President’s Message: Taking Action in 2007

By Tom Kirk, President & CEO
Us TOO International

As I write this piece, we will soon be holding our December 2006 Us TOO Board Meeting. There is much we will be discussing and deciding. We will be recognizing the work of two Board members who will not be returning as their term limits have been reached. I want to take the time here to say a special Thank-You to Russ Gould from the Chicago area and Joe Piper from the Houston area. Both have been solid leaders and warriors who have contributed in so many ways. We will share more in future editions of the HotSheet. We will also be nominating several new members and discussing our plans for 2007 this weekend.

We are eager to build on the accomplishments of last year and continue to raise awareness, expand the network, and support the dedication, hard work and commitment of people just like you. Foremost in our minds, and somewhat daunting, is the awareness of the unprecedented growth of the at-risk population represented by the 77 million aging baby boomers.

As the top priority we want to raise (Continued on page 8)

US TOO To Host Free Conference Call: "Intimacy & Prostate Cancer" Feb 13

So many couples facing prostate cancer soon realize they are also facing other difficult, even devastating, challenges. One such challenge involves reclaiming or redefining the intimate relationship as a result of prostate treatment-related impotence or reduced sexual drive or function.

The Us TOO Companions & Family Advisory panel is hosting a one-hour, nationwide teleconference program on the topic, "Intimacy and Prostate Cancer" on Tuesday, February 13th at 9:00 pm Eastern, 8:00 pm Central, 7:00 pm Mountain, 6:00 pm Pacific. The call will feature:
- A medical professional specializing in impotence issues and solutions
- Jim Kiefert, Us TOO Board Chairman and his delightful wife, Maureen.
- Jo Ann and Jerry Hardy. Jo Ann serves as the only female member of the Us TOO Board of Directors.

The call will be moderated by Elizabeth Cabalka, author and chairperson of the Us TOO Companions and Family Advisory Panel, of which both Jo Ann and Maureen are active members.

(Continued on page 2)

Companies, Chapters Signing Up for Sneakers@Work Day

Many companies and organizations are already jumping on board to help raise prostate cancer awareness in their workplace or meeting locations. “We are hearing great excitement and buzz from everyone we talk to about the Sneakers@Work Day,” says Dan Reed, Us TOO Development and Marketing Coordinator and Sneakers Program Guru.

The day for national prostate cancer awareness and action will be held on June 15, 2007, and is the first program of its kind to be introduced on a national scale. “People really like the concept of showing their support with a large group of people they work with or see on a frequent basis. Plus, the blue shoeaces and tennis shoes make it fun to participate,” Reed shares.

- Prostate Cancer Support Group of Wellington Medical Center
- Southeast Area Social Services Funding Authority
- Sparkling Clear Industries
- Steven Label
- Teachers Health Trust
- The Hatch Dental Group
- Us TOO Kenney Ellenburg Prostate Cancer Support Group
- WBS Enterprises

(Continued on page 6)
US TOO INTERNATIONAL has received Charity Navigator’s highest rating for the 2nd year in a row for sound fiscal management. Less than a quarter of the charities in America receive this exceptional rating.

### DENDREON LAUDS NEW TESTS OF PROSTATE CANCER DRUG

Dendreon said Wednesday that its prostate-cancer drug performed significantly better than a placebo, based on preliminary results from a clinical trial of men with early stage disease. The study examined whether Dendreon’s Provenge could extend the time it takes for PSA scores to double in 176 men. For doctors, the PSA (prostate-specific antigen) is a key measurement of disease activity. Some studies have suggested that if patients have a slower PSA doubling time, they are likely to live longer.

The Seattle biotech company has not presented detailed results at a medical meeting but plans to do so. On a conference call with analysts after its earnings announcement, Dendreon said patients on Provenge had a 35 percent increase in PSA doubling time, compared with patients on placebo. Side effects of Provenge included fever, chills and headache that lasted one to two days, similar to results from earlier studies.

Dendreon said it will follow the patients for years, to see if Provenge can provide a survival edge, as it did in a study of patients with late-stage disease. "We are extremely pleased with the outcome," Dendreon Chief Executive Mitchell Gold said. Dendreon stock rose 5 percent after the news, to close at $5.47 a share.

Charles Duncan, an analyst with JMP Securities, called the results "medically interesting." He said it will strengthen the company’s case that Provenge is safe, stimulating the immune system as intended and slowing the disease. "It's good data," Duncan said. "If they hadn't gotten this, the FDA [Food and Drug Administration] would have been scratching its head about what's going on with this drug."

Gold said the company remains on track to submit its complete Provenge application to the FDA by year-end. The FDA has considered, but not allowed, companies to make marketing claims about a prostate-cancer drug’s efficacy based on PSA doubling time. It prefers the gold-standard measure of patient survival.

Seattle Times, 9 November 2006

### CONFERENCE CALL

(Continued from page 1)

Our panel members have faced prostate cancer and the challenges of recreating or redefining intimacy and have found solutions. Both couples are featured in the Us TOO original book, The Circles of Love Collection.

Just in time for Valentine’s Day, make a date with your loved one and join us for this frank, open dialog about this challenging issue. Learn about solutions that can bring intimacy back into your relationship.

The teleconference is open to the first 100 callers and will fill quickly, so please make sure you dial in at least 10 minutes early to secure your place.

**TO PARTICIPATE IN THE CALL:**

Please dial the toll-free number below to listen to, or to participate in, the program. There will be time for questions and answers immediately after the panel presentations.

- **Date:** February 13th
- **Time:** 9pm Eastern, 8pm Central, 7pm Mountain, 6pm Pacific
- **Dial in # (toll free):** (800) 475-3716

**Please RSVP:** This FREE teleconference will fill quickly, so register today to secure your place. To register, contact Dan Reed at <dan@ustoo.org>, or call (800) 808-7866. You may remain anonymous when you RSVP if you chose but please RSVP so we can reserve ample space for all who wish to participate.

For additional information about this teleconference program or any of Us TOO’s Companion and Family efforts, please contact Elizabeth at elizabeth@ustoo.org or at (320) 980-0437.
DOC MOYAD’S WHAT WORKS & WHAT IS WORTHLESS COLUMN—ALSO KNOWN AS “NO BOGUS SCIENCE”

Where Can I Get or Buy Vitamin D?
Part II of an exciting 4 part holiday series!

Mark A. Moyad, MD, MPH
University of Michigan Medical Center-Department of Urology
E-mail: moyad@umich.edu

Why did Michigan lose to Ohio State and why did we get bumped out of the National Title Game? Was it because the coach of Florida (also now known to me as “Urban Crier” and not “Meyer” because he whined so much to get his team in the game) went on a pathetic campaign?! Who knows, but I am currently working out of these problems with my therapist and with medication. Anyhow, back to vitamin D.

Vitamin D is now for sale at almost every health store and pharmacy in the U.S. In fact, over the Thanksgiving holiday I was in many countries overseas and every store seemed to be selling this stuff. The Recommended Daily Allowances (RDA) of vitamin D has always been between 400-800 I.U. a day. However, this was originally based on the amount of vitamin D found in a spoonful of cod liver oil (yummy!). Yes, cod liver oil is a wonderful source of vitamin D, and I have heard countless stories about parents around the world forcing this oil down the throats of innocent children, but this actually made sense because it is also a good source of omega-3 fatty acids.

However, currently I am not as big a fan of cod liver oil as I use to be because many brands of these oils also contain very large quantities of vitamin A. In fact, getting 1000s of IU’s extra in your diet can be toxic for some vulnerable individuals and there is also another concern, which revolves around a liver source of vitamin D. Fish liver can contain higher quantities of methyl-mercury so this is not a good thing.

The bottom line is that if you still just want to have cod liver oil as your primary supplemental source of vitamin D, then check for lower levels of vitamin A (less than a 1000 IU or no vitamin A) and whether or not the supplement has been tested for mercury amounts. This sounds like a lot of work, but it really is not because any dietary supplement you buy should have had some quality control testing.

Most individuals will need at least 800 IU a day of vitamin D taken as a supplement to ensure an adequate blood level, but we will discuss the vitamin D blood test in the next exciting US TOO issue (this way it forces readers to read my column to find out what happens-it is kind of like the “Rocky” movie series-you just can’t stay away). Vitamin D supplements are now sold as individual and tiny and easy to swallow supplements which cost just

MINORITY AND UNDERSERVED POPULATIONS AWARENESS PROGRAM REACHES 118,000 IN 3 YRS

Us TOO’s Minority and Underserved Populations Prostate Cancer Awareness Program has made great strides in 2006 and the plans for 2007 are already in motion. With the special effort and focus to partner and collaborate with each individual state’s Comprehensive Cancer Control Program Director and staff, along with the cooperation of the CDC Program Consultant and state project officers, the program is in full swing. With hopes of reaching 100,000 men and their families in minority and underserved communities this program year, pilot site coordinators and Program Director Eugene Wheeler are working diligently to make sure the program is a success!

Us TOO’s “MUP” Program is dedicated to provide prostate cancer education, advocacy and patient-spouse-family support and resources to individuals in minority and underserved communities. Us TOO is determined to work to reduce the higher mortality rate among minorities, culturally diverse, and medically underserved populations by providing education and publications through our train the trainer program.

The program provides outreach and support sessions that trains facilitators to conduct meetings in local communities, churches, universities, etc. to extend the reach of existing prostate cancer awareness programs. The train-

A message for...

American Indian Men, Alaskan Native Men, and People Who Care About Them

US TOO REACHES OUT TO AMERICAN INDIAN, ALASKA NATIVE COMMUNITIES

In November, a letter was sent to the program directors of the six CDC-funded Tribal Comprehensive Cancer Control Programs asking for feedback regarding Us TOO’s American Indian/Alaska Native prostate cancer awareness brochure. The brochure is being created through Us TOO’s Minority and Underserved Populations Awareness Program, funded by the Centers for Disease Control and Prevention. A simple questionnaire asking for opinions and suggestions on how Us TOO can improve the design and or the information provided in the brochure was included with the letter.

The comments and recommendations from the Tribal Comprehensive Cancer Control Programs will be used to improve the brochure for American Indian/Alaska Native communities.

We look forward to sharing the results of this questionnaire, and the new revised brochure to be used in these communities as a teaching tool for Native American men in the near future. Special thanks to CAPT Lauren Tancona, the Center for Disease Control’s Tribal Liaison, for her guidance throughout this project.

(Continued on page 8)

(Continued on page 6)
PSA Bounce after Radiation Does Not Predict Clinical Failure

Transient increases in prostate-specific antigen level (PSA bounce) after radiation therapy for prostate cancer are associated with a higher risk for biochemical failure, but not for clinical failure, according to a report in the October 1st issue of Cancer (2006;107:1496-1502).

"Do not react quickly if a patient’s PSA rises and conclude that their cancer has returned," Dr. Eric M. Horwitz from Fox Chase Cancer Center, Philadelphia, Pennsylvania told Reuters Health. "The PSA bounce is common for all patients treated with radiation and it does not represent treatment failure."

Dr. Horwitz and colleagues sought to determine the biochemical and clinical significance of the PSA bounce in a pooled analysis of 4839 patients with prostate cancer treated by external beam radiation therapy (EBRT) alone.

A posttreatment PSA bounce was noted in 978 (20%) patients. At 10 years after treatment, 58% of patients with PSA bounce had no biochemical evidence of disease, the results indicate, compared with 72% of patients without PSA bounce. This difference in biochemical failure did not, however, translate into differences in rates of distant failure, cause-specific survival, or overall survival, the researchers note.

"Immediate salvage treatment (specifically hormones) is not necessary until a recurrence has been definitively diagnosed," Horwitz concluded.

Reuters Health, 1 November 2006

Phase II Trial of Patupilone (EP0906) plus Prednisone versus Docetaxel (Taxotere®) plus Prednisone in Patients with Metastatic Hormone Refractory Prostate Cancer

Protocol #: CEPO906A2229

Study Purpose:
Novartis Oncology is conducting a clinical research study to evaluate the difference in effectiveness and safety between the investigational drug patupilone and Taxotere, in men having hormone refractory prostate cancer. The reason for this study is to find out which of these two medicines gives better relief of prostate cancer. Participants who agree to join in this study may get either 10 mg/m² patupilone once every three weeks or 75 mg/m² of Taxotere once every three weeks, intravenously (directly into a vein). Prednisone will be given to all patients as supportive therapy. Patupilone is a medicine which has not been approved by the FDA for the treatment of men with prostate cancer. Taxotere is a medication approved by the FDA to treat breast cancer, non-small cell lung cancer and prostate cancer. Patients who qualify for this study will be randomly assigned to receive either the study drug patupilone or Taxotere and have a 50% chance of being treated with either drug. Participants will not have a choice of which medication they will receive. This study is open-label, which means that after participants are randomly assigned to a treatment, they will know which medication they are receiving.

Key Eligibility Criteria

Inclusion Criteria:
- Known prostatic adenocarcinoma.
- Known metastatic disease.
- Documented evidence of disease progression.
- Chemotherapy-naïve patients (unlimited prior regimens of hormonal therapy).
- Age ≥ 18 years.
- Written informed consent must be obtained.

Exclusion Criteria

- Prior radiation therapy to tumors located centrally less than 4 weeks prior to enrollment date.
- Prior strontium chloride (⁸⁹Sr) or Samarium lexidronam pentasodium (¹⁵³Sm) treatment.
- Known brain metastases.

Additional protocol inclusion/exclusion criteria may apply. Eligibility to participate will be determined by a participating physician.

Contact Information

For more information regarding this trial as well as the locations of participating sites, please contact <www.novartisclinicaltrials.com> and select Prostate Cancer, or call 1-800-340-6843 – The Novartis Oncology Clinical Trials Hotline. You will also be able to access this protocol on the NCI Clinical Trials website shortly.

Gene-Based Urine Test (PCA3) Approved for Diagnosing Prostate Cancer in EU

On November 8, the European Commission approved a gene-based test (Gen-Probe PCA3, made by Gen-Probe, Inc. and DiagnoCure, Inc.) to aid in the diagnosis of prostate cancer. According to a company news release, the test quantifies the presence of PCA3 mRNA (also known as DD3) in prostate cells released into the urine after a digital rectal examination.

Because prostate-specific antigen (PSA) is produced by both malignant and nonmalignant tissue, PSA tests tend to produce many false-positive results that cannot be confirmed by biopsy in up to 80% of patients. In contrast, PCA3 mRNA is markedly upregulated (60- to 100-fold) in cancerous prostate cells, and it is not expressed (or expressed only at very low levels) in normal or hyperplastic prostate tissue, which improves the accuracy of screening results.

In one study of 225 patients with high serum PSA levels and negative results on previous biopsy, the PCA3 assay demonstrated significantly increased specificity for cancer compared with the PSA test (74% vs. 17%). In another study (n = 491), higher PCA3 scores correlated with a higher probability of positive biopsy but (unlike PSA) did not correlate with prostate gland size, thereby decreasing the potential for false-positive results. According to the news release, the PCA3 test will be formally launched later this month at the meeting of the British Association of Urologic Surgeons in the United Kingdom. Studies are also being done at 7 European centers in association with 4 molecular pathology labs to validate and confirm the test's clinical utility.

In the United States, tests based on the PCA3 gene are currently available in analyte-specific reagent (ASR) format.

Medscape Medical News, 14 November 2006
### Index of Articles Appearing in the 2006 HotSheets

<table>
<thead>
<tr>
<th>Title of Article</th>
<th>Month</th>
<th>Title of Article</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 Us TOO Board of Directors Set</td>
<td>February</td>
<td>Highlights from 2006 ASCO/ASTRO Symposium</td>
<td>May</td>
</tr>
<tr>
<td>2nd Annual Duke Prostate Center Symposium</td>
<td>May</td>
<td>Highlights of the 2006 ASCO Meeting</td>
<td>July</td>
</tr>
<tr>
<td>2nd Chicago Prostate Cancer Run Walk Event</td>
<td>October</td>
<td>Hormone Therapy Linked to Heart Disease</td>
<td>November</td>
</tr>
<tr>
<td>A Circle of Love in Galveston, TX</td>
<td>June</td>
<td>Hot Pepper Chemical for Bone Pain</td>
<td>March</td>
</tr>
<tr>
<td>A Circle of Love Reaches South Africa</td>
<td>August</td>
<td>How to Search For a Clinical Trial</td>
<td>Oct. Suppl.</td>
</tr>
<tr>
<td>A Circle of Love Series in Decatur</td>
<td>September</td>
<td>Imagine</td>
<td>December</td>
</tr>
<tr>
<td>A New Molecular Test—Prostate PX™</td>
<td>April</td>
<td>Index to 2005 HotSheet Articles</td>
<td>February</td>
</tr>
<tr>
<td>Alternative Therapies Are Commonly Used</td>
<td>March</td>
<td>Interleukin-17 Receptor Gene and Cancer</td>
<td>February</td>
</tr>
<tr>
<td>Androgen Levels Differ According to Race</td>
<td>October</td>
<td>International Conference on Prostate Cancer</td>
<td>December</td>
</tr>
<tr>
<td>ASCO Call to Action—for Patients, Too</td>
<td>May</td>
<td>Introduction by Thomas N. Kirk, President &amp; CEO</td>
<td>Oct. Suppl.</td>
</tr>
<tr>
<td>AstraZeneca’s PAP Expands Eligibility</td>
<td>December</td>
<td>Life Begins Again at 51</td>
<td>March</td>
</tr>
<tr>
<td>Big Grant to Predict Cancer Outcomes</td>
<td>February</td>
<td>Life Insurance Offered to Cancer Survivors</td>
<td>May</td>
</tr>
<tr>
<td>Biofeedback Helps Post-RP Inconvenience</td>
<td>March</td>
<td>Limitations of PSA Velocity Measurements</td>
<td>January</td>
</tr>
<tr>
<td>Bone Loss Related to Hormone Therapy (RTOG 0518)</td>
<td>November</td>
<td>Live Free Webcast on October 5th</td>
<td>October</td>
</tr>
<tr>
<td>Bone-Targeted Prostate Cancer Therapy</td>
<td>January</td>
<td>Living (And Eating) Well At Us Too University</td>
<td>Nov. Suppl.</td>
</tr>
<tr>
<td>Cancer Screening Debate Ignores Black Men</td>
<td>April</td>
<td>Living with Urinary Incontinence</td>
<td>June</td>
</tr>
<tr>
<td>Cesamet™ Receives FDA Approval</td>
<td>July</td>
<td>Lower PSA Threshold for Black Men</td>
<td>October</td>
</tr>
<tr>
<td>Circle of Love is Forming in Olympia</td>
<td>July</td>
<td>Medicare CAP Update</td>
<td>March</td>
</tr>
<tr>
<td>Circles of Love Alive in Chicago</td>
<td>May</td>
<td>NCI Clinical Trials at the NIH Clinical Center</td>
<td>November</td>
</tr>
<tr>
<td>Circles of Love Goes To School</td>
<td>November</td>
<td>New Hope for Radiation Therapy Failure</td>
<td>January</td>
</tr>
<tr>
<td>Common Clinical Trial Terms</td>
<td>Oct. Suppl.</td>
<td>New Law Allows Drug Importation</td>
<td>November</td>
</tr>
<tr>
<td>Companies Show Their Support for Us TOO</td>
<td>August</td>
<td>New NCCN Screening Guidelines for Prostate Cancer</td>
<td>July</td>
</tr>
<tr>
<td>Companions &amp; Family Program Support Grants</td>
<td>April</td>
<td>New NCI Clinical Trial—Targeted Therapy</td>
<td>August</td>
</tr>
<tr>
<td>Counseling Helps Sex Life after Cancer</td>
<td>February</td>
<td>New Study of DN-101 in Advanced Prostate Cancer</td>
<td>June</td>
</tr>
<tr>
<td>Cryotherapy for Recurrence… A Patient’s Story</td>
<td>September</td>
<td>New Tools for Cancer Family Members</td>
<td>January</td>
</tr>
<tr>
<td>Cryotherapy for Recurrent Prostate Cancer</td>
<td>August</td>
<td>New Us TOO Educational Brochure</td>
<td>January</td>
</tr>
<tr>
<td>Daily Herald Employees Contribute To Us TOO</td>
<td>March</td>
<td>New Approach for Screening Aggressive Prostate Cancer</td>
<td>December</td>
</tr>
<tr>
<td>Dealing with Prostate Cancer Second Hand</td>
<td>October</td>
<td>Older Cancer Patients Survive Longer with Treatment</td>
<td>April</td>
</tr>
<tr>
<td>Delayed Intervention May Combat Overtreatment</td>
<td>April</td>
<td>Online Auction to Benefit Founder’s Fund</td>
<td>April</td>
</tr>
<tr>
<td>Delayed Intervention to Combat Overtreatment</td>
<td>April</td>
<td>Online Auction to Benefit Founder’s Fund</td>
<td>May</td>
</tr>
<tr>
<td>Doc Moyad’s What Works &amp; What Is Worthless</td>
<td>July</td>
<td>Overtreatment of Low-Risk Prostate Cancer</td>
<td>October</td>
</tr>
<tr>
<td>Doc Moyad’s What Works &amp; What Is Worthless</td>
<td>September</td>
<td>Phase I/II Trials Begins for CB7630</td>
<td>February</td>
</tr>
<tr>
<td>Doc Moyad’s What Works &amp; What Is Worthless</td>
<td>November</td>
<td>Phase II Results with Depsipeptide Encouraging</td>
<td>November</td>
</tr>
<tr>
<td>Doc Moyad’s What Works &amp; What Is Worthless</td>
<td>December</td>
<td>Predictors of Mortality after PSA Relapse</td>
<td>August</td>
</tr>
<tr>
<td>Docs Divided over Experimental Treatments</td>
<td>September</td>
<td>Princeton Instruments Holds Sneakers@Work Day</td>
<td>December</td>
</tr>
<tr>
<td>Doctors &amp; Patients Demand Choice in Cancer Treatment</td>
<td>December</td>
<td>Procyon’s PSP94 Marker is Better</td>
<td>February</td>
</tr>
<tr>
<td>Dr. Chodak’s Commentary on Selected Articles</td>
<td>March</td>
<td>Prostate Cancer and Intimacy</td>
<td>December</td>
</tr>
<tr>
<td>Dr. Chodak’s Commentary on Selected Articles</td>
<td>April</td>
<td>Prostate Cancer Awareness Month Patient Events</td>
<td>September</td>
</tr>
<tr>
<td>Dr. Chodak’s Commentary on Selected Articles</td>
<td>May</td>
<td>Prostate Cancer Healthy Cookbook &amp; Calendar</td>
<td>January</td>
</tr>
<tr>
<td>Dr. Chodak’s Commentary on Selected Articles</td>
<td>June</td>
<td>Prostate Cancer May be Overtreated</td>
<td>April</td>
</tr>
<tr>
<td>Dr. Chodak’s Commentary on Selected Articles</td>
<td>August</td>
<td>Prostate Cancer Studies Announced</td>
<td>March</td>
</tr>
<tr>
<td>Dr. Chodak’s Commentary on Selected Articles</td>
<td>September</td>
<td>Proud Us TOO Partner Takes Shot at Prostate Cancer</td>
<td>September</td>
</tr>
<tr>
<td>Dr. Chodak’s Commentary on Selected Articles</td>
<td>December</td>
<td>Provenge® Protocol Amendment</td>
<td>January</td>
</tr>
<tr>
<td>Drug ‘Could Boost Lycopene Effect in Food’</td>
<td>March</td>
<td>PSA Test More Accurate with Finasteride</td>
<td>October</td>
</tr>
<tr>
<td>End of Life Webcast Transcript Available</td>
<td>December</td>
<td>R 863 Recommends Increased Support Imaging</td>
<td>July</td>
</tr>
<tr>
<td>Fish Oil Won’t Fight Cancer</td>
<td>March</td>
<td>Raising a Voice for Advanced Prostate Cancer</td>
<td>May</td>
</tr>
<tr>
<td>Focal Cryoablation Can Destroy Prostate Cancer</td>
<td>November</td>
<td>Road Map to Cancer Metastasis Revealed</td>
<td>January</td>
</tr>
<tr>
<td>Fossella Leads Sponsoring of Men’s Health Act of 2006</td>
<td>August</td>
<td>RP Successful for Some High-Grade cases</td>
<td>October</td>
</tr>
<tr>
<td>Genetic Susceptibility for Prostate Cancer</td>
<td>December</td>
<td>Scientists See Progress in Cancer Tests</td>
<td>May</td>
</tr>
<tr>
<td>Genome Project Targets Cancer</td>
<td>February</td>
<td>Second DOD Grant for Preclinical Tarvacin™</td>
<td>March</td>
</tr>
<tr>
<td>Good Long-Term Results with Hi-Dose IMRT</td>
<td>November</td>
<td>Senators Advocate Continued PAP Assistance</td>
<td>June</td>
</tr>
<tr>
<td>Greater Chicago Prostate Cancer Run Walk ’n Roll</td>
<td>July</td>
<td>Sipuleucel-T in Hormone Refractory Cancer</td>
<td>August</td>
</tr>
</tbody>
</table>
ers are taught to help educate individuals enough to make informed decisions regarding screening and treatment choices.

The Program has attracted wide community support and is able to conduct prostate cancer awareness by establishing partnerships with local organizations. The Comprehensive Cancer Control Programs in each state help identify the target populations and areas to work in. Us TOO and the CCC work closely together to assure no duplication of efforts or competition and join together as a team to hold training sessions to promote education and awareness that fit the guidelines of each state's existing prostate cancer plan.

Since September 2006, which is the beginning of the program year, trainings have already taken place in Pennsylvania, Alabama, New Jersey, West Virginia and DC. Training sessions for 2007 are already made for Arizona, Virginia, South Carolina, Texas, Maryland, Louisiana, Mississippi and Washington State. The Northeastern states and Colorado are in the planning process for the rest of the program year which ends August 31, 2007.

Us TOO has received 100% of the funding for this program from a grant from the CDC, Cooperative Agreement number U58/CCU523072. The program is an integral part of CDC’s National Strategies for the Prevention, Early Detection or Survivorship of Cancer in Underserved Populations initiative. To date, more than 118,000 men and/or their partners have received prostate cancer education and materials about informed decision making since the beginning of the five year program, which started in the fall of 2003.

Us TOO Minor and Under
served Program Training Workshop graduates, held in Washington, DC at Emory United Methodist Church, Saturday, Nov. 11, 2006. Seated on right is Pastor Joseph Daniels of Emory United Methodist Church in DC, and standing far right is Us TOO Program Director Eugene Wheeler.

Us TOO’s goal is to have 2,500 organizations across the country (or even internationally!) taking part in the inaugural year of this great opportunity for awareness and action. “It doesn’t have to be just large companies who do this,” Reed states. “Small businesses and dental or physician practices are signing up. Our chapter support groups see this as a great way to involve the hospitals where they meet monthly. You can also enlist your local church, school, service club—Rotary, Elks, Kiwanis, fraternity, sorority—even informal social groups can join in.”

The money raised from Sneakers at Work Day will go to Us TOO International and American Prostate Cancer Initiative (APCI) to support prostate cancer awareness, patient education, advocacy and research programs that might otherwise go unfunded.

Join the fun by registering your organization to hold a Sneakers@Work Day event today! Sign-up online at <www.ustoo.org/sneakers@work>. If you would like to find out how you can do more or if you have other general questions, please contact Dan Reed at (800) 80-Us-TOO (800-808-7866) or via e-mail at dan@ustoo.org.

Sneakers@Work Day is a joint fundraising program of American Prostate Cancer Initiative and Us TOO International. Both are recognized by the IRS as 501(c)(3) public charities.
US TOO RECEIVES TOP 4-STAR CHARITY FISCAL MANAGEMENT RATING AGAIN

On November 30, 2006, Us TOO International received notification that it has again received Charity Navigator’s coveted highest rating for sound fiscal management. Us TOO received a rating of four out of a possible four stars for the second year in a row. 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 manage and grow its finances,” states Trent Stamp, Executive Director of Charity Navigator.

“Only 12% of the charities we’ve rated have received at least two consecutive 4-star evaluations, indicating that Us TOO International outperforms most charities in America in its efforts to operate in the most fiscally responsible way possible,” Stamp emphasizes. “This ‘exceptional’ rating from Charity Navigator differentiates Us TOO International from its peers and demonstrates to the public it is worthy of their trust.”

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

SON RUNS MARATHON IN FATHER’S HONOR

Randall Porter (center) ran the Chicago Marathon on October 22, 2006 to honor his father, Stu Porter (left), a prostate cancer survivor, and raised donations of $3,196.00 for Us TOO International’s patient education, support and awareness programs. His mother, Myrna Porter (right), is also highly involved with prostate cancer fundraising and patient support services, and has been the Co-Chair of the Us TOO/Wellness Place Greater Chicago Prostate Cancer Run Walk ‘n Roll for the last 2 years.

All proceeds from donations and items sold benefit Us TOO’s FREE programs, support services and educational materials for prostate cancer patients and their families.
awareness and we have just the Campaign needed to take action: a new nationwide Prostate Cancer Awareness program that will take place on June 15, 2007, called Sneakers@Work Day. Just as many of us have worn pink in support of breast cancer awareness, the Sneakers@Work Day is our opportunity to show the world our "blues" in support of prostate cancer awareness. We have an article in this HotSheet that tells you more.

Imagine your entire work place, church community, or civic group proudly wearing stunning blue shoe laces for an entire day to raise awareness! It will be quite a sight and a powerful symbol of your commitment. Just think of the lives you could save by simply tying your shoes! Be sure to check this out now and set your sites on June 15th! For additional information about Sneakers@Work, go to the Us TOO website <www.ustoo.org/sneakers@work> or contact Dan Reed at <dan@ustoo.org> or (800) 808-7866.

Father's Day 2007 will no doubt include many events around the country for prostate cancer education and awareness. If you are considering an event in your area, we encourage you to use this "Dad-focused" time of year to raise awareness in your area. Let us know how we can support your efforts.

We are also gearing up for our next Us TOO University patient education symposium and volunteer training event. The first Us TOO University in September was a terrific success and has done wonders to empower, educate and arm the Chapter support network volunteers. The date and location of our next event will be announced shortly.

Most importantly, as we look into the New Year, we are once again reminded of the vitally important role you play in the prostate cancer community. We appreciate your journey and your willingness to reach out.

Happy Holidays and oh, by the way, my completely biased, non-objective, and brain-washed college football bowl game predictions are as follows:

Michigan 36 USC 18
Ohio State 45 Florida 14

Reference:

Note: Dr. Moyad can be e-mailed personally at <moyad@umich.edu>. Please always include your phone number in the e-mail in case I need to call you to ask you more detailed questions about your medical condition, or I just may call you because I want to say "hi", or I may even call you in order to try to borrow some money because it is better to ask over the phone versus an e-mail when it comes to the subject of money.