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Us TOO®  
PROSTATE CANCER  
EDUCATION & SUPPORT

# HOTSHEET

July 2006

## US TOO SEEKS BOARD MEMBER APPLICATIONS

Us TOO International is pleased to announce the annual public call for nominations to the Us TOO International Board of Directors. The Board Membership Committee, chaired by Russ Gould, will review and evaluate nominees and submit recommendations to the full Board for approval at its December Board meeting.

Selection criteria includes items such as the candidate's relationship to Us TOO's purpose, its membership criteria ("...any man diagnosed with prostate cancer, a member of such a man's family or significant other, or any person involved in or interested in support or treatment of any such patients..."), ability to think globally, skills or experience deemed beneficial to the work of Us TOO and commitment to Us TOO's purpose and mission.

**Letters of nomination with a vita or resume should be sent by August 15, 2006** to Thomas Kirk, President/CEO, Us TOO International, 5003 Fairview Avenue, Downers Grove, IL 60515 or e-mail tom@ustoo.org.

## APPROVAL OF HR863 RECOMMENDS INCREASED FEDERAL COMMITMENT TO SUPPORT DEVELOPING INNOVATIVE IMAGING FOR PROSTATE CANCER

IN THE HOUSE OF REPRESENTATIVES, JUNE 12, 2006 -

Mr. CUMMINGS (for himself, Mr. BURTON of Indiana, Mrs. CHRISTENSEN, Mr. WYNN, Mr. CLYBURN, Mr. CARDIN, Ms. WATERS, Mr. MEEKS of New York, Ms. KILPATRICK of Michigan, Ms. MILLENDER-MCDONALD, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. LEWIS of Georgia, Mr. JEFFERSON, Mr. TOWNS, Ms. NORTON, Mr. CONYERS, Mr. MEEK of Florida, Mr. CARTER, and Mrs. CAPPS) submitted the following resolution; which was referred to the Committee on Energy and Commerce.

Expressing the sense of the House of Representatives that there should be an increased Federal commitment to supporting the development of innovative advanced imaging technologies for prostate cancer detection and treatment.

*(Continued on page 2)*

## NEW PARTNER'S GUIDE

Us TOO International and Y-ME National Breast Cancer Organization have come together to create a Partner's Guide and Chapter Toolkit, which provides information to help men with prostate cancer and their partners face this life-changing diagnosis together.

This initiative will enhance Us TOO's Circles of Love program, providing new and additional education and support tools and resources to the companions and family members of prostate cancer patients.

Y-ME assisted in founding Us TOO 16 years ago, and has 30 years of experience in empowering women to take charge of their cancer care. They are sharing their successful communications models with Us TOO to encourage and enable men AND women to work together to fight the battle against prostate cancer.

### Survey findings

While men are not typically as open as women might be regarding personal health issues, we've learned that men don't want to face prostate cancer treatment choices alone – they want their partner t

*(Continued on page 5)*

**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.



THE US TOO PROSTATE CANCER HOT SHEET IS MADE POSSIBLE BY CHARITABLE CONTRIBUTION FROM

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**HR 863** (continued from page 1)

Whereas the annual commemoration of Men's Health Week during the week preceding Father's Day gives new reason to consider the critical need to improve detection and treatment of prostate cancer;

Whereas prostate cancer has reached epidemic proportions and now strikes at least one in six American men, with African-American men having a 60 percent higher incidence rate than Caucasian men and a mortality rate twice as high;

Whereas each year more than 230,000 American men are newly diagnosed with prostate cancer, more than 1,500,000 men have biopsies, and around 30,000 men fall prey to this potential killer;

Whereas it is important for men to take advantage of prostate cancer screening exams in order to detect the disease at the earliest opportunity, when it is still curable;

Whereas a recent study funded by the National Cancer Institute demonstrated that the most common available methods of detecting prostate cancer, the PSA blood test and physical exams, are not foolproof—imaging would be another critical Whereas the annual commemoration of Men's Health Week during the week preceding Father's Day gives new reason to consider the critical need to improve detection and treatment of prostate cancer;

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Whereas it is important for men to take advantage of prostate cancer screening exams in order to detect the disease at the earliest opportunity, when it is still curable;

Whereas a recent study funded by the National Cancer Institute demonstrated that the most common available methods of detecting prostate cancer, the PSA blood test and physical exams, are not foolproof- imaging would be another critical factor in the diagnosis and treatment of prostate cancer;

Whereas the absence of advanced imaging technologies to detect and treat prostate cancer often can result in unnecessary and costly medical procedures that increase psychological and emotional trauma for American men and their families;

Whereas, with imaging tools, millions of dollars could be saved in our public and private health care systems through improved detection and treatment;

Whereas the lack of accurate imaging tools means that biopsies can miss cancer even when multiple samples are taken, and current treatments- either radical surgery or radiation- can leave 50 to 80 percent of men incontinent or impotent or both;

Whereas advanced imaging technologies could be combined with treatment tools to perform image-guided, minimally invasive and precisely targeted interventions, which will be performed in outpatient clinics with minimal discomfort, complications and costs and which will end the fear, pain, suffering and costs that prostate cancer causes men and their families; and

Whereas breakthroughs in the diagnosis and treatment of breast cancer resulted from the development of advanced imaging technologies led by the Federal Government:

Now, therefore, be it *Resolved*, that it is the sense of the House of Representatives that Congress and the Executive Branch should recognize the successful use of advanced imaging technologies in the fight against breast cancer and provide additional support for the research and development of technologies for prostate cancer detection and treatment comparable to state-of-the-art mammograms.

## HIGHLIGHTS OF THE 2006 ASCO MEETING

The 32<sup>nd</sup> Annual meeting of the American Society of Clinical Oncology (ASCO) was held in Atlanta, GA June 2 through 6, 2006. The meeting attracted over 20,000 physicians and paramedical personnel from many countries around the world and featured 27 tracts of disease-specific or oncology-related subject areas.

Various formats for the sessions at the meeting were used, including Oral Presentations, Educational Sessions, Meet the Professor Sessions, Clinical Science Symposia, Scientific Symposia, Clinical Problems in Oncology and Poster Display/Discussion Sessions. There were two Plenary Sessions featuring abstracts showing results that most likely would have an immediate effect on clinical practice.

The theme of this year's meeting was based on three areas – survivorship, clinical science and oncology quality care.

ASCO incorporated survivorship issues into the 2006 Annual Meeting theme, and included a variety of sessions that primarily focus on this topic. The goal of these sessions was to help oncologists best interpret results from published findings and communicate them to patients in an accurate and clear manner.

Clinical Science Symposia (formerly called Integrated Education Sessions) were designed to demonstrate how specific research findings could be applied in the clinical setting. With so much emphasis nowadays on the molecular basis for cancer, these sessions were designed to help the practicing oncologist understand how genomic and genetic research is being used to develop effective future methods for detecting, preventing and treating cancer, and the current status of this endeavor.

*(Continued on page 8)*

## VALEANT PHARMACEUTICALS RECEIVES FDA MARKETING APPROVAL FOR CESAMET™

Valeant Pharmaceuticals International (NYSE: VRX) announced that the U.S. FDA has given marketing approval for Cesamet (CII) (nabilone) oral capsules. Cesamet is used to treat nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional anti-emetic treatments.

“There is still a significant unmet need in treating one of the most feared and severe consequences of life-saving cancer therapies,” said Timothy C. Tyson, Valeant's president and CEO. “With the approval of Cesamet, Valeant is proud to offer a solution that will help alleviate one of the most common side effects of chemotherapy.”

Cesamet is a synthetic cannabinoid that is thought to act as an omnineuromodulator – interacting with the cannabinoid receptor, CB1, which is present throughout the nervous system. This receptor is involved in regulating nausea and vomiting. Because of this omnineuromodulation, the mechanism of action for Cesamet is significantly different from conventional anti-emetics. Cesamet has a long duration of action, which allows for less frequent dosing, typically twice daily.

Valeant anticipates launch of Cesamet in the next several weeks following approval. “In my practice, Cesamet has been used successfully to treat patients with chemotherapy-induced nausea and vomiting,” said Paul Daeninck, MD, assistant professor, Department of Oncology, Univ. of Manitoba in Winnipeg, Canada. “We have found that it offers long-acting chemotherapy-induced nausea and vomiting relief in a well-tolerated and convenient twice-a-day regimen.”

The American Cancer Society estimates that there will be nearly 1.4

million new cancer cases in 2006. Approximately 70 to 80 percent of all patients receiving chemotherapy experience chemotherapy-induced nausea and vomiting (CINV). Although the use of anti-emetic agents decreases the incidence and severity of CINV, symptoms continue to occur in 40 to 60 percent of patients.

“There is a need for cannabinoids, such as Cesamet, for patients who have exhausted conventional treatments but are still coping with the debilitating side effects of chemotherapy,” said Neal Slatkin, MD, and director, Department of Supportive Care, Pain and Palliative Medicine at City of Hope. “CINV dramatically impacts cancer patients' quality of life and can result in patients refusing courses of chemotherapy, which minimizes chances for the best possible outcome.”

### Important Safety Information

Cesamet is contraindicated in any patient who has a history of hypersensitivity to any cannabinoid. Patients treated with Cesamet should be specifically warned not to drive, operate machinery, or engage in any hazardous activity while taking Cesamet. During clinical trials of Cesamet, virtually all patients experienced at least one adverse reaction. The most common events were drowsiness, vertigo, dry mouth, euphoria (feeling “high”), ataxia, headache, and concentration difficulties. Cesamet should not be taken with alcohol, sedatives, hypnotics, or other psychoactive substances. Since Cesamet can elevate supine and standing heart rates and cause postural hypotension, it should be used with caution in the elderly, and in patients with hypertension or heart disease.

For more information, call Valeant Pharmaceuticals at 877-361-2719.

*Valeant Pharmaceuticals, 16 May 2006*

**DOC MOYAD'S "WHAT WORKS & WHAT IS WORTHLESS" COLUMN,  
ALSO KNOWN AS "NO BOGUS SCIENCE" COLUMN --  
THE MAGIC PILL FOR WEIGHT LOSS: PART I - WHERE THE HECK IS IT?**

**Mark A. Moyad, MD, MPH, University of Michigan Medical Center, Dept. of Urology**

Who wants to exercise? Who wants to lift weights? Who wants to eat better? Who likes to be asked a lot of questions?! Well, a lot of men and women are doing everything right when I see or talk to them but they just cannot lose a single pound. This is not fair but it happens. It is really hard to lose weight!

It takes 3,500 calories to lose one pound, which means if you cut your intake of calories by 500 a day (almost a single small meal), it will take you an entire week to drop one single stinkin' pound!

And, if you are on hormone suppression treatment for breast or prostate cancer, this slows down your metabolism even further, which means 3,500 calories does NOT equal one pound anymore (more like 4,000 to 4,500 calories = one pound).

There are some lucky people out there like my wife that just look at a treadmill or get more sleep and they lose weight but these are a minority of people and in general I do not like them (except for my wife of course). The rest of us have to put in a lot of exercise and have to eat right most of the time. So, what about the magic pill, where is that magic pill?

First let's talk dietary supplements. Ephedra was a stimulant on the market, which seemed to help a lot of people, but it also helped your blood pressure and heart rate go higher and higher so this is not a good thing and it was pulled off the market.

Now, we have lots of new products on the market with some new magic ingredient called "bitter or-

ange pill extract" and this seems to help some people. However, bitter orange peel extract contains a compound in it, which has a similar structure to ephedra! Ouch!

Ephedra gets removed but it than gets replaced by an ephedra looking compound. Ouch again! There is another product called "CLA" on the market and in the next issue we will talk about why I believe it is okay but nothing to write home to momma about if you know what I mean.

What about the prescription drugs?

The FDA has approved 2 drugs for long-term weight loss and in my opinion they are not worthless, but they live in the neighborhood next to the worthless family if you know what I mean?! Xenical® (orlistat) blocks fat absorption by not allowing fat to be digested and it just lost their patent recently and even recently got FDA approved for over the counter sale in 2007.

Xenical can help you lose a few pounds, but it can also help increase your medical vocabulary because you will now understand what the words "anal leakage" or "oily discharge" means?

Meridia® (sibutramine) works to change your feelings about appetite or may even impact metabolism, but there has always been increasing blood pressure issues with this drug in a minority of individuals.

Both Xenical and Meridia are okay, and you can talk to your doctor, but they are far from the magic pill. Any weight loss pill (supplement or prescription) that raises heart rate, blood pressure, or

even changes major hormones of any kind such as thyroid levels is a pill you do not want to take on a regular basis.

Our last hope in 2006 is a drug called Acomplia® (rimonabant), which is a 20 mg pill you take daily and the average weight loss in the clinical trials was 15-20 pounds! The average drop is waist size was over 3 inches, it increased your good cholesterol, and in some patients it helped them quit smoking!!

Wow! Should we put it into the water? No, but it is perhaps the best little pill that has come along in my 20 years in the business. What is the catch? Higher rates of anxiety and irritability may occur, and whether or not it increases the risk or has any impact on depression remains to be seen. It works by blocking the same receptor in the brain and body that can be stimulated by lots of things to normally make you hungry.

We will talk more about this in the next issue and the chances for FDA approval in 2006. This way it forces readers to continue to read my column.

Dr. Moyad can be reached by phone 734-936-6804 or by e-mail moyad@umich.edu.

References:

1. Van Gaal LF, et al. Lancet 2005; 365: 1389-97.
2. Larsen TM, et al. Am J Clin Nutr 2006; 83: 606-12.



## A CIRCLE OF LOVE IS FORMING IN OLYMPIA

Maureen “Mo” Kiefert didn’t know what to expect when she suggested the partners and spouses of her Us TOO Olympia, Washington chapter get together to support one another. Despite her role on the Us TOO Circles of Love Advisory Panel and a firm belief in the value of the Circles of Love materials, she was unsure of the outcome the first official Circles of Love meeting in her chapter.

Mo need not have worried. Six women attended the first meeting, the conversation was lively, the Circles of Love Care Kit tools and discussion guide served them well, and they plan to meet again.

While the meeting went quite well, they learned something during their first meeting that will change the logistics of their future meeting. The entire Olympia chapter meets regularly from 7-8:30pm and the Circles of Love group stepped out to the lobby of their meeting location for their separate gathering at 8:00. They found the lobby a bit loud and busy so they will secure a separate meeting location in the future. Otherwise, the meeting went smoothly.

The Circles of Love Care Kit provided everything they needed for a valuable and informative meeting. The group used the very first story in the Circles of Love Collection as the foundation of their discussion. This story of Us TOO Board member Jo Ann Hardy, and her husband Jerry, spoke to the assembled group so well that they only got through two of the many discussion questions due to the abundance of interaction and conversation.

*(continued on page 6)*

## NEW PARTNERS GUIDE

*(Continued from page 1)*

help them make these decisions. A recent survey commissioned by Us TOO and Y-ME found that almost 70 percent of men 50 years of age and older want their partner to play a role in helping them choose their prostate cancer treatment. The survey also found that nearly 50 percent of men with prostate cancer wished they had considered their partner’s opinions more carefully when selecting a treatment option.

Indeed, research shows women tend to be more proactive about health issues, particularly when it comes to getting second opinions and researching different treatment options. However, according to Us TOO/Y-ME survey, less than 50 percent of men diagnosed with prostate cancer got a second opinion, and almost 32 percent had never heard of hormonal therapy, an important prostate cancer treatment.

### New materials, resources

If this knowledge gap shows anything, it is that there is a pressing need to provide prostate cancer education and information resources that men and their partners can both use. To address this, Us TOO and Y-ME have teamed up to create a partner’s guide, “What You Need To Know About Your Partner’s Prostate Cancer – A Guide for Wives, Partner’s and the Men They Love.”

Also created is a toolkit of materials to assist Us TOO support group chapters in informing their constituents, local media, healthcare professionals and the public about prostate cancer, Us TOO and the importance of women supporting their men in their fight against the disease.

The customizable template materials are intended to help drive prostate awareness in local communities during prostate cancer awareness month in September and throughout the year. We recommend using these materials in local

media outreach, and community activities. The toolkit includes: The Partner’s Fact Sheet, Key Messages, “What You Should Know About Your Partner’s Prostate Cancer,” Template Newsletter Article, Template Letter to the Editor and Template Opinion Editorial. These materials will be distributed to all chapters in July.

Still, the Partner’s guide – and Us TOO’s existing education and support program for companions and families of prostate cancer patients entitled “Circles of Love” – is just the beginning. When it comes to education, prostate cancer is in roughly in the same place breast cancer was ten to fifteen years ago. Therefore, it’s critical to take what has been learned from the progress made in breast cancer education and support and apply it to prostate cancer.

### Some key lessons

- Arm yourself with knowledge on your diagnosis and possible treatments.
- You are not alone – enlist your partner and loved ones to help you fight the battle.
- Work with your partner to advocate for the most appropriate treatment options available.
- Talk with your doctor(s) about concerns you both may have.
- If you want more information, seek it out. Consult education/support resources such as Us TOO and speak with other prostate cancer patients about their experiences.
- Keep the lines of communication open as you share your feelings about the illness.
- Accept that you may each find a new meaning in life as you deal with this disease.

Prostate cancer can be a physical and emotional challenge—not just for men, but for their significant others as well. As partners in this battle, couples can be a strong team in this fight, and together — make a difference.

**OLYMPIA CIRCLE OF LOVE***(continued from page 5)*

At the end of the evening, three people purchased the Circles of Love Care Kit and two purchased the Circles of Love Collection book for their own personal use. Their chapter will be investing in more Circles of Love Care Kits and books for the chapter to have on hand to loan and/or sell.

Yet another circle of love is forming, now in Olympia.

*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.*

GREATER CHICAGO



PROSTATE CANCER

**SAVE THE DATE:****September 10, 2006**

Us TOO International and Wellness Place are hosting the 2nd annual Greater Chicago Prostate Cancer Run, Walk 'n Roll in Grant Park, downtown Chicago along Lake Michigan. Funds raised will support programming for prostate cancer patients and their families.

For more information on team and individual registration, visit [www.ProstateCancerRunWalknRoll.org](http://www.ProstateCancerRunWalknRoll.org) or call 847-241-5972.

**NEW SCREENING GUIDELINES FOR PROSTATE CANCER**

The National Comprehensive Cancer Network (NCCN) has released the 2006 version of their professional practice guidelines for Prostate Cancer Early Detection.

Additions to the guidelines this year include:

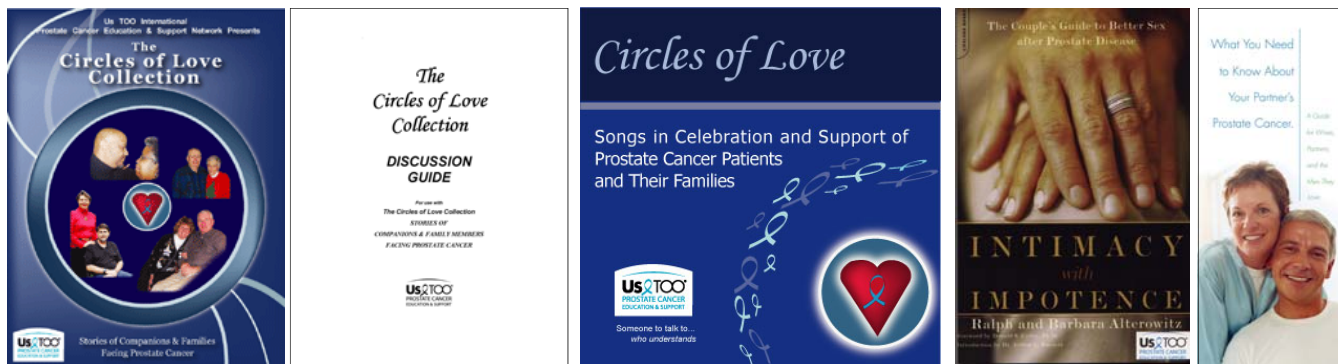
- For men with a family history of prostate cancer or men of African American descent, NCCN recommends annual screening starting at age 40. Previously, the guidelines only recommended annual screening starting at age 40 for men with a baseline PSA level above 0.6 ng/mL.
- For men with a PSA level lower than 4.0 ng/mL, NCCN recommends considering a biopsy if the rate of increase in PSA level is greater than or equal to 0.5 in one year. NCCN generally recommends a biopsy for all men with a PSA level over 2.5 ng/mL. They had previously set this cut-off level at a 0.75 increase in PSA level over one year.
- NCCN now recommends a TRUS guided biopsy for all men with an abnormal or positive DRE result, regardless of PSA level.
- NCCN now includes "percent free PSA" as an option for follow-up, for men with a PSA between 4-10 ng/mL who may want to avoid biopsy or treatment due to other medical conditions and expected life-span. In this case, they recommend a biopsy if free PSA is less than or equal to 10%.

NCCN's guidelines are considered the standard for the industry, as they are compiled by doctors and researchers from 20 leading Cancer Centers and generally reflect a high degree of consensus

Highlights of **key** changes in the v.1.2006 version of the Prostate Cancer Early Detection guideline from the v.1.2005 version include:

- Baseline evaluation including H&P was added as the first heading.
- A risk assessment category was added before the screening evaluation.
- Family history and African-American descent were added as parameters for screening evaluation.
- **A positive DRE regardless of PSA results in the Screening Results section, goes directly to TRUS-guided biopsy.**
- Footnote 'g' discussing the use of finasteride and dutasteride was clarified.
- Atypia was replaced by ASAP throughout the guideline and atypia not suspicious for cancer was added to the negative branch throughout.
- **The PSA velocity threshold was reduced to 0.5 ng/mL/yr.**
- The box concerning the use of free PSA and initial biopsy was updated.
- Complexed PSA was changed to percent complexed PSA throughout.
- **Percent free PSA is also recommended in selected patients where the diagnosis and treatment is outweighed by comorbid conditions.**
- Percent free PSA is also included as an option in follow-up.
- Immediate repeat biopsy is no longer mandatory in the first year for High-grade PIN.
- **Extended pattern biopsy was clarified to be 12 cores.**
- The statement regarding the decreased probability of finding cancer after a second negative extended pattern biopsy was removed.
- The Risk and Benefit Discussion has been completely re-worked to include talking points.

## RESOURCES FOR COMPANIONS & FAMILIES OF PROSTATE CANCER PATIENTS



***The Circles of Love Collection: Stories of Companions and Families Facing Prostate Cancer –***

Everyone walks the path of prostate cancer in their own way. Read as 16 families share their stories on Diagnosis, Treatment & Recovery, Living with Prostate Cancer and Advanced Disease. A glossary and additional resources are also included. \$17.00 each plus S+H. Also available as part of the ***Circles of Love Care Kit*** (see below).

***The Circles of Love Discussion Guide*** – Created for Us TOO support group chapters and discussion groups, as a companion piece to *The Circles of Love Collection*, includes: Why peer-to-peer self-help chapters work, Hosting an event: Where to start, The Invitation, Preparing to lead a discussion, Hospitality ideas, At the event: Leading the discussion, Things to consider, Wrapping it up. Discussion topics include: What is your opening line? His disease or our disease?; Adult children as caregivers. Who is in your ‘tiny village’ of support?; If our sex life is taken away, what is life like? Expressing fears; Frustration with your doctor. Micro-managing his care; Spiritual and mental health. Re-defining intimacy; The role of a gay partner. Who cares for me? Expressing my 2 cents; Good days and bad days. Defining quality of life. Where is God?; Denial and pity parties. Knowledge is power? Choosing your life; plus more. Contact Elizabeth Cabalka for copies at elizabeth@ustoo.org.

***Circles of Love Music CD*** – As music calms the savage beast, we wanted to include a unique musical/audio component to our Circles of Love Care Kit support materials. This original collection of upbeat and inspirational songs was written to celebrate the love and support between the patient and his companions and family members. 12 songs including pop, R&B, soul, country, folk and dance. \$15.00 includes S+H. Also available as part of the ***Circles of Love Care Kit*** (see below).

***The Circles of Love Care Kit*** – An excellent resource collection for friends and loved ones of those facing the battle against prostate cancer. \$24.99 includes S+H. The care kit features:

- ***The Circles of Love Collection: Stories of Companions and Families Facing Prostate Cancer***
- ***Circles of Love Music CD***
- ***Intimacy with Impotence: The couples guide to better sex after prostate disease*** by Ralph and Barbara Alterowitz
- Plus other resources

**NEW** ***“What You Need To Know About Your Partner’s Prostate Cancer – A Guide for Wives, Partner’s and the Men They Love”*** – This **FREE**, 6-page brochure includes information on: providing support for your partner, prostate cancer screening, different prostate cancer stages, treatment options, questions to ask your physician.

**All items can be found at [www.ustoo.org](http://www.ustoo.org) or call 1-800-808-7866.**

**May 30 - June 19**

**Bidding for Health and Hope**

**Thanks to all bidders, donors and sponsors Valera Pharmaceuticals and Endocare for making our first online auction such a success!! See August HotSheet for a full report!**

**ASCO 2006 HIGHLIGHTS**

*(Continued from page 3)*

Prostate cancer was, of course, only one the major malignancies covered at this year’s ASCO meeting. However, there were several sessions describing results with different therapeutic approaches, including androgen deprivation therapy (ADT) for PSA recurrence, chemotherapy for androgen-independent prostate cancer (AIPC) and targeted immunotherapy approaches for AIPC.

There were also sessions that discussed ways to prevent ADT-induced bone loss and reduce AIPC-related skeletal related events. There were many studies that tested novel treatments for prostate cancer that were clearly not ready for prime time. However, there were a few sessions relevant to the current care of men with this disease.

For example, abstract 4513 demonstrated that intermittent ADT is not inferior to continuous ADT in terms of risk of death (p = 0.79) or disease progression (p = 0.52) and leads to an improved quality of

life. Among the 314 patients on intermittent ADT, 50% remained off ADT for at least 52 weeks following initial therapy and 29% were off ADT for > 36 months. Of 197 patients whose PSA level decreased to ≤ 2 ng/mL on ADT, the median time off ADT was 74 weeks. When these patients restarted ADT, they had a median of 14 weeks of treatment, followed by a second period off therapy lasting a median of 70 weeks. Overall, men whose PSA level decreased to ≤ 2 ng/mL on ADT were off therapy for 82% of a treatment cycle.

Abstract 4518 demonstrated the feasibility of intermittent chemotherapy in AIPC patients followed in a large multi-institutional treatment protocol (ASCENT). Eighteen percent of the 250 patients enrolled in this trial achieved a ≥ 50% reduction in serum PSA and attained a serum PSA ≤ 4 ng/mL with Taxotere-based chemotherapy and were eligible for treatment holiday. The median duration of the first holiday was 16 weeks (range 4 to 74+ weeks) and over 80% responded or had stable PSA values when chemotherapy was

resumed. These results from both of these studies justify the use of intermittent hormonal and chemotherapy, which translates into improved quality of life for prostate cancer patients.

The information presented at each year’s ASCO meeting is both impressive and exciting. Researchers are discovering that there are in fact “magic bullets” for prostate cancer, but that each probably has it’s own target. Preliminary results with such targeted therapies are encouraging, and it is hoped that they can be reproduced in large scale, clinical trials.

Harnessing the information contained in the complete human genetic blue-print will be a critical tool for identifying genes associated with certain cancers, and will one day permit the development of individualized therapies and prevention strategies for these illnesses. It is clear that we are getting closer every year in making such an approach a reality.

One message was clear from this meeting is that there is certainly much more to learn!

**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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