Board Members in Action!

Us TOO Vice-Chairman of the Board, George Ledwith and his wife Liz participated in an hour-long discussion about prostate cancer detection, treatment, and lifestyle influences to name a few, with Dr. Herbert Lepor of the NYU Langone Medical Center in New York. This was broadcasted on the nationwide Sirius Satellite Radio "Doctor Radio" program last month. Dr. Lepor is Chairman of the Dept. of Urology at the NYU Langone Medical Center. Dr. Lepor’s practice, NYU Urology Associates, is the Faculty Group Practice of the Department of Urology of NYU School of Medicine.

Liz Ledwith also spoke about Us TOO’s Circles of Love Program and is a member of Us TOO’s Companions and Family Advisory Panel.

Pictured above, from left to right, Liz and George Ledwith, Keith and Sandy Struble, and Dr. Herbert Lepor.(front row) are “all smiles” after the broadcast!
Can’t attend the walk but want to have a fundraising page? This is the choice for you. You can form your own team, join an existing team or raise money as an individual. As a virtual walker you get all the same tools to fundraise as the walkers, but it’s free and you won’t break a sweat!

The SEA Blue Walk is a joint venture between two 501(c)3 non-profit organizations, Us TOO International Prostate Cancer Education and Support Network and Wellness Place, Cancer Education and Support. Both organizations are committed to providing prostate cancer survivors and their families vital services free of charge. The SEA Blue Walk brings them together in a united front so that no one has to fight this disease alone. The date of the event is Sunday, September 13, 2009.

The SEA Blue Walk is a Chicagoland event that has raised over $1.3 million dollars for prostate cancer support, education, and awareness. Funds generated from the SEA Blue Walk directly affect the thousands of men and their loved ones touched by prostate cancer every day. Join us for a day of camaraderie, education and celebration. One step at a time your participation in the SEA Blue Walk helps us raise vital funds to make significant strides toward increasing awareness and education.

REGISTER YOUR CHAPTER’S TEAM TODAY!!

To register go to: www.seablueprostatewalk.org
By Patricia Poist - Sunday News Staff Writer

It was after one of their meetings when the wife of an Us TOO Prostate Cancer Network jokingly complained that her husband wasn't jealous that another member was flirting with her. “Oh his testosterone is zero, so I don’t mind” her husband quipped.

He immediately drew laughs from his wife and the flirt himself, whose male hormone levels are low because of the medicines used to treat his prostate cancer.

Many members of Us TOO Lancaster County Chapter know that humor is a good way of dealing with a serious, life-threatening disease with some not so funny side effects, including ED and incontinence. They have formed tight-knit friendships, they entertain together and are always there for one another when the going gets rough.

When Us TOO member Judi Sumoski lost her brother to prostate cancer four years ago, the local chapter raised money to buy and plant a tree in her yard as a memorial. The gesture deeply touched her and her husband Tom, a prostate cancer survivor.

At their monthly meetings, they are candid with subjects many men are loathe to talk about privately, let alone openly.

At some of the meetings, one they called “Stories of the Heart” a survivor shares his experience with using Viagra. In front of a crowd of 90, he shared that it helped his impotence. He added that his wife has been very supportive and patient with helping him recover his sense of sexuality.

The Lancaster County chapter was started in the early 1990’s as part of a physicians practice, but became independent in 2001. The group has stepped up efforts to educate their community through literature, fundraisers, and their monthly meetings.

Not all members have prostate cancer or have family members with the disease. Some are professionals from the community who feel driven to help others.

One is Barbara Landis, a registered nurse from Lancaster, who has worked with cancer patients over the years. Landis’s emotional support and her knowledge about cancer is invaluable to the group.

“It’s a very professional and forward-thinking organization—dedicated and passionate” said member Grant Brown, 55. Brown had a prostatectomy two years after he discovered he had the disease. Prostate Cancer took the life of his father at age 65. Their father’s death prompted him and his two sisters and four brothers to become proactive with making sure male family members were tested because prostate cancer has been found to be genetic.

Brown who is a logistics and transportation manager said the beauty of Us TOO is that those with prostate cancer can find strength and lots of information from others who are in the same predicament. “People who have lived the experience are more valuable than literature or any doctors visit” he said.

Shown at a tree that was planted in memory of prostate cancer victim Paul Marek, are Us TOO members, from left, Bill Puffenberger, Tom Sumoski, Judi Sumoski and Ben Hoffman.
In addition to networking, the group brings in doctors from Lancaster and elsewhere, and specialists on stress, nutrition and other factors.

“We do not endorse or promote products or treatment choices. It is our belief that prostate cancer survivors are entitled to know whatever is being published about PCa so that they can make an informed decision”, according to the groups mission statement.

Prostate Cancer patients helped by other survivors, reach out to pass on the support, creating a “Chain of Compassion”

Men can talk to their doctor, but a survivor can be helpful in a way a doctor can’t.

When you have someone who can come alongside you, and you can share openly, there’s a power there. There’s nothing like it.

Excerpts from Linda Espenshade Article, “A chain of Compassion”

Tom Sumoski, Us TOO Lancaster Chapter Leader (left) and Bill Puffenberger (right) share the latest information with each other.
Companions… A Family Matter

Welcome to a Chapter News series brought to you by the Us TOO’s Companions and Family Advisory Panel.

These articles, addressing every day life situations faced by those living with prostate cancer, are designed to support you and your spouse/partner and family members.

All in the Family

One family’s experience with prostate cancer

Introduction

In 2004, Us TOO began in earnest to address the needs of the companions, spouses and family members of prostate cancer patients & survivors. In 2005, the newly formed Companion & Family Advisory Panel developed the Circles of Love Program, a presence on Us TOO’s website and regular contributions to newsletters, publications and programming. Today, we continue our efforts to acknowledge uplift and support the unseen patients who face their own challenges, those who walk beside prostate cancer patients and survivors.

Most recently, we have focused our efforts on more fully embodying our name and mission. Specifically, while most of our efforts have addressed primarily companion and spousal support, we now want to match those efforts with support and encouragement for the rest of the family as well. When we are transparent with our experiences, sharing openly with others, we all learn and grow as a direct result.

We offer one family’s story that you may find hope in their journey.

All in the Family

Members of the Bielawski family, from Carol Stream, IL, recently shared their individual experiences of Greg Bielawski’s 1999 cancer diagnosis. This close-knit family of five includes husband and wife, Greg & Nancy, and their three adult children Cara, Jason and Matt. They all graciously shared their insights on nearly ten years’ journey with stage four metastatic prostate cancer, and they share them with you as well. Not only did they share their own experiences but also, on a few occasions, their perceptions of their family members’ experiences.

Diagnosis

The facts: Greg was diagnosed with stage 4 metastatic prostate cancer in 1999 at age 54. At diagnosis, his PSA was 27 and his Gleason score was 7 (4+3). A biopsy revealed that the cancer has spread to nearby lymph nodes. At the time, Greg & Nancy’s children Cara, Matt and Jason were ages 26, 23 and 21 respectively.

What was going on in your life at the time of Greg’s diagnosis?

Greg: I was at the peak of my career in city management then serving for 19 years as the city manager of Carol Stream, IL. I was very active in the community and greatly enjoyed my career. I could see no foreseeable change, nor was I thinking about retirement. Our three children were along in years and education. Nancy was pursuing her career as well and life was good.

Nancy: We were a happy stable family and I envisioned this would continue to be the case for a good long time. The kids were off living their lives and Greg and I were enjoying this phase of our life.

Cara: I was in the second year of my career as a social worker at a hospital.

Matt: I was 24 years old and had recently started my first full time job out of school.

Jason: I was 21 years old, in between my junior & senior year of college.
What was your initial response?

**Greg:** I took the doctor's call while I was chairing an important meeting away from my office. After I heard the news, I went back in the meeting saying nothing about the content of the call, calmly adjourned the meeting and went immediately home to tell my wife. Interestingly, I had another important meeting in the afternoon dealing with Y2K preparations and another meeting thereafter, so there was plenty to keep me occupied. In the coming days and weeks I learned more about prostate cancer and the severity of my diagnosis.

**Nancy:** Greg's diagnosis came out of the blue. I was in shock and felt utter despair. I asked myself, "Why me?", never imagining I would be a widow in my 50's. I cried incessantly, bought a black suit, and shored myself up for what I felt would be Greg's too-soon death.

**Cara:** I freaked out, crying and shaking. All I could think about was losing my dad. I looked up prostate cancer online and made my way down the list of stages. Stage one? No, it's not that. Stage #2? No, not that either. Stage three? Oh no, this is getting serious. Not that one either. Stage four... I was always daddy's little girl and I took his diagnosis really, really hard.

**Matt:** I had lots of questions. I didn't know anything about prostate cancer and, out of ignorance, did not understand the seriousness of Dad's disease. My perception of prostate cancer at the time was that it was slow-progressing and easily treatable.

**Jason:** I took in the news, went up to my room, lay down on my bed and cried. I was afraid as I assumed the worst - death.

Then what?

**Greg:** Nancy and I had a driving vacation planned shortly after we got the news and, boy, was that an interesting vacation. We had to pull off the road several times because I could not see through my tears. I felt both disbelief and devastation at the same time. "This can't be true! Oh, man, I'm dead," I thought. Initially, I also felt impatient with those who came in to my office with what they felt to be a huge "problem", thinking at the time their problems were minor in comparison to mine. The shock and fear of my diagnosis continued with each additional diagnostic test as I learned more about my advanced cancer. The shock began to wane as I started to educate myself and sought support through Us TOO and other sources. Our son Matt had asked so many good questions initially that I realized I needed answers before I faced similar questions from others. So I did not reveal what was going on except to my family. Once I knew the extent of my disease, what my prospects were and had determined my course of treatment, androgen deprivation therapy (ADT), I informed my employer, my staff, colleagues, associates and friends. I followed the same course of action when I investigated and then chose adjuvant radiation therapy a year later.

**Nancy:** After our initial response, Greg was amazing. He took charge, educated himself and even drove himself to his treatments. He learned more about the disease, therapies and their effects and became involved in the direction of his therapy. One of his doctors described him as the captain of his own ship. I found my support, and still do today, from my friends and my family. As a social worker, I value the support of colleagues. Also, I find participation in cancer survivorship events to be helpful.

**Cara:** I began to feel like every holiday needed to be perfect – that it would be our last one with Dad. We couldn't argue or be upset in front of him. I kept thinking that I wanted Dad to be at my wedding and see my children, even though I wasn't married. I put a lot of pressure on myself and even made some poor choices.

**Matt:** Later, after Dad explained that he had an aggressive form of prostate cancer, then I got really scared and cried. But I wanted to do whatever I could to support Dad.

**Jason:** Around the same time, my girlfriend (and now soon to be my wife) learned her father was diagnosed with pancreatic cancer. The time from his diagnosis to his death was only six weeks. I was stunned by how quickly loved ones could fall victim to cancer.
How is your life different as a direct result of your journey with prostate cancer?

Greg: I am fortunate that, ten years later, my treatment, which ended in 2004, has been successful and my PSA has been undetectable with never a wiggle. I am aware that things could change at any time and have researched my options for recurrence and potentially hormone refractory prostate cancer. I have decided what my next-steps will be if those occur.

I have moved from shock, fear and denial to the awareness that I was simply dealt a bad hand and had to play it. I focus every day on being positive and being calm. I am so grateful for the support of my family, friends and colleagues. I retired in 2002, not specifically because of prostate cancer, but it certainly was a factor. Among my many activities, I serve several cancer related organizations in different ways and still attend our local Us TOO chapter to lend some support and hope to the newly diagnosed.

Nancy: Greg lives every single day to the fullest. He wants to go and do. Not only that, he wants to do it all TODAY! I often find myself caught up in his tail wind, just trying to keep up.

This has certainly changed our lifestyle. I am far more flexible now, wanting to join him in activities and adventures. While cancer continues to be part of our lives, it is not at the forefront of our thinking. We still live on pins and needles every six months when the tests are due, knowing full-well cancer could recur.

We prepared for our future sooner than we certainly world have, recently moving to a town home where Greg and I could live more conveniently should the need arise. Greg is very good at finances, so we are well prepared in that respect. But, most of all, our family has become closer and we treasure our times together.

Cara: As Dad did so well, I got better. We have been so blessed to have dad for so long. He and I have had so many important conversations along the way. I have relaxed in my quest for “perfection” and now realize that living authentically is most important. Now, we can focus on just being a family, letting others in and giving back.

Matt: Dad and I have become closer. As a family we have participated in Chicago’s Prostate Cancer Run, Walk and Roll events as well as others. Prostate cancer is just part of our life now. I think it is important to be supportive and look at life with a bigger view. I exercise and focus on prevention, aware that my brother and I are at higher risk for prostate cancer. We not only have to support Dad but each other as well.

Jason: Dad’s experience made me more aware of the importance of family and making changes in my life to reduce my increased chances for prostate cancer. Dad and I are very close, having gone to the same university and sharing the same career profession. I value my time with him and always want to be supportive but not necessarily influence his decisions. Cancer has certainly not defined my dad and sometimes it is easy to forget he has cancer.
Statins, Obesity, and Prostate Cancer:

Obesity is associated with aggressive prostate cancer. When compared to non-obese patients, 170% more obese patients had higher PSA, 60% more had "advanced stage" cancer and 40% more with lymph node metastases (579). Researchers from Baltimore and Chicago reported that obese prostate cancer patients who use statins show significantly lower tumor volume, decreased frequency of positive margins (in surgical specimens) and a reduced tendency of higher gleason scores (576). **What this shows is:** Obesity is associated with advanced prostate cancer and statins reduce this effect. When medical records of approx 2400 subjects were reviewed over 14 years, statin users had a 60% less biopsies. Compared to non-users, when age specific PSA thresholds were examined, 6.3% of statin users reached the thresholds as opposed to 14.7% of non users. This statin effect was present across all the age groups (1783).

Another study reviewed the pathology slides and came to the conclusion that there was a 72% reduction in tumor inflammation associated with statin use. This may provide a mechanism for the anti-cancer potential of statins (575). **What this shows is:** Inflammation is associated with prostate cancer and statins reduce it.

Technique to See Prostate Margins During Surgery:

In spite of large magnification in the robotic procedure, determination of extra-capsular extension of prostate cancer is difficult at best during surgery. Many prostates removed by surgery, despite selection of appropriate patients, are found to have positive margins. A research group from Evanston Hospital is using an antibody to PSMA (prostate specific membrane antigen), conjugated with a fluorescent marker to be able to see the prostate cancer cells and tissues. After being injected intravenously, the fluorescent antibodies stain the tumor and differentiate it from adjoining tissues using a special fluorescent imaging system. The next step appears to be to try it in prostate cancer patients undergoing surgery (1019). **What this shows:** If the technique works, the surgeon will easily see the margins of the tumor if it has grown beyond the capsule and remove it completely.

African Americans:

Data from 35,000 men over 12 years was examined. On a single initial screening PSA test, the prostate cancer detection rate in African Americans was 5.1%, versus 3% in Caucasians (161). Another study concluded that at an early age, the incidence in 2 populations is similar, but is vastly different at a later age - 3 times higher in African Americans than in European Americans (170).

Age specific prostate cancer mortality was also over 3 times higher in African American population. Moreover, the study found that between the ages of 40 to 50, the gleason score is significantly higher compared to European Americans, providing a possible explanation for the higher mortality (1782). **What this shows:** Prostate cancer is 3 times more prevalent in African Americans and causes 3 times more deaths, when compared to European Americans.
**Antibiotics:**

In the presence of elevated PSA, routine use of antibiotic therapy can cause the PSA to fall indicating that the elevation was due to prostatitis. If the decrease in PSA (after antibiotics) was greater than 25%, only 14% of the biopsies were positive for cancer. Patients showing a smaller decrease in PSA showed a 36% positive biopsy rate. Patients showing no response to antibiotics had a positive biopsy rate of 47% (1790). **What this shows:** If antibiotics are given to high PSA patients, the larger the resulting drop, the higher the probability that the high PSA was due to prostatitis and not prostate cancer.

**Surgery Experience:**

We often say to our members that they need to remember at least one rule - "Go to the most experienced doctor." This is also true for a surgeon. Even an experienced surgeon may agree that he/she is doing a lot better after completing 1,000 operations than after 500.

A research group in Washington D.C. reviewed surgical complications after robotic prostatectomy. About a 15% complication rate was pretty much evenly divided into major and minor episodes. When they examined these occurrences by "learning curve," there was a significant reduction over time (this may not be a surprise, but it's good to have exact information) (1013). **What this shows:** Try to find the most experienced doctor you can. Greater experience means a smaller number of complications.

**PSA Screening:**

A PSA rise of 0.4 units per year may mean a biopsy is indicated. Patients with a higher PSA velocity show more high grade tumors, more positive margins, greater seminal vesicle invasion and higher tumor volume when compared to those with a lower PSA velocity (1789).

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<th>PSA LEVEL</th>
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<th>0.5 to 1</th>
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When a PSA level is high, risk of prostate cancer diagnosis is also high. The risk appears to be directly proportional to PSA level. As the initial PSA level was recorded to be below 0.5, 1, 2, 3, 4, 7 and 10, prostate cancer was diagnosed in 0.3, 0.9, 3.7, 11.8, 24, 35 and 44% of patients respectively (see table). If the PSA was higher than 10, 67% of the patients showed prostate cancer. The frequency of high grade gleason (7 or higher) appeared to be the same, about 3 out of 10 patients diagnosed, for all levels up to the 10 unit level of PSA. In the highest PSA level group (greater than 10), high grade gleason was present in almost 50% of the patients diagnosed (1793). **What these findings mean:** The higher the initial PSA level, the greater the probability of cancer, up to 35% with gleason 7 in one third of the patients; at a very high level (greater than 10), it was 67% and gleason 7 is present in almost half of the patients.
Erectile Dysfunction (Rehab & Drugs):

Improved erectile performance is possible after prostatectomy if a female partner is involved, if supplemental testosterone is used (in patients having it very low) and if drugs like Viagra and MUSE are used before and after surgery. Combination drug therapy is 5 times better than Viagra alone. 66% of the testosterone supplemented group was able to achieve a natural erection versus only 12% of controls (1464). Conversely, the use of pre-operative ADT resulted in poor erectile function after surgery (1468).

In a long term study, Cialis was started on 5th postoperative day and continued every other day for 1 year. Intracavernous injections were initiated at 3 or 6 months, if needed. At a follow-up of 24 months, 68% of patients with bilateral nerve sparing operation (35% if unilateral) reported good erectile performance. In patients younger than 60 and bilateral sparing, 82% of patients showed good recovery of sexual performance (1465). Viagra like drugs, combined with cognitive-behavioral therapy, improved erectile function and quality of life (1474).

Early pelvic floor bio-feedback training, once a week for 3 months, improved erections in 71% of patients versus 31% in control group. Recovery of potency and urinary continence showed a strong association. Continent patients were 3 times more likely to be potent when compared to incontinent patients (1466).

Another study demonstrated that exercise improved erectile function even in younger men (18 to 40 years) (1472). A substantial placebo effect was present in improving erectile function (1475). What these findings shows: If an involved female, drugs useful in erectile dysfunction, testosterone, cognitive therapy, exercise and biofeedback training for continence are all important factors to preserve and restore sexual function. ~Anat and Russ

SEPTEMBER SEA BLUE POSTERS NOW AVAILABLE!
Quantities are limited
The Kane County Cougars minor league baseball team hosted “Baseball in Blue” Prostate Cancer Awareness Day on Father’s Day, Sunday, June 21st, 2009. Us TOO International was invited to have an informational table at the game, and players wore special purple jerseys signifying cancer awareness and patient support. Mrs. Illinois International 2008 Michelle Beckwith, a prostate cancer advocate, threw out the first pitch and was interviewed on the team radio station, talking about the importance of prostate cancer screening for men at high risk and for those who want to know their PSA status, and the many resources available through Us TOO International and our network of local support group chapters.

Mrs. Illinois “pitches in” to promote awareness!
Look for the schedule of Ed Randall’s Bat for a Cure Minor League Road Trip’s event dates. It will be sent to you electronically through the Us TOO network. Volunteers are needed to help man Us TOO tables at many of the locations. If you are able to attend, please contact terri@utoo.org or call Terri or Ryan @ 1-800-808-7866.
Our Story, the Story Behind Our Story -- Could Be YOUR Story!

The Us TOO Mason-Shelton chapter teamed with a local bakery and ACS to raise $500 during their Relay for Life Event. What empowers their local support team beyond the usual commitments? “It’s our lighthearted fellowship in the midst of serious warfare” shares member Bill Prastka. “This not only keeps us going but is attractive to others who are often struggling through dark periods in life.”

Jim Irish and the “Prostate Survivors” Team take first place for the most “creative” baton!

The Us TOO Mason-Shelton Warriors!
Prostate Cancer Article by Barry Bergquist

In November, 2008, during my annual physical, I took a blood test to measure my PSA (Prostate Specific Antigen). The number had nearly doubled in one year to 10. My family doctor recommended I see a urologist. The urologist felt nothing on a DRE (digital rectal exam), but recommended a biopsy to be on the safe side. On January 2 I got the dreaded call that I have cancer of the prostate. He said it's an early stage cancer and limited to 5% of the prostate. For those who are familiar with the medical terms it is stage T1c and a Gleason score of 6. A bone scan was done to see if the cancer had spread and it was negative. Good news!

I play cards with a group of older men and several had prostate cancer. Over the years I listened to their cancer stories and treatment choices without knowing I would be in the same situation some day. They were healthy and active people with normal lives. When I was told I had cancer I didn’t panic. Prostate cancer is a slow moving cancer and I had plenty of time to decide on what treatment was best for me. When my urologist told me his recommendation was a radical prostatectomy (surgery to remove the prostate) and suggested I begin banking blood, I said hold on, not so fast. I told him I wanted time to think about it and do some research on my own. Although my urologist mentioned several treatment options he was pretty firm that surgery was the best for my age and health. I went to the internet and found dozens of web sites with different treatments. Radical, DaVinci, Cyberknife, HIFU, Cryosurgery, Brachytherapy, EBRT, IMRT, just to name a few. They all sounded good. I contacted 50 or more prostate cancer patients in the United States and Sweden and asked questions about their treatments and side effects. It is a tribute that men are willing to share their treatment experiences and intimate details of the side effects with strangers. I am grateful to them for their openness and honesty.

At first surgery seemed the right thing considering my early stage cancer and good health. I scheduled surgery with a respected physician at Mayo Clinic in Rochester, MN. I received a packet of information of all the things that could happen during and after surgery. Many of the men I interviewed confirmed all the bad side effects. I decided it wasn't worth the risk to my body and lifestyle to do surgery. My wife wanted me to do radical prostatectomy, but after reading the information said "I wouldn't have it done either". (continued on next page)

I think a successful cure depends on one's mental attitude, physical condition and prayer. I was blessed to have many people around the world praying for me. I believe it worked! ~ Barry
I heard about a cancer support group in Cloquet that met at a local church once a month. I went to a meeting and heard stories of other men's treatment and experience. One man told me he had Proton Beam Therapy at Loma Linda University Medical Center in Loma Linda, CA. He gave me a book written by Robert Marckini, You Can Beat Prostate Cancer and You Don't Need Surgery to Do It. It is a wonderful book written by a professional engineer who had done all the research about treatments, side effects, cure rates, and statistics. I had done much of it myself, but he went way beyond. His conclusion was Proton Beam Therapy at Loma Linda Medical Center was the best for him. It had a less than 1% risk of incontinence and impotence, two very important side effects for men. I decided to check out Proton Beam Therapy and called 1-800-protons. The friendly staff at Loma Linda asked a couple of questions and then sent me the necessary papers to fill out for an appointment and a book by Robert Markini.

My experience at Loma Linda was excellent. The Doctors are friendly and informative, the staff is caring and efficient, the support groups are many and varied, the free use of the Drayson Fitness Center is great. Their philosophy is to “Make Man Whole”. Everything they do is to accomplish that goal.

My Proton Beam Therapy is over and I am back in Cloquet, Minnesota. I am feeling fine and ready to jump back into my busy life. People ask if I am cured. The answer is I don’t know. Prostate Cancer is not like removing a gall bladder. When you take the gall bladder out you know it is gone. You can’t isolate the cancerous tumor in the prostate through imaging because the cancerous tissue is similar to the healthy tissue. That is why the whole prostate is radiated with protons to be sure the cancer is destroyed. As a result the whole prostate becomes inactive. A series of PSA blood tests are given every three months. As long as the PSA score goes down you are cured. It reaches it’s nadir in 2 - 3 years. If it goes up consistently there could be cancer still active. It may be in the prostate or outside of the prostate. Other treatment methods, such as hormones, may be necessary.

Fifteen thousand men have gone through Proton Beam Therapy at Loma Linda Medical Center. Even though I was in a shortened trial program, the amount of radiation I received was the same as the longer protocol. I should be cured.

Saying goodbye to my cousin Dave and Marge Olson was hard. They were my support group, my relief valve, my laughter, my companions and my tour guides. They kept my spirits high and anxiety low so I could breeze through the pod, the balloon, the proton beam and the cancer. I owe them a debt I may never be able to repay. As Vivian and I pulled out of their driveway on our way home I felt sad and happy at the same time. I was sad to leave my California family yet happy to have had our time together. I think a successful cure depends on one’s mental attitude, physical condition and prayer. I was blessed to have many people around the world praying for me. I believe it worked! ~ Barry

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Tex Us TOO’s Houston’s 10th Annual Dad’s Day 5k Run & Walk was held on June 20 and had over 1200 participants!

Pictured here are family members of Rick Adler who passed away of prostate cancer. The family formed a team to honor and celebrate his life. They were all delighted to be able to do something to honor the memory of him. They made special t-shirts with a picture of Rick on the front.

Tex Us TOO has made donations in the past to the Us TOO home office from funds raised through this event!
It is ten years old, weighs 28,000 pounds, is thirty nine feet in length and it lumbered into Boise Idaho on June 21st. It may sound like some sort of dinosaur but it really is a medical unit on wheels and it came to test over five hundred men in the Treasure Valley of Idaho.

This vehicle and her sister vehicle was donated by F.B. Wade Thompson of the Airstream Company. It has over 300,000 miles on it and it travels throughout the States providing a facility on wheels for doctors to give free PSA tests and digital rectal examinations to any man who wants one.

Jack and Jeanne Turpen drive to each city then make sure that any mechanical problem is taken care of. Jack is a bear of a man with a big waxed handlebar mustache. In the four days that I worked with Jack I noticed the smiles and laughter that trailed behind him. So it was a real treat for me and the other Us TOO members to volunteer with the Drive Against Prostate Cancer.

The Us TOO volunteers helped label pamphlets and stuff 900 “goody bags” in preparation for the men who finished the prostate examinations. The examinations were performed by volunteer nurses, physician’s assistants and urologists. We met the men as they came off the bus and handed them the goody bags and waited to see if they had any questions.

For four days the Us TOO volunteers showed up at 8AM and left at 7PM. There were no complaints but there was definitely a lot of laughter as Jack and Skip Lockwood of Zero - The Project To End Prostate Cancer would stroll through the volunteer area seeing if they can help out.

If one of the Drive Against Prostate Cancer buses swings through your town, see if they need any help. It feels great to participate in this worthy project and who better than Us TOO folk to let people know that there are prostate cancer survivors willing to give them a hand if their tests come back positive. ~Jean Jeffries, Us TOO
Early Detection Awareness Events

The Regional Cancer Partnership, a central Illinois consortium of health agencies involved in cancer care provided a prostate screening over 2 nights in early June at Union Baptist Church in Springfield, Illinois. Celeste Wiley, Us TOO Chapter Leader (pictured left) in Springfield, helped to organize the event. 83 gentlemen in total were screened for prostate cancer, blood pressure and blood in the stool. Members of the partnership include Memorial Medical Center, St. John’s Cancer Institute, Simmons-Cooper Cancer Institute at Southern Illinois School of Medicine, Sangamon County Department of Public Health, the Department of Public Health with the State of Illinois.

Members from the Us TOO Macon County Chapter participated in a screening event sponsored by Decatur Memorial Hospital and the Drive Against Prostate Cancer. Medical staff was provided by the Hospital and the “Us TOO Guys in Blue” were there to assist in any way they could. From left to right Jerald Merrick, Bob Jelks, Bob Hermann and Bob Spaniol.

The Greenville SC Chapter of Us TOO has extended the AAMAP (African American Men and Prostate Cancer) project through 2009. Due to the success of AAMAP in 2007 and 2008, the Greenville Chapter expanded the program to upstate SC counties of Spartanburg, Union, Anderson, Pickens, Oconee, and Laurens. The primary objective of AAMAP is to educate men in underserved communities about the risks of prostate cancer as well encouraging early detection.

Pictured far left, Susan Foster, Director of Compliance from Wallace Thompson Hospital and Johnny Payne, (right) Us TOO Chapter Leader Greenville, SC. On July 25th Us TOO and Wallace Thomson Hospital of Union SC organized free prostate cancer screening for 119 men with nearly half of these men coming from the underserved population. In September free prostate cancer screening are planned by Us TOO, the Greenville Hospital System and the Gibbs Cancer Center in Spartanburg SC. The Greenville Chapter leader Johnny Payne estimates “over 1000 men will be screened during the month of September.”
We had seen the concept before, holding a race in order to help raise awareness for a cause. The idea seemed like a perfect fit for ‘Track Town USA’ (Eugene/Springfield, Oregon). Running is a lifestyle for many here so what better venue to get their attention than with a new course. As an added bonus we can educate the participants about prostate cancer and raise money for our next free prostate cancer screening event. We presented the idea to our board at The Oregon Urology Foundation, and they gave us the go ahead. We started with the name; it came from the combination of a walk to get a soda and Terry FitzPatrick (our Administrator). So happened - The Prost8k. It was sort of a given it had to be an 8k due to the name, so we hired a local running event planner and gave him our criteria. After many meetings and then some conferences with the local police stations (Eugene and Springfield) we had an approved course. We then needed to get the word out about our race. Fate would have it that Joe Henderson, runner, author and prostate cancer survivor was kind enough to help us out. Joe filmed a public service announcement regarding the race and even reached out to the running community on our behalf. Father’s Day, June 21st was race day. It came with a few clouds but thankfully no rain. We had 265 eager survivors/runners/walkers as well as 30 volunteers there showing support. Some ran because it was a new course or to help raise money, others ran as survivors or in honor of those they had lost. There were survivors chatting with other survivors and commenting that it was like a family reunion of sorts with family they had just met. It was a big undertaking but with the support of so many within the community and a lot of luck the Prost8k became a reality. We look forward to next year.

**Free Prostate Cancer Screening Event**

As I mentioned before the Prost8k was held not only to raise awareness but also to help offset the costs of our second annual free prostate cancer screening event. With the combined efforts of Project Zero, KEZI-9 (local TV station) we held our 2nd Free Prostate Cancer Screening Event on July 14th & 15th. The previous year we had only the Project Zero bus to see patients in and found that we had a huge wait time. So this year in addition to having the bus we rented a 20 x 20 event tent that housed two rooms and two blood draw stations. We were able to then have 2 doctors working at all times (1 in the bus and 1 in the tent) 4 phlebotomists (2 in the bus, 2 in the tent) and 10 other support staff to make it all work. We saw 741 men over those 2 days, an average of 46 patients and hour! We exceeded last year’s number by 200 patients! The men who came out were very appreciative. They would come up to us and say they don’t have anything to contribute financially but would bring us rocks they had polished, fresh fruit from the garden or simply a hug and a thank you. We are very fortunate to have a foundation and doctors who can make events like these happen. It is always a joy to be a part of something that helps so many.~ **Stephanie Kerns, Us TOO Chapter Leader Oregon Urology Institute**
Dear Terri:

We had a great meeting last night. If I counted correctly, there were 53 in attendance. As well, our advanced group (similar to Mets Mavericks) that meets prior to the "regular" meeting had 18 attendees.

One of our first items discussed was the passing of our dear friend and associate, Tom Horsley. Tom died in March. We found out only a couple weeks ago. He had been with us since 2004 and was a very private man with no relatives locally. Tom was always helping out in our meetings with supportive comments and I personally considered him our expert on the Partin tables. He educated lots of folks about them in addition to helping newly diagnosed members assess their risk level and develop a treatment strategy. Tom was also a member of Us TOO San Jose Group and attended their steering committee meetings. Tom also prepared a list of members, organized by the treatment(s) they had undergone, so newly diagnosed members could obtain first hand information about the treatment they were considering.

We are saddened that he chose to be so quiet about his failing health. In this meeting, we encouraged everyone to keep in touch so that we could be of assistance in tough times.

As a gesture of remembrance, we took up a collection to send to Us TOO in Tom’s memory to continue the good work of our umbrella organization. We were surprised when the final count of the money revealed $255.00 in the box! A check is forthcoming to Us TOO in that amount. Please think about spreading the word that we are ready to be there at all times when the going gets tough. Keeping in touch is important to all of us—whether we are hurting from our disease or from needing friendship to be given.

All the best to you all and Us TOO Worldwide

~Ted
Denver Rare Beer Tasting Brings Together America's Top Craft Brewers to Fight Prostate Cancer

Exclusive Event During the GABF Supports Pints for Prostates Campaign
Denver, Colo. - All About Beer Magazine, in cooperation with BeerAdvocate.com, will present a premier tasting of rare and exotic beers on Sept. 25th from 1:00 to 4:00 p.m. at the Wynkoop Brewery in Denver to benefit the Pints for Prostates campaign.

The inaugural Denver Rare Beer Tasting is taking place in Mile High City during the annual Great American Beer Festival when thousands of beer fans will be in the city. The event will feature a select group of more than 20 of America's top craft brewers each pouring a legendary beer. These very special, rare and exotic beers will be presented by the brewers who created them to an extremely limited audience.

"We wanted to create a unique event that would give beer fans a one-of-a-kind experience where they can sample some of America's best beers in a relaxed environment and get the chance to meet some biggest names in the beer industry," said Daniel Bradford, publisher of All About Beer Magazine, which is celebrating its 30th anniversary. "The Denver Rare Beer Tasting is a chance to enjoy great beer and support a great cause: prostate cancer awareness."

Money raised by the event goes to support the Pints for Prostates campaign, created in 2008 by Rick Lyke, a drinks journalist and prostate cancer survivor. The campaign uses the universal language of beer to reach men with an important message about the need for regular prostate health screenings.

All funds generated by Pints for Prostates benefit the Us TOO International Prostate Cancer Education and Support Network, a 501(c)3 charity that works to support, educate and advocate for men with prostate cancer and their families. Us TOO was founded in 1990 and has a network of more than 300 local chapter support groups that help men dealing with the disease.

"This event will be the talk of Denver during this year's Great American Beer Festival. We have a collection of America's best brewers serving some of their most sought after beers, all to raise awareness and help fight prostate cancer. It's great to have All About Beer Magazine and BeerAdvocate.com back the cause," said Lyke. "Each week 4,000 men in this country hear the words 'you have prostate cancer.' The goal of Pints for Prostates is to get men to take charge of their health. This disease, if detected early and treated, is nearly 100 percent survivable."

A preliminary partial list of participating brewers includes Alaskan, Allagash, Avery, Boston Beer, Bison, Dogfish Head, Foothills, Harpoon, Jolly Pumpkin, Matt, New Belgium, New Glarus, Pizza Port, Rogue, Stone, Stoudt, Victory and Wynkoop. Each will bring a special beer to the tasting.

The event will be held at the Wynkoop Brewery at 1634 18th St. in Lower Denver. Only 450 tickets will be available for the event. Admission, which includes unlimited beer samples, hors d'oeuvres, a commemorative tasting glass and the chance to meet some of America's top brewers, is $55 in advance and $65 at the door. Tickets can be purchased through Etix at www.allaboutbeer.com/pints and at the Wynkoop Brewery. For information call 800-977-BEER or visit www.ustoo.org/pints.

So far in 2009, Pints for Prostates has already held events each in California, Illinois, Iowa, Kentucky, North Carolina, Oregon, South Carolina and Washington.

Additional events are being booked and information will be listed shortly at www.ustoo.org/pints. Pints for Prostates also has a presence on Facebook and Twitter (www.twitter.com/Pints4Prostates).
Pints for Prostates Extends its Reach this Summer!

Us TOO Director Emeritus Jim Kiefert (left) and Jack Williams from Us TOO Mason County-Shelton, attend ROGUE, Astoria event!

“ON TAP”

Sept. 17 - The Pub at Polaris Fashion Place, Columbus, Ohio

Sept. 24-26 The Great American Beer Festival, Colorado Convention Center, Denver, Colorado

Sept. 25 – Denver Rare Beer Tasting, Denver, CO

Wynkoop Brewery, (tickets going fast!)

Oct. 2 – World Beer Festival, Durham Bulls Athletic Park, Durham, NC

MORE EVENTS COMING!

Fathers Day Weekend there were six Pints for Prostate Events throughout the U.S. Locations included San Francisco, CA, Portland, OR, Newport, OR, Eugene, OR, Issaquah, WA, Raleigh, NC and Stanley Iowa. This campaign reaches men and their families at the grassroots level, in areas where they might not otherwise get the message.

Throughout the day on Friday, June 20, Rogue Ale venues ran contests for patrons, including a rubber glove race to find out who could don a pair of surgical gloves the fastest! Local Us TOO members were on hand staffing information tables to reach out to men with important information about PSA testing and health screenings. Special thanks to our PINTS TEAM!
Rogue Ales has been a big supporter of the Pints for Prostates campaign since its inception in 2008. During the Oregon Brewers Festival the brewery held its final of seven special events at Rogue locations along the Pacific Coast during the summer and presented a $5,000 check to help fight the disease.

ROGUE ALES presents Rick Lyke (right) creator of the “Pints for Prostates” campaign and Us TOO Board member, a check for Us TOO International for $5000!...THANKYOU ROGUE!

Rick Lyke at the Oregon Brewers Festival mans the Us TOO table. Rick, along with Us TOO Board Member Ridge Taylor, and many other volunteers helped to make OBF a success. The Pints t-shirt was a big hit! Take pictures of yourself in your pints shirt or hat and send them to terri gibbons at the home office so we can put them on the Pints for Prostates facebook page!
Our attitudes represent a combination of our beliefs and feelings about ourselves, others, and the world around us. We may have strong or weak attitudes, positive or negative attitudes, or just an "attitude." Moreover, other's attitudes can affect how we feel, think, and act. In addition, our attitudes are not static; they can change over time. Our attitudes also serve as motivators for us to take action.

I would like to share my attitudes about my journey with prostate cancer. Some of my attitudes are in agreement with the scientific findings on the effect of attitude on cancer, while others are not. Some of my attitudes might resonate with your attitudes, while others may not. However, the main point I want to convey to you is that "attitude" matters, especially regarding a disease as significant as prostate cancer.

When I was first diagnosed with cancer, my attitude was to suppress my emotions to cope with the crisis of having a life-threatening illness, much like I have trained to cope with a crisis in war. I needed to think clearly as my thoughts turned to finding a reason for this diagnosis: did I cause the cancer to happen? My attitude based on prior life experiences was that many life events simply happen regardless of our station in life or our belief that we can control our destiny. Thankfully, this attitude freed me from the guilt that may arise if one believes that they are mentally and emotionally responsible for everything that happens to them, including getting a serious disease.

Within a few days of diagnosis, my "take charge" attitude emerged and motivated my wife, Cathy, and me to seek information. We collected and evaluated information from the Internet, prostate cancer survivors, oncology medical centers, and physicians to learn more about prostate cancer; the implications of the diagnosis; and the array of treatment options. My attitudes of being a problem solver, playing an active role with my doctor in my medical treatment, and being decisive with less than perfect information contributed to making a treatment decision within a month. I made my decision alone. Once my decision was made, I never looked back. I knew that I had made the right decision for me, and my attitude was to act in spite of being afraid of the unknown.

As my radiation treatment progressed, I became more reticent to walk down the hospital corridor toward the radiation clinic. I knew that the invisible beam was killing the prostate cancer as well as the good cells. Cathy knew I was afraid and provided exceptional emotional support with a "gung-ho" attitude of always being positive and attending every treatment session. The radiation technicians were also upbeat and competent which, when combined with Cathy's support, gave me the attitude that I could get through the treatment.

I am now two years post-diagnosis. I have read and reflected about the interrelated, yet conceptually different views and research on attitude and its relationship to cancer remission, survival rates, and quality of life. Based on my experiences in war, it is the quality of life that counts; and one's attitude contributes much to one's quality of life. My attitude is to be thankful and aware of what I can and cannot control: to awake each morning and thank God that I have survived to see another sunrise. Because of this gift, I do all I can to make the most of each day. . .

I hope that this brief article will encourage you to reflect on your attitudes and the attitudes of those around you. If you are newly diagnosed, what does it mean for you to have prostate cancer? If you are in remission, have any of your attitudes changed about yourself, or those around you, or your goals and dreams? If you are a caregiver or a loved one of someone who is a prostate cancer survivor, what are your feelings and beliefs about cancer? How have these attitudes influenced your relationship with your survivor? There are many more questions that one could ask. I trust that your answers will lead to a better understanding of your attitudes and how they make a meaningful difference in your life and the lives of those around you. – Jeffrey Stolrow
Prostate Healthy Recipes

Chicken Rigatoni

**Ingredients:** (6 servings / serving size: 2 oz. chicken with 1 cup pasta)

- 1 Tablespoon olive oil
- 1 15 oz. jar marinara sauce
- 12 oz. boneless, skinless chicken breasts, cubed
- Fresh ground pepper to taste
- 1 medium onion, chopped
- 6 cups whole grain rigatoni pasta
- 1 green pepper, seeded, cored, & cut into matchstick strips

**Preparation:**

To prepare the sauce, heat the oil in a large skillet over medium heat. Add the chicken and sauté until chicken is no longer pink. Remove from the skillet. In the remaining pan juices, sauté the onion and pepper. Add the cooked chicken to the skillet and add the marinara sauce. Grind in some pepper.

Let the sauce simmer for about 5 minutes. Pour over the rigatoni and serve.

**Nutritional Info.** Per serving: 312 calories, 19g protein, 41g carbohydrates, 7g fat (2g saturated fat) 62 calories from fat, 35mg cholesterol, 284mg sodium, 4g dietary fiber, 6g sugar

Turkey Burritos

**Turkey breast is just as easy to use as chicken breast, and adds great flavor to these burritos!**

**Ingredients:** (6 servings / serving size: 3-4 oz in 1 6-inch tortilla)

- 2 teaspoons olive oil
- 1-1/2 lbs ground lean turkey breast
- 1 medium onion, chopped
- 1 cup diced tomatoes
- 2 garlic cloves, minced
- ½ cup corn kernels
- ½ cup diced green pepper
- 6 6-inch tortillas, heated*
- 1 Tablespoon chili powder
- 1 cup salsa

* To heat tortillas - wrap tortillas in foil and place in a 300 degree oven until warm and soft, or wrap 3 tortillas in 2 damp paper towels and microwave on high for 1 minute.

**Preparation:**

1. In a skillet, over medium-high heat, heat the oil. Add the onion and garlic and sauté for 5 minutes. Add the peppers and sauté for 3 more minutes.
2. Add the chili powder and ground turkey and sauté until the turkey is no longer pink. Add the tomatoes and corn and cook for more minutes.
3. Spoon some of the turkey mixture into each warm tortilla. Roll up. Serve each tortilla with 2 tablespoons of salsa.

**Nutritional Info.:** 274 calories, 1g protein, 26g carbohydrates, 5g fat (1g saturated fat) 53 calories from fat, 75mg cholesterol, 367mg sodium, 3g dietary fiber, 6g sugar
During these very controversial political times, please let’s remember to respect that we all have different opinions for different reasons. Everyone has their own personal stories and reasons for their viewpoints. We are all part of this unique organization and one thing that we all DO have in common is that we care. We want to reach out and make a difference in someone’s life in a positive way. Let’s stand together in these times and learn how to agree to disagree if necessary.

We are building a great network of teams. As Colin Powell said, endeavors succeed or fail because of the people involved. Attract the best people and you’ll accomplish great deeds. The Us TOO Network is FULL of great team players like you. Let’s stay focused on the positive, and not give in to our fears and worries! We have a FANTASTIC TEAM! ~ terri

CancerCare Workshop
Medical Update on Metastatic Prostate Cancer
Tuesday, September 22, 2009
1:30—2:30 Eastern Time
Some Workshop Topics:
• Overview of Metastatic PCA
• Current Standard of Care
• New Treatment Options and Clinical Trials
• The Role of Chemotherapy and Radiation Oncology
• Managing Side effects and Pain
• Communicating with your Health Care Team
To register call CancerCare at:
1-800-813-HOPE (4673)

Never Give Up

SHARE YOUR FUNNIES WITH US!

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