



PROSTATE CANCER *HOT SHEET*

Us Too! INTERNATIONAL NOVEMBER 2001

Us Too! partners with Cytogen Corporation and other Cancer Groups to Launch “Screen, Stage and Support” National Prostate Cancer Awareness Campaign

PRINCETON, N.J. - Cytogen Corporation announced the launch of a new “Screen, Stage and Support” campaign to promote prostate cancer education and awareness. The new national initiative is designed to help patients, families and caregivers to recognize the important role that proper screening, diagnosis, treatment and support can have for anyone affected by prostate cancer. The Screen, Stage and Support national awareness campaign was launched during Prostate Cancer Awareness Month on September 28 in a special event at the Nasdaq Stock Market..

Baseball legend and Hall of Fame member Yogi Berra, the American Cancer Society, and some of the leading prostate cancer patient advocacy groups including CaP CURE, National Prostate Cancer Coalition and *Us Too! INTERNATIONAL*, joined with Cytogen Corporation to launch the Screen, Stage and Support campaign during the opening of the Nasdaq Stock Market at Nasdaq’s MarketSite in New York City. Cytogen is sponsoring this initiative to increase awareness of the critical role of early detection and proper treatment for prostate cancer, the second leading cause of cancer death among men in the United States. Highlights of the Screen, Stage & Support national awareness campaign will include the introduction of a new educational brochure outlining the vital role that proper screening, staging and support can play for patients with prostate cancer and the launch of a free patient video with important information about the risk of recurrent disease following treatment.

“It is very clear that we need more programs to increase awareness and improve the early
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Us Too! International Outreach in England

Roy D. Bradbrooke

During a recent visit to England I had the opportunity to put on my hat as an *Us Too!* Regional Director and liaison to the U.K. and visit with a good many prostate cancer survivors and their families. During the difficult days in the U.S. in early September my wife, Susan,

uses nitrogen gas rather than those typically found in the U.S. using Argon). The unit was paid for by a fund organized by the Mayoress of Trafford.

On September 12, Roy Nixon, *Us Too!* Regional Director in England, and I



Roy Nixon (left) and Roy Bradbrooke (center) along with other Prostate Cancer Support Association (PSA) - the Us Too! Affiliates in England - help to increase awareness of prostate cancer and encourage men to obtain PSA exams at Handforth Shopping Center.

and I were busy visiting with our chapters and volunteers in England.

Over several weeks we met with hundreds of men in support groups throughout England. During one such meeting at Cheadle Hulme it became clear that most men in that support group are on Hormonal Therapy or are refractory seemingly due to late diagnosis. An all too common occurrence in the U.K.

At a meeting at Trafford General Hospital, Manchester I learned from group leader Brian Roper that the hospital had recently obtained an older version “Cryoneedle” machine (which

visited the Handforth Shopping Center to distribute PCa literature and urge men to get a PSA test.

On Sunday, September 16, I was a guest on the BBC Radio call-in talk show hosted by Ed Doolan. I was privileged

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September 11, 2001

PROSTATE CANCER NEWS YOU CAN USE

Us Too! publishes a FREE daily e-mail based news service which provides updates on the latest prostate cancer related news. To subscribe or link to the archives simply visit the *Us Too!* Website: www.ustoo.org

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INVESTIGATIONAL COMPOUND SHOWS EVIDENCE OF ANTI-TUMOR ACTIVITY & POTENTIAL TO REDUCE SIDE EFFECTS
PR Newswire - October 19, 2001

Millennium Pharmaceuticals, Inc. and New York Weill Cornell Medical Center reported interim findings of two ongoing phase I clinical trials of an investigational

drug, radiolabeled J591, in patients with advanced prostate cancer. J591 is a humanized monoclonal antibody-based therapeutic. In these trials, the antibody delivered radiation directly to prostate cancers and demonstrated anti-tumor activity with tolerable and limited side effects. J591 targets a molecule called "prostate specific membrane antigen" or "PSMA." PSMA is a protein that is located on the cell surface of all prostate cancers. In these trials, J591 carries a radiation-emitting isotope attached to it. The goal of this therapy is to use J591 to target the radiation just to the tumor cells, while minimizing radiation to normal cells.

CRYOSURGERY IS SAFE, EFFECTIVE TREATMENT WHEN RADIATION FAILS
Cancer Weekly - October 12, 2001

Endocare, Inc. announced that a recent study has concluded that cryosurgery is a safe and effective treatment for prostate cancer patients who have unsuccessfully undergone radiation therapy and a better option than radical prostatectomy, the complete surgical removal of the prostate gland, for those patients. The study noted that the use of the minimally invasive Endocare CryoCare targeted ablation system resulted in "a marked decrease in complications" associated with the treatment. The study also reported biochemical recurrence-free survival calculated from Kaplan-Meier curves was 86% at one year and 74% at two years. Aaron E. Katz, MD, assistant professor of urology at Columbia University's College of Physicians and Surgeons and the leader of the study team, said he was impressed with the latest cryosurgical techniques, which have substantially reduced any side-effects such as incontinence or rectal fistulas following the ablation treatment. The study was published in the October 2001 edition of the *Journal of Urology*. "This is tremendous news for men whose cancer is resistant to radiation, who otherwise have very few options," Katz said. "They now have ways to greatly reduce any morbidity associated with it. It is less invasive and causes less trauma and fewer side-effects than salvage radical prostatectomy."

BIOMIRA ANNOUNCES INITIATION OF BLP25 VACCINE IN PHASE II PILOT
PR Newswire - October 19, 2001

Biomira Inc. announced the initiation of a Phase II clinical trial evaluating BLP25 vaccine in patients with prostate cancer. The study is designed to test active specific immunotherapy with BLP25 vaccine as a treatment for patients who

have recurrent disease following radical prostatectomy for prostate cancer. The primary endpoint of the trial is to reduce or stabilize PSA values in patients with rising PSA post-radical prostatectomy. The trial is expected to enroll approximately twenty patients. Patients will have undergone radical prostatectomy for treatment of PCa at least 6 months prior to study entry.

PROJECT STUDIES WHY AFRICAN-AMERICANS HIT HARDER BY CANCER
AScribe Newswire - October 17, 2001

The National Cancer Institute has awarded a multi-million-dollar grant for a potentially landmark study to determine why African Americans are more likely than other groups to develop cancer and to die from the disease. The grant will provide an anticipated \$22 million over five years to fund the "Southern Community Cohort Study," which will enroll and follow 105,000 people - two-thirds of them African-Americans - in six southeastern states. The group, or cohort, will be tracked to identify genetic, environmental and lifestyle factors that contribute to cancer development. It will be the first study of its kind in the southern United States and the largest population-based health study of African-Americans ever conducted. The initiative is a collaborative effort of the Vanderbilt Ingram Cancer Center, Meharry Medical College, both located in Nashville, and the International Epidemiology Institute, based in Rockville, Md. The study is also expected to yield important health information about low-income and rural populations, regardless of race. The Study will explore several specific factors that may play a role in the disparities. These variables include the higher-fat "southern diet" and potential differences in activity levels, body mass index, use of over-the-counter medication use (including aspirin and non-steroidal anti-inflammatory drugs), use of folk and herbal supplements, tobacco use, metabolism of carcinogens and genetic factors.

ENDOCARE EXPANDS AGREEMENT TO DISTRIBUTE 15-MINUTE PSA TEST
PR Newswire - October 08, 2001

Endocare, Inc. announced that it entered into a new expanded distribution agreement with Qualigen, Inc. Under the new agreement, the Endocare sales force will now sell Qualigen's FDA-cleared, 15-minute total prostate specific antigen (Total PSA) test as a stand-alone product. The test, which provides rapid, fully-automated, laboratory quality PSA test

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results in physician office laboratories, eliminates patient anxiety that can result from delays in receiving test results. Endocare also plans to supplement the PSA test with a targeted biopsy technology currently under development and other tests. When developed, this in-office suite of products will allow both the physician and patient to eliminate much of the waiting involved with a patient's diagnosis, diminish the expense and logistical challenge of the third-party laboratory and eventually, should improve the quality and specificity of the diagnosis", according to Endocare.

DRUG ARRESTS TUMOR GROWTH WITH MINIMAL SIDE AFFECTS

Cancer Weekly - October 12, 2001

The results of a clinical study of the effects of Exisulind, a new drug that has been shown to slow tumor growth in men with advanced prostate cancer, is the first of its kind to show a significant effect of a new class of drugs that may stabilize progressive, recurrent disease in patients with advanced prostate cancer. "These results suggest that Exisulind may delay disease progression in men with recurrent prostate cancer," says Dr. Erik Goluboff, Assistant Professor of Urology at Columbia University College of Physicians & Surgeons, Director of Urology at The Allen Pavilion of New York - Presbyterian Hospital, and the principal investigator of the trial. "This will subsequently prolong the time period between post-surgical PSA rise and the need for androgen deprivation therapies." Other available therapies, such as drugs, hormones, or radiation, try to limit spread of the disease and increase survival time by shrinking or stabilizing tumors but can impair patient recovery with severe side effects, according to the study published in the September 2001 issue of The Journal of Urology. "For instance, hormonal therapy produces high response rates in metastatic prostate cancer, but patients develop resistance over time," says Dr. Goluboff. "The side effects of hormonal treatment can significantly impact the patient's quality of life. New treatment options that might delay the need for such side effect-prone therapies could provide great benefit in the management of prostate cancer."

TWO NEW PILLS MAY JOIN VIAGRA IN IMPOTENCE MARKET

St. Petersburg Times - October 07, 2001
 Bayer AG and a partnership of Eli Lilly and Co. and Icos Corp. have asked the U.S. FDA to approve their own versions of Viagra. Lilly Icos' is called Cialis.

Bayer's is known now only by its generic name, vardenafil. Urologists welcome alternatives to Viagra. The little blue pill has proved safe and effective, but some men suffer serious side effects. Others don't respond to it. Lilly and Bayer will benefit from Pfizer's work toward making erectile dysfunction part of America's vernacular, and in persuading millions of men to ask their doctors about it. And only about 11 percent of men with erectile dysfunction have sought treatment. Like Viagra, Cialis and vardenafil are phosphodiesterase-5, or PDE-5 inhibitors, meaning they obstruct a specific enzyme. This sets off a chain reaction that ultimately improves blood flow to the penis. The drugs work about 80 percent of the time, trials show. All three can be trouble for some heart patients and all three have side effects, including flushing, headaches and stuffy nose. Cialis and vardenafil appear to have less severe side effects than Viagra, doctors said. Vardenafil appears to require a lower dose than either competitor, which should cut side effects, and Bayer says it appears quite effective for men with diabetes, whose impotence is difficult to treat. The new drugs also work in about 20 minutes, Bayer and Lilly say. Viagra takes up to an hour. But Cialis' strongest point is its staying power: Viagra and vardenafil typically work for four hours. About half the men who took Cialis in clinical trials could get an erection any time within 24 hours. For some, the window was even longer.

LONG-TERM RELEASE HORMONE THERAPY PRODUCT IS PROMISING

Biotech Week - October 12, 2001

Atrix Laboratories, Inc. announced the presentation of Phase III clinical trial results for the company's Leuprogel Three-Month Depot prostate cancer treatment at the Eighth Annual CaP CURE Scientific Retreat. Atrix is in late-stage development of three Leuprogel products for one-, three- and four-month sustained release of leuprolide acetate using Atrix's Atrigel depot drug delivery system. The goal of this therapy is to reduce testosterone in the body to inhibit the growth of hormone-responsive advanced prostate cancer. The liquid Leuprogel products are injected subcutaneously with a small gauge needle, forming a solid implant in the body that slowly releases leuprolide as the implant is bioabsorbed. Earlier in 2001, Atrix filed a New Drug Application (NDA) for its Leuprogel One-Month Depot product, which is under review with the U.S. Food and Drug Administration. The Leuprogel Four-

Month Depot product is currently completing Phase III clinical testing.

WHEN TESTOSTERONE DROPS, ALZHEIMER PROTEIN INCREASES

Pain & Central Nervous System Week October 12, 2001

When doctors suppress testosterone levels in men with prostate cancer, they may inadvertently be increasing the level of a substance implicated in Alzheimer disease, according to a report presented at the American Neurological Association's 126th annual meeting, September 30 to October 3 in Chicago. The study indicates that when testosterone levels go down, there is a dramatic increase in levels of a protein known as "amyloid," the prime suspect in the death of nerve cells in Alzheimer disease. "We believe that this phenomenon may explain why Alzheimer disease occurs in late life. People with a genetic predisposition to Alzheimer may have borderline amyloid levels until menopause or the male equivalent, andropause, reduces gonadal hormone secretion. Brain amyloid levels may then rise enough to cause amyloid accumulation to begin," said author Sam Gandy, MD, PhD, of New York University. Although it has not been proven, a wealth of evidence suggests that the accumulation of amyloid into clumps called "senile plaques" is toxic to nerve cells. On autopsy of Alzheimer patients, doctors find especially high numbers of senile plaques in brain areas that underlie memory and reasoning, brain functions that deteriorate dramatically in the disease. The researchers realized that a natural experiment could be conducted with men whose testosterone levels are suppressed as part of their treatment for prostate cancer. "In each of six men, when testosterone levels were suppressed, plasma amyloid levels roughly doubled over the six months' duration of the study," said Gandy. Other researchers have shown that people with higher levels of amyloid circulating in the blood are more likely to get Alzheimer. For that reason "It will now be important to follow these measures for several years, while also administering serial cognitive function exams to determine whether any of the men develop Alzheimer disease." As for the effectiveness of hormone replacement therapy in preventing Alzheimer, said Gandy, a large, ten-year study currently underway will yield five-year interim results in 2003. "If hormones are proven to be effective in this trial, then prevention of Alzheimer disease may

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SCREEN, STAGE & SUPPORT

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detection of this disease - especially related to the key areas of screening, staging and patient support," said H. Joseph Reiser, Ph.D., Cytogen's president and chief executive officer. "Because Cytogen's products are specifically designed to improve the health and quality of life of men affected by prostate cancer, we are very pleased to sponsor this

all that we can to help more people recognize and treat this deadly disease."

Approximately one in every six men will develop prostate cancer. It is the second leading cause of cancer death among men in the United States, exceeded only by lung cancer. The American Cancer Society estimates that approximately 198,100 new cases of prostate cancer will be diagnosed this year in the U.S., and that 31,500 men will die



*Baseball Hall of Famer Yogi Berra rang the opening bell at the Nasdaq Stock Market(SM), on September 28 as Us Too! International, American Cancer Society, CaP CURE, and National Prostate Cancer Coalition Team Up With Cytogen to Help The Public Understand Three Key Elements of Prostate Cancer Detection and Treatment
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important national initiative. This effort is especially important to us following the recent loss of our board member, S. Leslie Misrock, a leader in the field of patent law and intellectual property who battled prostate cancer for decades and became an inspiration to many. We dedicate this event to him and to all men currently fighting this disease," Dr. Reiser concluded.

Baseball great Yogi Berra officially launched the Stage Screen and Support program at the opening of trading activity at Nasdaq on September 28, 2001. His support follows the recent announcements that Joe Torre, manager of the World Champion New York Yankees, Don Nelson, head coach of the Dallas Mavericks, Rudolph Giuliani, Mayor of New York City, and several other well-known men have been diagnosed with prostate cancer.

"I am very pleased to be a part of Cytogen's Screen, Stage and Support campaign to promote prostate cancer education and awareness," said Yogi Berra. "We must do

of the disease.

"The American Cancer Society is working across the nation to ensure that all men learn about the benefits and limitations of screening for prostate cancer. We applaud the efforts of Cytogen to raise the level of public awareness about prostate cancer screening and early detection," said Durado Brooks, MD, MPH, director, prostate and colorectal cancers with the American Cancer Society.

"Because prostate cancer claimed about 200,000 lives during the past five years, it's clear we need to increase funding for prostate cancer research," said William A. Schwartz, vice chair and chief executive officer of the National Prostate Cancer Coalition (www.4npcc.org), is committed to awareness, outreach and advocacy. "But because prostate cancer mortalities have gone down by about 14% in the past two years, it also amplifies the fact that the PSA, a simple blood test, can save lives. More men need to get it, and more women need to make sure that they do," added

**HEALTHY EATING:
NUTRITION NEWS**

Soy

Here are some tips for including soy in your diet. Soy protein was big news when the U.S. Food and Drug Administration approved the health claim that 25 grams of soy protein a day helps reduce cholesterol levels. Soy choices include soy-infused cereals, snack bars, burgers, soups and even pizzas. The best bets are more natural, such as tofu, soy milk and beans like edamame and soy nuts.

MUSHROOMS

Are there any nutrients in mushrooms or are they mostly water?

Mushrooms are low in fat and calories and contain significant amounts of potassium and selenium, an antioxidant that may cut the risk of prostate cancer, and they are a rich source of riboflavin, a B-complex vitamin that promotes healthy skin and good vision.

Mr. Schwartz.

"CaP CURE, along with its partner, the National Prostate Cancer Coalition, has invested intensely to raise public awareness for prostate cancer and the devastating impact this disease can have on men and their families. We are delighted to see the for-profit sector joining in this very important effort," said Howard R. Soule, Ph.D., executive vice president and chief science officer of CaP CURE, (www.capcure.org) the world's largest private source of prostate cancer research funding.

"We are very pleased to take part in this effort. Most men are unaware that the majority of those with early stage prostate cancer are asymptomatic - that is, they feel fine and display no symptoms. Studies have shown that the chances of surviving prostate cancer are greatly increased if the disease is diagnosed early. **Us Too! INTERNATIONAL**, recommends that all men should get at least a baseline PSA and DRE before the age of 45 with annual follow-up to track changes which may signal prostate cancer. Following diagnosis, accurate staging information is crucial in allowing patients and their physicians to evaluate the many treatment options currently available for prostate cancer", said John Page, executive director and chief executive officer of **Us Too! INTERNATIONAL**, the world's largest independent education and support network for men with prostate cancer and their families (www.ustoo.org).

PSA Test: Worth The Worry

By Bard Lindeman

Money. Time. Medical politics. Choose any, or all, of the preceding. Let's first look to the science. The PSA test, first used in 1987, is an imperfect instrument. It can produce false negatives and false positives. Moreover, medical science cannot prove, conclusively, that early diagnosis extends men's lives. The preceding sentence is a direct quotation from "The Prostate Cancer Protection Plan" by Dr. Bob Arnot (Little, Brown and Co., 2000). "Even the biggest proponents of PSA tracking say that right now it is still just a theory and needs to be rigorously proved," writes Arnot. In truth, nearly every facet of this disease remains controversial.

Consider this from The Wall Street Journal: "Prostate cancer is that paradox of modern medicine: a disease that doctors have learned to diagnose long before they have reached consensus about how to treat it." Without a large epidemiological study as proof of the test's unquestioned merit, credible doctors are lining up on opposite sides of the PSA divide. Opposed to widespread, and costly, screening with the PSA test are the federal government's National Cancer Institute, the American College of Physicians, the Centers for Disease Control and Prevention, the American Society of Internal Medicine, the U.S. Preventive Services Task Force, and the American Association of Family Practitioners. To summarize the opposition viewpoint: Studies have shown that mammograms will lower the death rate for women with early-stage breast cancer. There is no such definite proof as yet for prostate cancer. (It will be years before results from relevant long-term studies become available.)

Proponents of the PSA point to it as the single most effective tumor marker in oncology. "If a man has an abnormal PSA and an abnormal rectal exam, then he has a 50-percent chance of having prostate cancer," says Dr. E. David Crawford, a University of Colorado radiation oncologist. Taken together, the tests are as good as, if not better than, the mammogram, Crawford says. Given the facts, most laymen vote "yes" for the PSA test. This is especially true with those who have been diagnosed and treated. As I approach the third anniversary of my therapy, I take my place, proudly, among the proponents.

Meanwhile, research science is moving fast along the diagnostic frontier. In my opinion, the contention will not endure much longer. Scans, color Doppler ultrasounds, improved blood work one of these, or all of them, will

HOPELINK PRE-SCREEN QUESTIONNAIRE DETERMINES IF YOU MEET PRELIMINARY ELIGIBILITY REQUIREMENTS FOR CLINICAL TRIALS - INCLUDING THE CURRENT "DENDREON" TRIAL

Us Too!'s continuing partnership with HopeLink, provides easy access to information about clinical trials currently open for enrollment. The HopeLink Clinical Trial Service, available via link from *Us Too!*'s website, contains comprehensive trial listings in both standard and medical formats and includes eligibility criteria, investigative site locations, contact information, and the opportunity to determine if you meet preliminary eligibility criteria for selected trials. 96 PCa trials are currently posted.

A pre-screen questionnaire is currently available for the "Dendreon" study, Phase III Randomized Study of APC8015 in Patients With Asymptomatic Metastatic Hormone Refractory Adenocarcinoma of the Prostate. To help you determine if you meet preliminary eligibility requirements to participate in this study, follow the HopeLink icon on *Us Too!*'s website, search for the APC8015 study and:

- 1) Select a desired location from the 34 listed where the study is taking place. Locations are listed alphabetically by state and city
- 2) Select "See If I qualify For This Trial" at the bottom of the trial description
- 3) Read the steps outlined that take you through the registration process which will take you into the questionnaire.

You can continue searching the entire *Us Too!* clinical trial database via this link.

break through to reinforce, or even supplant, the PSA.

Last, with prostate cancer, you want to keep a curable tumor from breaking free of the prostate capsule, thus becoming an incurable one. The PSA helps you, and your doctors, reach that goal

Bard Lindeman is a syndicated writer, prostate cancer survivor and Us Too! Regional director living in Georgia.

WIPING OUT CANCER FATIGUE

Ivanhoe Newswire

SALT LAKE CITY — For many cancer patients, treatment will be chemotherapy and radiation. Ninety percent say the fatigue from treatments has them sleeping up to 18 hours a day. Here are a few tips to help them manage.

Lunch with a friend is a breeze now for Jean Smith. That wasn't always the case. She has Non-Hodgkin's lymphoma and had chemotherapy and radiation.

"Probably chemo was the most uncomfortable," says Smith.

Her biggest side effect was fatigue.

Studies show about 90 percent of patients experience fatigue during chemotherapy or radiation treatment. Nurse researcher and professor Susan Beck, Ph.D., has done an extensive amount of research into cancer fatigue. She says patients have to think of their energy as a bank account. So, spend it wisely.

"I think that sometimes when people get sick they don't sit back and think. 'I have a limited amount of energy, what's most important to me?'" says Beck, of the University of Utah College of Nursing.

She recommends you plan your day around your peak energy times. Let others run errands or do tasks that are not important to you. Make sure you do some aerobic activity daily, and do not rest too much.

Beck says, "If a person decides to go to bed and stay there for 24 hours, that person is going to get more fatigued, not less."

Smith was a nurse for 30 years. She admits it's all different when you're caring for yourself, but she's optimistic. "You have to be positive. Naturally I'm planning on it being okay," she says.

In fact, Smith's treatments are now complete and doctors say she's clear of the cancer. She reports feeling much better and her fatigue has gone away.

If you would like more information, please contact:

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(801) 585-9609

PCA NEWS YOU CAN USE

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become an indication for hormone replacement therapy in both men and women.”

MOLECULE MAY KILL CANCER CELLS

Associated Press - October 02, 2001

Researchers are planning human trials next year on a newly developed molecule that not only attacks cancer but forces it to produce more of the cancer-fighting molecules to join in the attack. A pair of Yale University researchers developed the molecule, called icon. In tests on mice that had human forms of prostate cancer and melanoma, icon eliminated the disease by destroying the blood vessels that fed the tumors. In recent years drugs that inhibit growth of the blood vessels in tumors have received wide attention, though early results reported last spring showed less promise than had been hoped for. The new therapy, developed by Alan Garen and Zhiwei Hu, takes a different approach. Instead of seeking to limit growth of these blood vessels, it directly attacks the cells lining the blood vessels. The findings are reported in the Proceedings of the National Academy of Sciences. Dr. Albert Deisseroth of the Sidney Kimmel Cancer Center in San Diego is arranging clinical trials, which he hopes to begin next spring after the FDA approves the tests. He also cautioned against jumping to conclusions about a possible new cancer therapy. “There are differences between animals and human beings,” Deisseroth said.

MOLECULAR STRUCTURE OF NEW CLASS OF PROTEASE CANCER TARGETS REVEALED

Cancer Weekly - October 10, 2001

Corvas International Inc. scientists and collaborators at the Max-Planck Institute of Biochemistry in Martinsried, Germany, have unveiled the three-dimensional molecular structure of the functional domain of matriptase, a newly identified serine protease target for breast and prostate cancer drug development. This new structural information is expected to facilitate the design of drugs that block or otherwise exploit the activity of matriptase and related proteases. Unlike most proteases, which are either secreted from or retained in the cell, transmembrane serine proteases are located on the cell surface. This confined location may offer a unique opportunity to target cancer treatments directly to diseased tumor cells thereby avoiding damage to healthy cells and tissues, a

serious problem associated with many current therapies, including radiation and chemotherapy. In this regard, several recent reports in leading scientific journals have implicated hepsin, another transmembrane serine protease related to matriptase, as a biological marker of, and potential drug target for, prostate cancer. Corvas is currently working to validate the role of matriptase and other serine protease targets in animal models of breast and prostate cancer. “We believe that a combination of therapeutic approaches that attack cancer on multiple fronts will be essential to improve upon current standards of care,” said George P. Vlasuk, PhD, chief scientific officer at Corvas.

PROGENICS, CYTOGEN TEAM TO DEVELOP NOVEL VACCINE

Cancer Weekly - October 10, 2001

PSMA Development Co. LLC has entered into an exclusive licensing agreement with AlphaVax Human Vaccines Inc. to use the AlphaVax Replicon Vector (ArV) system to create a therapeutic prostate cancer vaccine incorporating the joint venture’s proprietary PSMA antigen. The announcement follows an extensive preclinical evaluation of the ArV technology as a vaccine delivery and expression vehicle for prostate-specific membrane antigen (PSMA). PSMA is a cell-surface protein that is abundantly expressed on prostate cancer cells at all stages of disease, including advanced or metastatic disease. Mice inoculated with the vaccine developed robust and specific immune responses to PSMA that persisted for prolonged periods. The company is completing preclinical development activities on the PSMA ArV vaccine in anticipation of Phase I/II clinical studies in 2002. The potent and durable immune responses observed to date are encouraging indications of the potential for this vaccine to eliminate prostate cancer cells in man.

NEW MEDICINE APPROVED SPECIFICALLY FOR LOCALIZED DISEASE

Cancer Weekly - October 10, 2001

Casodex 150 mg (bicalutamide), developed by AstraZeneca, is the first medical treatment to receive regulatory approvals specifically for the treatment of localized prostate cancer, where watchful waiting would have otherwise been recommended. The new indication in the United Kingdom, Greece, Portugal and Austria is as follows: “In patients with localized prostate cancer, Casodex

150 mg is indicated as immediate therapy in patients who are not being treated by radical prostatectomy or radiotherapy. In patients with locally advanced prostate cancer, Casodex 150 mg is indicated as immediate therapy either alone or as adjuvant to treatment by radical prostatectomy or radiotherapy”. In addition, Casodex 150 mg was recently granted marketing authorizations in Italy and Hungary. These new licences are based on evidence from the Early Prostate Cancer (EPC) program - the world’s largest ever treatment trial conducted in prostate cancer. First results from the trial have shown that in localized and locally advanced disease combined, Casodex 150 mg cuts the risk of tumour progression by almost a half, and also reduces the risk of developing bone metastases by a third, when compared with standard care alone.

ROBOTIC SURGERY REFINED

Cancer Weekly - October 12, 2001

The Vattikuti Urology Institute at Henry Ford Hospital, Detroit, is the first center in the country to routinely perform surgery using a robotic system for the treatment of prostate cancer. With this robotic laparoscopic procedure, the patient’s pain, blood loss and recovery time in the hospital and at home is significantly reduced. In addition, the procedure eliminates the large incision that is used in the traditional surgical method. New technology now makes it possible to perform radical prostatectomy using minimally invasive techniques. Instead of a major incision, laparoscopic prostatectomy requires only tiny incisions in the abdomen. “The advantages of the robotic laparoscopic prostatectomy is that the post-operative recuperation for the patient is remarkably smooth; the patient goes home within 24 hours, and barring no complications, there are no restrictions,” said Dr. Menon. The robotic procedure was developed in Paris by surgeons Bertrand Guillonnet, MD, and Guy Vallancien, MD, of the Institut Montsouris. Menon trained with them and established a collaborative program between Institut Montsouris and Henry Ford Hospital. International studies of more than 800 patients show that laparoscopic surgery is as effective as standard prostatectomy for treating prostate cancer. Laparoscopy is associated with less post-operative pain, fewer complications, shorter hospital stays and a faster recovery. In the robotic laparoscopic procedure, with the state-of-

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What and How to Ask Your Doctor the Questions You Need to Make Informed Decisions

Essential Fats / healthnewsreview

By: E. Siguel, MD PhD

Patients are encouraged to participate in decisions about their own care, and doctors are supposed to provide all material facts needed to provide an informed consent and help patients make adequate decisions. However, doctors and patients rarely exchange all the information needed for an adequate "informed" consent.

A study supported in part by the Agency for Healthcare Research and Quality found that patients were fully informed in less than 10% of medical decisions affecting them. Patients are fully informed when "doctors provide them with the pros and cons of the test, procedure, or medication regimen; inform them of their options and any side effects; and help them reach an individualized decision about the right course to take."

Clarence Braddock III, M.D., M.P.H., lead author of the study, found that only 5% to 30% of doctors discuss alternatives, and 1%-16% discuss uncertainties associated with the decision. Moreover, doctors rarely discuss the complexities of nutrition therapy as an alternative or supplement to the therapy they propose.

Patients with complex conditions need to make an effort to be heard or bring someone with them that can help them ask the appropriate questions. In particular, patients need to learn more about alternative options for diagnosis and treatment. They should be told the risks and benefits of the drugs recommended as well as alternative options such as older or generic drugs whose safety is better known.

Moral (healthnewsreview). Being nice and failing to ask appropriate questions may prevent you from asking questions later (after you die). The following steps can help you maximize the benefits of your doctor's exam.

Before your appointment:

1. Prepare a plan and agenda for the visit several days before you meet with your doctor.
2. Visit web health sites on the Internet and get "second opinions" from respected health sources. Learn the basic aspects of your health problems, as well as alternative diagnostic and treatment approaches. If you are already being treated, learn about side effects of the treatment, risks and benefits

of your current treatment, and alternative treatment options.

3. Prepare a brief summary of who you are and why you are there. Include new issues since the last exam, and questions you have, detail new problems, symptoms, etc.
4. Review all the medications you take and prepare a list of everything you take, amounts, frequency. It also helps to have a general outline of your diet and exercise program.
5. Prepare questions to ask your doctor.

At your appointment time

1. Call to confirm your appointment and that the doctor will be available at about the scheduled time. Verify that the staff has your medical record ready.
2. Bring a list of all the medications, drugs, supplements and things you take. Also bring the container. Sometimes the container has information that you may overlook. For example, not all calcium supplements are alike; it is important to know the chemical structure of the calcium supplement.
3. Bring copies of your own medical records, including test results, because sometimes the doctor has not received them or misplaces them.
4. Identify issues that may be too complex for your doctor and require another doctor or specialist, and be sure to request a referral (if your problem is chronic, you may request multiple referrals).
5. Before you leave the doctor's office, request copies of all test results (preferably, have them sent directly to you by the entity that does the testing, such as the lab). Doctors often tell patients that their tests results were normal or fail to inform them about test results. Always ask to be provided with a copy of your test results. Many organizations are now developing web sites where test results are posted, and you may receive test results by e-mail. Whatever method is used, ask when the results will be ready and sent to you, and call to inquire if you have not received them within a reasonable time. For example, most blood test results are ready within 3 days. Many labs keep blood samples for about 7 days. If you call before 6 days pass, and they forgot to run a test results, they can run them again without forcing you to give more blood.
6. Ask how long it will take for the results to be available, and call back if you did not get copies promptly.
7. Be polite but assertive with your doctor. However, limit your topics to those essential to your health. Avoid rambling or discussing unrelated matters.

8. Discuss test results with your doctor to understand them well. Normal or abnormal values are not necessarily what they appear to be. A value may be deemed "abnormal" but mean nothing. For example, if you exercise a lot, you may have evidence of muscle breakdown in your blood. If your prostate is enlarged, your PSA may be high. Your doctor can help you distinguish minor from significant issues. A value may appear normal but hide disease. A low PSA can conceal a small prostate cancer that can be detected by physical examination. A thorough doctor asks appropriate questions and looks at the totality of test results to determine whether a diagnostic test indicates disease or normal physiological variation. With regard to complex or less common tests, doctors often rely on specialists with expertise understanding those tests.
9. Discuss your treatment and medications; be sure that you understand the name of the drug, its purpose, and its dose (to verify what you get at the pharmacy later).
10. When your doctor recommends a drug, ask him about dosage, when the drug should be taken (with meals or fasting), and for how long. Understand the common risks and how to notice them. Your doctor may schedule you for periodic blood testing for drug side effects. Also ask about lower cost alternatives.
11. As you speak with your doctor, make a list of treatment options. Write down the options suggested by your doctor. Which options are complementary (work together) and which ones are alternative (must choose one or the other)? Under each option, list the likely benefits and risks as well as costs.
12. Request a specialist when you have a complex problem or many common problems that interact with each other.

References (essentialfats.com) "Informed decision making in outpatient practice: Time to get back to basics," by Dr. Braddock, Kelly A. Edwards, M.A., Nicole M. Hasenberg, M.P.H., and others, Journal of the American Medical Association 1999; 282(24): 2313-2320. Agency for Healthcare Research and Quality, hcrq.org Siguel EN. Essential Fatty Acids in Health and Disease. 1994. Nutrek Press, Nutrek Inc., P.O. Box 1269, Brookline, MA 02446. This material is merely an opinion; it is not advice and should not be used for any purpose other than entertainment. By reading or using the information contained in or implied by this article, you agree that the content provider shall not be liable for any content errors, or for any actions taken in reliance thereon. This information likely contains material errors. Use of this information is subject to the disclaimer and the terms and conditions at essentialfats.com. © 2001 Edward Siguel. All rights reserved Copyright 1999 Edward N. Siguel. All Rights Reserved

OUTREACH IN ENGLAND

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to join Roy, Major Ron Ferguson ("Fergie" - the Dutchess of York's father and Patron of England's Prostate Support Association known as PSA), and Dr. Nick James, Reader in Clinical Oncology at

A few days later I officiated at the opening of the PSA group's NW office in Wilmslow. To commemorate the occasion I presented a printer/copier and filing cabinet on behalf of *Us Too!*

Toward the end of our visit I attended a conference in London at the Imperial

outstanding job of helping to increase awareness and improve education of newly diagnosed men.

Clearly the energy generated by Roy Nixon and his wife, Glenys, and an ever growing fraternity of dedicated PCa'ers has resulted in rapid growth of the support group movement in England. In fact, I returned to the U.S. with two new Chapter charters. This energy is great to see and I am happy to report that it is being matched by our Regional Director in Scotland, Iain Dickson.

Roy Bradbrooke is a prostate cancer survivor, Chapter Leader and Regional Director for Us Too! INTERNATIONAL. He is active in the prostate cancer support community and has served in numerous volunteer capacities, including serving on the Us Too! Board of Directors



Roy and Susan Bradbrooke join Glenys and Roy Nixon officially opening the PSA Group's NW office in Wilmslow, England with a presentation of a printer/copier and file cabinet.

Birmingham University on a panel stressing the importance of early detection as well as the importance of a healthy diet and regular use of vitamins and minerals. We provided a phone number for more information and the next day Roy and I handled more than 150 inquiries.

College. Speakers included Dr. Gerald Chodak of the University of Chicago who proudly made a point of mentioning his role as founding Medical Director of *Us Too!* more than a decade ago. Major Ferguson was in attendance as well, and he clearly takes his role as Patron of the PSA Groups very seriously, doing an

PCA NEWS YOU CAN USE

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the-art daVinci Surgical System, the surgeon uses a three-dimensional computer vision system to manipulate robotic arms. These computer-controlled arms hold special surgical instruments that are inserted into the abdomen through tiny incisions. The robotic arms are engineered with "wrists" that can rotate a full 360 degrees, allowing the surgeon to manipulate the surgical instruments with greater precision and flexibility. The da Vinci Surgical System was developed by Intuitive Surgical, Inc., of Mountain View, California. The Vattikuti Urology Institute is the only facility in the country where this system is routinely used for PCa surgery.

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