of this group, 649 (14.6%) were diagnosed with prostate cancer. The risk of cancer was 24.9% with a threshold "finasteride" PSA level of 1 ng/mL.

The researchers employed a calculator, said Dr. Thompson, which "uses PSA, rectal examination findings, age, family history of prostate cancer, race/ethnicity, and whether the man has had a prior negative prostate biopsy -- all to calculate a man's risk of cancer and his risk of high-grade cancer."

They concluded that "with the exception of the approximate reduction of PSA by half with finasteride, the impact of these risk factors is similar to men who do not receive finasteride."

Reuters Health, 30 July 2007

DOC MOYAD'S "NO BOGUS SCIENCE" COLUMN

(Continued from page 3)

Think about it! I can get almost 500 mg of calcium and 800 IU of vitamin D in one cheap pill and selenium, vitamin E, zinc… are all found in a low-dose.

MEN-IT IS TIME TO GET IN TOUCH WITH YOUR FEMININE SIDE BY TAKING A WOMEN'S MULTIVITAMIN.

It is just that simple!

Reference:

1. Lawson KA, Wright ME, Subar A, et al: J Natl Cancer Inst 99:754-64, 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.

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