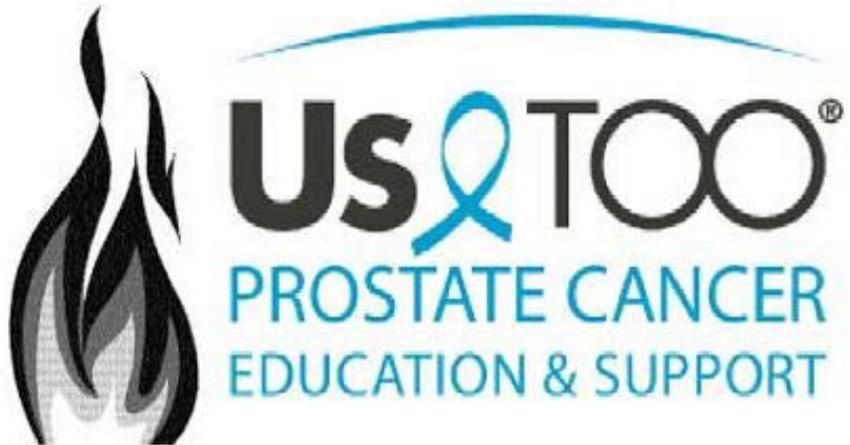


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HOTSHEET

December 2005

US TOO RECEIVES 4-STAR RATING IN FISCAL EVALUATION

On November 4, 2005, Us TOO International received notification that it has received Charity Navigator's highest rating for sound fiscal management. Us TOO received a rating of four out of a possible four stars, an improvement over last year's three star rating. Charity Navigator is an independent charity evaluator, and works to advance a more efficient and responsive philanthropic marketplace by evaluating the financial health of America's largest charities.

"We are happy to announce that Us TOO International has earned a 4-star rating for its ability to efficiently allocate and grow its finances," states Trent Stamp, Charity Navigator Executive Director in his announcement letter. "Less

(Continued on page 2)



LIKELY ORIGINS OF PROSTATE CANCER DISCOVERED

Researchers have found a set of genes that may play a key role in prostate cancer — a discovery doctors hail as a major breakthrough that changes the way they think about genetic roots of the disease.

If further research confirms these findings, published Friday in the journal *Science*, the discovery eventually might lead to better tests for prostate cancer as well as targeted therapies, says one of the study's authors, Mark Rubin, chief of urologic pathology at Brigham and Women's Hospital in Boston.

"This is amazing," says Michael Heinrich, a professor at the Oregon Health & Science University Cancer Institute, who was not involved in the study. "This is the Rosetta Stone of prostate cancer. Cracking the code lets you read the whole library. The implications of this are huge in a lot of different ways."

Until now, doctors thought it was the result of lots of random genetic

(Continued on page 2)

COLUMBIA UNIV. STUDY SUGGESTS BENEFITS OF ZYFLAMEND® IN THE EARLY TREATMENT OF PROSTATE CANCER

Data from the Columbia University Department of Urology demonstrates that Zylamend®, a unique herbal extract preparation, suppresses the growth of prostate cancer cells and induces prostate cancer cells to self-destruct via a process called "apoptosis."

The data, published in the October edition of *Nutrition and Cancer*, showed Zylamend, a patented formulation from New Chapter, has the ability, in vitro, to reduce prostate cancer cell proliferation by as much as 78 percent and to induce cancer cell death or apoptosis.

The research confirms Zylamend has COX-1 and COX-2 anti-inflammatory effects, although its anti-cancer effects against prostate cancer were independent of COX-2 inhibition, supporting the theory that some prostate cancer cells are not affected by COX-2 inflammation.

(Continued on page 5)

US TOO PUBLICATIONS

In addition to the *HotSheet*, Us TOO offers a FREE e-mail based service called *NEWS You Can Use* sponsored by Sanofi-Aventis, providing updates on the latest prostate cancer related news. To subscribe or link to the archives, simply visit the Us TOO website www.ustoo.org.

Items contained in Us TOO publications are obtained from various news sources and edited for inclusion. Where available, a point-of-contact is provided.

References to persons, companies, products or services are provided for information only and are not endorsements. Readers should conduct their own research into any person, company, product or service and consult with loved ones and personal physician before deciding on any course of action.

US TOO 4-STAR RATING

(Continued from page 1)

than a quarter of the charities in America received our highest rating, indicating Us TOO International outperforms most charities in America in its efforts to operate in the most fiscally responsible way possible. This 'exceptional' rating from Charity Navigator differentiates Us TOO International from its peers and proves that it's worthy of the public's trust. The rise in your rating is an exceptional feat, especially given the economic challenges many charities have had to face in the last year."

You may view Us TOO's full rating report on the Charity Navigator website at <www.charitynavigator.org>.

ORIGIN OF PROSTATE CANCER

(Continued from page 1)

mutations, Heinrich says. This study, however, suggests for the first time that prostate cancer begins after specific genes fuse, forming a sort of two-headed monster.

Doctors found these merged genes in nearly 80% of 29 prostate cancer samples, says Arul Chinnaiyan, a professor at the University of Michigan Medical School who directed the study. None of the 50 samples of non-cancerous tissue had the genes, he says.

This may allow doctors to begin to divide prostate cancer — which is now treated as a single disease — into different types. Doctors have been treating breast cancer this way for years: They prescribe the drug Herceptin to women whose tumors make too much of certain protein, and they give the drug Tamoxifen to those whose tumors respond to hormones.

So far, Chinnaiyan and his colleagues have found fused genes only in prostate tissue. They are trying to see whether they can detect the genes in blood or urine,

which could allow them to develop a more accurate diagnostic test for prostate cancer.

Chinnaiyan also hopes the genes will tell doctors which tumors are deadly and require aggressive treatment. That could allow men whose tumors are relatively harmless to avoid treatment and its side effects. Doctors now have few good ways to tell these men apart, leading about half to undergo unnecessary therapy, says Otis Brawley, medical director of Grady Health System's Georgia Cancer Center for Excellence.

Chinnaiyan says his discovery may allow doctors to develop new treatments. Chronic myeloid leukemia patients can live for years without serious side effects thanks to the drug Gleevec, which was developed after scientists discovered the cancer's genetic roots.

Brian Druker, the scientist who developed Gleevec, says it could take years or even decades to develop a targeted therapy for prostate cancer. But these genes at least give scientists a target — a critical first step. "This is incredibly important," Druker said in an e-mail. "Finding the cause gives us hope for finding a cure."

USA Today, 28 October 2005

DENDREON ANNOUNCES FDA GRANTS FAST TRACK STATUS FOR PROVENGE

Dendreon Corporation (Nasdaq: DNDN) today announced that the U.S. Food & Drug Administration (FDA) has granted Fast Track review status to PROVENGE® (sipuleucel-T) for its proposed use in the treatment of asymptomatic men with metastatic, androgen-independent prostate cancer.

FDA determined that PROVENGE meets the criteria for Fast Track designation in that PROVENGE shows the potential to improve sur-

THE US TOO PROSTATE CANCER *HOT SHEET* IS MADE POSSIBLE BY A CHARITABLE CONTRIBUTION FROM



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PROVENGE FAST-TRACK

(Continued from page 2)

vival in the intended patient population of men with asymptomatic, metastatic, androgen-independent prostate cancer. The potential of PROVENGE to provide a survival benefit was based on results from the primary Phase 3 efficacy study, D9901, and supporting data from D9902A, that was recently discussed with FDA in a pre-BLA meeting.

Under the FDA Modernization Act of 1997, designation as a Fast Track drug product provides for expedited regulatory review for new drugs demonstrating the potential to address unmet medical needs for the treatment of serious or life-threatening conditions. Under Fast Track, Dendreon is now eligible to submit a U.S. biologics license application (BLA) on a rolling basis. This permits the FDA to review sections of the BLA in advance of receiving the complete submission.

"Fast Track designation for PROVENGE is an important step and acknowledgement of the potential for this active cellular immunotherapy to impact survival in men with advanced prostate cancer," said Mitchell H. Gold, M.D., Dendreon's president and chief executive officer. "We look forward to working closely with the FDA to bring what could be the first active immunotherapy agent to market as soon as possible to help the many men with advanced prostate cancer who have few appealing treatment options."

About PROVENGE

PROVENGE (sipuleucel-T) is an investigational product that may represent the first in a new class of active cellular immunotherapies (ACIs) that are uniquely designed to stimulate a patient's own immune system. ACIs hold promise because they may provide patients with a meaningful survival benefit

with low toxicity. PROVENGE targets the prostate cancer antigen, prostatic acid phosphatase (PAP), which is found in approximately 95% of prostate cancers. PROVENGE is in late-stage clinical development for the treatment of patients with early-stage and advanced prostate cancer. In clinical studies, patients typically received three infusions over a one-month period as a complete course of therapy.

*Dendreon Corporation
7 November 2005*

MUSIC THERAPY FOR CANCER

It's music to their ears and health. Now, there is a growing trend of using music therapy to help cancer patients with impressive results. Alexis Vanden Bos has breast cancer and knows the music is good for her; she can feel it. She says, "It's just like, 'Wow, I can just have fun,' and bam, bam, bam -- just really knock away at it."

Vanden Bos was diagnosed with breast cancer last year. She just finished her chemotherapy and radiation treatments. Vanden Bos says, "When I'm playing the instruments, I don't feel like I'm in pain, and I'm pretty much in pain 24/7." Breast cancer progression, like prostate cancer, is often hormonally mediated.

Anthony Back, M.D., an oncologist at Fred Hutchinson Cancer Research Center in Seattle, says music therapy can offer relief for patients when used with standard cancer treatment. It can lessen nausea and vomiting from chemo, reduce pain, and help patients heal. A recent study shows music therapy reduced anxiety by 27 percent and moodiness by 37 percent. "Clearly, there's a special part of the brain that responds to music and that can take that in even if you're quite impaired in other ways," he says.

Music therapists are trained to

counsel patients and find them the right music. Sha'ari Garfinkel, a music therapist at the Swedish Medical Center in Seattle, says, "The sound that's going to be most effective is something that is pleasing to the person that they like that's meaningful for them." While some patients prefer just to listen to music, others feel a sense of control by playing.

"There may be things that I can't do anymore because of the cancer or because I'm in a lot of pain right now, but there are new things that I can do," Vanden Bos says. Research shows you don't have to have musical talent to benefit from this therapy.

Ivanhoe Newswire, 2 November 2005

SONGS IN CELEBRATION AND SUPPORT OF PROSTATE CANCER PATIENTS AND THEIR FAMILIES

Did you know that Us TOO has a music CD entitled "Circles of Love?" The original collection of upbeat and inspirational songs was written to celebrate the love and support between the patient, his companion and family members. The CD has 10 songs including pop, R&B, soul, country, folk, dance and 2 instrumental tracks.

CDs are \$15 each, with all proceeds benefiting Us TOO International's FREE materials, programs and services for prostate cancer patients and their families. Makes for a great holiday gift!! Listen to samples of all songs on the Us TOO web site at www.ustoo.org, go to *Visit Our Store* and select *Circles of Love music CD*.

US TOO PUBLISHES FIRST ANNUAL REPORT

This month, Us TOO International will be releasing an annual report for the first time. Look to receive it in a separate mailing. It can also be reviewed online on the Us TOO web site at www.ustoo.org.

VACCINE THERAPY TRIALS SHOW PROMISE FOR MEN WITH HORMONE REFRACTORY PROSTATE CANCER

Therapeutic vaccines to treat prostate cancer offer a promising treatment option for patients with hormone refractory prostate cancer (HRPC). Investigational vaccine treatments have shown encouraging results in clinical trials, and several vaccines are now in Phase 3 trials for the treatment of advanced prostate cancer.

What is Vaccine Therapy for Prostate Cancer?

Vaccine therapy involves receiving a vaccination, either an injection or an infusion, that causes the patient to develop an immune reaction against prostate cancer. Vaccine therapy is designed to use a patient's immune systems to target, and, in essence destroy his prostate cancer. Unlike chemotherapy, which involves administering toxic agents, the goal of vaccine therapy is to enable the body to fight cancer like an infection, with potentially minimal toxicity.

How Do Vaccines Program the Patient's Immune System to Destroy His Own Prostate Cancer?

Prostate cancer vaccines are designed to enable the immune system to target and eliminate prostate cancer cells. To accomplish this goal vaccines contain two parts: an antigen and an adjuvant. The antigen is the protein that the immune system is supposed to recognize as 'bad' and fight against. There are many prostate cancer-associated proteins that are used in prostate cancer vaccines. Examples of prostate cancer-associated proteins that are used in prostate cancer vaccines include PSA, prostatic acid phosphatase (PAP), and prostate-specific membrane antigen (PSMA). The adjuvant is a chemical that stimulates an immune response to the antigen. An example of an immune stimulant used in a prostate cancer vaccine is granulocyte-macrophage colony stimulating factor (GM-CSF), which is a

natural hormone that is known to enhance immune responses. The differences in the designs of prostate cancer vaccines are based on the following issues:

1. What is the antigen? This determines which prostate cancer-associated protein is targeted.
2. How many antigens are included? This determines whether many prostate cancer proteins are targeted, or just one.
3. Is the vaccine made from patient's cells or from another source? And finally
4. What adjuvant is used in the vaccine?

What are Examples of Prostate Cancer Vaccines Studied in HRPC Patients?

There are several prostate cancer vaccines that have shown promising results in advanced prostate cancer clinical trials. These include the GVAX® prostate cancer vaccine developed by Cell Genesys®, Inc., South San Francisco, CA, and Provenge®, developed by Dendreon® Corporation, Seattle, WA. Provenge® targets a single prostate cancer-associated protein, prostatic acid phosphatase (PAP) while GVAX® Prostate Cancer Vaccine targets multiple prostate cancer-associated proteins. Both vaccines utilize GM-CSF as the adjuvant. Provenge® is made by removing immune cells from the patient, sensitizing the immune cells to prostatic acid phosphatase in a laboratory, and then re-infusing the immune cells into the patient.

GVAX® prostate cancer vaccine is made from metastatic human prostate cancer cells that have been modified to secrete GM-CSF. These metastatic human prostate cancer cells (PC-3 and LNCAP) have been used in prostate cancer research for many years. The patient's immune system is exposed to the vaccine cancer cells and

blood tests show that patients develop an immune reaction against multiple prostate-cancer associated proteins. The whole cell strategy of GVAX® vaccine for prostate cancer may increase the likelihood that the patient's immune system will develop a reaction against his own prostate cancer.

What Has Been Learned from Vaccine Clinical Trials in Metastatic HRPC Patients?

Phase 2 and Phase 3 clinical trials suggest that prostate cancer vaccines may be beneficial for advanced prostate cancer patients. First, these clinical trials have shown that the vaccine treatment is well-tolerated by patients, with few side effects. Second, the trials have shown that the vaccines may offer a real benefit in prolonging survival. Men with metastatic HRPC treated with GVAX® prostate cancer vaccine demonstrated a median survival of over two years, 26.2 months and at least 24.1 months in two separate phase 2 clinical studies. Provenge® demonstrated a statistically significant median survival benefit compared to placebo in a Phase 3 clinical trial of patients with metastatic HRPC. The survival was 25.9 months for patients treated with Provenge and 21.4 months for patients treated with placebo. (Source Company Website)

These clinical trials included patients with metastatic HRPC. Patients with HRPC are late stage prostate cancer patients who have disease that no longer responds to hormone therapy. These patients have prostate cancer that was treated with hormone therapy because the prostate cancer either failed primary therapy (surgery or radiation therapy) or the prostate cancer was already widespread at the time they are diagnosed. In both cases, the cancer is treated with hormone therapy. Hormone therapy involves taking medicines, or a combination of

medicines, which shut off testosterone production. Common agents used are: Lupron® (leuprolide acetate), Zoladex® (goserelin), and Plenaxis® (abarelix) alone or in combination with Eulexin® (flutamide), Casodex® (bicalutamide), Nilandron® (nilutamide), or Proscar® (finasteride). Hormone therapy works well to control prostate cancer but virtually all patients with prostate cancer develop resistance to hormone therapy and become hormone refractory.

What Are the Treatment Options Available Once a Patient Develops HRPC?

Initially, a patient may respond to changes in the hormone therapy, and a second round of hormones may be prescribed. Once the prostate cancer becomes refractory to hormone therapy, then chemotherapy is the current FDA approved treatment available to patients.

FDA approved chemotherapy for treating advanced prostate cancer is Novantrone® (mitoxantrone), or Taxotere® (docetaxel). Mitoxantrone helps control pain but did not significantly prolong a patient's life when studied in clinical trials. Docetaxel significantly improved patient survival when compared to mitoxantrone in a Phase 3 trial, TAX 327. In this study, docetaxel improved patient median survival from 16.5 months with mitoxantrone and prednisone to 18.9 months with docetaxel and prednisone. Other treatment options for patients with advanced HRPC are available through participation in clinical studies.

Is Prostate Cancer Vaccine Therapy Available As a Treatment Option for Advanced Prostate Cancer?

Yes, but only through participation in a clinical trial. Several trials are ongoing. Patients participating in the trials are followed closely under FDA approved study protocols. Two phase 3 trials with GVAX® vaccine for prostate cancer are currently open for patient enrollment. These trials are VITAL-1 and VITAL-2. In

VITAL-1, patients with metastatic HRPC that are not yet experience significant pain are randomized to either treatment with GVAX® vaccine for prostate cancer or to Taxotere® chemotherapy. In VITAL-2, patients with metastatic HRPC and significant cancer-related pain are randomized to either treatment with Taxotere® alone or Taxotere® in combination with GVAX® vaccine for prostate cancer.

Where Can I Find Out More About Participating in a Vaccine Trial?

Information is available from your physician. General information about prostate cancer clinical trials is available on the Internet at www.clinicaltrials.gov. Information about VITAL-1 and VITAL-2 is available at www.cellgenesys.com. These links can be used to find a physician in your area that is participating in these studies.

DO YOU HAVE HORMONE REFRACTORY PROSTATE CANCER?

You may be eligible to participate in the VITAL-1 or VITAL-2 clinical research studies. VITAL-1 and VITAL-2 clinical research studies are currently enrolling patients with advanced prostate cancer. The GVAX® investigational vaccine for prostate cancer, administered either alone (VITAL-1) or in combination with docetaxel (VITAL-2) will be compared in both studies to docetaxel and prednisone in extending lifespan.

Why a vaccine? The approach of giving someone a vaccine to treat cancer is based on the idea that the immune system can be trained to destroy cancer cells.

For more information, call 1.800.648.6747 ext 3210 or visit www.cellgenesys.com.

For a list of open centers, visit www.clinicaltrials.gov keyword: GVAX.

It's about fighting advanced prostate cancer, cell-by cell.

ZYFLAMEND

(Continued from page 1)

"These results were particularly surprising and show great promise in the fight against prostate cancer," said researcher Dr. Debra L. Bemis of the Columbia University Department of Urology. "We hope that the magnitude of benefits shown in this research will be confirmed in the larger scale trial already in progress."

Based on this research, Zyflamend shows value in early therapy for prostate cancer patients. COX inhibitors have also shown value for prostate cancer patients, but data from recent trials of selective COX-2 inhibitors suggest that such drugs could have adverse cardiovascular effects. Aspirin is not associated with these negative side effects and, instead, has well-established beneficial effects against cardiovascular disease. Zyflamend has a biochemical action profile that resembles aspirin more than selective COX-2 inhibitors.

On the strength of this laboratory research, Columbia University's Department of Urology has commenced a Phase 1 human clinical trial testing Zyflamend's ability to prevent prostate cancer in patients with prostatic intraepithelial neoplasia (PIN).

"We are very encouraged about the early results of this phase 1 trial," said Aaron E. Katz, M.D., associate professor of urology at Columbia University College of Physicians and Surgeons, Director of the Center of Holistic Urology at Columbia University Medical Center and principal investigator of the study.

Zyflamend is a patented formulation from New Chapter, Inc. of Brattleboro, VT (www.newchapter.info). It includes proprietary extracts of rosemary, turmeric, ginger, holy basil, green tea, hu zhang, Chinese goldthread, barberry, oregano, and Baikal skullcap.

BUSINESS WIRE, 7 November 2005

**PCA-HEALTHY COOKBOOK, CALENDAR RAISE AWARENESS
AS WELL AS FUNDS FOR US TOO**



**2006 Calendar
"Blue Ribbon Girls for Prostate Cancer"**

Twelve retirement community friends take it all off for a good cause. The calendar features nude-but-strategically-covered mature women in a light-hearted manner. Order your "Blue Ribbon Girls for Prostate Cancer" 2006 calendar today!

\$15 each, shipping and handling included. Checks only please (make out to "Blue Ribbon for Prostate Cancer"). PLEASE WRITE US TOO IN THE MEMO SECTION OF THE CHECK so a portion of your purchase can be directed to Us TOO International.

Mail your check, along with your name and complete mailing address to:

Joyce MacDonald
15 Summit Crescent
New Hamburg, Ontario, Canada, N3A 2G3

Questions? Email blueribbongirls@aol.com

**"BLUE RIBBON RECIPES FOR A HEALTHY PROSTATE –
COOKING HEALTHY WITH JOHN DODSON"**



**John Dodson -
Gourmet chef and prostate cancer survivor**

John Dodson is a gourmet chef, and a prostate cancer survivor. Soon after his diagnosis in 1999, he joined a support group - the Prostate Cancer Support Group of Greater Kingsport, Tenn. (affiliated with Us TOO International) - and began learning about the importance of healthy diet for prostate health from Dr. Charles E. "Snuffy" Meyers.

He shares his love of cuisine in the form of a cookbook titled *Blue Ribbon Recipes for Prostate Health* - a collection of 170 of his favorite recipes adapted to promote prostate health. The cookbook includes recipes for appetizers & beverages, soups & salads, vegetables & side dishes, main dishes, breads & rolls, desserts, cookies & candy, and "This & That" miscellaneous items, all for only \$15.50 each, shipping and handling included.

Checks or money orders only please (make out to "Prostate Cancer Support Group"). All proceeds benefit prostate cancer support group services. PLEASE WRITE US TOO IN THE MEMO SECTION OF THE CHECK so a portion of your purchase can be directed to Us TOO International.

Mail your check, along with your name and complete mailing address to:

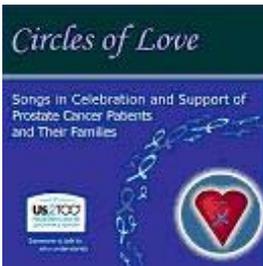
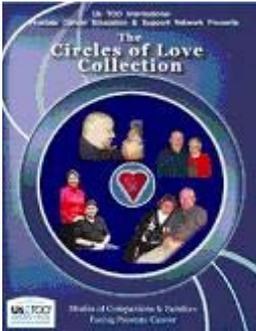
Prostate Cancer Support Group
Attn: John Dodson
1252 Catawba Street
Kingsport, TN 37660

Questions? Call 423-245-3234 or Email Kathryn_W_Visneski@wellmont.org

More information about both items can be found at:
http://www.ustoo.org/ProductInfo_NoPayPal.asp

US TOO FEATURED RESOURCES

To order, visit <www.ustoo.org>



- 1) **NEW! *The Circles of Love Care Kit*** – \$24.99 includes S+H
 Our new care kit is an excellent resource collection for friends and loved ones of those facing the battle against prostate cancer. Our care kit includes:
 - ***The Circles of Love Collection: Stories of Companions and Families Facing Prostate Cancer*** This new book, an Us TOO original publication, is a compilation of interviews with friends and loved ones of prostate cancer patients. These supportive and inspirational stories are meant to help others who are facing similar challenges. Also available separately for \$17.00 includes S+H
 - ***Circles of Love Music CD*** – This original collection of upbeat and inspirational songs was written to celebrate the love and support between the patient and his companions and family members. Contributing artists include Soozie Tyrell of the E Street Band, Alan Glass (who has written hits for Aretha Franklin, Earth, Wind and Fire, Kenny G and others), Jerry Peters (who has written for Luther Vandross and others), country artist Deborah Allen, and folk artist Kat Eggleston. 12 songs including pop, R&B, soul, country, folk and dance. Also available separately for \$15.00 includes S+H.
 - ***Intimacy with Impotence: The couples guide to better sex after prostate disease*** – This book, authored by Ralph and Barbara Alterowitz, is written for couples who have survived prostate cancer and whose normal sexual function has been disrupted. The authors bring a unique and personal perspective to the topics as they too live this experience. 220 pages.
 - ***What You Need to Know about Prostate Cancer*** – from NIH and NCI
 - ***“Life after Cancer Treatment” Resource and Referral Guide*** – excerpt from NCI



- 2) **NEW! Prostate Cancer Car Magnets “Know Your PSA”** – \$5.00 – includes S+H
- 3) **STRIVE Initiative Wristbands** – \$1.00 each plus S+H

- 4) **HotSheet Subscriptions** – \$35 for 12 issues
 HotSheets are distributed FREE at all Us TOO Support Group Chapter meetings, and on www.ustoo.org. But what if you are unable to regularly attend chapter meetings, or don't have access to the Internet? Don't miss an issue—we can deliver it right to your home or office!
- 5) **“What You Need To Know For Better Bone Health”** – FREE Us TOO brochure
- 6) **100 Questions & Answers About Prostate Cancer** – \$14.95 includes S+H
 By Pamela Ellsworth, MD, John Heaney, MD, Cliff Gill
- 7) **Prostate Cancer Resource Kit** – \$18.95 includes S+H
Included in this handy boxed kit:
 - **A Primer on Prostate Cancer** - by Dr. Stephen Strum and Donna Pogliano
 - **Know Your Options** – from Us TOO and the National Cancer Institute (NCI)
 - **Prostate Cancer Treatment Guidelines for Patients** – from National Comprehensive Cancer Network (NCCN) and the American Cancer Society
 - **What You Should Know About Prostate Cancer** - from Prostate Cancer Research Institute (PCRI)
 - **Prostate Cancer Resource Guide** - from the American Foundation for Urologic Disease (AFUD)
 - **Us TOO / Phoenix 5 CD-ROM** - developed by Robert Young
- 8) **Understanding Prostate Cancer: A Patient's Resource Kit** – \$7.50 includes S+H
Included in this handy boxed kit:
 - **Humanizing Prostate Cancer: A Physician-Patient Perspective** by Roger E. Schultz, MD (Physician), and Alex W. Oliver (Patient)
 - **Living With Prostate Cancer** – booklet
 - **Know Your Options** – from Us TOO and the National Cancer Institute (NCI)
 - **Living With Advanced Prostate Cancer video** - patient testimonials on Viadur
- 9) **Prostate Pointers Virtual Support Communities** – FREE at www.prostatepointers.org.
- 10) **Us TOO Prostate Cancer NEWS You Can Use** – FREE e-News

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

**DEALING WITH CANCER
AT WORK**

Even though job routines may be disrupted, cancer survivors are protected by ADA.

When Bette Kiernan was diagnosed with breast cancer in April 2003, she worried that her job stocking shelves at Pathmark in Eatontown, N.J., was in jeopardy. She had spent nearly 25 years there, and she wasn't sure what she would do if she were forced to stop working. And not just for financial reasons. "That was one of my support systems that kept me going," said Kiernan, 46, of Ocean Township, N.J. "You need to find a positive outlet, and that was one of them."

Cancer is testing the workplace. Not only does it threaten or damage workers' health, it disrupts the day-to-day routine, challenging employers to cope with that disruption. With the current focus upon prostate cancer screening at a younger age, these same issues apply to men.

It's a big enough problem that the U.S. Equal Employment Opportu-

nity Commission recently reminded employers that cancer is considered a disability under the Americans with Disabilities Act, and they need to be vigilant not to discriminate against workers with the disease. The EEOC reported nearly 40 percent of the 1 million people diagnosed with cancer each year are working-age adults. And medical advances have allowed many cancer survivors to return to work and be as productive as they were before their illness.

"We are going to take the position that if you have cancer or a history of cancer, you're covered under ADA," said Corrado Gigante, director of the EEOC's Newark, N.J., office. "If you are covered, then ... management needs to (reasonably accommodate) individuals and shouldn't take the position if you're not here by 9 every morning, you're subject to some action, when in fact the person might have been up all night, sick."

The law applies only to companies with 15 or more employees, and the rules themselves are clear-cut.

Employers, for example, can't ask an employee about a medical condition, unless it affects the worker's ability to do the job.

Employers who have workers with cancer need to work with them to help them do their job as long as it doesn't create an "undue hardship." They need to allow them to leave for doctors' appointments. They need to give them a private area to take medication. They may need to let them work from home. They may need to shift job functions to other workers.

Kiernan was out of work for about nine months. Her job was waiting for her when she returned in January 2004, but not without concessions from Pathmark. She worked four or five hours a day at first and lifting was limited to 20 pounds or less.

Other employees pitch in to help. "In fact, they watch after me," she said. "If that's too heavy, they say, 'Don't do that, we'll get somebody else.' They don't push me. They're wonderful."

*Asbury Park (N.J.) Press
1 November 2005*



PLEASE REMEMBER US TOO THIS HOLIDAY SEASON

Your donations help us continue to provide free education and support services to men with prostate cancer and their families every day! Thank you for your support.

US TOO INTERNATIONAL 2005 END-OF-YEAR DONATION

Name: _____ Company: _____

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