CHAPTER NEWS!

April - May, 2010
Editor: Terri Gibbons, Program Manager

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IS COMBIDEX DEAD?

One of the main challenges which some men with prostate cancer and their doctors face is how to accurately access lymph node involvement so that effective treatment can be accurately targeted in cases when the tumor recurs after initial treatment. Current imaging techniques have limitations. It is difficult to assess very small tumor cell populations accurately and some techniques give false positive results. Several of the top medical oncologists in the U.S. who specialize in prostate cancer have recommended that patients go to the Netherlands where studies have been conducted with Combidex/Sinerem by Dr. Jelle Barentsz at Radboud University in Nijmegen. In the Combidex procedure patients are injected with nano-particles of iron which are taken up in normal lymph nodes and can be seen as black on a subsequent MRI scan. Nodes that have tumor in them do not take up the particles and are gray or white. Dr. Barentsz has assessed approximately 1500 patients, many of whom have had follow-up IMRT radiation treatment that specifically targets the involved nodes.

You may have seen in Prostate Pointers or read or heard elsewhere that Combidex is no longer available. Therefore Dr. Barentsz and a number of clinicians and researchers are very interested in finding a way to make Combidex ( or a replacement drug) available again to patients, to finalize their clinical trials and ultimately to plan for clinical approval, not only in Europe but also in the U.S.

A priority area for Us TOO is the advocacy of improved imaging for better diagnosis and treatment. As a representative of Us TOO, I will be a member of an advocacy team led by Dr. Barentsz along with other physicians and patient advocates who will meet with the company that has produced Combidex in the past. We will be discussing possible next steps to further evaluate Combidex or a replacement for it.

As a career cancer researcher and a prostate cancer survivor since 2001, my interest in accurate disease assessment is both from a scientific perspective but more importantly from a personal one. I was fortunate to fly to the Netherlands in October of 2008 where I had a Combidex scan by Dr. Barentsz. Information found with that scan was coordinated with the U.S radiologist and the involved nodal area was targeted, along with other areas in the prostate bed. The involved area had not been detected by any other imaging procedure that I had undergone.

On August 20–21, Us TOO will be celebrating its 20th anniversary with a Summit and Symposium in Chicago. On Friday morning of the two day event, there will be an Advocacy Summit. Together prostate cancer survivors, families, scientists, physicians and representatives from other prostate cancer groups will discuss a variety of topics critical to detection and treatment. Plans for imaging advancement will be one of the topics to be discussed. Registration information for the exciting two day meeting will be available soon. I encourage you to attend the 20th anniversary event, share in the Advocacy Summit, and benefit from the knowledge and experience of top prostate cancer experts at the Symposium. ~ Dave Houchens , PhD

*Editors Note*

David Houchens is a member and Officer of the Us TOO Board of Directors. He serves as Treasurer and holds a seat on the Board’s Executive Committee.

www.ustoo/2010symposium
From Passion to Action - Join Us TOO on August 20 & 21

$240 SAVINGS IN YOUR REGISTRATION FEE:
Includes round-trip airport shuttle from O’Hare as well as four prostate healthy meals and Refreshments!

All Chapter Leaders will be receiving the below Save the Date Card to distribute to your members.

Start making plans to attend the Us TOO 20th Anniversary Education Symposium & Celebration - “From Passion To Action: Us TOO at 20.” The event is set for Friday and Saturday, August 20 and 21 at the recently-renovated Hyatt Regency O’Hare in Chicago. As you will see from the event itinerary that follows, it’s shaping up to be a very impressive event featuring:

- Some of the most respected industry thought leaders on the most relevant prostate cancer topics including screening, testing and treatment.
- Engaging sessions with moderator, panel discussions, and Q&A.
- Networking to share information, meet new people, and reconnect with old friends.
- Inspiration from survivors and the positive impact of Us TOO over the past 20 years along with our vision for the future.

Event attendees will include men and their families responding to a prostate cancer diagnosis or recurrence, local Us TOO affiliated chapter support group leaders and other volunteers from around the country, Us TOO International Board members and other leadership, interested medical professionals, supporters and collaborators from the non-profit and for-profit prostate cancer communities and anyone who has had a special connection to Us TOO International over our last 20 years.

Don’t miss the event that will recognize and celebrate our collective achievement, empower each of us individually, and help shape our mission moving forward. Spread the word and make your reservations early to guarantee your spot at the event at a discounted rate. Register online at www.ustoo.org/2010symposium
This year, Us TOO International turns 20 years old, and the Us TOO Board of Directors has a vision to build on our anniversary with a celebratory symposium to bring prostate cancer awareness and action to the forefront in 2010.

As a result, we are so pleased to invite you to our upcoming two-day, national patient educational symposium and anniversary celebration event, “From Passion To Action: Us TOO at 20” – The Us TOO Summit, Symposium & Celebration for Men and their Families Battling Prostate Cancer, to be held August 20-21, 2010 in Chicago, Illinois at the Hyatt Regency O’Hare (Rosemont, IL).

SPEAKERS
The educational symposium includes nine sessions over two days, with presentations by Damon Arnold, MD, Director, Illinois Department of Public Health; Michael J. Dattoli, MD; Mark Moyad, MD; John Mulhall, MD; Charles “Snuffy” Myers, MD; Paul Schellhammer, MD; Captain E. Millissa Kaime, MD, Director of the Congressionally Directed Medical Research Programs; Jonathan McDermed, PharmD, Us TOO HotSheet newsletter co-editor and Director, Scientific & Clinical Affairs at IRIS Diagnostics; and a survivor and his wife, David and Kathie Houchens.

EXHIBITS
The Friday Exhibits will feature informational displays from vendors, non-profit organizations and a “Meet the Authors” area where attendees can speak with and purchase prostate cancer and prostate health-related publications.

ATTENDEES
Event attendees will include men and their families responding to a prostate cancer diagnosis or recurrence, local Us TOO affiliated chapter support group leaders and other volunteers from around the country, Us TOO International Board members and other leadership, interested medical professionals, supporters and collaborators from the non-profit and for-profit prostate cancer communities, and anyone who has had a special connection to Us TOO International over our last 20 years.

ADVOCACY SUMMIT
A highlight of the event will be the ADVOCACY SUMMIT: Moving Beyond the Confusion About Prostate Cancer Screening and Treatment, to be held on Friday, August 20, 2010 from 10:00 am to 1:30 pm. The summit provides the opportunity for survivors and family members, Us TOO leaders and volunteers, and representatives from the prostate cancer non-profit community to discuss common ground and next steps in the national debate surrounding prostate cancer screening and treatment.

The summit will be facilitated to assure open discussion and drive to conclusions. One expected outcome will be the creation of an Us TOO International position statement on early detection, screening and treatment for prostate cancer – from the patients’ perspective.

The agenda will include a presentation on plans for imaging advancements to improve prostate cancer diagnostic and treatment tools by Faina Shtern, MD, President and CEO, AdMeTech Foundation, and an update of NCCN Clinical Practice Guidelines in Oncology for Prostate Cancer by James L. Mohler, MD, of Roswell Park Cancer Institute and chair of the NCCN Guidelines Panel for Prostate Cancer, and other invited presenters from the American Cancer Society and the American Urological Association. Representatives from other prostate cancer non-profits making up America’s Prostate Cancer Organizations will also be invited to participate.
20th ANNIVERSARY DINNER
The Friday night 20th Anniversary Celebration & Awards Dinner will provide a platform to recognize the progress Us TOO has seen in the last 20 years, celebrate the contributions of our volunteers, and promote the opportunities Us TOO has in store for the future. A panel discussion of past and present Us TOO International leaders will be featured, including moderator Fred Mills, current Us TOO International Chairman of the Board, past chairmen Edward C. Kaps, Lew Musgrove, Jim Kiefert, and founding physician Gerald Chodak MD. All event attendees and dinner guests are asked to bring a blue item for the fundraiser raffle.

PINTS FOR PROSTATES FUNDRAISER
The symposium ends with an exciting and casual fundraising event on Saturday evening from 5:30 – 8:00 pm with the Chicago Gourmet Beer Tasting event hosted by Pints for Prostates. All proceeds benefit Us TOO International.

REGISTER NOW
Us TOO Summit, Symposium & Celebration for Men and their Families Battling Prostate Cancer
August 20-21, 2010
Hyatt Regency O’Hare, Rosemont, IL

Come join us! What a great opportunity to reconnect with all the people in the Us TOO network who have supported you over the years.


Register by August 6, 2010 and SAVE!

Questions? Call 1-800-80-UsTOO (1-800-808-7866)

Thank you for your consideration and support of Us TOO International. We hope to see you in Chicago this summer!

April 18 - 23: Minority Cancer Awareness Week
Us TOO highlighted a story on Damon Arnold, MD. Damon is an African American prostate cancer survivor, Director of the IL Dept. of Health and kick-off presenter at Us TOO’s 20th Anniversary Event, find the full story @
Jim and Tom have a lot in common. They grew up in the same part of Oklahoma City. They both attended Oklahoma State University and were in the same fraternity. Both men went on to graduate from Baylor University College of Dentistry before serving in the U.S. Air Force as dentists. Jim stood up in Tom’s wedding. Each started his own private practice.

Coincidentally, they were both also diagnosed with prostate cancer after having regular screenings almost every year since the age of 50. But the prognosis for each man was very different since one man’s prostate cancer was fast-growing and the other’s is slow-growing. There’s currently no way to fully determine the growth rate of prostate cancer.

Until diagnosed with prostate cancer, Dr. Tom Tennery, 67, was in perfect physical condition with absolutely no health issues or hospitalization throughout his life. His regimen included working out with a personal trainer for the last 23 years, no smoking, a healthy diet, and only an occasional drink. He missed only one prostate-specific antigen test since age 50, during which time his PSA rose from 2.3 to 4.1.

He was diagnosed in 2008 and received five intense radiation treatments from September to October of that same year. The initial results after the radiation looked good. However, ongoing tests showed his PSA level climbing to 10 and then 20. Biopsy results showed that the prostate cancer had spread to the liver, which was treated with hormonal therapy. Although typically effective, the PSA continued to rise. After CT scans showed the growth of numerous liver tumors, his treatment was limited to ongoing chemotherapy. His team of eight doctors documented it as one of the most aggressive prostate cancers they had ever seen. Sadly, Tom passed away on Sunday, April 11, 2010 just after he and his wife, Patti, shared his story for this article.

Like Tom, Dr. Jim Hammack, 65, had annual PSA tests and digital rectal exams (DRE) since the age of 50. He was diagnosed with prostate cancer in September of 2006. He chose to have robotic surgical removal of his prostate that December after doing extensive research to identify a specialist who had successfully performed the operation hundreds of times. He was back to work in two weeks after the surgery and his PSA dropped from 5.2 to 0.01. But ongoing testing showed a rise to 0.12, which proved to be due to a cancerous seminal vesicle that remained. He received 44 radiation treatments from April to June of 2008 and since then his PSA tests have been 0.01.

After results from a DRE or PSA indicate a potential for prostate cancer, a biopsy is necessary for a pathologist to determine whether or not the prostate is cancerous and to assign a Gleason score. Typically, the lower the Gleason score, the better the patient is likely to do. Jim and Tom both had a Gleason score of 7, which was within mid-range and indicated the cancer had the potential for moderately aggressive growth. Yet obviously, they each had very different outcomes. Us TOO recognizes that advancements in diagnosis are needed to more effectively determine the aggressiveness of prostate cancer so patients can respond with more effective treatment.

“I’m a big believer in testing for prostate cancer,” said Jim. “You need to take charge of your own health. Get annual DRE and PSA tests every year starting when you’re 45 to 50 years old. Know your PSA level and monitor it yourself to recognize a jump of .75 or more in one year. Don’t look to any one doctor for all the answers”, continued Jim with his advice. “You’ll find a lot of support and answers at your local Us TOO chapter.”
There are many treatment options and the only way to know what’s right for you is to ask a lot of questions. Talk to prostate cancer survivors and physicians and decide what’s best for your personal situation.”

Jim was prompted to begin PSA and DRE testing after he attended a hospital seminar on men’s health presented by Len Dawson, former quarterback for the Kansas City Chiefs and prostate cancer survivor. Len’s message of early screenings for prostate cancer coincided with news that prostate cancer had claimed the lives of several prominent men in the community within just a few months. This motivated Jim to join a local research project on prostate cancer which included prostate cancer screenings annually to track the results of the men in the group. After he was diagnosed with prostate cancer, he found Us TOO on an internet search and joined his local chapter.

For Jim, the most valuable benefit of Us TOO is being able to talk with men who are at various stages of dealing with prostate cancer. It’s also having the opportunity for the men and women to split up and talk in separate groups. “The support at Us TOO is just as important to the wives as it is to the men.” He stated. “Personally, I think we should be doing more outreach to women’s groups since it’s typically the wives who encourage the husbands to get tested. Prostate cancer affects not only the man but also his wife and their intimacy.”

Jim shared his personal experience and advice. “Men don’t want to talk about the side effects of prostate cancer - incontinence and impotence, or what we in the group refer to as ‘The Two Is,’” he said. “But it needs to be discussed. I’ve experienced some incontinence but easily manage it by using a light pad. The solution to impotence was much more of a struggle.”

Jim considered the various options to restore intimacy and tried several things. After becoming frustrated with the cumbersome processes inherent in injections, pumps and pills that prohibited spontaneity, Jim opted for an inflatable penile implant. Although the surgery for the implant involved more pain compared to his prostatectomy and required one month of recovery, he and his wife are both very satisfied with the results. He noted that his orgasms are more intense than ever. As an additional benefit, the procedure was even covered by Jim’s insurance.

Jim’s prognosis is good. He’s been in total remission for almost two years and he’s learned to live with the “The Two Is.” “I approach each day as a new wonderful opportunity. I’m happy to know that Us TOO is around. It supports my commitment to not let prostate cancer stop me from living my life.”

The lifelong friendship of Jim and Tom and their stories about battling prostate cancer are a testament to the strength, courage and compassion that’s the foundation of Us TOO and the men and women working together to offer peer-to-peer support, education and advocacy.

Jim shared a final thought. “There is no kinder, gentler, man than Tom Tennery. He had only good things to say to those around him and was respected by everyone who knew and loved him. He and I both felt compelled to share our personal stories about prostate cancer. Sadly, Tom isn’t here to see our story in print, but he is definitely here in spirit as we speak out together to help encourage others to get annual screenings that start at an early age and advocate for advancements to determine the growth rate of prostate cancer once it’s diagnosed.”

~Jim Hammack

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~Jim Hammack

Us TOO audit update… Thank you to those who sent their 2009 Financial information! The audit team will be on site April 30th and we are hoping for an on-time submission of the corporate tax forms.
Baytown, Texas - Yonke Motorsports is partnering with the Pints for Prostates campaign to promote men's health during the 23rd Annual O'Reilly Auto Parts Spring Nationals at Houston Raceway Park from April 9-11.

For the second time this season the NHRA Pro Stock entry driven by Bob Yonke will carry the Pints for Prostates logo. Yonke is currently sixth in the NHRA Pro Stock standings after four races. Fans will get to see the Yonke Motorsports Pints for Prostates Pontiac GXP entry when Pro Stock qualifying gets underway on Friday afternoon.

"Yonke Motorsports is helping us to reach a huge audience with an important health message," said Rick Lyke, founder of Pints for Prostates. "The NHRA attracts the exact demographic that needs to hear this message. Pints for Prostates is fortunate to have a team as strong as Bob Yonke's giving us this opportunity to reach men at the dragway and watching the action on ESPN2."

"Prostate disease is a very serious issue for all men, as one out of every six men during their lifetime will be diagnosed with some form of prostate cancer," said Bob Yonke, team owner and driver. "Early detection is as simple as a blood test during a routine check up with your primary care physician or urologist, you just need to ask them to check your PSA."

"I started having my prostate checked annually at the age of 45, as my father was diagnosed and successfully treated for prostate cancer at the age of 50," Yonke said. "It is with great pride and enthusiasm that we have the opportunity to partner with Rick and Pints for Prostates to reach out to the NHRA drag racing community."


Yonke Motorsports is an independent NHRA Pro Stock team based in Burleson, Texas. So far this season, Yonke has reached the Pro Stock finals at both Phoenix and Charlotte. Based on the strong performance in Charlotte during the NHRA Four-Wide Nationals, Yonke Motorsports made good on a pre-race pledge and donated $1,500 to the Pints for Prostates campaign.

"Every week nearly 4,000 men in the U.S. hear the words 'you have prostate cancer.' The key for these guys is detecting the disease in its early stages when treatment is nearly 100 percent successful," said Lyke, a 49-year-old Charlotte, N.C., marketing executive and drinks journalist who had successful prostate cancer surgery in April 2008. "We're excited to be on the Yonke Motorsports car this weekend and really appreciate Bob Yonke's generous support for our cause."

Since being launched in late 2008, Pints for Prostates has reached approximately 80 million people through a combination of donated advertising, news articles, appearances at beer festivals, and coverage on websites and blogs. In 2009, the program was featured at the Livestrong Global Cancer Summit in Dublin, Ireland, and profiled on CNN's Vital Signs program hosted by Dr. Sanjay Gupta. For more info go to:

www.pintsforprostates.com
“ON TAP”

- Saturday, April 17, 9:00 am till closing! Fish Tale Brew Pub
  Olympia, Washington
- Saturday, April 24, 12:00-10:00 pm @ The World Beer Festival, Raleigh, NC
- Saturday, May 15, 3:00 - 8:00 pm “Pints for Prostates Racks by the Tracks”, Kingsport, TN
- Friday May 21, 6:00 - 9:00 Galways Bar & Grill, Elmhurst, IL
- Friday May 28, 8:00 pm - Sunday May 30 @ 10:00 pm, “Kohler Festival of Beer”, Kohler, WI
- Saturday, June 12, 12:00-10:00 pm @ The World Beer Festival, Richmond, Virginia
- Wednesday, June 16, 6:00-9:00 pm, @ Pike Brewing, Seattle, WA
- Saturday June 19, 6:00 pm - 8:30 pm @ Thomas Hooker Brewing, Bloomfield, CT.
- Saturday, June 26, 2:00-5:00 pm, @ Dude Fest 2010 “Pints for Prostates Beer Tasting”, Charlotte, NC
- Saturday, October 2, 12:00-10:00 pm @ The World Beer Festival, Durham, North Carolina

More events are “BREWING”

Rick Lyke, Us TOO Board Member and founder of the “Pints for Prostates” Campaign and driver Bob Yonke share a “toast” with the staff at Olde Mecklenburg Brewery German Bier Fest to the new partnership formed with Pints and Yonke Motorsports. Yonke’s car, the Pontiac GXP was on display!

Bob Yonke from Yonke Motorsports proudly wears his “Pints for Prostates” sticker to show his support. “I started having my prostate checked annually at the age of 45, as my father was diagnosed and successfully treated for prostate cancer at the age of 50,” Yonke said. “It is with great pride and enthusiasm that we have the opportunity to partner with Rick and Pints for Prostates to reach out to the NHRA drag racing community.”
Pints for Prostates T-shirts Now Available

Shirts are available for a limited time for a $20 dollar donation (plus shipping fees) to the Pints for Prostates Campaign. Contact terri gibbons at the home office @ 1-800-808-7866 or terri@ustoo.org. The “Paprika” tee is “rust......“Chestnut” is light brown.

Hats are on order!
We are saddened to share the news that we lost another dear friend to Us TOO.

Bert Chamberland died on March 10, 2010.

During the last 15 years of his life, Bert devoted much of his time in helping fellow prostate cancer survivors. He was past facilitator of the Tempe St. Luke’s Hospital prostate cancer support group for several years. Us TOO was near and dear to Bert’s heart.

Pictured on the far left, Bert and Ralph Valle (right) long time Chapter Leader Us TOO Phoenix, share some laughs at an awareness event. “Bert was a wonderful man, I miss him tremendously” says Ralph.

Please be sure you are using a CURRENT Us TOO Logo

You can use any or all of the below Us TOO logos for your Chapter’s use. Please contact Terri Gibbons @ terri@ustoo.org and I will send the logo. Please also seek final approval before you finalize any logo usage.

SAVE THE DATE!
SNEAKERS @ WORK DAY
FRIDAY SEPTEMBER 17, 2010
MORE INFO COMING SOON!
NEW FEATURED ARTICLE *NEW*

PATIENTS FEATURE OF THE MONTH

A discussion of one subject area focusing on the patient needs and point of view. This will be a continuing column in each Chapter News! and the format will be 4 sections:

1. Title (subject area)
2. A statement of: "Why are we doing this article"
3. A statement of: "How will this benefit the Chapter Leader or the patient"
4. Body of the article

Last month, we reviewed sexual dysfunction issues. This month, there will be two feature articles:

1. Side-effects of ADT
2. Active Surveillance.

Any questions? Contact: russ.gould@wellnessplace.com

For copies of any of these articles: Contact terri@ustoo.org

Russ Gould (left) has been a Chapter leader for over ten years, and is also leader of the Mets Mavericks Group. This group is for men with advanced prostate cancer, and was formerly started by Bill Blair. Russ has been part of the Us TOO University Staff, and is former Vice-Chair of the Us TOO board. He now staffs a full-time position with Wellness Place counseling prostate cancer patients, thanks to funds raised through the partnership of Us TOO and Wellness Place and the Chicago Prostate Cancer SEA Blue Walks. Russ has also received the Edward C. Kaps Hope Award this past year.

Anant Kulkarni (right) is a retired pharmacologist and an active member of the Bill Blair Chapter in Palatine.

NEXT CHAPTER NEWS! WILL INCLUDE ANOTHER FEATURE ARTICLE ON “ACTIVE SURVEILLANCE”
WHY WE ARE PRESENTING THIS ARTICLE:

Thousands of men are on ADT or second line hormonal therapy and all are experiencing some level of side-effects affecting their quality of life (QOL). Many of these side-effects can be decreased or eliminated. Our goal is to help patients understand the issues and know there are solutions, so that they effectively collaborate with their physicians.

HOW WILL THIS ARTICLE BENEFIT PATIENTS:

To make ADT more tolerable for all patients and to improve their quality of life.

There are a number of good technical articles by doctors describing ADT side-effects. In this article we will discuss the side-effects frequently stated by many patients, along with solutions you can discuss with your doctor.

Androgen deprivation therapy (ADT) in prostate cancer patients is being used in various ways. It is used as an adjunct for a short duration to reduce the size of the prostate in patients who will undergo surgery or radiation. With radiation, it is believed to add to its efficacy. It may be requested by patients, who may be familiar with it, as a temporary measure to control the PSA when they are trying to decide their individual choice of treatment. ADT is predominantly used to control the late stage prostate cancer, which has metastasized or recurred after surgery or radiation as evidenced by a rising PSA.

In light of its importance and wide spread use, a detailed discussion of side-effects of ADT - short term and long term, obvious and not so obvious, subjective or objective, would be beneficial. As the goal of ADT is to deprive the cancer of testosterone, side-effects are related to the absence of testosterone and its conversion products, such as DHT.

Hot Flashes

Dr. Strum, of Ashland, OR, has reported that 45% of patients have hot flashes; the frequency is as high as 80% in younger patients and gradually decreases in the older population. Estrogen patches may be of use in patients with impaired quality of life because of hot flashes. Gabapentin, Pregabalin and Venlafaxine have been reported to be effective. A recent study (J Clinical Oncology, Feb, 2010) found that after 12 weeks of treatment the effects of acupuncture lasted longer than venlafaxine (in relieving hot flashes).

Disturbed sleep due to hot flashes is common in these patients as well. Cognitive behavioral therapy (CBT) has been suggested for this problem. In summary, if you have severe hot flashes that are making you miserable, don’t just give up on ADT, ask your doctor about the medications to alleviate the hot flashes.

Sexual Side-Effects

Loss of libido and erectile function are well known after ADT. One of our colleagues has put it as thus: “The loss of my interest in sex does not bother me. What bothers me more is that it doesn’t bother me.” Impaired erectile function after ADT is related to erectile function before ADT is initiated. In some patients, it may have been impaired due to age, loss of interest, vascular problems or other pre-existing conditions. Use of drugs like Viagra can preserve the erectile capability of the penile tissues if nerves are not damaged during surgery or radiation. Penile injections or vacuum pumps are otherwise useful. As a last resort, penile implants should be considered since a high percentage of couples are satisfied with the results of implants.
In summary, if you have the interest, a lot can be done to protect the erectile tissue and the erectile capability. Be prepared to bring it up in your discussion with your physician. Needless to say, it is more important that you communicate with your partner and be open about intimacy issues.

**Effects on Bones and Muscles**

Bone mineral density (BMD) is decreased significantly when measured at the hip and lumbar spine as early as 1 year of ADT. An increased number of fractures have been reported. Many patients have low Vitamin D levels and tend to have low intake of calcium contributing to BMD loss, which, occurs at a greater rate than that seen in women and continues over time. Oral bisphosphonates (i.e. Actonel) prevent the bone loss during ADT. Administration of quarterly or annual intravenous bisphosphonates has been demonstrated to reverse the loss. It was reported at a recent meeting of American Academy of Orthopedic Surgeons, that after long term use of bisphosphonates, the bone may be altered (J. Graedon and T. Graedon, Chicago Tribune, Section 6, p.26, Sunday Mar 28, 2010). It may lose its structural integrity and become brittle. Additionally, osteonecrosis of the jaw has also been reported.

In another study with denosumab, almost 1,500 patients were studied and reversal of BMD loss and a 62% reduction in vertebral fractures was reported.

ADT is also known to cause deficiency of estrogen (in males). Estrogen is the dominant hormone regulating bone metabolism in men. Drugs like Evista are useful. A new drug, Toremefene, increases BMD and reduces vertebral fractures by 54%.

Careful monitoring of BMD by DEXA, adequate calcium and Vitamin D intake and weight bearing exercises (for bones/muscles) are all crucial for properly maintaining bone and muscle health. Life style changes - stop smoking, reduction in alcohol consumption and caffeine - are also advisable. A regime to prevent falls should be instituted as an added prevention.

In summary, this is not a side-effect that patients can feel. Know that it is possible and get a DEXA scan. Talk to oncologist specialists about use of bisphosphonates to prevent or repair loss of bone strength. You may need to be proactive to get good help and support.

**Metabolic Changes**

ADT induces increases blood cholesterol and sugar, risk hypertension and cardiovascular risk in general. Non-cancer related deaths are greater in ADT treated prostate cancer patients, when compared to deaths due to prostate cancer. Increased risk for heart attacks and sudden deaths have been reported. High cholesterol, hypertension and diabetes may need to be aggressively treated with other drugs.

Body weight can increase by 3 to 6 kg over 9 to 12 months of ADT. Lean body mass decreases as well as muscle strength and total body fat goes up by 10-20%. Although some changes do not continue beyond 18 months of ADT, it is not easy to lose the weight after ADT is stopped.

Muscle loss is a bothersome problem, and combined with fatigue, may be quite noticeable. A good exercise program is necessary to minimize it.

Mild to moderate anemia occurs after ADT in almost 90% of patients and is not related with fatigue. If severe symptoms occur with the anemia (shortness of breath, dizziness, severe weakness, etc), responds to use of erythropoietin (PROCRIT) may be indicated.

Many prostate cancer patients may have high cholesterol, hypertension, diabetes and obesity pre-existing before the cancer diagnosis. If ADT is being used, you need to be aware that ADT can start or exacerbate these conditions. Understand your health and the side-effects ADT may cause. **Be prepared to discuss this thoroughly with your doctor and take counteractive measures.**
Cardiovascular Side-Effects

Although this was briefly described earlier, more information may be necessary. Weight gain, decrease in muscle mass, decrease in muscle strength and increase in total body fat contribute to the cardiovascular problems related to ADT. Anemia, which is common, probably adds to the effect on heart issues. Increase in blood lipid, hypertension and glucose intolerance (risk of diabetes) have been reported after ADT. Increased cardiovascular risk - heart attacks and sudden death - have been reported as well.

In summary, this tells you that as you start ADT, be aware of the side-effects. Intensive monitoring and specific treatments for each side-effect are available. A Preventative approach is best: reduce sugar and fat intake, lose weight and exercise.

Breast Enlargement

Breast enlargement usually occurs from ADT, and tenderness is an issue with many patients. It can be prevented by radiation to the breast before ADT is initiated. Once occurred, it is generally not reversible. It may also be prevented by a drug called Cabergoline (DOSTINEX).

Memory and Depression

Mental changes, such as depression and impaired memory and cognitive function, can also occur. Depression has been reported to be 8 times higher after ADT compared to the general male population and should be treated with antidepressants. Memory and cognitive impairment may need treatment with drugs like Eldepryl and Aricept. You may need to watch for these symptoms and approach your doctor if any occur.

It is worth repeating here that medications and life style changes - healthy diet, exercise and supplements - can alleviate many side-effects of ADT. Intermitent ADT (IADT) may be preferable to continuous ADT since side effects will diminish.

References:
- Strum, Stephen, “The Androgen Deprivation Syndrome” from PCRI Insights (Jan 1999, Vol 2, no. 1)
- Yu, Evan, “Reducing Side Effects of Testosterone Deprivation” presented at PCRI Conference (Sept 12, 2009)

Hope on the Horizon

Officially on May 1, perhaps even sooner, the FDA will complete their deliberation and approve PROVENGE. PROVENGE is one of the Dendreon Corporation's new immunotherapy approach to PC treatment. A number of prominent patient advocates from across the country were invited to a Patient Advocate Summit at the new Dendreon facility in Morris Plains, NJ. Russ Gould, Us TOO Board member Kay Lowmaster and Tom Kirk represented Us TOO. We saw, up close and personal, the operations, quality control and lectures explaining the new immunotherapy technology. This active cellular immunotherapy is individualized for each patient and teaches each person's immune system to recognize PC and mount an attack, even in advanced stages of disease.

The next Chapter Leader Newsletter will present more materials for chapter leaders to share the hope and exciting treatment plans of PROVENGE and similar products. In the meantime, you can find a wealth of information on http://www.dendreon.com/therapeutic_approaches/. ~ Russ Gould
WHY WE ARE PRESENTING THIS ARTICLE: For chapter leaders and patients to understand this rapidly growing treatment option for newly diagnosed.

HOW WILL THIS ARTICLE BENEFIT PATIENTS:
Where appropriate, it will eliminate or delay the trauma of major surgery and side-effects like incontinence and impotence.

Two years ago, we began to review clinical trials and collect reports of people who decided to forgo immediate local therapy and embrace Sophisticated Watchful Waiting with the help of their doctor. Geoff Iverson agreed to document the journey of a few patients, including himself and wife Mary Sue. He has prepared a PowerPoint presentation. We started a support group at Wellness Place to collect and share information. Since that time, we have discussed this approach with many patients in our chapters and on the Hot Lines. There are many recent technical articles from doctors about the new and emerging treatment modality called Active Surveillance. There are a number of the unpublished patient issues leading to the popularity of this approach. In this short time we have seen major changes.

- This is new to most patients and doctors; however, after learning the details the patients are very interested. In fact, many have cancelled their scheduled local therapy in favor of this approach.
- Minimizing or delaying the risk of major surgery, incontinence or erectile dysfunction is very attractive to young patients. However you must be able to deal with the risk.
- IRB and physician control helps to build patient comfort in this approach.

Physician support for this approach is now growing rapidly.
Following is a copy of part of an excellent summary article by Judith Graham in the Sunday, March 28, 2010 Health Section of the Chicago Tribune, “Watch and Wait – Major Cancer Group Endorses Active Surveillance for Prostate Cancer.”

When it comes to prostate, watch and wait

Major cancer group endorses active surveillance for prostate cancer
March 28, 2010|By Judith Graham, Tribune Newspapers

Five years ago, when he was diagnosed with cancer, Kevin Brick gratefully accepted a doctor’s offer to wait and see what happened to the tiny tumor in his prostate gland.

So far, there is no evidence the cancer is growing or becoming more aggressive.

"Everything seems to be going fine," says Brick, 60, whose doctor examines his prostate and administers tests every six months.

The approach is called active surveillance, and for the first time it’s being endorsed for large numbers of men by a major medical organization: the National Comprehensive Cancer Network, an alliance of 21 leading cancer centers across the U.S.
In new guidelines, NCCN recommends active surveillance for men deemed to have "very low risk" prostate cancer and a life expectancy of less than 20 years. Also, the organization recommends the strategy if a man’s prostate cancer is considered "low risk" and his life expectancy is less than 10 years.

Almost 40 percent of the 192,000 men diagnosed with prostate cancer each year could qualify for active surveillance under those standards, said Dr. James Mohler, chairman of the committee that prepared the guidelines and head of urology at Roswell Park Cancer Institute in Buffalo, N.Y.

NCCN’s goal is to identify men likely to have slow-growing tumors and prevent unnecessary treatments that can render them incontinent or impotent.

“We know one in six men will be diagnosed with prostate cancer but only one in 40 men will die of prostate cancer,” Mohler said. “It’s obvious that we don't need to treat every single man with this condition.”

The problem is that "we can’t determine which prostate cancers are harmless," said Dr. William Catalona, director of the prostate cancer program at Northwestern University’s Robert H. Lurie Comprehensive Cancer Center.

With active surveillance, there’s a possibility that an aggressive cancer will be missed and the window for potentially life-saving treatment missed, he said.

By that logic, it’s safer to intervene than adopt a "wait and see" strategy. And indeed, most doctors recommend surgery, radiation or other therapies, and more than 90 percent of patients follow their advice.

But there’s mounting evidence that active surveillance works without adding to prostate cancer’s death toll.

The longest running trial of the strategy is at Johns Hopkins University, where experts have followed 800 men over the past 15 years. To qualify, a man must be at least 65. "We have a very strong bias that a younger man who gets diagnosed with prostate cancer should be treated," said Dr. H. Ballentine Carter, professor of urology at Hopkins.

Men who join the program get a PSA (prostate-specific antigen) blood test and digital rectal exam every six months and a biopsy every year, up to age 75. If signs indicate a cancer is growing or becoming more aggressive, a patient is referred to treatment.

No patients enrolled in the program have died of prostate cancer. Thirty-two percent have undergone medical treatments; 56 percent are still undergoing active surveillance; 2 percent died of other causes; and 10 percent have withdrawn or lost touch with the program.

Similarly, there have been no deaths from prostate cancer among 300 men enrolled in an active surveillance program at Roswell Park Cancer Institute.

More trials of active surveillance are being launched across the country. At NorthShore University Health System in the Chicago suburbs, for example, 70 men age 60 or older have signed up for a new program over the past year. One is Richard Henriksen, 65, whose first wife died of pancreatic cancer five years ago.

"I like the fact that I’m being followed closely and that I’m not being pushed into doing something drastic quickly," he said. "Frankly, I’m pretty conservative when it comes to my health, and surgery is the last thing I want to do."

Russ Gould Comment:

I believe we are seeing a wave of the future! It could help tens of thousands of patients. Stay abreast of the change. Educate your chapter members.
CHEERS TO GOOD HEALTH!

Fish Tale Brew Pub Joins Us TOO Prostate Cancer Support Groups to Raise Awareness & Funds

Olympia, WA - Brewing up support for prostate cancer awareness may seem as daunting as swimming upstream. Thanks to a partnership with the Fish Tale Brew Pub, the Olympia/Shelton/Tacoma Us TOO prostate cancer support groups hope to earn crucial funds and friends for the cause on Saturday, April 17.

It will be a day filled with food, drink, and fun to support the Pints for Prostates grassroots awareness efforts to encourage all men to get regular health screenings and testing. The daylong event (11:00 a.m. to 9 p.m.) hosted and supported by the Fish Tale Brew Pub, 515 Jefferson St. in Olympia, will include live and silent auctions for great items.

The staff and patrons at the Fish Tale Brew Pub are eager to support this cause,” said Max DeJamatt, Brewpub Manager. “The Pints for Prostates Campaign approached us just as we found out that one of our most loyal and long-time customers was diagnosed with terminal prostate cancer. Had he known to get checked early, this could have been prevented. The Pints for Prostates Campaign is catchy,” added DeJamatt, “and it targets our largest market. We’re hoping that this campaign will keep more of our favorite people around here longer.”

Olympia/Shelton/Tacoma Us TOO prostate cancer support groups hope the support and donations will flow as freely as the brew. Prostate cancer survivors will be on hand to answer questions, and information/materials will be available regarding prostate cancer risk factors, early detection, screening and support.

“Prostate Cancer has been called the "Silent Killer" because there are no symptoms of early stage prostate cancer,” explained Jim Kiefert, Director Emeritus of Us TOO International and the leader of the Us TOO Olympia groups since 2001. “I am one of the fortunate ones”, said Kiefert. “My wife suggested my doctor test me for everything as I had not had a physical in many years. I’m still here today, 20 years later, because I was diagnosed early. Early detection and treatment is the only known cure for prostate cancer. Reach out to other local chapters in your area and organize a Pints for Prostates Campaign in your community! For more information on how to organize an event like this and the “fun stuff” Us TOO can provide for your event, contact: terri@ustoo.org
Tips on How To Start Your Us TOO Support Group

- Order hard copies of the HotSheet from the Downers Grove home office. Encourage members to come to meetings to get their copy.
- Designate a group leader and an alternate leader (or more)
- Gather a group of volunteers to form a steering committee.
- Have a person or persons who can help with clerical functions.
- Have a sign-in sheet to keep track of who attends.
- Plan on having a monthly Newsletter or webpage to inform the members of that month’s program (important marketing tool).
- Assign someone to be the accountant. (Pass the basket to get a few dollars from each attendee.)
- Plan on offering Newly Diagnosed Kits for new patients. (available “free” from home office).
- Post SEA Blue Posters in hospitals and Dr.’s offices to advertise monthly meetings, time and location. (available “free” @ home office)
- Recommended venues would have free parking and be centrally located for future members.
- Plan on having representatives from the Group attend Us TOO annual meetings as a great deal of information can be obtained in networking with other support groups both nationally and internationally.
- Hold a fundraising event to raise funds to send your representatives to these meetings.
- A mailing list can be a method to inform current patients and their family of the new group. As more people hear about the support group, word of mouth helps to increase membership
- Plan on having members donate several dollars at each meeting to help fund the necessary monthly expenses of printing, etc., expenses.
- If feasible, plan on offering snacks, i.e. granola bars, coffee, water, etc...preferably prostate healthy!
- **Monthly Program Speakers/presenters:** The medical staff at the hospital(s) offer a varied and wide assortment of professional talent in their respective departments including oncology, surgery, radiology, dieticians, counseling, etc., from which to offer a large assortment of interesting and informative monthly meeting presentations.
- Allow members of the support groups to offer their own situations as possible presentations, or panel discussions. Have chapter leader give a short presentation on what's new in PC world. Use HotSheets, internet, “News You Can Use,” etc.
- Assign someone to find a prostate healthy recipe or food each month. Chapter News! has a prostate healthy recipe or two, every other month that you could share with your group.
- Develop an email list (a good method to quickly get members). VERY IMPORTANT!
- Encourage your members to register for “Getting to Know You” @ www.ustoo.org/knowyou. This will help to keep everyone in the KNOW about what is happening within the Us TOO Network. They will receive an electronic copy of the Chapter News! every other month and other important information from Us TOO.
- Stay in contact with the Us TOO home office. Be sure you have all the “free” materials available for your chapters use.
SURVIVE (and even *enjoy*) A NIGHT OUT

You've been told you need to modify your diet but you still want to eat out. Fear not! You can survive - and even *enjoy* - a night out with these simple tips and tools.

1. Look for a restaurant that serves Mediterranean style food. Generally, this is a restaurant that used olive oil instead of butter, has a tomato based-menu, and serves "good" healthy fish.

2. Starting your meal:
   - Have a nice glass of red wine, though no more than 2-5oz glasses per day.
   - Order a good hearty vegetarian soup with lentils and or beans. These often come in a nice tomato based sauce.
   - Or have a garden salad with beans (example: chick peas), olive oil and lemon.
   - Or order a fresh crudités plate (veggies) with humus for dipping.

3. If ordering bread, make sure it is whole grain (more course) bread and perhaps order some olive oil for dipping.

4. For your entrée, choose a "good" fish, one that is high in Omega3 fatty acids. Some guidelines on "good" fish - not farm raised, wild when possible, baked or broiled not fried...no cream or butter sauces. Have them brush with olive oil and lemon or add some fresh herbs or salsa!

5. If ordering rice, choose brown rice or wild rice.

6. Top off your meal and tame your sweet-tooth with a cup of green tea and a serving of fresh fruit.

Note: Shy away from using extra salt. Tomato based foods have enough sodium already.

A Mediterranean diet is a highly color-filled diet, just look at your plate! The more vibrant the color, the more vibrant the food (AND the more vibrant the body!) You will notice that this is also a heart healthy diet. In general, what is good for the heart is good for the prostate. Allow you palette to adjust to flavors that may be new to you. It won't be long before you discover that this is a VERY satisfying way of eating!

**AN EXCELLENT RESOURCE:**
Eating Your Way to Better Health, Rivanna Health Publications, Inc. Charlottesville. Authors: Charles E. Myers, Jr., MD, Sara Sgarlat Steck, RT, Rose Sgarlat Myers, PT, PhD

Suggestion: Clip this page and carry in your wallet or purse...
Tequila Shrimp (plus...it has a “SHOT of TEQUILA”)

Ingredients:
- 8 oz. raw shrimp
- 2 Roma tomatoes, chopped
- 1 small onion
- 3 tbsp. (1 1/2 oz. or 1 shot tequila)
- 2 tbsp. lime juice
- 2 tbsp. coarsely chopped fresh cilantro
- 1 tsp. minced garlic
- 1/4 tsp. chili powder
- 1/4 tsp. sea salt

Directions:
Bring a large pan sprayed with non-stick spray to
a medium heat. Add onion and garlic, and cook until
onion is slightly translucent, about 3 minutes. Carefully add tequila to the pan and stir.
(It’s unlikely it will flare up, but be cautious,
just in case!) Cover the pan and let simmer for 5 minutes.

Add shrimp and cook for about 3—4 minutes, until shrimp are nearly opaque. Add toma-
toes, lime juice, cilantro, chili powder, salt and mix well. Stirring occasionally, cook until
tomatoes have softened and shrimp are cooked through, about 2 minutes.

Use your imagination as to how you like to serve it! I have suggested over your favorite
whole wheat pasta, or with a side of whole wheat pita bread slices. OR..just on its own!

Recipe from – “Hungry Girl” www.hungry-girl.com

Nutrition information: Per Serving
(half of recipe, about 1 1/2 cups):
206 calories, 2.25g fat, 470mg so-
dium, 9.5g carbs, 1.75g fiber, 4g
sugars, 24g protein
Whole wheat pita or pasta not in-
cluded in nutrition info.

Monthly HotSheets STILL Available

For those of you who would like to receive hard copies of the HotSheet, Us
TOO pays for the production and printing costs. We ask that you cover the
postage costs only. If you are still interested in receiving hard copies, please
contact jackie@ustoo.org. The costs are very reasonable! Much less than the
costs of "ink" for your home printers!
“SPRING FLING” FRESH HERB SALAD

Spring into action with this fresh herb salad. A mix of chives, chervil, tarragon and dill makes for a delightfully light side dish.

Total time: 25 minutes
Servings: 4

Ingredients:

3 heaping cups spring lettuces, ideally a mix of coarsely torn Bibb, mache and watercress leaves

1 1/2 cups coarsely chopped mixed herbs:
chives, mint, chervil, tarragon, dill

1/2 cup cooked, shelled edamame

2 teaspoons Dijon mustard

1 tablespoon sherry vinegar

Pinch coarse sea salt

2 tablespoons very peppery olive oil

Freshly ground white pepper to taste

Directions:

1. Combine the lettuces and herbs in a shallow bowl and toss until very well mixed. Add the edamame and toss again.

2. In a small bowl, whisk together the mustard, vinegar and sea salt. Whisk in the olive oil until emulsified. Season with pepper to taste.

3. Pour the dressing over the greens and toss until coated. Divide among small salad plates and serve at once.

Recipe from “Hungry Girl” - www.hungry-girl.com

Nutrition information:
Each serving: 103 calories; 3 grams protein; 5 grams carbohydrates; 2 grams fiber; 8 grams fat; 1 gram saturated fat; 0 mg. cholesterol; 116 mg. sodium.

PLEASE SHARE YOUR PROSTATE HEALTHY RECIPES WITH US!
SEND TO:
terri@ustoo.org
We presently reach less than 5% of local prostate cancer patients. Here are ten tips to help increase Us TOO International awareness.

- Contact and educate local urology clinics about Us TOO and encourage referral of all newly diagnosed men to your local support group.
- Urban areas may have a local chapter of a Urological Society. Your local office of the American Medical Association can provide their contact information. Try to get 10 or 15 minutes on the agenda for one of their meetings to educate the urologists about the benefits of referring men to a local Us TOO support group meeting.
- If you live in an area with several competing urology groups, assure each group that no effort will be made to encourage men to change physicians.
- Obtain permission to place information about Us TOO in waiting rooms.
- Visit local family practice physicians and leave information about your local chapter as well as Us TOO educational literature. Get to know the office manager and follow up regularly to ensure their stock of literature is adequate.
- Contact local medical oncologists and encourage them to refer men with advanced prostate cancer to your Us TOO group. Again, seek permission to place Us TOO material in their waiting rooms.
- Develop a 15-30 second public service announcement for local radio stations to run at no cost.
- Ask local hospital(s) to display Us TOO posters (available on Us TOO web site) on bulletin boards, in radiology, radiation oncology, in the lab waiting room.
- If your local newspaper has a free calendar section, submit your meeting dates, time, location and contact information for publication. Keep this information up to date and publicize special events.
- Contact a local billboard company to see if they will donate a billboard to be used for prostate awareness for one month. If not, purchase space with money raised by, or donated to, your chapter.

Additional tips and tools are available on the Chapter Leader Resources section of the Us TOO website. Call the home office for the passcode.

1-800-808-7866
Novel, Triple-Acting Oral Androgen Receptor Antagonist Currently in Phase 3 Development for Advanced Prostate Cancer

As part of Us TOO’s continued commitment to bring news of new interventions and treatments for the benefit of prostate cancer patients, we are pleased to share this information with you about the opportunity to participate in a new clinical trial for men with advanced, hormone-resistant prostate cancer.

AFFIRM (A Study Evaluating the EFFicacy and Safety of Investigational DRug MDV3100 in Men with Advanced Prostate Cancer), a new late-stage clinical trial now enrolling patients will evaluate the efficacy and safety of the investigational drug MDV3100 as a treatment for advanced prostate cancer – specifically a type known as hormone-resistant prostate cancer. The study will evaluate the impact of MDV3100 on survival and other factors, including quality of life.

About MDV3100

MDV3100 is an investigational therapy in clinical development for the treatment of advanced prostate cancer. The first triple-acting, oral androgen receptor antagonist, MDV3100 has been shown in preclinical studies to provide more complete suppression of the androgen receptor pathway than bicalutamide, the most commonly used anti-androgen. MDV3100 slows growth and induces cell death in bicalutamide-resistant cancers via three complementary actions - MDV3100 blocks testosterone binding to the androgen receptor, impedes movement of the androgen receptor to the nucleus of prostate cancer cells (nuclear translocation), and inhibits binding to DNA. Preclinical data published in Science in April 2009 demonstrated that MDV3100 is superior to bicalutamide in each of these three actions.

Positive results from the Phase 1-2 investigations of MDV3100 appear in the April 15, 2010 online version of The Lancet. Us TOO will publish the information in the June issue of the Us TOO HotSheet.

About the AFFIRM Study

AFFIRM will enroll approximately 1,200 patients at sites in the United States and Canada, as well as in Europe, South America, Australia and South Africa. The study will test the efficacy and safety of MDV3100 in men with hormone-resistant prostate cancer that has progressed after chemotherapy.

Patients who were previously treated with the chemotherapy drug docetaxel may be eligible for the study. Two-thirds of patients will randomly be assigned to receive MDV3100 while 1/3 will receive placebo (sugar pill), which does not contain active medicine.

For more information on eligibility and enrollment, patients can call the AFFIRM study hotline toll-free at 1-888-782-3256 or visit www.affirmtrial.com.

Please feel free to forward this message along to other men you know who are dealing with late-stage prostate cancer, or to physicians who might be interested in sharing the information with their other patients.
Editors Corner:
We are so pleased to announce that registration is open for the Us TOO International Summit, Symposium & Celebration! The staff, along with the Planning Committee have been working extremely hard the past several months to bring you an outstanding program! We have just recently added the Pre-symposium Advocacy Summit, moving beyond the confusion on prostate cancer screening guidelines & updates on research priorities in imaging.

You are all invited to attend the Summit, but seats will be limited for this session, so be sure to register asap! I will be working with the chef at the Hyatt to create all prostate healthy meals and most, will be buffet style. Your meals are included in the registration fees for the education sessions. Us TOO will be covering a large portion of these expenses ourselves, and have been very conscious of keeping the costs for you as low as possible! We want everyone to be able to attend! There will be a limited amount of scholarship opportunities. Contact me directly for more information on that. See you all in August! I look forward to thanking all of you in person for all you do! ~ terri/terri@ustoo.org

“PETEY the PROSTATE” originated as the Us TOO Lancaster Ohio’s mascot! He is off to a successful new business venture and now has his very own FACEBOOK page and a blog!

You can own your very own “PETEY” for a donation of $2.00, of which $1.00 will go to Us TOO International.

Each Petey will come with his own “blue” box.

“PETEY” the Prostate Crusader
http://peteytheprostaecrusader.blogspot.com/

If you are interested contact:
Linda Hoetger @ bajaturtledesigns@gmail.com

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