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**Us TOO**<sup>®</sup>  
PROSTATE CANCER  
EDUCATION & SUPPORT

# HOTSHEET

April 2006

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

By Gerald W. Chodak, MD

*From the editorial team: With every issue of the Us TOO HotSheet, we provide readers with a physician's perspective on information and news releases published each month. Our goal is to provide patients and their families with a different, critical look at the latest information appearing about this disease, helping the reader understand the strengths and limitations of the information provided. Let us know if you like seeing this perspective.*

In this month's *HotSheet*, several controversial topics are addressed beginning with an emerging concept of not treating every patient immediately after their prostate cancer has been diagnosed. Most patients and family members may be completely shocked that the question is even being raised. After all, isn't the whole premise about cancer to diagnose and treat it as early as possible?

But prostate cancer poses a unique challenge because the vast major-

*(Continued on page 3)*

## DELAYED INTERVENTION MAY COMBAT OVERTREATMENT OF PROSTATE CANCER, STUDY SUGGESTS

Delayed surgical treatment for patients with small, low-grade prostate cancer tumors was not associated with lowered curability, according to a study in the March 1 issue of the *Journal of the National Cancer Institute* (vol. 98, pp. 355-7, 2006).

Men who receive screening with PSA for prostate cancer are diagnosed about 10 years earlier than men who do not receive PSA screening. Early diagnosis may have contributed to a decrease in prostate cancer mortality, but it may also result in diagnoses of cancer that would never have become clinically apparent. Some researchers have suggested that active surveillance programs (i.e., delayed treatment) might decrease overtreatment for men diagnosed with prostate cancer on the basis of PSA screening, but there are concerns that surveillance could lead to increases in inoperable tumors.

H. Ballentine Carter, M.D., and colleagues at the Johns Hopkins University School of Medicine enrolled a group of 320 men suspected of having small, lower-grade prostate cancer in an active

surveillance program, 38 of whom underwent delayed surgical intervention after a median of 26.5 months between 1995 and February 1, 2005. Outcomes in this cohort of 38 men were compared with those of a group of 150 patients given immediate surgical treatment after a median of 3 months.

Risks of noncurable prostate cancer, as defined by having a less than 75% chance of remaining disease-free 10 years after surgery, were equivalent in men who received immediate or delayed surgical treatment. Variables associated with risk of noncurable prostate cancer included age at diagnosis, PSA level, and PSA density (i.e., PSA level divided by prostate volume).

The authors suggest that men diagnosed with early-stage, low-grade prostate cancer have an alternative to immediate surgical treatment, because these men have an equivalent risk of noncurable prostate cancer if surgery is delayed for up to two years after diagnosis.

*jncimedia@oxfordjournals.org*  
1 March 2006

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## ONLINE AUCTION SET TO BENEFIT US TOO FOUNDERS' FUND

US TOO International will host our first annual online auction, culminating on June 19<sup>th</sup>, the Monday after Father's Day weekend, to honor fathers who either have had prostate cancer or who are trying to stay prostate-healthy.

The auction website will open and bids for items will be accepted beginning Tuesday, May 30<sup>th</sup> (the day after Memorial Day Weekend). The auction will remain open for 3 weeks to allow plenty of time for people to view the catalog of items and make their bids.

The auction website address will be announced in the May issue of the *HotSheet*, and will be accessible from the Us TOO website at [www.ustoo.org](http://www.ustoo.org).

The Us TOO International Founders' Fund is used to create and expand Us TOO services and resources toward the fulfillment of our mission of serving tens of thousands of prostate cancer patients and their families.

## DONATED ITEMS SOUGHT

In advance of the auction, Us TOO is seeking donated items from individuals, companies and chapters for bid. Ideas for items can range anywhere from tickets to a professional sports event or show, a flat screen TV, an iPod, a unique or limited edition item, collectibles, gift baskets, etc. Think what appeals to consumers. Think what appeals to you! A range of price points are needed. Items could appeal to men, women, young adults or children.

For each item donated, the following information is needed: a photo, short description, regular price or value, and name of the item donor if he/she wants to be recognized.

To donate an item, please contact Pam Barrett, Us TOO Director of Development, at [pam@ustoo.org](mailto:pam@ustoo.org) or by phone at 630-795-1002.

## NEW MOLECULAR TEST CAN PREDICT THE RETURN OF PROSTATE CANCER

A new test which can predict which patients are at either low or high risk for experiencing a return of their prostate cancer after surgical removal (prostatectomy) has been recently released. The test is Prostate Px<sup>TM</sup> and is produced by Aureon Laboratories.

Compared to existing methods, Prostate Px provides accurate prediction of PSA recurrence with a sensitivity of 94%. More importantly, Prostate Px can predict clinical failure and does so with a sensitivity of 89%.

Many patients and their doctors need to make treatment decisions at a number of points after surgery. It is at these decision points that Prostate Px can provide benefits to patients, including:

- A patient's individualized risk.
- The probability of a PSA recurrence before five years.
- The probability of clinical failure before five years.
- Avoiding possible side effects associated with therapy for asymptomatic low risk patients.
- Identifying those who may benefit from early adjuvant therapy.
- Assisting in patient selection for randomized clinical trials.

The patient does not undergo any further laboratory visits or needle sticks. Once a physician orders Prostate Px, a small section of the prostate tissue sample is sent to Aureon's specialized laboratory.

After tissue analysis, the physician receives a detailed report that can be discussed with the patient. Reports focus on individualized results including:

**PSA Recurrence Px Score** which describes the likelihood of the patient developing a PSA recurrence

*(Continued on page 8)*

**FROM THE DOCTOR***(Continued from page 1)*

ity of men who have prostate cancer cells in their body will never suffer or die from it even if not diagnosed and treated.

As doctors increase their ability to detect smaller cancers, the chances increase that many men may receive a treatment they would never have needed. In an effort to reduce over treatment, researchers at Johns Hopkins University School of Medicine have been studying the impact of an active surveillance program in which newly diagnosed patients who meet certain requirements are followed closely without treatment unless certain changes occur. The key question is whether those men who do undergo delayed surgery will have a worse prognosis than if they had been treated immediately after diagnosis? Their preliminary findings show that only 10% of men needed treatment and those undergoing delayed treatment were just as likely to have curable cancers.

The article by Thomas Farrington (Prostate Cancer Screening Debate Ignores Black Men) raises very different questions about whether recommendations about screening for prostate cancer should be different for African-American men compared to other ethnic groups.

At present, controversy still exists throughout the world as to whether screening with PSA and a digital rectal exam followed by aggressive treatment will save lives. Until prospective studies underway are completed, researchers will not know the answer.

Current recommendations about screening in the United States are not uniform. The only evidence-based recommendation is from the U.S. Public Health Task Force, which has concluded that there is not enough information to recom-

mend for or against prostate cancer screening.

Given the higher death rate amongst African-Americans, withholding screening might appear to be bad advice. However, the reason for caution is as follows. First, PSA is elevated in most cases because of prostate enlargement rather than prostate cancer so many men will undergo unnecessary biopsies. Second, as discussed in earlier, many men are receiving unnecessary treatment because their cancer was never going to be life threatening, and third, PSA may not be able to diagnose very dangerous cancers before they have already spread.

Since more research is needed before any conclusions can be made, the most responsible approach is to educate all men about the controversy and help each one decide what to do. For those men hoping to minimize their risk of suffering or dying from prostate cancer, screening and treatment is the most they can do. However, for those men seeking to maximize their quality of life, avoid unnecessary treatment and follow the medical advice based on good scientific studies, avoiding screening would be their best approach.

Another article challenging the 'watchful waiting' approach was also presented at the 2006 ASCO meeting. Researchers at Fox Chase Cancer Center compared the results of older men treated with surgery, radiation or watchful waiting and found a higher survival rate in those men treated rather than observed. Although older men had a greater chance of dying from non-cancer causes, the authors conclude that surgery and radiation should still be discussed with these men.

The problem with this study is the scientific design. Retrospective, uncontrolled studies such as this one do not permit doctors to make

definitive conclusions. The only accurate way to make such a determination is to design a prospective trial in which men are randomized to one of the different treatments and then followed for a long period of time in order to determine if the survival rates differ.

Lastly, Aureon Laboratories reported the development of an interesting and potentially useful new molecular test called the Prostate Px™ that may help predict which patients will develop clinical evidence of recurrence. How accurate is the test? At this time, which is early, it is not bad and may be better than other methods available. The problems, however, are twofold. First, if the test is positive, it will be correct in 80% of patients but that means that 1 out of every 5 men could be advised to have additional therapy that they did not need. Secondly, at this time there is no proof when or if any additional therapy will prolong survival. So knowing that a recurrence may occur does not provide information about what to do.

Perhaps the best information that can be derived from such a test at this time is whether a patient should be followed more closely or should participate in a clinical study of high-risk patients. Patients should look to further studies utilizing this test that may refine its utility in managing recurrences.

**SAVE THE DATE!****International Conference on Prostate Cancer 2006***Sponsored by FCRE & Us TOO*

October 19-22, 2006  
Hyatt Regency Reston  
1800 Presidents Street  
Reston, VA

More information to follow at:  
[www.cancer-foundation.org](http://www.cancer-foundation.org)

## WIN THE FIGHT

By Col. Bob Lindsey

My name is Bob and I have prostate cancer. I received a call from my urologist on Tuesday at about 2 pm that was two weeks ago. He said that the cancer was in the early stages and was located in the center of the prostate. I felt like I had been hit hard, very hard. Then I remembered what I tell my students in law enforcement, corrections, military, and private security:

STAY IN THE FIGHT.

STAY WITHIN THE FIGHT.

FINISH THE FIGHT.

WIN THE FIGHT.

You see, when we are hit, the fight is on. But as the fight changes, we cannot be content with just staying in the fight. We must change with the changing aspects of the fight and go to the next step, which is staying within the fight. It is incumbent on us all to finish the fight to its very end. NEVER GIVE UP. And then WIN THE FIGHT. This is what I teach because it is what I believe in to my very soul and being.

I do not get bogged down with why I have prostate cancer. I do. And the fight is on. My attitude is one hundred percent POSITIVE. I am not alone NON SOLEUS (never alone). I have surrounded myself with loved ones, especially my wife, Maggie, close friends like Shane, fellow warriors like Gary, and people I can trust unconditionally. My God and I have discussed this and I know that my core group, my doctors and I am ready, willing, able, and will win.

Stacey Lin of the Los Angeles Police department was shot point blank with a .357 magnum pistol. She shot the person that shot her. He died. She went through over one hundred pints of blood and never gave up and always maintained a COMMITMENT TO LIVE. Stacey has a saying that many others and I ascribe to and

teach – it goes like this: YOU HAVE TO PREPARE YOUR MIND FOR WHERE YOUR BODY MAY HAVE TO GO. I believe this and live my life accordingly.

Remember that you are loved. Sometimes your cancer will hurt your loved ones. Their hurt can hurt you. That hurt and pain that you feel is hard but it tells you one thing. You are experiencing human suffering because you are alive. Sometimes, you have to uphold yourself and help your loved ones and your core group. You see, they only hear about the worst cases. Put things into perspective and keep A POSITIVE ATTITUDE, EVERY BREATH, EVERY STEP and EVERY MOMENT.

Thinking is empowerment. When you do this, now it's personal. You are now within the fight and on the way to finishing and winning the fight.

Allowing something to happen in your life is sometimes better than trying to make it happen. When I open myself up to the care of my doctors; the love of my loved ones and core group; to the willingness of listening to the INNER VOICE (which never lies), then I empower myself to become part of the process of defeating cancer, of helping others, of being an example of the warrior that lives by honor, loyalty, and integrity.

I believe in God. I hope that you do, too. God had many names and genders. God listens and is always there – again, never alone. Trust in God, trust in yourself, trust in your doctors, and trust in your loved ones and in your core group. Trust unconditionally, never ending and always.

I HAVE CANCER

I WILL ENGAGE THIS CANCER.

I WILL FIGHT THIS CANCER.

I WILL WIN.

I AM A CANCER SURVIVOR.

## COMPANIONS & FAMILY PROGRAM SUPPORT

### GRANTS NOW AVAILABLE FOR US TOO CHAPTERS

Feedback from Us TOO Chapters indicates the newly released *Circles of Love Collection Discussion Guide* is opening doors of opportunity for much-needed and increased outreach to companions and family members of prostate cancer patients.

The chapter leaders and participants using the new discussion guide and *Circles of Love Care Kit* now have step-by-step tools for providing timely, consistent, powerful, and meaningful companion and family support within their chapter.

Us TOO announces a Circles of Love Grant available to five fortunate Us TOO Chapters. The first five chapters to apply for the grant will receive all the Circles of Love Care Kits and Materials they need to host a companions and family event or ongoing support venue **FOR FREE**. These five chapters will also receive the undivided support from Us TOO Companions and Families resource person, and nationally known caregiver advocate, Elizabeth Cabalka.

Circles of Love Grant applications are available by contacting Elizabeth at 320-980-0437 or by email at [elizabeth@ustoo.org](mailto:elizabeth@ustoo.org). You need not be a chapter leader to apply; however, you must be affiliated with an Us TOO chapter. Completed applications should be returned to Elizabeth by May 1, 2006 to be eligible to receive the grant. **APPLY TODAY!**

*Circles of Love Care Kit was released in June 2005. The Circles of Love Discussion Guide was distributed to all chapters in early February 2006. The Circles of Love Care Kit and all its individual components are available for purchase at <[www.ustoo.org](http://www.ustoo.org)> or by calling the Us TOO International offices at 800-808-7866. For additional information about The Circles of Love Program, please contact Elizabeth at 320-980-0437 or [elizabeth@ustoo.org](mailto:elizabeth@ustoo.org).*



## PROSTATE CANCER SCREENING DEBATE IGNORES BLACK MEN

By: Thomas A. Farrington  
Prostate Health Education Network (PHEN)

As a prostate cancer survivor I have personally experienced the pains and confusion surrounding prostate cancer screening. Before I was diagnosed with the disease I was not aware, or informed by my doctors, of my exceedingly high-risk (my own father and both grandfathers died from this disease), or of any specific screening guidelines associated with this risk. Because of my cancer stage when diagnosed, I was forced to seek out a specialized treatment not available to most men.

A recent study released by the Veterans Affairs (VA) Connecticut Healthcare System and Yale School of Medicine received national media exposure when it concluded that prostate cancer screening isn't as reliable a measure as it should be. One of the study's co-authors encouraged doctors to tell patients to decide for themselves whether to even get screened for the disease. This is another in a series of seemingly endless contradictory studies on this subject. This particular study, however, was based on results from a very small pool of 1,000 men and falls silent on the disease's impact on blacks and other men at high risk. If black men put off screening as a result of this highly publicized study, they

are increasing their chances of being diagnosed with later stage and incurable prostate cancer.

My initial reaction upon reading this study was to question whether there were different outcomes for black men. The failure of these studies to address the specific conditions and urgent needs of blacks and others at high risk should be considered incomplete and bordering on irresponsibility.

For prostate cancer detection in this country, all men are caught between using inexact screening techniques and a medical care system that does not always know how to use this information effectively. The results for black men are the extremely high death rates that we endure compared to all other men. Our 140 percent higher death rate (American Cancer Society data) is the largest racial disparity for any type of major cancer afflicting men or women. Action, not confusion, is needed to address this disparity.

Last September, Senator John Kerry (D-MA) (a prostate cancer survivor) and Congressman Gregory Meeks (D-NY) joined with my organization, The Prostate Health Education Network (PHEN), to convene an unprecedented event on Capitol Hill: the first-ever African American Prostate Cancer Disparity Summit. Leading cancer experts, survivors, advocates, clergy members, and political leaders gathered together and concluded that early detection is the key to eliminating the prostate cancer disparity. Further, the fact remains that the American Cancer Society recommends that screening be "offered" annually, beginning at

age 50, to men who have at least a 10-year life expectancy – with African-American men to begin testing at age 45.

Prostate cancer screenings through the PSA test and the digital rectal exam are the only means used today for early detection. Medical experts agree that prostate cancer can be cured with early detection and proper treatment. Because men do not have the same access to advanced imaging technology for prostate cancer that women use to help detect breast cancer, we must become better educated about screening and how to interpret screening results. The debate about whether prostate cancer screenings saves lives misses the mark if it does not address the unique early detection needs of black men. As we have seen all too often in the black community, silence and passivity about this disease kills.

Prostate cancer continues to be the leading cause of cancer and the second leading cause of cancer deaths among men in our country. In my work advocating for increased education and awareness, I've spoken with hundreds of men diagnosed with the disease who are forced to navigate a medical care system with a myriad of contradictions and treatment options.

This is an area where increased knowledge, resources, and support are desperately needed for continued progress towards increasing survival. And this pursuit of progress must be responsible and responsive to the needs of all men – especially black men, who are most vulnerable.

*(Continued on page 8)*



*THOMAS A. FARRINGTON is a five-year prostate cancer survivor. He is the author of the books "Battling The Killer Within" and "Battling The Killer Within and Winning." Mr. Farrington is also the Founder and President of The Prostate Health Education Network, Inc. (PHEN).*

## STUDY SHOWS PROSTATE CANCER MAY BE OVER-TREATED IN THE MAJORITY OF CASES

Prostate cancer is arguably the most significant health risk that men face with a new case diagnosed every three minutes. When prostate cancer is detected, men are offered and accept some form of definitive therapy in the majority of cases with hopes for a cure. History teaches us that 40-60% of men will have a recurrence of cancer by 7-10 years. Even more confounding is the inability to predictably define which patients will succeed with a reasonable level of confidence when the diagnosis is made. In a now famous quote, William Fair, M.D., the former Chairman of the Departments of Urology and Surgery at Memorial Sloan-Kettering stated in 2000; "Based on everything we know about prostate cancer, I am not certain that it should not be treated as a chronic disease."

Until now, men with the diagnosis of prostate cancer have had little choice but to accept impotency and incontinence while hoping for the elusive cure. Based on Dr. Ronald Wheeler's research, an attempt at cure may no longer be necessary as men can now harness the cancer process through a modified Mediterranean Diet and prostate nutrition; targeting non-bacterial prostatitis while utilizing an all natural patented prostatitis nutritional formula.

According to the American Association of Cancer Research (AACR), prostatitis is a singular disease entity that evolves into prostate cancer through cellular oxidation, free radical formation, DNA mutation and Prostatic Intra-epithelial Neoplasia (PIN).

Dr. Wheeler's alternative to surgery and/or radiation that preserves quality of life while allowing men to live with prostate cancer is called Chronic Disease Management (CDM). In other words, men

can live with prostate cancer much like men live with diabetes.

Dr. Wheeler's data, presented at the 2006 ASCO Prostate Cancer Symposium, showed that 87% of men receiving CDM suppressed their cancer over an average of 38.5 months (range: 13-84 months), while decreasing PSA by 50%.

The key to the CDM approach is to minimize tumor aggressiveness by eating a healthy diet while resolving the signs and symptoms of prostatitis through the use of a dietary supplement called Peenuts®. Signs and symptoms expected to improve with the Peenuts® formula according to the study data include a reduction in the number of white blood cells in the EPS (expressed prostatic secretion) by 77.5%, a PSA reduction of 43%, and a 61% decrease in urinary symptoms.

The best candidates for CDM are men with a Gleason Score (GS) of 5 or 6 (50-60% of all prostate cancer cases), although several men in Dr. Wheeler's study had a GS of 6 or 7.

To learn more about this approach to prostate cancer, please log on at <[www.RonaldWheeler.com](http://www.RonaldWheeler.com)> and/or <[www.Peenuts.com](http://www.Peenuts.com)>. Men may also e-mail Dr. Wheeler at [Prostadoc@aol.com](mailto:Prostadoc@aol.com) for a copy of his research study.

## US TOO ATTENDS ASCO PROSTATE CANCER SYMPOSIUM

Us TOO International attended the 2006 Annual Prostate Cancer Symposium held in San Francisco, California, February 24-26, sponsored by the American Society of Clinical Oncologists (ASCO). Tom Kirk, President & CEO, and Jim Kiefert, Chairman of the Board, presented a poster session entitled "National Survey of HRPC Patients Reveals Large Gaps Between Perceptions and Reality of Treatment," attended medical presentations, and staffed a booth in the exhibit area to distribute infor-

mation and our latest publications. Highlights and outcomes from this meeting will be featured in the May issue of the *HotSheet*.

Us TOO will also be attending the 2006 ASCO Annual Meeting, "Advocating Survivorship, Clinical Science, & Oncology Quality Care," June 2-6, 2006 in Atlanta, Georgia. The Us TOO abstract on the national survey results mentioned above has been accepted for a poster presentation in the Patient and Survivor Care category.

## OLDER MEN WITH EARLY STAGE PROSTATE CANCER SURVIVED LONGER WITH SURGERY OR RADIATION COMPARED TO OBSERVATION

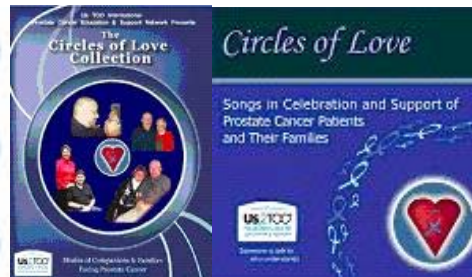
A new study shows older men with early stage prostate cancer survive longer if they are treated as opposed to the "watchful waiting" approach advocated by many physicians for older men with other health problems. In addition, the study revealed a survival benefit for men treated with radiation therapy making it the first study to demonstrate a survival advantage in an older population. The study was presented by Fox Chase Cancer Center medical oncologist Yu-Ning Wong, M.D., at the 2006 ASCO Prostate Cancer Symposium, held Feb. 25<sup>th</sup> in San Francisco, CA.

The cases examined in this study were diagnosed between 1991 and 1999. The men ranged from 65 to 80 years old at diagnosis (median age 72). A total of 34,046 men received treatment with either radiation therapy (19,948) or surgery—radical prostatectomy—to remove the prostate (14,098). The remaining 14,560 men were only observed (watchful waiting). More than half of the treated men were alive by the end of the study, with a median survival of 13 years. Me-

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US TOO FEATURED RESOURCES

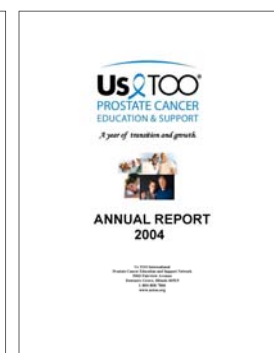
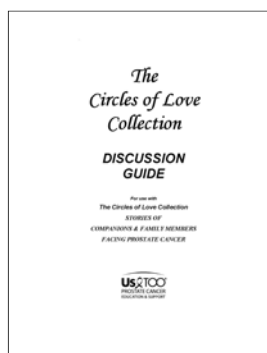
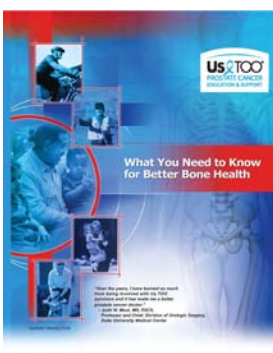
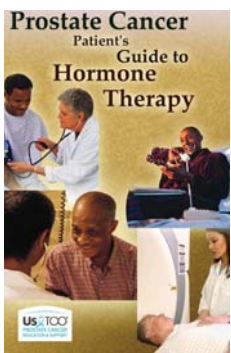
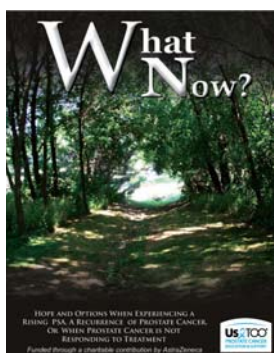
To order, visit <www.ustoo.org>



- **NEW!** Baseball Hats – Navy or white, \$16.00 ea – includes S+H
- Prostate Cancer Car Magnets “Know Your PSA” – \$5.00 ea – includes S+H
- Us TOO STRIVE Initiative Awareness Wristbands – \$1.00 each plus S+H
- *The Circles of Love Care Kit* – for friends and loved ones of those with prostate cancer, \$24.99 includes S+H
- *HotSheet* Subscriptions – Personal copy delivered right to your home or office, \$35 for 12 issues

**NEW!** FREE Patient Education & Other Publications – available on the Us TOO website in the *Audio, Video, Tools & Links* section, or by calling the Us TOO home office at 800-808-7866

1. *What Now? - Hope and Options When Experiencing a Rising PSA, a Recurrence of Prostate Cancer, or When Prostate Cancer is Not Responding To Treatment*
2. *Prostate Cancer Patient’s Guide to Hormone Therapy*
3. *Updated: What You Need to Know for Better Bone Health*
4. *Circles of Love Discussion Guide*
5. *Us TOO International—2004 Annual Report*



NEW ON THE WEB @ WWW.USTOO.ORG

**Highlighted Prostate Cancer Trials and Studies** – see a new listing of clinical trials and clinical studies of interest to prostate cancer patients, to be updated on ongoing basis, in the **Clinical Trials & Studies** section at:

[http://www.ustoo.org/Cancer\\_Trials.asp](http://www.ustoo.org/Cancer_Trials.asp)

**Streaming Audio & Video** – past audio teleconferences and video presentations on prostate cancer topics are now available for streaming or download in the **Audio, Video, Tools & Links** section at:

[http://www.ustoo.org/Tools\\_Links.asp#streaming](http://www.ustoo.org/Tools_Links.asp#streaming)

**Prostate Pointers Online Support Communities** – featuring 14 focused & moderated mailing lists, event calendar, and links to thousands of physician and lay contributed web sites on prostate cancer topics.

FREE at [www.prostatepointers.org](http://www.prostatepointers.org)

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

**SCREENING IN BLACKS**

*(Continued from page 5)*

Studies such as that conducted by the VA and Yale seem to ignore the grave prostate cancer predicament of black men in this country, which is the world's worst. It is only through increased education, research, awareness and new treatments – not a constant flow of conflicting reports on the available screening tests – that we will be able to reduce deaths from this disease.

It's true that we don't have a perfect system of screening techniques to detect prostate cancer. But we can't allow the desire for perfection to be the enemy of good for those that are most vulnerable.

**SECOND ANNUAL  
AFRICAN AMERICAN  
PROSTATE CANCER  
DISPARITY SUMMIT**

September 20-21, 2006  
Rayburn House Office Building  
Washington, DC  
www.prostatehealthed.org

**OLDER MEN SURVIVE  
LONGER WITH TREATMENT**

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dian survival for the group under observation was about 10 years.

"Some prostate cancers grow so slowly that they never become life-threatening, especially in elderly men who may die of other causes before the cancer causes problems," explained Wong. "But other men develop complications and die from their cancer making the decision to treat quite difficult." It remains unclear whether detecting early prostate tumors translates into an equivalent benefit of saving lives and whether the benefits of early detection outweigh the risks of complications from follow up diagnostic tests and cancer treatments.

"This large, population-based study demonstrates a survival advantage for men treated with either radical prostatectomy or radiation therapy compared to observation," Wong said. "Eligible men should be considered for both treatment options."

*Fox Chase Cancer Center  
27 February 2006*

**NEW MOLECULAR TEST**

*(Continued from page 3)*

within five years of having their prostate removed.

**Clinical Failure Px Score** which describes the likelihood of the patient developing clinical failure defined as bone/soft tissue metastasis and/or androgen independent rise in PSA within five years of having their prostate removed.

**Histological (tissue):** Cells and other structures in your prostate cancer tissue sample are analyzed to identify and measure important specific components, patterns and features.

**Molecular:** Specific proteins in prostate tissue samples are visualized and measured in order to obtain a unique molecular picture of the cancer.

**Clinical:** Important clinical information (e.g., Gleason score and surgical pathology) are taken into account.

By combining this information and applying advanced computer technology and mathematics, Prostate Px can provide patients a more thorough picture of their individual risk.

More information can be found at [www.aureon.com](http://www.aureon.com).

**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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