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### UNDERSTANDING DIAGNOSTIC TESTING FOR PROSTATE CANCER

Us TOO International  
Us TOO University  
Free Webinar/Teleconference

Wednesday, 13 October 2010  
8pm EDT, 7 CDT, 6 MDT, 5 PDT

With a variety of new diagnostic testing options now available – and others coming soon – it's important for you to understand what information you can expect to receive from your test results.

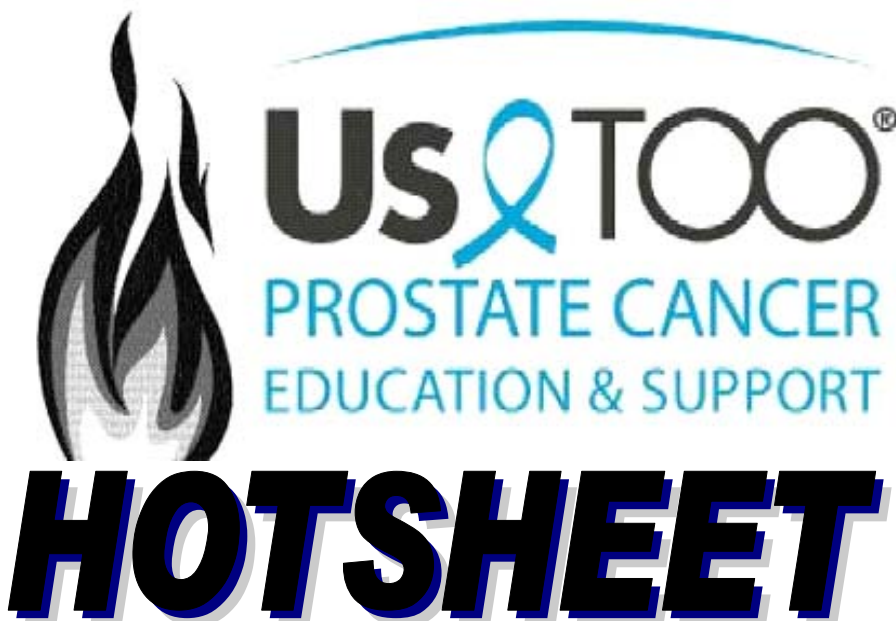
Please join us to learn more about different Diagnostic Testing used for prostate cancer patients, including imaging, PSA and other serum tumor markers, & Circulating Tumor Cells (CTCs), so you can understand what your results mean when you are discussing with your physician.



#### Presenter

Manish Bhandari,  
MD, Hematologist/  
Oncologist,  
Cincinnati Hematology & Oncology

Special thanks to Veridex for helping to make this educational program possible. For more information and to RSVP, visit <[www.ustoo.org](http://www.ustoo.org)>.



## OCTOBER 2010

### COMORBIDITIES MAY BE KEY IN PROSTATE CANCER TREATMENT DECISIONS

A study of almost 3,000 responses to the Total Illness Burden Index for Prostate Cancer (TIBI-CaP) questionnaire found that men who scored highest were 10 times more likely to die of causes other than prostate cancer compared with men with the lowest scores (HR 10.3, 95% CI 5.4 to 19.5), according to Timothy Daskivich, MD, of the University of California, Los Angeles, and colleagues.

A survival advantage for definitive local therapy only becomes significant eight years after treatment, and men with severe comorbidities may not live long enough to see that benefit, the authors noted. But previously there has not been a practical, standardized comorbidity assessment tool.

For the study, the TIBI-CaP, an 84-item questionnaire, was sent to 4,635 active participants in the Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE), a national, observational prostate cancer registry. A total of 2,900 men filled out the questionnaire and were followed for a median of 6.2 years.

Overall mortality in the study cohort was 14.5% – while prostate cancer-specific mortality was only 3%, the investigators found. Among men whose TIBI-CaP scores were 12 or higher, 41% died of causes other than prostate

### WHAT ARE MEN BEING TOLD ABOUT THEIR TREATMENT OPTIONS FOR PROSTATE CANCER?

Terry Herbert, Gerald Chodak, MD

Choosing a treatment for prostate cancer has never been more challenging. This is especially true for localized disease because men now have 15 options and only one good study has been done comparing two of them. Since the necessary studies are not going to be done anytime soon, men will have to settle for something less ideal; gathering information from uncontrolled studies about the risks and benefits of every option available. They can then decide what fits best for their overall health, type of tumor, and quality of life.

Given so much uncertainty, it seems appropriate to ask what information men are getting from their doctors? The answer is unclear because no formal studies have been done. In an attempt to begin gathering some information, a four-question survey was conducted. It was done at the recent Us TOO International 20<sup>th</sup> Anniversary Summit & Symposium meeting in Chicago, IL and through a website called YANA (You are Not Alone) Now, run by Terry Herbert, a prostate cancer survivor.

The table on the following page shows the results provided by 174 men.

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## MY PROSTATE CANCER ROADMAP – NEW RESOURCE FOR MEN WITH ADVANCED PCA



- 32,000 men would fill 400 of those buses; and so that's how many will die of prostate cancer this year," states Us TOO Chairman of the Board Fred Mills.

Mills and world-renowned golf champion Arnold Palmer – both prostate cancer survivors – were featured in a satellite media tour on many TV and radio news and sports stations on September 1 when this new program and website was first announced.

"Advanced prostate cancer is a disease that is poorly understood. Us TOO International is deeply committed to helping men and those who care about them understand the unique challenges, and how to live to the fullest, with advanced disease," said Tom Kirk, President & CEO, Us TOO International. "My Prostate Cancer Roadmap puts targeted information and resources at your fingertips. It nicely complements the educational materials, support groups and online discussion communities that Us TOO provides for men and their families fighting the disease."

The information on the Web site is presented visually as a roadmap and visitors can navigate various "stops," each of which provides unique, current information. Topics include health and wellness, work, relationships, and sex and intimacy. Visitors are offered tips on nutrition, exercise and maintaining relationships. There are even suggested questions to help guide difficult and often emo-

(Continued on page 6)

## WHAT ARE MEN BEING TOLD ABOUT THEIR TREATMENT OPTIONS?

(Continued from page 1)

Did your doctor...	Answers		
1. Inform you of all reasonable options for your disease?	<b>Yes</b> 42%	<b>No</b> 44%	<b>Not sure</b> 8%
2. Inform you of the odds of complications with each treatment option?	<b>Yes</b> 41%	<b>No</b> 52%	<b>Not sure</b> 7%
3. And those you consulted tell you their own results or the theoretical outcomes for your options before you made your decision?	<b>Yes</b> 41%	<b>No</b> 51%	<b>Not sure</b> 8%
4. Recommend a particular treatment or ask you to choose one?	<b>Recommend</b> 46%	<b>Choose</b> 37%	<b>Both</b> 17%

The results suggest that many men may not be getting enough information. Only 42% indicated they were informed of all the options, about 50% were given any odds of getting complications and almost half of the men were told what to do.

Several potential weaknesses of this survey should be recognized. First, the number of respondents was not very large so they survey's findings can't be generalized. This was not a random survey, meaning some bias could exist among the men who decided to participate. Also, the results may not accurately reflect what is happening to men diagnosed in 2010 since the participants were treated over a number of years in the past. Lastly, there is no way to verify what information was given to these men. Nevertheless, the results raise several questions and offer some helpful suggestions.

First, should minimum standards be set for the information men get from their doctor and if so, what should that include? Both the National Cancer Institute (NCI) and the National Comprehensive Cancer Network (NCCN) recommend that men be informed of all reasonable treatment options for a particular tumor stage and Gleason score.

What information should men receive about the side effects of each treatment? Both NCI and NCCN recommend that men are told all possible side effects from each treatment, but neither recommends finding out the odds or percentages. Shouldn't that information also be included? Otherwise, without it men will be forced to play a game called "blind poker." That means they are dealt some cards and must make a bet without seeing their hand.

Few men would be willing to wager much money in that game. But isn't that what happens when choosing a treatment without knowing the odds of getting a good or bad result?

For those who believe that knowing the odds are important, the next question is whose odds should be provided, those of a recognized expert who has published their results or the doctor who will do the treatment? To be told a specialist's results may give misleading information.

Even when doctors discuss their own results, most of them do not obtain this information from written surveys, which are more accurate. Instead, they are just estimated. Perhaps doctors will need incentives to begin using written surveys so the necessary information become readily available. Until then, men always have the choice to seek out doctors who are measuring their results.

Lastly, which approach would be best, to have a doctor choose the treatment or have a patient and his doctor share that decision? If a doctor decides, should it be made clear that the choice only represents that doctor's opinion and the other options are equally reasonable? One problem with having a doctor decide is it might include some bias. Surgeons are more likely to recommend surgery and radiotherapists are more likely to recom-

mend radiation for the average patient.

Many men may want a recommendation but they also want the reasons why it was selected and whether other options are just as reasonable? Often, doctors can exclude some treatments for good reasons. For example, brachytherapy may not be a good option for men with a prostate over 60 grams or severe urinary difficulties, radiation is not a good option for those with proctitis or colitis and surgery is not a good option for men with a limited life expectancy or with keloid scars.

The bottom line of this survey is that many individuals may not be getting what they need or deserve to enable them to make an informed choice. Perhaps the only way to insure getting the necessary information is for men to become empowered to ask their doctor the right questions and to understand the answers.

### CATCHING UP WITH THE PINK: LEATHER WRISTBANDS HELP RAISE AWARENESS, FUNDS FOR US TOO

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**"Conquer Prostate Cancer" Wristband \$25**



### PROSTATE NET REGIONAL SYMPOSIUM SERIES 2010 DATES / SITES

Oct 2 - New York, NY

Register and see agendas at <http://prostatenet.com/Symposium.html>.

## US TOO'S SUMMIT, SYMPOSIUM & 20TH ANNIVERSARY CELEBRATION

### A Milestone Event & Wonderful Success!

This milestone event, marking Us TOO's 20th Anniversary, was a great success due to the collective effort of countless people, and a fitting tribute to the accomplishments of this organization to date while setting the stage for the challenges that lay before us. More than 250 people gathered in Chicago from as far away as Australia, South Africa the Bahamas and more than 22 states. In addition to an advocacy summit, awards dinner celebration, raffle and exhibits, 11 presentations during the

What attendees had to say:

"I would definitely recommend an Us TOO patient education event to others. This is the third one I've attended."

"I've been to a lot of seminars and never experienced so much information and high quality speakers!"

"It was great that the presenters mingled with the crowd and didn't segregate themselves. This was not a sterile delivery of information like I've experienced at other conferences."

"The Intimacy & Incontinence session was most important – a compassionate session with tremendous heart."

two-day event featured industry thought-leaders, researchers and physicians.

The weekend began with Us TOO's Advocacy Summit, entitled "Moving Beyond the Confusion About Prostate Cancer Screening and Treatment." A standing room-only crowd heard presentations by representatives from ACS, NCCN, and AUA, as well as the author of the PRIME Act, now before Congress for the purpose of advancing diagnostic imaging. Next, several prostate cancer organizations provided reactions to these presentations in a moderated town

-hall setting. Tapping into the weekend's theme, *PASSION TO ACTION*, attendees also participated in small group sessions to answer the question, "What can I do to move this discussion forward?" Numerous excellent ideas came out of this session, which will no-doubt fuel local and organizational strategic planning and lively discussion.

Friday afternoon's activities continued with a jam-packed roster of exhibitors. Attendees spent 90-minutes strolling among booths from industry-leading product and service providers. Several authors were on-site as well, signing books and talking with attendees. Friday evening's 20<sup>th</sup> Anniversary Gala Award Dinner and Celebration was a

leaders reflected on the last 20 years and set the stage for the future. Speakers included two of the founders, Dr. Gerald Chodak and Ed Kaps, past Board Chairs, Jim Kiefert and Lew Musgrove, and current Board members, Fred Mills, Kay Lowmaster, as well as CEO Tom Kirk.

This very special evening concluded with the following awards presentations:

- Collaborative Organization Award - Wellness Place
- Family Action Award -The Trinco Family
- Business Initiative Award -Chris Lockett at Dendreon Corporation
- Collaborative Chapters Award—Us TOO Washington State Chapters:



Chairman of the Board Fred Mills welcomes attendees to the Us TOO Summit Friday a.m.

blue event, in the best sense of the word! Us TOO's SEA Blue theme was evident throughout the evening, with gorgeous table decorations, blue leis and countless blue Hawaiian shirts worn by attendees. Special attention at the Gala and throughout the entire weekend went into creating a prostate and heart healthy menu that was delicious AND healthy. The Gala Raffle featured a sea of excellent items including golf outings, original works of art, blue chocolate roses, and the very popular iPad!

A panel of past and present Us TOO



Dan NG accepts Outstanding Corporate Development Award for sanofi-aventis



We had to add seats for summit and symposium sessions!



One of the informal break out discussion groups participating in the Us TOO Summit

- Olympia, Seattle, Shelton & Tacoma
- Outstanding Advocate - Fred Gersh
- Angel Awards -The families of Ronald L. Gabriel, Arthur G. Davis & Tomlin Braxton Horsley, Jr.
- Outstanding Corporate Development Award -sanofi-aventis

The patient education symposium, held on Friday and Saturday, provided new information about treatment options along with a fresh perspective and new hope. The symposium featured presentations on intimacy and incontinence, dietary supplements, hormonal therapy as a second line of defense for recurring and advanced disease, the latest in radiation therapy, and an update of prostate cancer research priorities through the U.S. Department of Defense.

The speaker roster was impressive from start to finish, including: Damon T. Arnold, MD, Director, Illinois Dept of Public Health; Jonathan McDermed, PharmD, one of the Us TOO *HotSheet* editors; Mark Moyad, MD; Charles "Snuffy" Myers, MD; Michael J. Dattoli, MD; Capt. E. Melissa Kaime, MD, Director, Congressionally Directed Medical Research Programs (CDMRP); Paul F. Schellhammer, MD; John P. Mulhall, MD; David and Kathie Houchens; and Dennis Holt, survivor advocate and drummer for the band *Kansas*.

The symposium concluded with a session focused on the weekend's theme, *PASSION TO ACTION*. Us TOO leadership encouraged **all** participants to rally together and take action in a meaningful

way in their local communities.

Capping the event and tapping into the campaign that uses the universal language of beer to reach men with a critical health message, *Pints for Prostates* hosted the Chicago Gourmet Beer Tasting event immediately following the symposium. Held at The Berghoff Restaurant in downtown Chicago, the event featured more than 30 imported and domestic craft beers.

Photos and streaming video and slides from the presentations will be posted on the Us TOO website before November.



Darryl & Debbie Trinco pick up the Family Action Award from Tom Kirk

Special appreciation to the event supporters and sponsors:

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**Gold:**

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**Silver:**

American Medical Systems, Aureon Biosciences, Dominick's, Hollister, Veridex

**Bronze:**

Ferring Pharmaceuticals, GTx

**Exhibitors:**

Abbott, Accuray Cyberknife, CDMRP, Cancer Treatment Centers of America, Dattoli Cancer Center, Hitachi Medical Systems, iCAD, Theragenics Corporation, UroPartners Prostate Center at the Glen

**Volunteers:**

Charles M. Sauer, design; Chuck Strand, PR & communications; John Trout, photography; and many more!



For 20th Anniversary celebration, past and present Us TOO leaders discussed Us TOO history and future. L to R: Fred Mills, Board Chair; Kay Lowmaster, Vice Chair; Ed Kaps, Co-Founder; Dr. Gerald Chodak, Founding MD Organizer; past Chairmen Lew Musgrove and Jim Kiefert, and President & CEO Tom Kirk

## COMORBIDITY IN SCREENING

(Continued from page 1)

cancer, as did 6% of those with scores of two or lower ( $P < 0.001$ ).

Results suggest that the presence and severity of comorbidities should be a key in clinical decision-making for prostate cancer because of the indolence of many early stage cases, Daskivich and co-authors wrote in a research letter published in the Archives of Internal Medicine (Vol. 170, pp. 1396-9, 2010).

Richard J. Ablin, PhD, of the University of Arizona in Tucson, and colleagues provided an invited commentary. Ablin and colleagues wrote, "We believe that accurate assessment of the characteristics of the prostate cancer (Gleason scores, clinical stage, number of positive biopsy results, and the percentages of cancer in the positive cores), as well as the life expectancy, comorbid conditions, and quality of life concerns of the patients, become ever more paramount to any clinical decision making for prostate cancer and most notably in the selection of aggressive and potentially morbid treatment in young men with early-stage disease."

They strongly encourage the practice of active surveillance for men with early-stage disease, recommending that physicians who do not advise this approach reconsider their position.

*MedPage Today, 9 August 2010*

## MY PROSTATE CANCER ROADMAP

(Continued from page 2)

tional discussions with employers.

Each stop on the journey offers a choice of two paths – one for men with advanced prostate cancer and the other for family, friends and caregivers – to help address their overlapping but also different needs.

The site will continue to offer new content based on visitor feedback and input, along with insights and expertise of scientists, clinicians, nurses, social workers and other experts. Visitors can register to receive alerts when new information is posted.

Visit the *My Prostate Cancer Roadmap* Web site at [www.myprostatecancerroadmap.com](http://www.myprostatecancerroadmap.com).

## ABIRATERONE STUDY FOR METASTATIC ADVANCED PROSTATE CANCER UNBLINDED AFTER MEETING PRE-DETERMINED CRITERIA

Ortho Biotech Oncology Research & Development, a unit of Cougar Biotechnology, Inc., announced that it has unblinded the Phase 3 study of abiraterone acetate plus prednisone treating metastatic advanced prostate cancer patients (also referred to as castration-resistant prostate cancer) whose disease has progressed following treatment with one or two chemotherapy regimens at least one of which contained docetaxel.

Study COU-AA-301 included 1,195 patients who were randomized to receive abiraterone acetate plus prednisone or placebo plus prednisone.

The Independent Data Monitoring Committee's (IDMC) recommendation to unblind the study was based on a pre-specified interim analysis, which demonstrated a statistically significant improvement in overall survival and an acceptable safety profile. Based on these results, the IDMC also recommended that patients in the placebo arm be offered treatment with abiraterone acetate.

A program that will provide early access to abiraterone acetate to patients who meet specified medical criteria is being initiated. Participating centers will be listed on [www.clinicaltrials.gov](http://www.clinicaltrials.gov) when they are ready to enroll patients. The company anticipates opening the program in the US in October and in sites outside the US in the months following, contingent on local health authority and ethics committee approvals.

These results will be presented at the upcoming European Society for Medical Oncology congress, which is held in Milan, October 8-12, 2010. They will also be submitted for publication in a peer reviewed journal.

Abiraterone acetate is an investigational drug; its safety and efficacy have not yet been established. The company is evaluating the filing strategy for abiraterone acetate, based on the IDMC's recommendation to unblind this study.

*Ortho Biotech Oncology press release  
9 September 2010*

## ASK DR. SNUFFY MYERS

*Editors' note:* In the spirit of information sharing, we have invited certain physicians and others to provide comments and opinions for Us TOO's *HotSheet*. It is our desire to enrich the content of the *HotSheet* to empower the reader. This piece contains the opinions and thoughts of its author and is not necessarily those of Us TOO International.

**I am about to enter a Phase III trial. There is a 1 out of 3 chance that I will be getting a placebo. Getting the study drug if my cancer worsens is not an option. From a patient's perspective, what factors should I take into account before going into a trial like this? Would it be better for me to consider entering a Phase I/II trial so that I would be guaranteed to get the study drug?**

There are several things you need to consider. First, if you get the placebo, you will be allowed to progress on treatment. This usually means the appearance of new bone lesions. Depending on how carefully they follow you and how rapidly the cancer grows, you may find yourself with one or two new lesions or many new sites of bone involvement. At that point, it may be too late for any other treatment to work.

Second, most new treatments undergoing Phase III testing fail to gain FDA approval. This means that they do not convince the FDA the drug prolonged survival. The conclusion is that patients in both the experimental and placebo arm did just the same: they had no benefit.

These facts mean that men who enter placebo-controlled trials are not very likely to have a survival benefit from participating in the clinical trial. For this reason, it seems most prudent for patients to first seek out and receive those treatments that offer some reasonable expectation of a survival benefit. I suppose it also makes sense to pick a drug that seems likely to work, but in real life not even experts in new drug testing are very good at picking winners.

Phase II trials do have the benefit of everyone getting the new treatment, but it is difficult to know which Phase II drugs are likely to be active. For both Phase II and III trials, it is worthwhile knowing as much as possible about the

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## DOCTOR CHODAK'S BOTTOM LINE

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Hot off the press is news that the Abiraterone acetate study is being un-blinded because the study has met its primary endpoint. This is exciting information that could be one more treatment helping improve survival in men with advanced prostate cancer.

**THE BOTTOM LINE:** Before a full assessment of this treatment can be made, the data from the study must be available for review. Assuming it improves survival without many side effects, men with progressive disease after hormone therapy will have decisions to make. Which treatment should they get first, Provenge, abiraterone, chemotherapy or secondary hormone therapy? Will the sequence of treatments have any impact on their effectiveness? Those questions may be very difficult to answer unless the necessary studies are performed.

An interesting study by Klein measured the effect of prostate biopsy on urinary and sexual function within three months

of the biopsy and found some worsening in both areas. It was greatest for those getting saturation biopsies.

**THE BOTTOM LINE:** This study raises some important questions. First, few studies have looked at these effects and more studies would be helpful. But if it is reconfirmed, does it mean that all men should then be informed about these side effects before undergoing a biopsy? Although urinary symptoms do not last long in most men, perhaps a study is needed to assess if an alpha blocker would prevent these symptoms. Also, when men are counseled about the risks and benefits of screening, should they also be informed about the odds of getting these and other side effects in the event they need a biopsy? Lastly, when men consider active surveillance, do they now need to be aware of these side effects since they are likely to undergo repeat biopsies?

Active surveillance again is addressed in the Swedish study by Holmstrom. They found that men delaying surgery for a year after diagnosis did not have worse findings or inferior survival than those getting immediate surgery.

**THE BOTTOM LINE:** As more patients and doctors recognize that many men are diagnosed with non-life threat-

ening cancers, active surveillance is increasingly being offered as a reasonable option. One of the most critical questions is whether delaying treatment leads to worse survival. This study provides some helpful information for men getting treated at one year but much more is needed before men know what to expect about their longer-term survival or if surgery is delayed for several years.

Another study with implications both for screening and treatment is the study on the Total Illness Burden Index. The authors suggest that men with high numbers are much more likely to die of something other than prostate cancer within a short time of diagnosis compared to men with low scores. There is concern about potential selection bias. Of more than 7,500 men with localized disease reported in the CaPSURE database less than 3,000 completed surveys in this study. It is unclear why so few men were sent the survey.

**THE BOTTOM LINE:** Despite missing surveys in possibly 60% of the whole CaPSURE population, assessing co-morbid disease might be very useful. Perhaps all men should have this assessed before getting screened for prostate cancer. Certainly it could be very helpful after a man is diagnosed with the disease and is considering his options.

## DOC MOYAD'S WHAT WORKS & WHAT IS WORTHLESS COLUMN, ALSO KNOWN AS "NO BOGUS SCIENCE" COLUMN – "Let's Walk the Talk This Month!"

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

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**Bottom Line:** Instead of Dr. Moyad's column this issue, he has decided to go on strike for the entire month so that you can take the time you would have used to read his column and use it to review the national grass roots petition on Medicare reimbursement for FDA approved cancer drugs.

Please take a look at this petition at <[www.ustoo.org](http://www.ustoo.org)> **OR at your local Us TOO support group chapter meeting** and if you believe in this cause, please sign it just like Dr. Moyad did.

### Petition to National Medicare (CMS): Cover FDA Approved Cancer Treatments!

"We the undersigned call on CMS Administrator Donald Berwick MD to stop potentially limiting access to FDA approved cancer treatments, such as Provenge® for men fighting advanced prostate cancer.

Instead, we want Dr. Berwick to demonstrate his commitment to patients, their families, and health care professionals by providing his full support for appropriate unrestricted access and coverage by Medicare."

Mail signed and completed petition pages by November 5th to:

Tom Kirk  
President & CEO, Us TOO International  
5003 Fairview Avenue  
Downers Grove, IL 60515.

### Questions?

Contact Tom Kirk by e-mail at [tom@ustoo.org](mailto:tom@ustoo.org) or call (630) 795-1002.

Thank you!

**PROSTATE BIOPSY CAN CAUSE URINARY AND ERECTILE PROBLEMS**

Biopsies taken to diagnose prostate cancer commonly cause temporary erectile dysfunction (ED) and, in some cases, lingering urinary problems, according to a new study. The findings, reported in the Journal of Urology, highlight the fact that even the tests for diagnosing prostate cancer can have side effects. And men who are undergoing prostate biopsies – as well as those considering prostate cancer screening – should be aware of those risks, experts say.

For the study, German researchers followed 198 men who had been randomly assigned to undergo one of three forms of biopsy for suspected prostate cancer: a standard biopsy, where a needle was used to take no more than 10 tissue samples; a 10-sample biopsy along with the use of a periprostatic nerve block to lessen pain from the procedure; or a “saturation” biopsy, where 20 samples were taken – done in some cases where a man is suspected to have a particularly elevated risk of having cancer.

Men who underwent saturation biopsies had the highest risk of developing lingering problems with urination, such as straining to pass urine and frequent nighttime trips to the bathroom. Ten percent of men in that group reported severe symptoms before the biopsy –

that figure increased to 18 percent one week and to 29 percent 12 weeks after the procedure. Men who’d had a standard biopsy showed an increased urinary symptoms only in the first week. The percentage reporting moderate symptoms increased from roughly 32 percent to 39 percent, and the proportion with severe symptoms rose from 18 percent to 20.5 percent.

Among men who’d had a biopsy with nerve block, just 0.6 percent reported severe urinary symptoms before the test. That rose to 8 percent one week afterward, and to almost 17 percent by week 12 – although that latter finding was not statistically significant.

With regards to ED, men in all three biopsy groups had more problems one week after the test, which gradually decreased over time. Among men in both the standard biopsy and saturation-biopsy groups, just over half reported severe ED one week after the test – up from around 25% before. In the nerve-block group, that rate rose from 11 percent to 39 percent.

It is not exactly clear why men undergoing saturation biopsy had a greater risk of longer term urinary symptoms, according to lead researcher Dr. Tobias Klein of Marien Hospital Herne in Germany. He

thought possible damage to the “neuro-vascular bundle” might play a role.

The findings are “not unexpected,” said Dr. Paul Schellhammer, a urologist at Sentara Health System/Eastern Virginia Medical School in Norfolk who was not involved in the research. In an interview he noted that urinary and erectile side effects of prostate biopsies has not been well studied. “This study begins to define the risks,” he said, one who has studied the effects of prostate cancer treatment on men’s sexual and urinary function.

He added that the findings are also relevant to men with prostate cancer who choose “active surveillance,” which might include yearly biopsies.

*Reuters Health, 30 August 2010*

**ASK DR. MYERS**

*(Continued from page 6)*

new treatment so that you and your physician can have a meaningful discussion.

Because I have prostate cancer, I have seriously thought about participating in a clinical trial if my cancer returns. One important factor for me would be to help advance the field. If, in the end, I’m destined to die of this disease, it would be a way for my passing to have more meaning by helping other patients.

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Be the leading prostate cancer organization helping men and their families make informed decisions about prostate cancer detection and treatment through support, education and advocacy.



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