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Us TOO[®]
PROSTATE CANCER
EDUCATION & SUPPORT

HOTSHEET

May 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.

Many people are aware of the improvements in early diagnosis of prostate cancer that have occurred over the last ten years. A side benefit is now appearing in changes in health insurance rates. Rather than having to pay much higher rates for several years, at least one company is now making insurance available at standard rates, which will impact significantly for many individuals.

The only problem, however, is that the more favorable rates are only being offered to those individuals who undergo radical prostatectomy even though there is no evidence that the results for surgery are better than those for radiation or seed implantation. Perhaps a grass roots effort is

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HIGHLIGHTS FROM THE 2006 PROSTATE CANCER SYMPOSIUM

The second multidisciplinary symposium on prostate cancer was held in San Francisco, CA on February 24-26, 2006. This was co-sponsored by the American Society of Clinical Oncology (ASCO), the Prostate Cancer Foundation (PCF), the American Society of Therapeutic Radiology and Oncology (ASTRO) and the Society of Urologic Oncology (SUO), and brought together key thought leaders in urology, radiation oncology and medical oncology. There were nearly 1,500 attendees, including practicing physicians, researchers, vendors, government workers and support group members.

The Symposium consisted of didactic and oral scientific presentations as well as poster presentations that allowed ample time for interaction and discussion by attendees. The "point-counterpoint" format at the end of each session clearly demonstrated how differently each discipline approaches each facet of prostate cancer treatment.

Friday's sessions covered a number of subjects, including prostate cancer risk factors, epidemiology, prevention, screening strategies and risk assessment algorithms for predicting disease

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PREVIEW AUCTION CATALOG NOW

The Us TOO International Founders' Fund Online Auction Web site is NOW OPEN! Have a look at all the items up for bid, including a Hot Air Balloon Ride for 2, a 7-day/6-night trip to Kauai, Hawaii, and autographed items from the 2005 champion Chicago White Sox and the Pittsburgh Steelers teams.

There are many exciting travel packages to consider: Disney World, Las Vegas, a Hilton Head golf & beach resort, Vancouver, or a cruise of the Alaskan inside passage. Schedule that vacation and support Us TOO at the same time!



Currently, 26 items are posted for viewing. Us TOO is seeking other items to include – things like digital cameras, mp3 players, cell phones, kitchen appliances, sports equipment, DVDs, or gift baskets made up of multiple fun and interesting items. Even baby items are attractive!

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US TOO INTERNATIONAL

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



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2006 CONFERENCE

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progression. There were sessions covering newer techniques in external beam radiation and brachytherapy and one introducing the concept of "active surveillance" with "selective delayed intervention." Data presented showed that this may be a prudent strategy for men with low-risk, early-stage cancers.

Three new studies examined specific aspects of using PSA velocity (PSAV) — the rate at which a man's PSA level increases — for detecting cancer and predicting its aggressiveness. While these showed that PSAV is a valuable tool to assess prostate cancer risk, the caveat is that a very high PSAV can also be caused by prostatitis.

An update on the data analysis of the Prostate Cancer Prevention Trial was presented Friday. This was a large-scale randomized placebo-controlled study first published in July 2003. These results showed a 25% reduction in the cumulative incidence of prostate cancer with Proscar, but a 25% greater incidence of high-grade cancers.

This update sought to find an explanation for the initial findings. A possible drug effect on pathology material was dismissed based on expert opinion. It was determined, however, that Proscar significantly reduced gland volume, which may have theoretically increased the accuracy of the biopsies.

Saturday's sessions focused on more mainstream topics, such as which men should be treated for prostate cancer and with which approach. The "point-counterpoint" debated the question of whether or not PSA recurrence should be treated before clinical progression develops, leading to lively discussion.

Sunday's sessions covered advanced disease and were the most interesting. Topics included optimizing systemic treatments and quality of life issues. Molecular alterations in the genome of androgen independent prostate cancer cells were described as were potential drugs directed against these "targets." However, this research must be considered very preliminary at this time.

Go to ASCO's website (www.asco.org) to find links to a scientific review of each of the day's activities and updated data for all of the abstracts presented.

FROM THE DOCTOR

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needed to obtain similar treatment of men receiving these other treatments. Most people believe that future progress will come from identifying growth factors that foster cancer spread. One of these factors described in this issue is the cytokine RANKL, which when bound to its cellular receptor, RANK, alters the host tissue to facilitate cancer metastases. Blocking the action of RANKL could possibly prevent or delay metastatic spread to target areas, such as bone, but these positive findings in the laboratory will need to be proven in the clinic before that is known.

Similar to last month, two other potential tests may become available for identifying who may be at risk for recurrence following radical prostatectomy. In preliminary studies, these tests proved helpful for distinguishing aggressive cancers from indolent cancers. For the moment, that knowledge will lead doctors to manage such men more aggressively or at least monitor them more closely. Simply knowing that the risk of recurrence is higher than average will still not tell an individual patient whether he will recur or whether he should start on some sort of adjunctive treatment. Nevertheless, such a test would be another step toward identifying men who might need additional therapy. The challenge then would be to determine if such men would benefit from additional therapy.

Another report again draws attention to the growing belief that there is an inverse relationship between Vitamin D and cancers, not just prostate cancer. Researchers at Harvard University demonstrated that those men with low blood levels of vitamin D had a significantly greater risk of dying from cancer. While interesting, it does not mean individuals should start increasing their vitamin D to prevent cancer or treat it once it has developed. Such a conclusion will require lengthy studies but it becoming increasingly clear that such studies may be worthwhile.

[From the editorial team: Us TOO thanks Dr. Chodak for his insights and comments. As he stated this month in the HotSheet, several controversial topics are addressed and clearly more research is needed. In the meantime Us TOO will continue to provide the information that men and their families need to make informed decisions.]

LIFE INSURANCE OFFERED TO CANCER SURVIVORS

The Hartford Financial Services Group Inc. will make life insurance coverage more accessible to men with prostate cancer, recognizing that the rates of survival are increasing as a result of earlier detection.

The Hartford plans to announce Monday that it will offer insurance at standard rates to men 60 and older who have been surgically treated for moderate levels of prostate cancer. In the past, men had to wait up to three years following treatment in order to qualify for life insurance coverage and would have paid significantly more in premiums over five years.

Nearly two-thirds of those diagnosed with prostate cancer are 60 and older, said Mike Kalen, an executive vice president who heads The Hartford's individual life division. As many as 250,000 men diagnosed with prostate cancer in the past five years could qualify for the new insurance rates.

A 60-year-old man who successfully undergoes surgery for prostate cancer and qualifies for The Hartford's new standard rates could obtain life insurance coverage immediately.

If he is a nonsmoker and applies for a 10-year term policy with a \$500,000 death benefit, the annual premium would be \$3,045 using the new guidelines, compared with \$9,210 under previous guidelines. Savings over five years would total nearly \$31,000.

He also could obtain life insurance coverage to protect his family immediately after surgery. Previously, coverage would not have been available for the first three years after treatment.

Washington Gov. Chris Gregoire at the signing of a new bill requiring insurance companies to pay for prostate cancer screening when a physician, physician's assistant, or nurse practitioner requests it, regardless of age of the patient. The bill included \$50,000 for public awareness funded through the state health department. These funds will be available to help raise awareness for minority and underserved populations. Jim Kiefert, Us TOO International Chairman of the Board, Washington resident and bill supporter, was on hand for the ceremony (back row, 3rd from right). The bill was supported by local Us TOO chapters, NPCC of Washington, the Washington State Prostate Cancer Task Force, the Comprehensive Cancer Control Organization in Washington, and many other support group leaders and members. Congratulations to all!

Kalen said that 20 years ago about half of those who were diagnosed with prostate cancer died within 10 years. With early detection and, if necessary, surgical treatment, the survival rate for at least 10 years following diagnosis is now 93 percent, he said.

Associated Press, 27 March 2006

STUDY LOOKING FOR PARTICIPANTS

Patients sometimes say that they have a hard time communicating their thoughts about cancer with their spouses or partners. Similarly, spouses or partners of cancer patients sometimes say that it can be difficult to talk with their loved ones about how cancer has affected their own life. This issue is important to both patients and their spouses or partners, and yet is not well understood.

If you are in a relationship with a spouse or partner and are receiving treatment or have been off treatment for two years or less, you can participate in this study. This study is open to both patients and their spouses. It takes no more than 15 minutes of your time to complete a questionnaire about how you communicate with each other about cancer, your mood, and your relationship with your spouse or partner.

There will be a \$10 American Express coupon that you will receive in gratitude for your participation.

This study is being done under the direction of Alice B. Kornblith, PhD at the Dana-Farber Cancer Institute. If you are interested in taking part in this study, please contact Ms. Rebecca Casey (Tel: 617-632-2271; e-mail: Rebecca_Casey@dfci.harvard.edu).

WHY BONE IS SUCH AN ATTRACTIVE TARGET

Many cancers, including breast cancer malignant melanoma, metastasize to the bone, and the local factors in the host tissues that contribute to metastatic colonization are beginning to be uncovered. Chemokines in the target tissue to which the cancer cells will metastasize are important, and Jones et al (*Nature*, Vol. 440, pp. 692-6, 2006) show that the cytokine RANKL (receptor activator of nuclear factor kB ligand) is another factor that governs metastasis to bone for tumor cells that express the receptor RANK. RANK was detected in primary human tumor samples from breast and prostate cancer, as well as in several cancer cell lines. Cancer cell lines (human breast and prostate and mouse melanoma) responded to RANKL with actin reorganization, activation of several signaling pathways, and cell migration. The decoy receptor osteoprotegerin (OPG) blocked actin polymerization and cell migration induced by RANKL. Injection of the mouse melanoma cell line B16F10 into the hearts of mice led to metastasis of the cancer cells to multiple organs, including the bones, which produced paralysis and ultimately death. Treatment of the mice with OPG specifically reduced metastasis to the bones, eliminated paralysis over the course of the experiment, and increased the survival of the mice. Thus, RANKL appears to be a key factor contributing to bone metastasis and may be a clinical target for reducing morbidity and pain associated with cancers that metastasize to the bone.

Sci. STKE, Vol. 2006, Issue 329, pp. tw114, 4 April 2006



RAISING A VOICE FOR ADVANCED PROSTATE CANCER

By Jim O'Hara, Prostate Cancer Research Institute (PCRI)

[From the editorial team: This article by Jim O'Hara from the Prostate Cancer Research Institute (PCRI) is being run here in the *HotSheet* and in PCRI's *Insights* to reach the maximum number of people. There is growing awareness by many of us that we need to come together to tell our stories, develop our agenda and advocate for more care and treatment options. Take action! Please note at the end of the article there is an opportunity to place your name on a list to join the effort and stay in touch with everyone as our effort grows and develops.]

Awareness of prostate cancer and early detection of the disease are increasing **but** most of the media attention ignores the fact that **around 30,000 men in the United States died of this disease during 2005. Additionally, there are 48,000 men dealing with hormone refractory prostate cancer.** For these men, there are few treatment options available. Even treatments in the late stages of development offer little measure of hope. The outlook appears even darker when you consider the impending impact of the "baby-boomers".

The combination of limited research money, low public awareness and an ultra-conservative approval process by the FDA has contributed to effectively shutting down the pipeline of approved drugs targeted for advanced prostate cancer where the need for new treatments is most dire. Clearly something should be done about these interrelated funding, public awareness, and drug approval limitations.

And, as the HIV/AIDS community has proved, something can be done. Recently, a promising step forward was made when leaders of several prostate cancer nonprofits convened in an unprecedented roundtable meeting to discuss opportunities for our community to better work together and to identify core issues in "advanced prostate cancer."

The Advanced Prostate Cancer Advocacy Meeting, sponsored by an unrestricted grant from Abbott Oncology, was held February 23, 2006 in San Francisco before the *2006 Prostate Cancer Symposium*. There were atten-

dees from organizations including the PCRI, Us TOO International, Prostate Cancer Foundation, The Prostate Net, National Alliance of State Prostate Cancer Coalitions, California Prostate Cancer Coalition, Prostate Cancer Coalition of Michigan, and American Prostate Health Initiative, plus prostate cancer experts Dr. Donald Coffey and Dr. Stephen Strum.

The meeting was structured to first listen to advocates for other diseases describe advocacy efforts that have significantly helped improve patient care. Marty Delaney and Brenda Lein of the HIV/AIDS advocacy organization *Project Inform* and Ellen Coleman of *CancerCare* discussed best practices and key achievements. They shared some key lessons learned in their advocacy movements with HIV/AIDS, breast cancer, lung cancer and multiple myeloma.

- **Organizations must work together** in a coordinated effort and agree on specific direction. "The enemy is the disease, not each other."
- **Partnerships are important**, not only with each other, but also with government (NIH, NCI, FDA, Congress and the Administration), with academia, the pharmaceutical industry, the media and the public. Relationships must be developed with the key people to get results.
- **Advocacy requires sponsors** to provide funds to support paid professionals, activism and media campaigns.
- **There is a need for activism** to build grass roots support and gain media attention to the message and get it on the evening news.

- Advanced PC patients and their care-givers must be convinced that they deserve to receive better options.

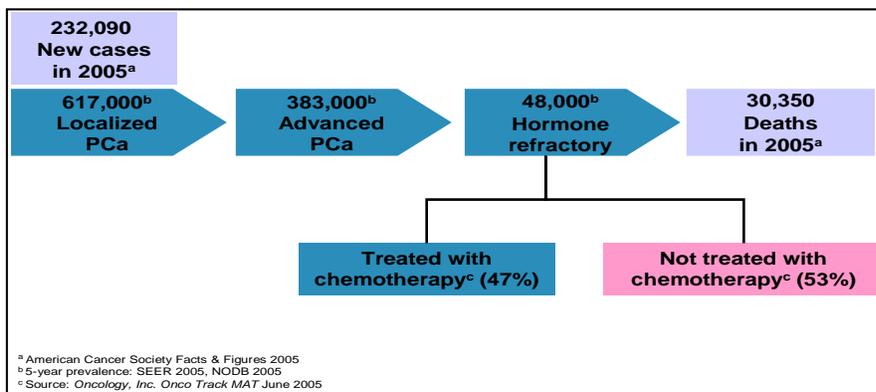
Our guest advocates also suggested ways to make prostate cancer advocacy successful:

- **Men with advanced prostate cancer and their loved ones must be heavily involved with prostate cancer advocacy and issues.**
- **Advocates must be recruited and trained** in both advocacy and science of the disease. They must keep current with latest research for credibility.
- Advocates must be members of the committees that review new developments "not at a (controlled) public microphone expressing concerns."
- Advocates must seek out opportunities to be heard at professional and scientific conferences.

Next we heard from a few of our own experts regarding current issues facing prostate cancer.

- For men, prostate cancer remains second only to lung cancer in deaths and second to skin cancer in incidence (30,350 deaths and 232,090 new cases for 2005).
- While media attention has increased, most of the stories, especially in the "big" media, focus on early detection and local treatment options. This gives the public the impression that prostate cancer is not a life-threatening illness. **"The world does not even know that advanced prostate cancer exists."**
- Older advanced prostate cancer patients tend to accept their disease and

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ADVOCACY MEETING

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have proven to be poor advocates for their own cause, while men diagnosed at a younger age may keep their disease secret because it could put their careers in jeopardy.

- There has not been a major new treatment modality for advanced prostate cancer has been developed in decades and there are few options to offer to men who fail to respond to androgen deprivation (hormone) therapy.

Drs. Strum and Coffey both addressed this last point. Dr. Strum reiterated the plea that he and Bill Blair made at the 2005 PCRI National Conference on Prostate Cancer that *"there are a number of things (in development or being used for other cancers) that look very exciting but have not been made available to men with advanced prostate cancer."*

Dr. Coffey forcefully concurred, stating: *"We are vastly under-treating advanced prostate cancer. Let's get all of the drugs that are out there for advanced cancers and try to find out on a group of patients, if there is anything here to give them hope."*

Attendees passionately discussed the current "invisibility" of advanced prostate cancer patients, their lack of voice, and the relatively low media coverage the topic currently receives. This roundtable advocacy meeting was an important step toward presenting a more united front on the specific issues facing advanced prostate cancer patients.

Attendees identified two priority issues:

- Impacting FDA approval procedures that will lead to a meaningful change in treatments and tools available for advanced prostate cancer patients
- Raising public and media awareness of the needs of advanced prostate cancer patients.

The organizations represented agreed to vigorously pursue these two issues. By far, the greatest task will be to energize the prostate cancer patient and caregiver communities to carry this advocacy banner forward. **If you feel a passion to join in Raising a Voice for Advanced Prostate Cancer**, send an e-mail with your name, address and phone number to: raiseavoice@pcri.org.

SCIENTISTS SEE PROGRESS IN PROSTATE CANCER TESTS

Two companies have developed genetic tests that may eventually could help doctors better predict which prostate cancer patients have serious cases that need aggressive treatment, U.S. researchers reported last month.

One test, developed by San Diego-based Illumina Inc., was designed to help physicians tell which patients considered at medium risk will have their cancer recur after the prostate is removed. Those patients typically have a score of six or seven on the 10-point Gleason scale, which is among the standard tests for prostate cancer.

Researchers used the Illumina test to analyze prostate cancer tissue samples for 16 genes and studied how patients fared. This information can give patients a score indicating whether they were likely to experience a recurrence of cancer within the next five years.

If confirmed in future studies, "this information could be used to make the next leap as to what (treatment) a patient should or should not have," said Dr. Tracy Downs, a urologic oncologist at the Univ. of California at San Diego.

Another test developed by Berlin-based Epigenomics AG detects a gene called PITX2 and its "methylation," a chemical alteration that controls how active a gene is. The PITX2 gene is thought to play a role in regulating hormones, which can fuel cancer growth.

Men whose tissue samples tested positive on the Epigenomics test were three times more likely to experience cancer recurrence after having their prostate removed, researchers said. "Those are the people that are really possibly good candidates for early (post-surgical) therapy," said Susan Cottrell, a senior scientist at Epigenomics's Seattle-based U.S. unit.

The company plans to seek Food and Drug Administration approval of the test if its effectiveness is confirmed in a larger study, Cottrell said. The test could be available for use in patients "in another couple years," she added.

Findings on both tests were released at a meeting of the American Association for Cancer Research. Neither of these tests was designed to replace the Gleason score or the PSA blood test

that doctors typically use to determine the severity of prostate cancer, the researchers said.

Prostate cancer is the most common cancer in U.S. men. It is diagnosed in 232,000 men every year and kills up to 30,000 of them. Worldwide, 221,000 men die from prostate cancer each year.

Reuters Health, 5 April 2006

PROSPECTIVE STUDY OF PREDICTORS OF VITAMIN D STATUS AND CANCER INCIDENCE AND MORTALITY IN MEN

Giovannucci E, Liu Y, Rimm EB, et al
J Natl Cancer Inst 98: 451-9, 2006

Background:

Vitamin D has potent anticancer properties, especially against digestive-system cancers. Many human studies have used geographic residence as a marker of solar ultraviolet B and hence vitamin D exposure. Here, we considered multiple determinants of vitamin D exposure (dietary and supplementary vitamin D, skin pigmentation, adiposity, geographic residence, and leisure-time physical activity—to estimate sunlight exposure) in relation to cancer risk in the Health Professionals Follow-Up Study.

Methods:

Among 1,095 men of this cohort, we quantified the relation of these six determinants to plasma 25-hydroxyvitamin D [25(OH)D] level by use of a multiple linear regression model. We used results from the model to compute a predicted 25(OH)D level for each of 47,800 men in the cohort based on these characteristics. We then prospectively examined this variable in relation to cancer risk with multivariable Cox proportional hazards models.

Results:

From 1986 through January 31, 2000, we documented 4,286 incident cancers (excluding organ-confined prostate cancer and nonmelanoma skin cancer) and 2,025 deaths from cancer. From multivariable models, an increment of 25 nmol/L in predicted 25(OH)D level was associated with a 17% reduction in

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CIRCLES OF LOVE ALIVE IN CHICAGO

On any given night you can find an Us TOO chapter meeting somewhere in the country and in other countries as well. A growing number of chapters also have separate small group meetings before, during of afterwards, specifically for spouses, partners, companions and family members.

This growing phenomenon is the result of increased awareness of how prostate cancer impacts those closest to the patient or survivor – often called the unseen patients. We now know that the overall physical and emotional well-being of a patient’s loved ones can directly impact his own well-being.

In 2005, Us TOO created the *Circles of Love (COL) Care Kit*, providing insightful, easy-to-use, step-by-step tools for chapters and individuals to use to address the unique challenges of those closest to the patient. *COL Care Kits* includes an inspiring musical CD, a terrific book about impotence, and a collection of stories about the families of prostate cancer patients and survivors. Chapters are finding the *COL Love tools* valuable additions to their available resources.

One chapter actively using the *COL Care Kit* and *Discussion Guide* is the Don Johnson Chapter in the northwest suburbs of Chicago, started in 1995 and named in honor of their 1st Leader. The leader of what they call their “partners group” is Shirley Grey, also the co-founder of the chapter with Don because of her husband's battle with prostate cancer. This chapter regularly has between seventy and one-hundred men and family members at any given meeting.

Shirley talks about the *COL* program in this way, “*The partners group began several years ago, but has become more focused with the addition of the COL program, and our recent use of the COL Care Kit and Discussion Guide.*”

Shirley continues, “*A few months ago, we enticed more partners to participate in our regular meetings by giving the COL kits to the first 10 who joined at that meeting. Our members really appreciate the ease of reading and the fact that they can each relate to someone's story or piece of another story. We are*

starting to discuss individual stories from the COL Collection and use the excellent discussion questions found in the COL Discussion Guide. In addition, one couple really enjoyed the COL music CD, listening to it on the way to the meeting.”

Shirley concludes, “*We are excited to explore different ways to use the diverse and valuable COL materials, and we look forward to many more support tools from Us TOO*”

Last month, Us TOO announced a *COL Grant* available to a few fortunate chapters. We will continue to accept grant applications through May. Selected chapters will also receive the undivided support of Us TOO Companions and Families resource person, and nationally know caregiver advocate, Elizabeth Cabalka. Chapters that are selected will receive all the *COL Care Kits* and materials they need to host a companions and family event or ongoing support venue **FOR FREE**.

COL Grant applications are available by contacting Elizabeth at 320-980-0437 or by e-mail at 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 31, 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. The Circles of Love Care Kit and all its individual components are available for purchase by calling the Us TOO 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.



Shirley Grey, second from right, and her “partners group” at a recent meeting. They are finding the COL Care Kit and discussion guide to be valuable tools for supporting the needs of spouses, companions and family members of prostate cancer patients.

**ASCO CALL TO ACTION—
FOR PATIENTS, TOO**

Members of Congress are on recess for the next two weeks for their spring in-district work period, so now is an ideal time to meet with your elected representative at home. Meeting now with your Member of Congress personalizes - and makes more immediate - issues facing oncology in your community.

While you meet with your Member of Congress at home, ASCO will continue its work with Congressional leaders in both the House and Senate. Our goal is to advance legislative and administrative proposals that:

- Promote quality cancer care. Pay-for-performance proposals and other similar efforts advancing in CMS and on Capitol Hill must progress in consultation with the oncology community and must build on extensive work that ASCO and others have already undertaken.
- Provide appropriate payment for cancer care services. ASCO is working with patient advocates and community oncologists to advance a comprehensive legislative proposal to recognize and pay for the full range of services that oncologists provide.
- Ensure access to chemotherapy. ASCO is working to advance legislation to provide fair and adequate payment for chemotherapy drugs.

The pace of change in Washington may not be as fast as we would like, but our determination and energy do not waver. You and your patients are uppermost in our thoughts and our efforts. Your energy over the next two weeks will get us closer to our collective goal of achieving good policy that provides high quality care to all cancer patients.

Chair, ASCO Clinical Practice Committee

PREVIEW US TOO AUCTION CATALOG NOW AT
WWW.USTOOAUCTION.CMARKET.COM

Us TOO International Prostate Cancer Education and Support Network

ONLINE AUCTION May 30 - June 19 Bidding for Health and Hope

HOME CATALOG WATCHES sign in prefs help contact

Auction Ends: Jun 19, 2006 11:59 PM EDT

Us TOO Founders' Fund Online Auction To Open May 30th!

Us TOO International Prostate Cancer Education & Support Network will host our first-ever, nationwide fundraiser in the form of this online auction.

Help us build our auction catalog by DONATING ITEMS! We are still in need of quality items to add to our auction catalog. If you have anything you would like to donate from rare collectibles to prized personal or business services, now is the time to make your contribution. We're looking especially for items with a cost of less than \$100. Use the Donate Item button on the left to learn how, or complete this form if you prefer to submit offline.

See below and to the left for current listing of auction items. Come back often as the list will grow weekly. Consider donating something yourself! See here for list of ideas for items.

The auction will end on June 19th, the Monday after Father's Day -- to honor fathers and men who either have had prostate cancer or who are trying to stay prostate-healthy. All proceeds Fund, created to help families by providing!

Your attention and su... 60 this year, the num... 40%, from approxima...

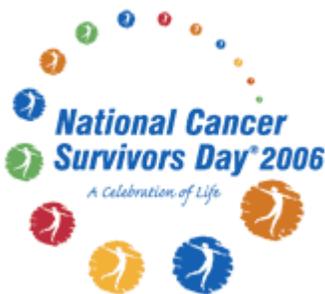


Bidding for Health and Hope

AUCTION WATCH: Featured Items [View All 26 Items](#)

- | | | | |
|---|--|------------------|--------------------------|
| | Hot Air Balloon Ride for Two! Float Above the Treetops and Below the Clouds. Choose from 150 Cities | Value \$400.00 | Bid Now! |
| For yourself, or a perfect gift. Dream come true! First, our crew chief will take you to the launch site where the beautiful balloon is being inflated. Then we gently ascend and float between 500 and 1,000 feet, wherever the wind takes us for about a... | | | |
| | 2005 Chicago White Sox Team Hand-Signed Baseball With Gold Glove Display Case | Value \$4,000.00 | Bid Now! |
| Bids are for a limited edition 2005 Chicago White Sox team hand-signed baseball with a deluxe gold glove display case. Another curse was reversed when the White Sox won the World Series in 2005: the curse of the Black Sox. Their first World Champions... | | | |
| | Cuisinart Wine Refrigerator | Value \$325.00 | Bid Now! |
| CUISINART FEATURES: Private Reserve Wine Cellar Cuisinart presents an alternative to expensive, full size wine cellars with the Cuisinart Private Reserve Wine Cellar. Traditional stainless steel styling and the option of soft interior lighting, beaut... | | | |
| | Kauai, Hawaii for Seven Days, Six Nights at the Kauai Marriott Resort & Beach Club | Value \$6,820.00 | Bid Now! |
| Lush Kauai, where 'South Pacific' was filmed, offers vibrant | | | |

Show your TRUE BLUE colors by supporting prostate cancer patients and their families on National Cancer Survivor's Day, Sunday, June 4, 2006



- Baseball Hats – Navy or white, \$16.00 ea
 - Prostate Cancer Car Magnets "Know Your PSA" – \$5.00 ea
 - Us TOO STRIVE Initiative Awareness Wristbands – \$1.00 ea
- To order, visit www.ustoo.org

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

VITAMIN D

(Continued from page 5)

total cancer incidence (multivariable relative risk [RR] = 0.83, 95% confidence interval [CI] = 0.74 to 0.92), a 29% reduction in total cancer mortality (RR = 0.71, 95% CI = 0.60 to 0.83), and a 45% reduction in digestive-system cancer mortality (RR = 0.55, 95% CI = 0.41 to 0.74). The absolute annual rate of total cancer was 758 per 100,000 men in the bottom decile of predicted 25(OH)D and 674 per 100,000 men for the top decile; these respective rates were 326 per 100,000 and 277 per 100,000 for total cancer mortality and 128 per 100,000 and 78 per 100,000 for digestive-system cancer mortality. Results were similar when we controlled further for body mass index or physical activity level.

Conclusions:

Low levels of vitamin D may be associated with increased cancer incidence and mortality in men, particularly for digestive-system cancers. The vitamin D supplementation necessary to achieve a 25(OH)D increment of 25 nmol/L may be at least 1,500 IU/day.

SECOND ANNUAL DUKE PROSTATE CENTER SYMPOSIUM

The Duke Prostate Center (DPC) in collaboration with the Prostate Cancer Coalition of North Carolina presents The Second Annual DCPC Symposium: "An Approach to Prostate Cancer for the Baby Boom Generation."

The incidence of prostate cancer increases dramatically as men age. In 2006, the youngest of the baby boomers (who make up 30% of the U.S. population) will turn 40.

During the next 10 years, the number of men diagnosed with prostate cancer is expected to increase by 40% from approximately 230,000 to over 300,000 a year. The number of prostate cancer deaths could rise from 30,000 to 50,000 per year. With early detection and access to "best practices" treatment options, prostate cancer can be effectively treated.

To learn more about what you can do, please join us on to hear what the Duke Prostate Center experts have to say.

Saturday, June 10, 2006

7:30 a.m. – 1:30 p.m.

Hilton Durham Hotel

3800 Hillsborough Rd., Durham NC

The morning agenda includes a special guest lecture by Mary Elizabeth Hughes, PhD "The Baby Boom Gen-

eration: Implications for Health Care, a Point – Counterpoint panel discussion "Localized Prostate Cancer: "Surgical Therapy Options" and a Keynote Lecture by Paul F. Schellhammer, MD "Prostate Cancer from a Surgeon's and a Survivor's Perspective."

This will be followed by status reports of ongoing prostate cancer clinical trials conducted at DPC and a question and answer session.

To register and reserve your space, please call 919.684.2033. There is no registration fee required – and breakfast & lunch will be served.

ONLINE AUCTION

(Continued from page 1)

"We are especially seeking items that are valued at less than \$150 or so, so we have an inventory of items that appeal to every budget" says Tom Hiatt, Chair of the Us TOO Development Committee.

Visit the auction website at www.ustooauction.cmarket.com or follow the links from www.ustoo.org. Click on the "Donate an Item" button if you have something someone else would love! Bidding starts May 30 and ends June 19, 2006.

US TOO INTERNATIONAL: OUR MISSION

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

Us TOO INTERNATIONAL Tax Deductible Donation

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