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Us TOO[®]
PROSTATE CANCER
EDUCATION & SUPPORT

HOTSHEET

December 2006



IMAGINE...

Our Us TOO Chairman of the Board, Jim Kiefert, uses the following powerful Margaret Mead quote often and it really rings true and gives us strength and helps us remember the importance of our work.

A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.

- Margaret Mead

As we have seen, Us TOO's founders, members of "the greatest generation," laid a firm foundation for Us TOO... one of peer support, education and advocacy. The 77 million "baby-boom generation" has caused a ripple of unprecedented change throughout our recent history, most noticeably these days this change is felt in the health care industry and in all things related to longevity and well-being. They are at risk now.

At our recent June Board meeting, Jim Kiefert also reminded us about principles he learned in his career as an educator... that Pride, Trust and Caring are parts of the formula that leads to Loyalty. As I travel around the country, I see a great sense of caring and compassion. I also see pride in Us TOO and our new and improved tools, initiatives and opportunities implemented recently.

- The Us TOO upgraded website continues to receive hundreds of thousands of hits each month, a staggering increase reflecting a changing population.
- The Circles of Love program and Partner's Program Guide reflect the recognition of the importance of supportive companions and family members to the patient's health.
- Us TOO University, planned in 2005 and launched in 2006, created the largest, most comprehensive training tool for empowering the Us TOO volunteer network

An increasing number of successful races, walks, auctions and community events are effectively raising awareness and funds, and broadening our reach. These efforts, initiatives and events reflect trust in Us TOO's ability to support and educate the prostate cancer community, and represent tangible examples of the depth of our caring and commitment. Pride, trust, and caring lead to a loyal and empowered community of support.

So now what are our next steps?

Now is the time to increase and broaden our efforts. To effectively raise awareness and meet the challenges of the coming years, we have created new tools and opportunities for patients and their loved ones to reach out. For example:

- Sneakers at Work, on June 15, 2007, is a new visible tool available now to raise awareness and funds in your place of work and community right before Father's Day.
- Arnie's Army and the "Closest to the Pin" program is also available now as an entertaining and effective fund-raising and awareness event.

While we often talk about tools, programs, initiatives and events, ultimately we are talking about **lives**. As we all step up our efforts, we ultimately save more lives... and that's what really matters.

As we look to the future, imagine this:

- Every man is tested.
- Everyone knows about Us TOO.
- Everyone is empowered and an active advocate for quality care.
- Everyone has access to information, education, support, and quality care.

(Continued on page 2)

US TOO INTERNATIONAL

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



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IMAGINE...

(Continued from page 1)

Now is the time, please use our new tools and help spread the word. Call us now or go to the Us TOO webpage, it is easy, rewarding and fun to spread the word about the hope of early detection, support and education.

I ask that you please remember Us TOO International as you consider your end-of-year gift giving. Look for a donation envelop in this issue, or you may choose to donate online at <<http://www.ustoo.org/Shopping/CheckOut.aspx>>.

Happy Holidays to you and your family,

Tom Kirk
 President & CEO
 Us TOO International

SAVE THE DATE!

~ Prostate Cancer and Intimacy ~

A Conference Call Program, Tuesday evening, February 13, 2007, 6:00 pm Pacific time, 9:00 pm Eastern time.

The Circles of Love Companion & Family Support Advisory Panel is thrilled to announce an upcoming conference call about Prostate Cancer and Intimacy.

This call will highlight two couples featured in the Us TOO original publication, *The Circles of Love Collection*. Jo Ann & Jerry Hardy and Jim & Maureen "Mo" Kiefert will share their journey with prostate cancer and how they have successfully created lasting intimacy in their relationships.

Watch the January HotSheet and the Us TOO website for further information about this timely program.

REBROADCAST AND TRANSCRIPT NOW AVAILABLE FOR OCTOBER 5TH TELECONFERENCE

Did you miss the Us TOO International / HealthTalk teleconference and webcast, "Expanding Treatment Horizons in Prostate Cancer," originally held on October 5, 2006? You can still listen to the audio file or read the transcription online at both the Us TOO and HealthTalk websites.

Topics discussed include: What's New in Treatment, Preventing Recurrence, Vitamin D, Chemo for Metastatic Cancer, Prostate Cancer Vaccines, Better Diagnostics Help Focus Treatment, Patient Involvement: Treatment Decisions and Clinical Trials, and The Value of Support Groups Like Us TOO.

The program features cancer survivor Tom Hiatt sharing his personal experience with treatment and tell how he is doing five years after a diagnosis with advanced metastatic prostate cancer; Daniel George, MD, associate professor of medicine and surgery in the Division of Urology and head of the Section of Genitourinary Medical Oncology at Duke Medical Center, his research efforts have focused on growth factor-targeted drug development in prostate and kidney cancer; and Mark Moyad, MD, MPH, co-director of the men's health program at the University of Michigan Medical

Center, author of numerous books and medical journal articles, and endowed chair/director at the University of Michigan Medical Center in complementary and preventive medicine.

Dr. Moyad states, "I thought the program was awesome. The discussions prompted a diverse range of questions from callers and I wish we had more time to answer each one. We could have gone on for several hours longer. I applaud organizations such as Us TOO for providing opportunities for patients to access this kind of information. I would go even further to say everyone involved in prostate cancer – physicians, researchers and other health professionals – should review summaries of the information and patient questions."

Tom Hiatt shared his experiences "I hope sharing my story was helpful to someone. I encourage patients facing advancing disease to find an oncologist that specializes in prostate cancer, other than just seeing a general oncology doctor."

Listen to a rebroadcast of the event or read the transcript at <www.ustoo.org/Tools_Links.asp#streaming>.

Thanks to sanofi-aventis and Novacea for sponsoring the teleconference and making rebroadcast materials available.

**FROM THE DOCTOR:
PHYSICIAN COMMENTARY
ON SELECTED ARTICLES IN
THIS MONTH'S *HOTSHEET***

By Gerald W. Chodak, MD

PSA Velocity

The controversy about PSA testing has not yet been resolved, meaning that proof is still lacking if routine testing saves lives. Studies are ongoing aimed at answering this important question. In the meantime, other methods to use PSA are being investigated. One new study by Carter and co-workers suggests that changes in the PSA, even when the values are quite low, may help predict which men do not have much risk of dying in the next 20-25 years, whereas more rapid risers have a risk as much as 50%. They are suggesting routine testing even at an earlier age for the purpose of finding which men have a rapidly rising value. One must interpret this study with extreme caution. This study does not prove in any way that doing this tests earlier will save lives, and it runs the risk of further increasing the number of men who are diagnosed with a cancer that would never harm them. Although several institutions, including Johns Hopkins are evaluating ways to avoid treatment in some men using active surveillance, the majority of men faced with an early cancer cannot refrain from treatment. This paper does not support a whole policy change without more definitive data but it certainly does generate some ideas for a new direction for use of the PSA test.

Finances and LHRH therapy

The article addressing the practice of LCA or least costly alternative has impacted significantly on clinical practice. Some doctors actually are losing money by administering the medication and refer their patients elsewhere, while patients are faced with a possible change from one drug to another when they are due for their next injection. The argument has been that such drugs are interchangeable; however, no scientific study has ever proved that point. Furthermore, patients may have different levels of discomfort and often prefer one preparation over another one. The LCA could use some modification.

**CONFERENCE CALL TACKLES
CHALLENGING, BUT
IMPORTANT TOPIC**

"They said there's nothing more they can do..."

What do you do or say when someone comes to you with these words? How do you respond? What is your role? Why is it so difficult to have productive and open conversations about end-of-life issues?

On October 17th, a dedicated group of Us TOO chapter leaders participated in an educational conference call addressing these difficult questions. While we ALWAYS hope for a cure and treatment is more successful than ever before, the reality is that men are dying every day from prostate cancer. These men and their families need our help.

The purpose of the program was to provide tools and ideas to help chapter leaders support chapter members facing end-of-life issues. This program is part of an effort to broaden the level of support the Us TOO network provides to those facing the full range of prostate cancer experiences. The panel of presenters included Gary Skramstad, a Lutheran Clergyman, Elizabeth Brown, a chaplain, and Elizabeth Calka, author and consultant in the area of grief and loss due to cancer.

The 35-minute program began with a brief discussion of the mental, emotional, logistical and spiritual shift from "hopes for a cure" to "recognizing that death is approaching, perhaps rapidly." Next, the panel discussed end-of-life planning, outlining twelve principles of a good death. The presentation wrapped up with a discussion of philosophies and beliefs that can bring a measure of comfort to those facing end-of-life issues.

After the formal presentation, lively 25-minute question and answer session followed.

Audio (CD) copies of this educational conference call are now available in the Us TOO Headquarters Lending Library. Please contact Jackie at Us TOO at <Jackie@ustoo.org> or by phone at 1-800-808-7866 with your loan request.

DATA ON GENETIC SUSCEPTIBILITY FOR PROSTATE CANCER ARE RELEASED

NCI recently released data from the Cancer Genetic Markers of Susceptibility (CGEMS) prostate cancer study, which could help identify genetic factors that influence the disease and affect development of new therapies.

"The immediate sharing of the database with the cancer research community will allow researchers to compare existing and developing information with CGEMS data to identify new genes associated with increased prostate cancer risk," said NCI Deputy Director for Advanced Technologies and Strategic Partnerships, Dr. Anna D. Barker.

CGEMS procured genetic samples of prostate cancer from more than 1,100 men with the disease and 1,100 men without it. The samples included over 680 million individual genotypes and 310,000 genetic variants. Finding genetic variations that differ in frequency between patient and control groups will help identify the location of multiple inherited genes that affect the risk of prostate cancer.

"CGEMS represents one of the first of a new generation of studies made possible by the Human Genome Project," added Dr. Gilles Thomas of NCI's Division of Cancer Epidemiology and Genetics and lead scientist of the project. "Through immediate data sharing, we hope to encourage other teams to make similar studies in cancer and other diseases rapidly accessible to speed progress in understanding the inherited causes of cancer."

Launched in February 2006, CGEMS is the largest comprehensive initiative to identify genetic risk factors for breast and prostate cancers, two of the most frequently diagnosed cancers in the United States. Similar data on breast cancer are now being generated and anticipated for release in early 2007.

CGEMS study data are available through NCI's cancer Biomedical Informatics Grid™ at <<http://caIntegrator.nci.nih.gov/cgems/>>.

*National Cancer Institute
24 October 2006*

“LEARN TO HOPE”

Report on the International Conference on Prostate Cancer

The International Conference on Prostate Cancer (ICPC) took place in Reston, Virginia, October 19-22, 2006. It was far more than a gathering. This represented the finest example of collaboration and commitment, co-sponsored by The Foundation for Cancer Research and Education (FCRE) & Us TOO International. Many Us TOO Chapter members were in attendance.

The theme for the conference was LEARN TO HOPE. The excellent speakers, outstanding & timely information and pertinent exhibitors met that challenge, providing HOPE to those in attendance.

"The theme and topics were obviously driven by patient interests and needs. Speakers were available after their presentation to respond to participants questions," said Jim Kiefert, Board Chair, Us TOO. He continued, "The Myers family and Us TOO did an excellent job of covering all related topics dealing with prostate cancer. Attention was paid to all details so participants could relax, learn and participate."

Though there were many exceptional speakers, one of Dr. "Snuffy" Myers' presentations was especially notable, according to Kiefert. "Dr. Myers discussed hormone treatment and diet, and covered first and second line options as

well as treatment options after hormone treatment is no longer effective. He also presented information on the combinations of chemotherapy drugs which can provide for some life extension as well as quality of life."

In addition to many speakers, Us TOO facilitated three support group sessions on October 20-21st. The sessions were well attended, covering advanced disease, partner support, and patient education and support. At the end of the session, one participant said, "This felt just like a support group meeting" as it was intended to be.

During the sessions, men and their partners shared their journey with prostate cancer and expressed their appreciation that they received HOPE and learned new ways to COPE. Some said it felt good to know they were not alone in their battle.

"Us TOO was privileged to cosponsor this conference," said Jim Kiefert.

DVD's of the entire conference will be available for purchase by contacting the Foundation for Cancer Research and Education (FCRE) at <fcre@earthlink.net> or by phone at 434-974-1303.

AstraZeneca's Patient Assistance Program (PAP) Expands Eligibility

Millions more people can qualify for AstraZeneca's PAP

- An uninsured family of four earning \$60,000 per year, or an individual earning \$30,000 annually can qualify to get AstraZeneca medicines free.
- An additional 3.8 million more people may be eligible under this expansion, bringing the total to at least 33 million, according to U.S. Census figures.
- It directly helps those in the middle class and those with lower incomes.
- AstraZeneca's PAP is believed to be the most comprehensive in the industry at approximately 300 percent FPL. Most of AstraZeneca's products are offered, including: ATACAND, CRESTOR, PLENDIL, **TOPROL XL***, **NEXIUM***, **SEROQUEL***, ZOMIG, ARIMIDEX, CASODEX, FASLODEX, ZOLADEX, IRESSA, ACCOLATE, PULMICORT RESPULES, PULMICORT TURBUHALER and RHINOCORT AQUA

The program provides assistance to people of all ages without drug coverage. People with drug coverage experiencing financial hardship, includ-

ing people with Medicare Part D, may also apply to the program for interim assistance.

General Facts about AstraZeneca's Patient Assistant Program

- Created in 1978 to help uninsured patients with limited incomes obtain AstraZeneca medications when prescribed by their doctor, in particular for those suffering from breast cancer
- In 2005, AstraZeneca provided more than \$751 million in savings to more than 712,000 patients without drug coverage throughout the US and Puerto Rico.
- In addition to providing medicines free of charge, the program provides one-on-one education and information to help all individuals identify and access health and drug coverage and services for which they may be eligible.
- AstraZeneca was the first pharmaceutical company to include information about its assistance program in all of its television advertisements.

AstraZeneca's efforts on behalf of patients

- AstraZeneca is a founding member

of the Together Rx AccessTM Prescriptions Savings Program. The Together Rx AccessTM is a free drug card program that offers savings of 25 percent to 40 percent (sometimes more) on prescriptions for over 275 brand-name drugs for qualified, low-income Americans who are not eligible for Medicare and have no prescription drug insurance.

- The AstraZeneca Caring Partners Program offers a streamlined patient assistance program to qualifying Disproportionate Share Hospitals, community health centers, and community free clinics to help better serve the low-income, outpatient populations at these facilities. Qualifying patients receive AstraZeneca medicine free of charge.
- AstraZeneca participates in the Partnership for Prescription Assistance (PPA), a national initiative to make it easier for consumers to access patient assistance programs. Qualifying patients who lack prescription coverage now have a single point of contact to access information about the public and private programs that may be right for them.

** Indicates the top three products accessed via PAP*

Doc Moyad's What Works & What is Worthless Column

Mark A. Moyad, MD, MPH
 University of Michigan Medical Center-Dept of Urology
 Phone: 734-936-6804; E-mail moyad@umich.edu

What can impact my vitamin D level? Part 1 of an exciting 2-4-part holiday series! Don't miss the final episode where Moyad will reveal who is responsible for the low vitamin D levels worldwide (cue the cheesy soap opera music)!!

Winter months (sorry Australia readers) are when vitamin D deficiency is observed in the largest amounts in most countries. Prostate cancer patients need to keep their vitamin D blood levels normal not just to maintain good bone health, but to potentially fight prostate cancer so let's first memorize what can influence your vitamin D level and in the next issue we will talk further about vitamin D. May your holidays be filled with punch spiked with vitamin D and rum (just kidding about the vitamin D part)!

Table - Six primary factors that can determine an individual's vitamin D status

Factor	Comment
Body Mass Index (BMI)	Higher BMI or obese individuals tend to have lower vitamin D concentrations because this vitamin gets absorbed by fat-tissue and is not easily released in the blood stream (more fat=less available vitamin D).
Dietary vitamin D intake	The more vitamin D one gets from dietary sources the higher the blood levels, Fish are the best naturally producing dietary sources followed by mushrooms, and egg yolks (yeah I said egg yolk-time to have a crazy holiday party that includes lots of scrambled eggs, and salmon).
Skin pigmentation	Darker skinned individuals have more melanin, blocking the impact of UV-B radiation and reducing vitamin D production. African-American individuals have a higher risk of vitamin D deficiency.
Sunlight exposure due to outside activities	The more your occupation or activities involves being outdoors the greater the chance that you will have higher vitamin D levels. This is the excuse I use to have my son mow the lawn instead of me.
Supplemental vitamin D	Multivitamins generally contain 400 I.U. (10 mcg) per capsule and vitamin D individual tablets can now be purchased for a very low cost, or your doctor may prescribe a vitamin D prescription drug.
Ultraviolet-B (UV-B) light radiation (wavelength=290-315 nm) exposure based on region of residence	UV-B radiation from the sun is the primary source of vitamin D for most people. Thus, geographic location (where you live or spend most of your time) has an impact on how much sun and vitamin D you produce (more sun=more vitamin D). Still-wear your UVA and UVB protective sunscreen.

References:

1. Giovannucci E, Liu Y, Rimm EB, et al: J Natl Cancer Inst 98:451-9, 2006.
2. Moyad MA. Sem Prev Alt Med: June 2006.

Note: Dr. Moyad is the editor-in-chief of the health care professional and patient medical journal "Seminars in Preventive and Alternative Medicine", which is now offered online and includes regular medical updates for subscribers. If you go to the publisher's website <www.elsevier.com> or call 1-800-654-2452, you can order the same medical journal that the health professionals can use that updates the latest on diet, supplements, and drugs... for cardiac disease, different cancers, and anything else that is happening in preventive and alternative medicine. We are also sending an issue to the Us TOO headquarters so that people that can afford it may be able to get to it.

**PRINCETON INSTRUMENTS
 FIRST COMPANY TO HOLD
 SNEAKERS@WORK DAY**

Sneakers at Work Day is Us TOO's newest fundraising and awareness program which will happen on June 15th, 2007, the Friday before Fathers' Day. However, one event has already happened in September, directed by Terry Geijer at Princeton Instruments in New Jersey. Geijer, a prostate cancer widow since March of 2006, felt the urge to do something to ensure that no more men leave their wives and children behind.

Of course the event was successful. About 90 employees participated by each donating \$5 and in return receiving a blue pair of shoelaces to wear on their sneakers that day at work. A total of \$515 was raised as result of their efforts in which Us TOO can use to help continue current educational programs as well as develop new ones to serve the next generation of men to begin fighting prostate cancer.

Imagine the possibilities of having thousands of organizations, large and small, participating in a national day for awareness! Chapters are encouraged to promote the event by approaching their own, their children's, and their friend's places of employment.

Please visit <www.ustoo.org/Sneakers@Work> for more information or call Dan Reed, Development and Marketing Coordinator, Us TOO International at (800) 808-7866. It's an easy event to do and promises to be a huge success with Us TOO Chapter participation. Please help promote the event today, register your organization and help empower the next generation of men to fight prostate cancer.

**TEE OFF FOR PROSTATE
 CANCER AWARENESS**

Arnie's Army and Us TOO International have teamed up to help raise funds and awareness for the thousands of men touched by prostate cancer every year. Arnie's Army is named after Arnold Palmer, legendary golfer but more importantly, a prostate cancer survivor. The concept for the fundraiser is quite simple; all the individual has to

(Continued on page 6)

PROSTATE CANCER GROUPS DEMAND DOCTORS AND PATIENTS GIVEN CONTROL OVER PATIENTS' PROSTATE CANCER TREATMENT

Impact of Bundling Arrangements Strikingly Similar to Least Costly Alternative Policies in Distorting Financial Incentives and Compromising Patient Care

Citing treatment considerations over financial control mechanisms, a coalition of groups representing prostate cancer patients issued a call this week for Medicare to drop its policy of least costly alternative (LCA) for prostate cancer patients. The LCA policy encourages providers to give patients the treatment that costs the least where treatments are deemed by the Center for Medicaid and Medicare Services (CMS) as interchangeable.

At a recent Medicare Payment Advisory Commission (MedPAC) meeting, the commission considered changes to the average sales price (ASP) system because bundled discount arrangements by companies can have a warping effect on Medicare reimbursement rates for physicians, potentially driving them to make decisions that are not based on clinical factors. For these same reasons, the coalition seeks to have MedPAC also consider changes to the LCA policy. Both practices clearly alter market behavior.

In a joint letter to MedPAC, the coalition of groups, which includes the Men's Health Network, the National Prostate Cancer Coalition, the Prostate Health Education Network, Inc., and Us TOO laid out their concerns over the impact of LCA on the lives and treatment of men with prostate cancer.

Among them:

- Physician judgment is supplanted by cost factors
- Cost of therapy from quarter to quarter could cause sudden changes in treatment based on cost, not efficacy
- By shifting differences in cost of the LCA treatment with more expensive treatments to the patient, the policy discourages patients from seeking the most appropriate treatment

"LCA policies for prostate cancer drugs are inappropriate because they

substitute Medicare's determination that certain drugs are interchangeable for the physician's professional judgment that one drug may be more efficacious or have fewer side effects for a particular patient," said the letter. "All things being equal, cheaper is of course always perceived as better," said Scott Williams Director, Professional Relations & Public Policy - Men's Health Network. "But all things are not equal. This is treatment for cancer and the impact of the LCA means that the treatment you get is not based on what is best for you, but what is cheapest. That simply isn't fair to the patient who is fighting for his life. It is past time for CMS to review and remove policies that threaten rather than support patients."

PRNewswire, 30 October 2006

NEWER APPROACH URGED IN SCREENING FOR AGGRESSIVE PROSTATE CANCER

Check PSA levels in 40s, measure rate that PSA increases, Hopkins researchers say

Researchers at the Johns Hopkins University School of Medicine say that how fast the amount of PSA (prostate-specific antigen) in a man's blood increases, or PSA velocity (PSAV), is an accurate gauge of tumor aggression and danger, even when PSA levels are so low as to not warrant a biopsy.

Findings of a Hopkins study of PSAV, in this month's *Journal of the National Cancer Institute*, may add a new level of predictive accuracy to prostate cancer testing, the value of which has remained controversial under currently accepted guidelines, the investigators say.

"Our data provide a further argument for PSA testing that begins relatively early in life, when PSA levels are usually lower and prostate enlargement is not a confounding factor in diagnosis," says H. Ballentine Carter, M.D., the director of the Johns Hopkins Division

TEE OFF FOR AWARENESS

(Continued from page 5)

do is hold a contest to the pin contest at their favorite golf course by approaching the club pro and gaining his approval. The event can be held on a regular day of play or by attaching the event to an already scheduled work or family outing. Two events have already been completed, one by an Us TOO staff person and the other by a neighbor of an Us TOO board member.

The Us TOO staff person held the event at a local club in Chicago on a rather cold Sunday in September. Despite the rather chilly elements, almost 40 people participated as they made the turn on the front nine. Every one of the people who attempted to win the Arnold Palmer replica putter paid \$20 to try and all received a subscription to Golf Digest Magazine. More importantly, they helped raised funds and awareness to help men and their families get through prostate cancer and survive.

Us TOO board member, Joe Piper, told a similar success story. Since Joe is not an avid golfer, he approached

(Continued on page 8)

of Adult Urology at the Brady Urological Institute and lead author of the study. "We would recommend that men at around age 40, not 50, have their PSA checked to develop a baseline against which to compare future changes (velocity), since even a slight rise in PSA may indicate a potential for cancer down the road."

"The main debate over how to use PSA has centered on the choice of the level that is used to trigger a biopsy," says Carter, a professor at the Johns Hopkins University School of Medicine. "Lowering the level that triggers a biopsy leads to detection of more harmless cancers, and higher levels could miss the opportunity to detect an important cancer early."

"We have found that the rate at which a man's PSA rises may be more impor-

(Continued on page 8)

FEDERAL EMPLOYEES SUPPORT US TOO IN COMBINED FEDERAL CAMPAIGN

All federal employees, including military personnel, will be participating in the 6-week Combined Federal fundraising Campaign from September 15 to December 15, 2006, and are able to complete pledge cards to make donations to their charities of choice. **Please consider supporting Us TOO's mission of providing prostate cancer patients and their families with education and support services — the CFC number for Us TOO International is 2865. Thank you!**

Write in Us TOO CFC# 2865.



2007 Sponsors

It's not too early to make plans to join us for next year's Run Walk 'n Roll — coming in September 2007!

If you would like to become a sponsor, please contact Pam Barrett at pam@ustoo.org or phone 630-795-1002 x15.

We thank these sponsors for making the 2nd Annual Greater Chicago Prostate Run, Walk 'n Roll possible!

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CHICAGO SUN-TIMES
THE BRIGHT ONE

Our deepest thanks to the donors, volunteers, teams and participants who worked so hard to make this event a success. We apologize if any names have been omitted from the above list.

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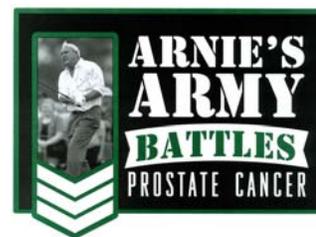
Dr. R. Porter Lions Club Crunch Fitness Dearborn Partners Illinois State Lottery



THE DAY FOR NATIONAL PROSTATE CANCER AWARENESS & ACTION

Participate in our WORKPLACE GIVING program to support prostate cancer patient education and support efforts!

Visit www.ustoo.org for more information or contact Dan Reed at 1-800-808-7866 or dan@ustoo.org



Hold a Closest To The Pin Contest at your golf club this fall to benefit Us TOO and Arnie's Army!

Visit www.ustoo.org for more information or contact Dan Reed at 1-800-808-7866 or dan@ustoo.org

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

NEWER APPROACH URGED IN SCREENING

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tant than any absolute level for identifying men who will develop life-threatening cancer while their disease is still curable. In addition, PSA velocity could be a useful method for identifying those men with a prostate cancer that could be safely monitored - an approach termed 'active surveillance'."

PSA is a protein found in the bloodstream of men, produced by the prostate gland and found at increased levels in those with prostate cancer. In previous research, PSA velocity in the year before prostate cancer diagnosis has been shown to identify men who are likely not to be cured by surgery. However, Carter's latest findings show that PSA velocity can also identify men with life-threatening disease at a time when it is still curable.

Using serum samples dating as far back as 1958, frozen as part of an ongoing randomized health study of men, Carter and his team determined PSA velocity in 980 of those study participants (856 without prostate cancer, 104 with the disease and 20 who died from it) up until May of 2005.

They found that the PSA velocity determined at a time when PSA levels would not have triggered a biopsy were predictive of death from prostate cancer 20 to 30 years later.

Those men whose PSA velocity was lower had a 92 percent chance of not dying of prostate cancer 25 years later; whereas those with a higher PSA velocity had a 54 percent chance of not dying of prostate cancer. The rates of prostate cancer death were 1,240 in 100,000 for subjects with a higher velocity compared to 140 in 100,000 for those with lower velocities.

Carter emphasizes that an important difference between the current research and previous studies is that the subjects in the current study were not selected, but rather taken at random from a large, ongoing study, thus more accurately representing the U.S. population.

The Intramural Research Program of the National Institutes of Health, National Institute on Aging supported his research.

*<<http://www.hopkinsmedicine.org/>>
1 November 2006*

TEE OFF FOR AWARENESS

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his neighbor, Bob Longmire to help with the closest to the pin contest. Again almost 40 men participated in the contest, which Bob had attached to the Men's Spring Tournament in Houston, TX. Us TOO literature and Arnie's Army promotional flyers and posters were provided by the two organizations to help stimulate awareness and excitement for the event.

Within the next two weeks, two of Bob's golf buddies had told him that they had been prompted to get check-ups, and learned they both had elevated PSA blood levels. Thankfully with early detection testing, both men are now able to more closely monitor themselves and take proactive steps to remain healthy. Another event has scheduled at the same club under the direction of TexUs TOO Chapter member, Allen Leon.

Us TOO and Arnie's Army wants to multiply these success stories and needs the help of Us TOO's vast network of prostate cancer survivors. To schedule an event at your favorite golf course or to attach the contest to your work or family golf outing visit <www.ustoo.org> for more details, or call Dan Reed, Development and Marketing Coordinator, Us TOO International at (800) 808-7866. With your help, we can save lives.

US TOO INTERNATIONAL: OUR MISSION

Communicate timely, personalized and reliable information enabling informed choices regarding detection and treatment of prostate cancer.

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