

PATHWAYS

for New Prostate Cancer Patients

The path you choose is unique... like you.



We're with you every step of the way.

Begin Your Journey with Education and Support as Solid as the Ground You Walk On

Receiving the news that you have prostate cancer is overwhelming. Information, opinions, stories, and emotions can cause confusion. Many people find credible, unbiased education and support valuable. This document provides you with information to enable you to assume an integral, self-directed role in making decisions during your journey with prostate cancer.

THERE IS GOOD NEWS!

We know more today about prostate cancer than ever before.

Us TOO is Here to Accompany You on Your Journey.

Us TOO International Prostate Cancer Education & Support Network was started as a 501(c)(3) not-for-profit organization in 1990 by prostate cancer survivors to serve prostate cancer patients and their families.

Our Mission

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

You're at the Trailhead: Define Which Path You'll Take by Understanding Your Choices

Us TOO provides information and support through its many programs and services designed especially for you and your family.

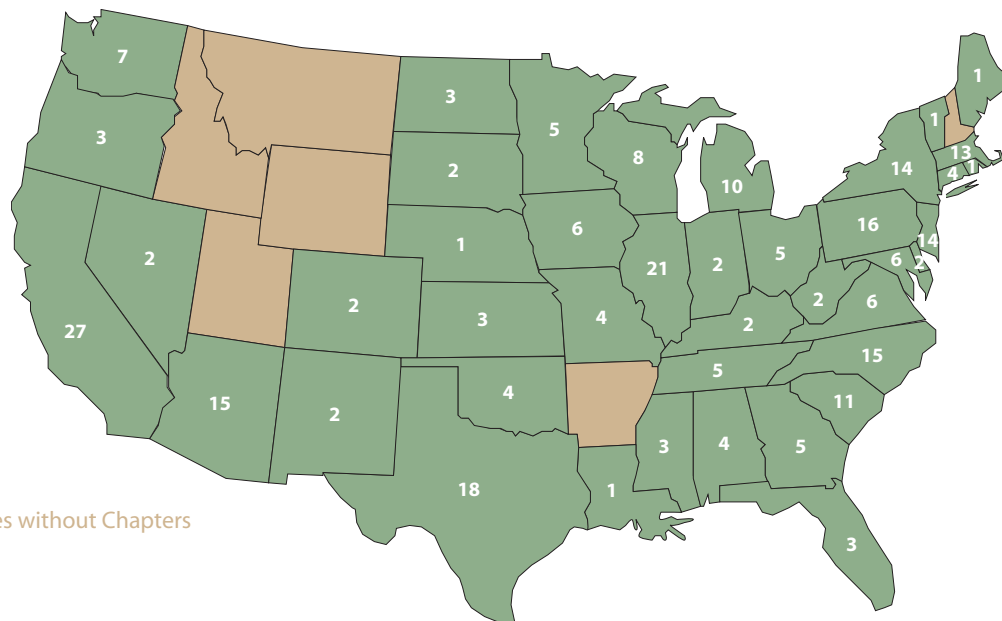
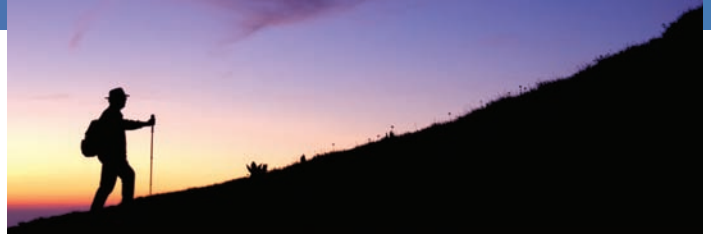
Us TOO Has More Than 300 Support Group Chapters Worldwide

Us TOO can put you in contact with prostate cancer survivors and their companions who are currently traveling, or have already walked, this road. These individuals can provide valuable insight into treatment and recovery.

Each Us TOO support group chapter functions independently, and is led by a medical professional, and/or a volunteer—typically a survivor. Each chapter holds regular meetings for men living with prostate cancer and their families. Meetings provide emotional support and unbiased information in areas related to prostate cancer, such as treatment options, solutions for side effects, and nutrition. Us TOO group meetings are free and open to all men, their partners, family, friends, and health professionals interested in prostate cancer.

To find a support group chapter near you, visit www.ustoo.org. If you have a question, call

1-800-80-US TOO (800-808-7866).



International Chapters

- Australia – 2
- Bahamas – 1
- Belgium – 1
- Canada – 8
- England – 7
- India – 1
- Netherlands – 1
- Scotland – 3
- South Africa – 1
- Spain – 1
- Virgin Islands – 1

Alaska – 2
Hawaii – 4

Indicates States without Chapters

As of April 2007

It's Better to Travel with a Team

A Little Help Makes the Going Easier



Good News: Physicians are More Skilled than Ever to Treat Prostate Cancer

Physician specialists and healthcare providers each play an important role during your journey with prostate cancer. It is important to understand who they are and what they do. Collect information from skilled physicians and learn about their treatment recommendations. It is a good idea to get a second or third opinion from the same type of specialist you see.

There are many physician specialists skilled in treating prostate cancer. Take your time to choose the right

physician/staff team that you can trust and that makes you feel comfortable and confident. Carefully assess your needs and match them accordingly. You want to be sure they include you as an integral member of the decision-making process.

A **UROLOGIST**, a physician specialist and surgeon, who treats the urinary system and the male reproductive system, and may administer hormone therapy as part of cancer treatment.

A **RADIATION ONCOLOGIST** is a physician specialist who uses internal and external radiation therapy to treat cancer.

A **PHYSICIAN ASSISTANT (PA)** is a health care professional licensed to practice medicine with physician supervision. A PA conducts physical exams, diagnoses and treats illnesses, orders and interprets tests, assists in surgery, and can write prescriptions.

A **MEDICAL ONCOLOGIST** is a physician specialist who treats cancer with medications such as hormone therapy or chemotherapy.

A **PATHOLOGIST** is a physician specialist who identifies diseases by studying cells and tissues from a biopsy that the urologist may have taken.

An **ANESTHESIOLOGIST** is a physician specialist who gives pain medications, as needed, to increase your comfort level, especially during surgery.

A **THERAPIST** can provide you and your family with assistance in balancing emotional and physical needs as diagnosis, treatment, side effects, and the road to recovery are faced.



A **SOCIAL WORKER** provides patients and families with the psychosocial support needed to cope with prostate cancer. A social worker is able to advise caregivers, counsel patients and help plan for patients' needs after discharge by arranging for at-home services, such as meals-on-wheels and oxygen equipment.

A **NUTRITIONIST** helps you plan a diet that will promote healthy eating habits to improve your comfort level and aid in recovery.

NURSES provide high level medical education and assistance to you and your family. They are a knowledgeable resource for information about many areas including treatment options and symptom management.

*Keep your eye on your roadmap—
the big picture.*

**SKILLED PHYSICIAN SPECIALISTS
AND GROUND-BREAKING
TREATMENTS OFFER A
WEALTH OF OPTIONS TO TREAT
PROSTATE CANCER.**

Valuable Prostate Cancer Resources are Available

In addition to information found in printed materials, online resources and media, cancer treatment centers are opening up and also provide resources, tools, and options to help you understand your prostate cancer. Collecting as much information as possible helps you make a well-matched treatment choice.

Getting the Lay of the Land



Understanding Your Cancer

The more educated you are about your cancer, the more in-control and confident you will feel in making treatment choices that are unique to you. Monitoring markers such as your PSA level, the core needle biopsy, your Gleason Score, and other tests your physician may suggest will help you to understand your cancer.

The Prostate

The prostate is a small gland located between the bladder and the bowel. The prostate is connected to the seminal vesicles, which produce fluid that mixes with prostatic fluid produced by the prostate to form semen, the substance that transports sperm. The prostate can be divided down the middle into left and right lobes, a distinction enhanced by a groove running down the rear surface.

Normal Prostate Cells

Normal prostate cells within the prostate grow, divide, interact, and die to make sure the prostate functions properly. Cells within the prostate are held together tightly. When cells growing within the prostate bump into each other, they normally stop growing or die off to make room for new cells.

Cancerous Prostate Cells

Cancer cells within the prostate have lost control and grow on top of each other, forming a tumor. These cancer cells can break away from the prostate and travel throughout the body, attach to other tissues and continue to grow. This process is called metastasis.

What Causes Normal Cells to Become Cancerous?

It is not certain what causes normal prostate cells to become cancer cells. Cancer cells are abnormally growing cells (i.e. growing too much, too fast). As cancer cells grow, they begin to differentiate into irregular, loosely packed cells that look less and less like the small, uniform, and tightly packed normal cells. This transition is graded using the Gleason Score.

PSA

PSA (prostate-specific antigen) is a protein made by the prostate. The PSA test measures the level of PSA in the bloodstream. A small amount of PSA is present in the bloodstream when the prostate is healthy. However, when the prostate begins to make too much PSA, it can be a sign of prostate disease.

Although the exact definition of “normal” PSA level continues to be debated, Us TOO suggests the following guidelines:

- Establish a baseline by age 40 if you are African-American or have a family history of prostate cancer, but no later than age 45 for all other men.
 - Track your PSA score over time. PSA doubling time and PSA velocity are currently thought to be better for telling how aggressive a cancer is than knowing your current PSA number.
- We are all unique, PSA levels vary from person to person.

Core Needle Biopsy

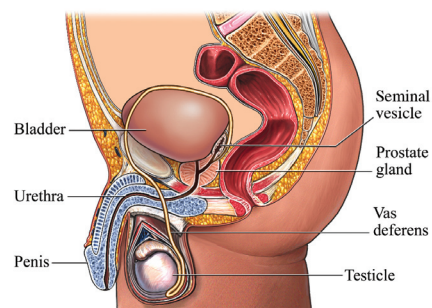
A core needle biopsy is used to diagnose prostate cancer. It is usually performed by a urologist. Using transrectal ultrasound to “see” the prostate gland, the doctor inserts a needle through the rectum wall into the prostate gland. When pulled out, the needle removes a cylinder of tissue, usually about 1/2-inch long and 1/16-inch across. Most urologists will take anywhere from 8 – 18 samples.

The tissue sample is sent to the lab, and then examined under a microscope by a pathologist to see if cancer is present. If cancer is present, the pathologist will assign it a Gleason Score.

Even with many samples, biopsies can sometimes miss a cancer if none of the biopsy needles pass through it. This is known as a “false negative” result. If your doctor still suspects prostate cancer (due to a high PSA level, for example) a repeat biopsy may be needed.

You Need to Know Where Your Cancer is Located

You can gain an understanding of what type of cancer you have and where it is located by talking with your physician, and having a basic knowledge of clinical terminology. Knowing the stage of your cancer, and how fast your cancer is expected to grow, will help you determine which treatment is best suited to your healthcare needs and lifestyle expectations.



Cancer Stages Help Plan Your Route

Knowing the stage of your cancer provides important information for you and your physician as you explore your treatment options. There are treatment options specific for early and advanced stages of cancer. It can be helpful to refer to the two lobes of the prostate to describe the cancer's location and in planning treatment.

Stage I (T1 tumor)

Found only in the prostate. May be small enough that no tumor can be felt by a doctor during the digital rectal exam (DRE). A DRE can help a physician determine the size, shape, and texture of the prostate.

Stage II (T2 tumor)

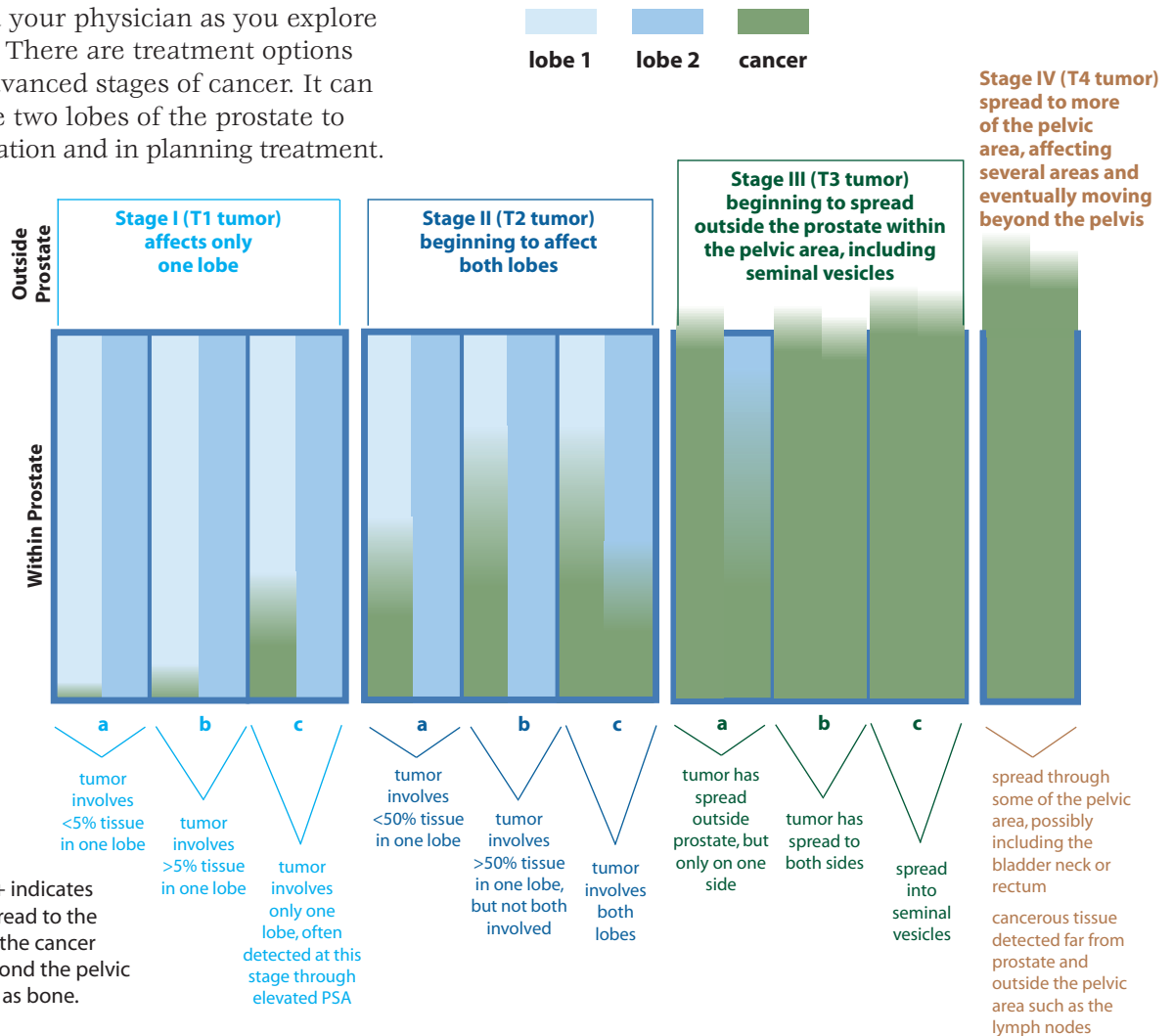
Found only in the prostate. May be big enough to be felt by a physician during the DRE.

Stage III (T3 tumor)

No longer confined to the prostate gland. Has not yet spread (metastasized) to tissues outside the pelvic area. T3 tumors may have spread to the nearby seminal vesicles.

Stage IV (T4 tumor)

Detected in tissues far from the prostate. T4 tumors are slightly more spread out and may have invaded other nearby tissues. N+ indicates that the cancer has begun to spread to the lymph nodes. M+ indicates that the cancer has metastasized, or spread, beyond the pelvic area to more distant tissue such as bone.



Gleason Score Provides a Compass for Decision-Making

A Gleason Score describes different types of cells to classify tumors by their microscopic appearance. The score helps to estimate:

- how fast the cancer is likely to grow, and
- a patient's life expectancy.

Tissue Patterns	What They Represent	What They Mean
1 and 2	Well-differentiated tumor cells	Dealt with more easily than others
3	Moderately well-differentiated tumor cells	Beginning to scatter
4 and 5	Poorly-differentiated tumor cells	Potential for fast growth

The Gleason Score is made up of two numbers which are determined by a pathologist and then added together. The first number indicates the type of cancer cells that are most numerous in the tissue sample. The second number indicates the type of cancer cells that are second most numerous. The total Gleason Score is determined by adding a primary and secondary score pattern for each lesion i.e. 3 + 4 = 7.

Gleason Scores and What They Mean

The lower the score, the better the prognosis.

- 2 to 4 Cancer is very low on an aggression scale
- 5 to 6 Cancer is mildly aggressive
- 7 Cancer is moderately aggressive
- 8 to 10 Cancer is highly aggressive

This score helps to determine the appropriate type of treatment.

Empower Yourself by Understanding Treatment Options

Prostate Cancer is typically a slow growing cancer. Stay calm and take your time, up to a few months, to explore your options and make a treatment decision. Oftentimes, a combination of treatments will be recommended to treat your cancer, for example

radiation and hormone therapies. Seek the best treatment for you. Once you're given a treatment recommendation from a physician specialist, it is a good idea to get a second or third opinion from the same type of specialist, as well as other specialists.

	Treatment Option	What is It?	What Happens?
PROSTATECTOMY SURGERY	Open most often used during T1 and T2 stages	Surgical removal of the prostate and nearby tissues where cancer may have spread.	Skilled surgeons maximize the preservation of nerves, muscles, organs, and other structures surrounding the prostate. Request the use of nerve-sparing techniques.
	Laprosopic	Prostate removal through 4-5 small, 1-inch incisions.	A long instrument provides 3D images of the body's interior while other instruments remove the prostate. Usually, patients go home the same day or the next morning.
	Robotic (da Vinci)	Similar to laprosopic prostatectomy, but robot-assisted.	Surgery is performed by two surgeons: one is beside the patient, the other controls the instrument.
RADIATION THERAPY	External Beam Radiation Therapy (EBRT)	High energy x-rays are administered by a machine outside the body through daily treatment for a course of several weeks.	High energy x-rays are aimed through a single beam at cancer cells.
	3D Conformal Radiation Therapy (3DCRT)	High energy x-rays are administered by a machine outside the body through daily treatment for a course of several weeks.	High energy x-rays are aimed through three beams at different angles to concentrate intensity of radiation at the cancer cells.
	Intensity Modulated Radiation Therapy (IMRT)	High energy x-rays are administered by a machine outside the body through daily treatment for a course of several weeks.	Multiple beams of x-rays are aimed at the cancer cells allowing the intensity of the radiation to conform to the shape of the prostate.
	Proton Beam Therapy (PBT)	A beam of protons is aimed at the cancer cells by an outside machine during daily sessions for 1 to 7 weeks.	Protons more precisely target cancer cells, allowing for more intense, targeted radiation. Performed in few locations in the United States.
	Internal Beam Therapy (Brachytherapy)	Radiation comes from small radioactive seeds inserted directly into the prostate to administer a constant dose of radiation for a few weeks to a year.	Seeds are inserted under anesthesia through a needle. Patients usually return home the same day.
	High Dose Rate (HDR)	Higher dose radioactive seeds are inserted for a short time.	Radioactive seeds are inserted directly into the prostate for only an hour.
HORMONE THERAPY	LHRH Therapy	Injectible luteinizing hormone-releasing hormone.	Causes a drop in testosterone levels. Testosterone feeds prostate cancer cells.
	Antiandrogen Therapy	Administration of a drug, antiandrogen.	Action of male hormones, including testosterone and androgens released by the adrenal glands, are blocked.
	Estrogen Therapy	Administration of estrogen hormones.	Lowers testosterone production. Some direct apoptotic (cancer cell death) effects on both androgen-dependent and androgen-independent prostate cancer cells.
	P450 Enzyme Inhibitors	Involved in hormone synthesis, including testosterone, that stimulates prostate cancer cell growth.	Can decrease levels of testosterone and adrenal androgens and have direct cytotoxic effects on prostate cancer cells.
	Orchiectomy	Surgical procedure.	Testicles are removed. Testicles produce 95% of the body's testosterone.

	Treatment Option	What is It?	What Happens?
CRYOSURGERY	Cryosurgery Used to treat T1 and T2 stages.	Technique uses ultrasound-guided placement of cooling probes into the prostate.	Freezes and kills cancer cells. Similar to radiation. Can be combined with hormone therapy to reduce the size of the tumor before freezing. Long-term effectiveness is not well known.
HIFU	High Intensity Focused Ultrasound (HIFU) Medical device piloted by a computer.	Ultrasound treats localized prostate cancer by increasing the temperature (85°C) inside the prostate.	Spinal or epidural anesthesia is used. Probe inserted into the rectum emits a beam of high intensity focused ultrasound destroying targeted cells. Not yet available in the United States. Patients must travel to Canada or Europe for treatment.
CHEMOTHERAPY	Chemotherapy	The administration of powerful toxic drugs, either by mouth, intravenously or intramuscularly.	Toxic drugs circulate throughout the body to kill growing cancer cells.

For Hormone-Resistant, or Androgen-Independent Prostate Cancer

Hormone-resistant or androgen-independent prostate cancer that has metastasized (Stage N+ and M+) may require treatments such as: Systemic Radiation Therapy, used to reduce pain and symptoms, Estrogen Therapy, P450 Enzyme Inhibitors or Chemotherapy.

Clinical Trials/Emerging Treatments

Worldwide, research efforts are underway to discover new types of treatment. While the overall goal is to find a cure for prostate cancer, specific objectives include increasing survival times, improving the patient's quality of life, delaying the spread of cancer, and reducing or eliminating side effects. There are several types of emerging treatments including:

- **Vaccine therapy**—enables the patient's own immune system to target and fight the cancer cells like an infection.
- **Gene therapy**—introduces genetic material (DNA or RNA) into the patient's cells to fight the cancer either by targeting healthy cells to enhance their

ability to fight cancer or by targeting cancer cells, to destroy them or to prevent their growth.

- **Targeted medications**—attacks or blocks targets (small proteins or molecules in the body) specifically involved in the growth and spread of tumor or cancer cells.

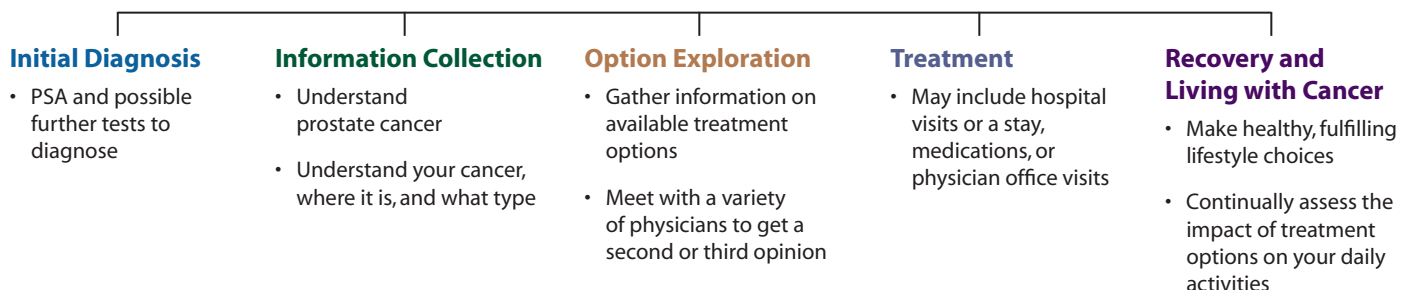
These treatments, as well as others, are in clinical trials to help determine whether these new drugs or treatments are safe and effective for a specific patient population. Trials, often referred to as studies, offer patients options and access to new drugs that may otherwise not be available to them. Ask your physician if there is a clinical trial that may be appropriate for you or visit www.clinicaltrials.gov or www.ustoo.org for more information.

Side Effects

Side effects vary with each treatment option. This is an important topic to discuss with your physician to determine which side effects you might experience, how mild or severe they might be, how long they might last and what you can do to either prevent them or lessen their intensity.

A Prostate Cancer Patient's Journey from Diagnosis Through Recovery

During each phase of your journey with prostate cancer, you will find support in different places. Use available resources such as Us TOO and communicate openly with your healthcare provider(s), supportive family, friends, other patients and survivors.



Collecting Information From Your Guide



Questions to Ask Your Prostate Cancer Physicians

Plan on meeting with three specialists: urologist, radiation oncologist and medical oncologist. Although each physician will recommend a course of treatment, the final decision remains with you, the patient—with the help and support from your family.

Your Objectives:

1. Determine the status of your prostate cancer.
2. Evaluate the treatments that can produce the best possibility of results/outcomes for treating your prostate cancer.
3. Gather accurate information to help you make more informed decisions about your treatment.
4. Select a treatment that offers you the best quality of life after treatment.

When you enter your physician's office, you already know that your diagnosis is prostate cancer. You are meeting with your physician, most probably a urologist first, to obtain an assessment of your condition and to discuss treatment options.

Although you may have already done some research on prostate cancer and the various treatments available, you will still have questions. Physicians may only spend a short time with you, so use your time efficiently. Come prepared to each visit to gather the information you need. Time with your physician is precious. Here are a few helpful tips:

- Do your homework and prepare your questions in advance of your visit.
- Take a small tape recorder and record your discussion.
- Ask a family member or friend to accompany you and take notes.

These steps will help you:

- Recall the details of your appointment and discussion.
- Ensure you ask the same (or similar) questions of all specialists.

This list of questions is a starting point, but certainly not an exhaustive list. It is designed to help you prepare your list.

After Diagnosis

- What is my PSA? Please explain.
- What is my Gleason Score? Please explain.
- How many biopsy cores were taken and what are the locations of each biopsy?
- What percent of each core was cancerous? What does that mean?
- How close to the peripheral border of the prostate were the positive biopsies? Please explain.

- What additional tests will I need and what will they be used to determine? (CAT scan, Bone scan, and MRI scan)
- When should I expect the results from these tests? Will someone call me or should I call to obtain the results?
- If I need to get copies of my records, scans, X-rays, etc. who do I contact?
- Is there any seminal vesicle involvement?
- What are the chances that the cancer is contained within the prostate?
- What is the stage of my cancer? Please explain.
- Has my cancer spread and if so, how far?
- Where can I find advice about coping with the emotional impact of diagnosis and therapy?
- Are there prostate cancer support centers nearby for me and my family?
- Do you have literature that suggests how I tell my family and employer, etc. of my prostate cancer?
- Should I speak with a social worker?

Regarding Treatment

- What are the treatment options for this stage of cancer?
- What therapy do you recommend for this stage and why?
- What are the risks, benefits, and side effects associated with this type of therapy?
- What percentage of patients usually respond to this treatment?
- What can I do to improve success of my therapy?
- What are the other treatment options that I should consider?
- Where can I get more information about other available treatment options?
- Can you provide a reference to another physician or two who are not with your practice or this medical center/hospital for a second and third opinion?

Walk a Mile in His Shoes

Diagnosis

The diagnosis of prostate cancer can be overwhelming. Learn as much as possible as early as possible.

"I knew nothing about prostate cancer. My brain was numb. It didn't fully register."

"I was in disbelief and denial. I mentally minimized the diagnosis. I wondered if his healthcare providers really knew what they were talking about."

Support

Talk openly with your healthcare providers, family, friends, and survivors.

"I felt encircled by the arms of the Us TOO support group. The information is so worthwhile. I always recommend this resource to those who are newly diagnosed. No one in the group dismisses your concerns by saying 'don't worry.' Rather they say, 'It is OK to worry, but here is what you can do.'"

"We entered the support group meeting feeling too young and out of place. They embraced us, patched us up, and confidently told us we would be back in one month. It was like landing in a warm comfortable feather bed!"

"To him, cancer meant, 'I am damaged. I have this death sentence.' I learned that cancer is the name of a disease that can be treated, not a death sentence."

Communication

Communication increases your confidence in making decisions. Discussing your feelings, concerns, and options with supportive family, friends, and survivors can help you along the way.

"Dad was up front with us about what it meant to have prostate cancer, and the treatment options available to him."

"Our communication went from good to poor to good to poor to good."

All Excerpts from: Cabalka, Elizabeth. *The Circles of Love Collection: Stories of Companions & Families Facing Prostate Cancer*. Ed. Barbara Huberty and Jill Bishop. 1st ed. USA: Us TOO International Prostate Cancer Education & Support Network, 2005.



*Excerpts from Travelers
Who Have Been There*

Treatment Options

Treatment options can be confusing. Knowledge is valuable in helping you make decisions that work.

"The process of making treatment decisions was the most excruciating part of the journey."

"I went to all my husband's appointments with him. I never felt this was an obligation. This was simply something we shared. I thought it would be helpful to have more than one set of ears hearing all the information from the doctors."

Physicians Who Fit Your Team

Finding physicians with whom you can communicate and trust is important. Keep searching until your needs for information and care are met.

"As we were consulting with our physician and raised concerns about sexuality, he dismissed them with optimistic talk about all the support mechanisms for restoring sexual function. We then made an appointment with a highly recommended sexual dysfunction specialist. He was an absolute gem."

"Without discussing any further options at length, or recommending any further testing, our physician told us that my husband should 'just do it' and suggested we call his office to schedule surgery immediately. I intuitively knew there was a lot more we needed to know and consider before jumping into such a major surgery. We did copious research and learned that we had some time to make our treatment decisions and consider our options."

Impact of Treatment

The impact of treatment on sexual intimacy is a concern. Information is readily available.

"My husband lost his prostate. We lost a part of our sexual intimacy. We gained knowledge and awareness that has changed our lives in every way."

"My husband found his way back sexually. The openness we developed along the way is now an ingrained process at the core of our relationship."

Managing the Road to Recovery

Recovery from treatment is different for everyone. Once you have selected your treatment option, talk with survivors who can help you understand what you can expect during your recovery process.

Remember to include physician specialists, supportive family members and friends who can provide various levels of support during your treatment and recovery phases.



Prepare for Recovery by Setting Your Expectations Accordingly – Men Can Live with Prostate Cancer

For each treatment, recovery can vary in length. For those on hormone therapy, for example, treatment will extend for months or years and often intermittently. Know what to anticipate to help you manage your expectations. You might feel tired, weak, and/or uncomfortable. There are medications that can be prescribed and pain management techniques that can be explained to help you get through pain or discomfort. As your needs during recovery change, so might your healthcare team need to be changed.

Once you have an estimated time for your treatment and recovery, alert your employer as to what changes, if any, or time off arrangements you'll need to make to ensure you have time to devote to your care.

Recovery Requires Preparation

It may not be an easy road, but you are never alone. As you progress along your journey, the need for multiple interventions may impact your recovery time. You may need to adjust your support team from time to time to ensure your needs are met.

“I enjoyed the support I received from my family during my recovery from surgery. I was surrounded by a tremendous amount of love. My prostate cancer became secondary to the warmth of the recovery period.”

“I learned a lot about post-surgical care, emotional responses, pain and hands-on care.”



Ten Tips to Help You Through Recovery

1. Take an assessment of how your treatment will affect your ability to perform your job, care for your family, and continue with your daily activities.
2. Involve your family and friends in your cancer treatment and recovery. Remember to take the time to find out how your family is doing. Your journey with cancer has an impact on your loved ones, also.
3. Communicate your feelings and concerns to your healthcare providers, family and friends.
4. Make healthy lifestyle choices by consulting with your health care provider or a nutritionist.
5. Get plenty of rest.
6. Exercise, as appropriate for your physical condition, and with your physician's approval.
7. Just as you seek medical attention for the physical aspects of your diagnosis, be sure to seek support for the other areas of your life impacted by your diagnosis as well. By addressing all areas, you can improve your overall health, well-being, and quality of life.
8. Seek support as soon as you need it from your healthcare provider, family, survivors, social worker, counselor, or member of the clergy.
9. Be aware that your sex life and lifestyle may be impacted by your prostate cancer treatment. Possible consequences of prostate cancer treatment include bladder control problems (incontinence) and erectile dysfunction (impotence).
10. Make sure you understand whether your cancer is being removed completely or is being contained. Continue to monitor your status and markers.

Living with Prostate Cancer— Your Future

Many men are experiencing a full life and living well with prostate cancer, even though life may be quite different than before. Recognize that your life may have changed because of your prostate cancer.

Many men find it helpful to their recovery and deeply rewarding to give support to others, just as they may have received support. Patients have said that total strangers, survivors, often provided valuable perspectives during their diagnosis, treatment, and recovery. Staying connected with those who have been there, are there, and who understand will help you live a full and balanced life. You can help others in the same way.

You Can Give Back

- Us TOO believes you are a valuable source of information for patients and family members.
- Consider volunteering your time offering other prostate cancer patients the patience, strength, and endurance you received along the way.
- Giving back is another way of fighting back.

You have an opportunity should you desire to share your story with those who are just beginning their journey. For more information on how you can get more involved, call 1-800-80-Us TOO (808-7866) or visit www.ustoo.org.

“I was in a state of shock and disbelief when my PSA rose to 8.6 after I had my prostate removed. A meeting of Us TOO put me back on earth when I learned that it happens to many men and is expected. The group then offered a variety of options and I felt alive again.”

“Us TOO saved my life. I was diagnosed with prostate cancer and became confused and depressed. After I learned that I was not alone, and that there were more than 175 other men who share my concern and about 40 that care for me and my feelings at the meeting, I am stronger and have hope.”

You Can Fight Back

You are now equipped with the information you need to take your first steps toward treating and managing your prostate cancer. You can live with prostate cancer. Seek out other men who have been treated

with prostate cancer. They can provide a wealth of information and support as you travel on your own treatment path.

TREMENDOUS PROGRESS HAS BEEN MADE IN THE FIGHT AGAINST PROSTATE CANCER.

Impressive advances in medical achievements have been made in the way we prevent, diagnose and treat it.

Did You Know?

- Five year survival rates (1995 – 2001) have reached nearly 100%.
- Approximately two million men in the United States are prostate cancer survivors.
- There were an estimated 234,000 new prostate cancer cases in the United States in 2006.
- An estimated 1 man in 6 will be diagnosed with prostate cancer during his lifetime, but today only 1 man in 34 will die of it. Everyday, medical advances improve these numbers.
- Modern methods of detection and treatment mean that prostate cancers are now found earlier and treated more effectively. This has led to a yearly drop in death rates of about 3.5% in recent years.

“I was fortunate enough to find out about Us TOO International a month before I had a radical prostatectomy. Through the members and special speakers, I was able to further confirm my choice for treatment, and get the support that we needed to help us through this difficult time. The group has been a source of camaraderie, comfort, education and resources for my wife and I over the past 2 years.

Through my participation in Us TOO, I have also become actively involved in community projects that focus on early detection, and quality of life issues for the other prostate cancer survivors and their families, especially in the African American community.”

Chinese Proverb—**“To know the road ahead, ask those coming back.”**

Us TOO International Programs and Services for Men with Prostate Cancer and Their Families Visit www.ustoo.org for Comprehensive, Educational Information

In addition to the more than 300 support group chapters operating locally within the United States and in countries throughout the world, Us TOO's prostate cancer patient programming and support services include:

HotSheet monthly printed newsletter highlights the latest in treatment strategies and emerging treatments.

Prostate Cancer NEWS You Can Use is an emailed newsletter distributed to interested subscribers.

Toll Free Patient HelpLine provides access to resources regarding diagnosis, treatment options and support systems. Upon request, phone support from a prostate cancer survivor is available. Call 1-800-80-UsTOO (1-800-808-7866), Mon – Fri, 9 am – 5 pm Central.

Prostate Pointers are 14 topic-specific online discussion communities. Subscribers provide each other with support and information resources.

Resource Kit for Making Prostate Cancer Decisions for newly diagnosed or recurrent disease patients provides clear, unbiased information to help patients make the best decisions for their individual situation.

Circles of Love, an education and support program for companions and families of prostate cancer patients, includes a Care Kit of materials, resources and facilitator discussion guide.

Us TOO University is a regional patient education and volunteer training program.

Minority and Underserved Populations Outreach Program has, in three years, reached 118,000+ men or their family members, providing outreach and support to local communities, churches, universities, and those otherwise without an awareness of prostate cancer risks or options.

Free and low cost educational publications and materials include DVDs, tapes, CD-ROMs, resource kits, books, pamphlets and prostate cancer blue ribbon awareness items.

Sources:

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Us TOO International®
Prostate Cancer Education
& Support Network
5003 Fairview Avenue
Downers Grove, IL 60515-5286
phone 630-795-1002
fax 630-795-1602
www.ustoo.org
Prostate Cancer HelpLine:
1-800-80-Us TOO (808-7866)

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