New evidence shows that doxazosin and terazosin (alpha-blockers), currently being used for the treatment of BPH (Benign Prostatic Hyperplasia) and hypertension, may also decrease the risk of developing prostate cancer. In addition, they may prevent the progression to advanced prostate disease if the PSA begins to rise after initial treatment. The study was conducted at the University of Kentucky Medical Center by a research team led by Natasha Kyprianou, MD, PhD, Professor of Urologic Surgery and Director of Urologic Research at the Markey Cancer Center. Dr. Kyprianou and her colleagues presented the results of this retrospective study at the annual meeting of the American Urological Association in Atlanta in May. Doxazosin (brand name: Cardura) and terazosin (brand name: Hytrin) are widely used for the treatment of the various obstructive symptoms of BPH (enlarged prostate, difficult or painful urination, etc.). They work by relaxing the muscles of the bladder and prostate. Growing evidence suggests that these drugs have additional effects such as targeting prostate growth by inducing cell death (apoptosis) and reducing tissue vascularity (angiogenesis) in both the benign and the malignant prostate.

The researchers analyzed the medical records of over 27,000 male patients from the Lexington Veterans Administration Medical Center in Kentucky who were treated with these blockers for either hypertension or BPH between 1998 and 2002. These data were then linked with prostate cancer diagnoses found in the Kentucky Cancer Registry, a National Cancer Institute’s central cancer registry. Dr. Kyprianou and her colleagues found that men who took the blockers had a 40% lower risk of developing prostate cancer than men who did not receive those drugs.

"However this is exciting epidemiological evidence linking for the first time the molecular effects of alpha-blockers in inhibiting prostate growth to a potentially significant role of these medications in preventing prostate cancer development and progression to advanced disease."
After two years of an intense work schedule and family issues, I was finally able this past April to take a combination vacation, birthday and anniversary week in Europe. Naturally, in the spirit of “No good deed goes unpunished”, I immediately came down with a respiratory infection as soon as I got off the plane, which threatened to compromise the pleasure I was anticipating.

My wife suggested that I call back to New York to get a prescription from my doctor; however, I then remembered that the system in Europe (and Mexico) is different from the U.S. – I didn’t need a prescription to get the same antibiotic; I just had to go into the drugstore and ask the pharmacist for what I needed; and if I didn’t know what to ask for, a conversation with the pharmacist would get it for me!

The experience caused me to reflect on the process that would have been necessary back home: make an appointment with my doctor for an examination, get a prescription, take it to the drug store to be filled, hope that the prescription plan would be accepted by the pharmacy. At best, assuming that I had insurance with reasonable co-pays, I would be absorbing a cost that was comparable to the cost of dinner with wine that I had in Italy after paying for the antibiotic which cost less than the taxi fare to my doctor’s office! Is our system based on meeting patient needs or are there other imperatives in place?

My thoughts then extended to the process of getting new drugs to treat advanced stage disease and how our drug approval procedures often deny access to therapies that might be of benefit to patients. We state that our process insures that those drugs that gain approval have the highest level of safety. I accept that, but are the Governments of Italy or Mexico and others less concerned about the welfare of their citizens; I doubt it. We have a system that demands a drug show benefit in patients at the most extreme stage of progression; yet it might show a greater benefit among patients at earlier disease states, however, as patients, we don’t get to make that choice.

In an environment wherein the patient is encouraged to make “informed decisions” from screening to treatment, why can’t a decision, based on personal risk assessment amidst desire for survival and/or improved quality of life, be offered to the patient and their doctor at an earlier point in the disease management/drug approval process to make an informed choice for life. It’s a question on the minds of many patients and a statement that we need to make a change. 

CORRECTIONS & CLARIFICATIONS

The following relate to the March 2006 issue:

1. **Virus Found in Rare Form of Prostate Cancer**
   Dr. Robert Silverman of the Lerner Research Institute is a co-discoverer of the XMRV virus in partnership with Dr. Eric Klein of the Glickman Urologic Institute at the Cleveland Clinic.

2. **Androgen Deprivation Therapy (ADT)**
   The bisphosphonate, Zometa, is approved for use with metastatic disease and is not currently approved for use before mets appear.
   Dr. Michael Carducci was quoted on the current practice relating to ADT. In fact, he was summarizing data from the CaPSURE Consortium.
Here is my story.

I was born and raised in New Orleans, LA. I am 25 years old and have been married for 5 years. I worked for a grocery store warehouse for the last two years before Hurricane Katrina. Early in 2005 I hit myself in the chest with a heavy box at work. That event brought to my attention a small lump in my chest. However, at the time, I thought it was just a bruise. I was assured by all of my co-workers, ages 18 to 80, that it was a normal, work-related injury that they had all experienced before and that it would go away. A little drop of blood would come out of my nipple near the lump every other day or so, but again, my co-workers said this too was normal. So I really didn’t worry about it. I was just waiting for it to go away.

On August 28, 2005 my wife and I woke up to a mandatory evacuation for all of South Louisiana including our beloved hometown of New Orleans. We threw a few necessities in the car and headed for my wife’s parents’ house in North Texas. Because of the traffic, it took us 20 hours to drive what would normally have been an 8 1/2 hour trek. To make matters worse, we started seeing Ku Klux Klan signs after dark. This would have been scary even if we, my wife and I, were not a mixed race couple. The fact that my wife is white and I am black caused me to press my foot on the accelerator as far to the floor as possible. After finally making it to Fort Worth we checked into a hotel. Little did we know we would be living there for two months.

A few days after settling in to the hotel, my wife decided I had better get this lump in my chest checked out because we were losing our jobs and we would be losing our health insurance within a matter of months. I saw a primary care physician, then a radiologist, and then went to a surgeon for a biopsy. Ten days after arriving in Ft. Worth I was diagnosed with male breast cancer, ductal carcinoma in situ. I had a left-side mastectomy on October 14, 2005. During the surgery, they took some of my lymph nodes and fortunately found out that the cancer had not spread beyond my breast. Because my wife and I may one day have children, I underwent genetic testing and found out that I do not have the BrCa1 or BrCa2 gene. When I went to an oncologist for follow-up treatment he gave me a couple of treatment options. To prevent the cancer from coming back he said I could take Tamoxifen for 5 years, which would affect my sex drive and my ability to have children among other things. My second option was to have a right-side mastectomy. I chose the latter and had that surgery on December 21, 2005. Our health insurance ran out 10 days later so I have been going to public clinics for care ever since then. I am feeling better physically than I was right after the surgery, but I still have severe pain in my chest that comes from out of nowhere sometimes. I was recently diagnosed with hypertension, which the nurse at the clinic said was no surprise considering everything that I’ve been through.

I lived across the street from my parents and my little brother in New Orleans. During this whole ordeal I saw my mother only once. I did not see my dad or little brother at all until February 2006. I have hardly seen any of my friends since the storm. Some people say that depression is not real, and that we should all just get over Katrina and move on with our lives. But I have dreams every night about home and I wake up every morning very sad. About two weeks after my first surgery the city government assisted us in finding an apartment in East Fort Worth. It’s nice to be in a real home again. Even if it’s not in my once-beautiful New Orleans, my wife and I do everything we can to make wherever we are feel like home.

My faith in my God Jehovah, the support of my strong and loving wife, and my refusal to feel sorry for myself have helped me to get through this trying ordeal. In addition, I have been giving interviews and trying to get the word out about breast cancer, especially among men, and that has helped me in the healing process as well. As you know, men DO get breast cancer, but it is never YOUNG men. Also, I have no history of cancer in my family for over 3 generations. I would like to get the word out that if there is something unusual going on with your body, you need to have it checked out. No matter who says it is normal, if it is not normal for you, get it checked out.
**ADVOCATES & THE NCI-BUILDING A BRIDGE**

To most of us, the institutions of the National Cancer Institute (NCI) and the National Institutes of Health (NIH) seem massive and unapproachable. To begin to remedy that, the NCI hosted the first summit for cancer advocates in Bethesda, MD in June. **Listening and Learning Together: Building a Bridge of Trust**, brought together over 250 representatives of cancer advocacy organizations from all over the country and key representatives from the NCI and NIH to discuss issues and needs in the cancer community, share resources and innovations from other advocacy organizations and the NCI, and, most importantly, to initiate dialogue.

The summit was planned by the Director's Consumer Liaison Group (DCLG) of the NCI. The DCLG was formed in 1997 as the first all-consumer advisory group at the NIH. Its mission is to "establish and maintain strong collaborations between the NCI and the cancer advocacy community" in order to ensure that those who are affected by cancer have a voice in shaping policies and goals. The panel is a diverse group of cancer advocates, survivors, family members, and health care professionals who make recommendations to the Director of the NCI.

Acting Director, Dr. John E. Niederhuber opened the conference with a presentation titled "Frontiers in Cancer Science". He focused on three areas of future research and cancer biology:

**Tumor Microenvironment**
Cancer is a complex systemic "disease of the genome" caused by changes in cell DNA over time. Instead of independent cell masses, tumors are now seen as "organs" with their own blood supply and biochemical support systems. The old approach of "search and destroy" has been modified to "target and control". The goal is to pre-empt the developing cancer before it turns deadly and keep it from progressing.

**Cancer Stem Cells**
The mutations that lead to cancer appear to occur only in cells that can regenerate themselves. These stem cells also have the innate ability to travel to other tissues and some are resistant to chemotherapy. Targeting stem cells for cancer research will provide valuable data on how cancers grow and how to stop them.

**Vaccine Therapy and Cancer Prevention**
Finding a vaccine for HPV (Human Papilloma Virus), the cause of 99% of cervical cancer, is a stunning development. Prevention of cancer is, of course, still the ultimate goal. "Predictive medicine" could assess each person's potential risk of disease development and indicate which drugs would interrupt the process. If necessary, treatments could be designed according to each individual's genetic profile.

**Other topics covered at the conference were:**

**Survivorship**
With over 1.3 million new cancers and more than one-half million deaths in 2005 alone, the war on cancer that began in earnest in 1971 is clearly not over. But officials estimate that there are over 10 million cancer survivors (3.6% of the population) in the U.S. today. (Three cancers, breast, prostate, and colorectal, account for about 50% of the survivors.) In 1971, less than 50% of people diagnosed with cancer lived for five years. Now the majority do. Cancer has become a chronic disease like diabetes or heart disease for many. Dr. Julia Rowland, from the Office of Cancer Survivorship, noted that early detection, more effective treatments, and better care have contributed to this remarkable progress. In fact, the odds of survival are so much greater now that the field of Cancer Survivorship is growing exponentially. Long-term side effects of treatments, the psychological impact of the cancer process, and lifestyle changes to prevent relapse are just some of the critical concerns of survivorship.

**Clinical Trials**
One area of consensus at the summit was that more emphasis and outreach for clinical trials is necessary. It is no coincidence that 70% of children who have cancer participate in clinical trials.
Prostate Cancer Kills!! Although the mortality rate has been decreasing overall, it is still unacceptably high among minorities and the medically underserved. We see too much death every day from those who have written or called for information, or whose families have tried to get the information needed to provide care. There are those who have crossed your path in life who have also succumbed. Let’s take a moment to remember some of the more notable who have passed this year:

- Earl Woods – father of golfer Tiger Woods and a Vietnam Veteran
- Chic Hecht – former Senator from the State of Nevada
- Lew Anderson – was Clarabell the Clown on The Howdy Doody Show
- Floyd Patterson – former heavyweight boxing champion

Early detection can help to save lives; encourage your friends and relatives to become informed about the disease and to see their doctor or medical center to best assess their risk. More than 30,000 men will die this year from prostate cancer; that number can be reduced with all of us working together.

As Dr. Elmer Huerta of the Washington Cancer Institute says, those fighting the on-going war on cancer need to “focus on not only the tumor, but the person with the tumor.” Those living with cancer everyday and those who have dedicated their lives to fighting cancer everyday must share their resources and their passion to win this battle once and for all.

Lest We Forget

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Since the inception of The Prostate Net, Bill Parrott has been the visionary, the big-picture guy. In meetings, he is the one who pushes us to look beyond the ordinary, to set ambitious goals, to look at a problem in an unusual way. That's the nature of a pioneer. They aren't afraid to forge into areas where others haven't been before.

Bill Parrott's career has been marked by vision and firsts. Starting as a mail boy at McCann Erickson, the second largest advertising agency in the world at the time, he became an award-winning copywriter in his first year. Within five years, he had moved to Benton & Bowles agency as Creative Supervisor in charge of accounts like Crest and Post Cereals. In 1969, he created Parrott & People Communications, a film production company. He wrote and produced documentaries, music videos, commercials, and films. Two of his films were shown on PBS and his television movie based on the childhood of Dr. Martin Luther King, Jr., "The Boy King", won the George Peabody Award for directing. He has worked with many celebrities including Stevie Wonder, Gladys Knight, Herbie Hancock and others.

At the same time, Bill was pioneering in another industry: telecommunications. His company, Private Networks, Inc. (PNI), was instrumental in the development of both the cable and cellular industries. In 1986, his company built a cellular system in Roanoke, Virginia. Two years later, he purchased Coastal Communications, a water-based cellular system located in the Gulf of Mexico. PNI's Satellite Mobile Telephone subsidiary became one of the eight founders of American Mobile Satellite Corporation (now called Motient). He was also a member of the Executive Committee that made the decision to form XM Satellite Radio.

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In the non-profit arena, Bill has served on the board of the American Youth Hostels for ten years. We at the Prostate Net are privileged to have him as a member of our board and Director of Programmatic Strategy. We intend to take advantage of his pioneering and visionary skills at every opportunity!
The past three years have been full of contention amongst patient advocates, the Food and Drug Administration (FDA), Congress and pharmaceutical manufacturers over the issue of access to developmental therapies for patients suffering with advanced stage disease. This is of particular concern in the area of prostate cancer. In that, while the overall death rate from prostate cancer has declined, the death rate for advanced stage patients and for those men who receive an initial diagnosis at advanced stage has not seen comparable decline.

Recent news stories have spotlighted the efforts of the Abigail Alliance (http://abigail-alliance.org) to change the FDA’s policy of barring the sale of experimental drugs that have not passed the revised approval process, which adds a further level of clinical investigation. This policy, which has been termed “Decelerated Approval Initiative”, is being challenged in Federal court by the Abigail Alliance on the basis that critically ill cancer patients should have the right to use drugs that have passed Phase I trials and shown positive benefit case histories in order to make a potentially life-saving personal decision. While not commenting on the specific merits of the lawsuit, many medical practitioners and medical societies, have emphasized that quality cancer care ensures that patients have access to effective therapies through a drug approval process that is safe and expedient.

Under the current regulations approval may be requested after completion of Phase II or Phase III studies. Limited approval may be granted if these trials have shown that the drug has had an impact on an endpoint – survival, lowered toxicity, etc. - that is likely to have benefit for the patient. However, approval under this section requires that further studies continue to determine clinical benefit. It is this extended review process that has become the stuff of controversy.

Should not a patient faced with the prospect of a life-ending disease eventuality be able to decide if they want to use an experimental therapy that could have a positive benefit? When faced with a certain and painful death, why shouldn’t the possibility of hope be provided for an informed decision by the patient, his doctor and family caregivers. I think back on a movie titled “Whose Life Is It Anyway”; most patients will vehemently assert, “It’s Mine!!!” If we promote making informed decisions on whether or not to screen, whether surgery or radiation is better, then why not on whether we want to take the risk to extend our lives. It is still our life and not the Government’s!

WE WANT TO HEAR FROM YOU!

To better serve our readers, we need to know what you think of this publication.

Call our “Hotline” 1-888-477-6763 and give us answers to the following questions:

1- What do you like best about the newsletter?

2- What would you want more coverage on?

3- Where do you get most of your healthcare info?

Everyone responding will receive a Thank you gift!
Notes from ASCO 2006…

The American Society of Clinical Oncology (ASCO) held their Annual Meeting in June to present data on many new therapies that addressed the full spectrum of cancer care throughout the world. It is extremely important that patients, survivors and caregivers make themselves aware of these new developments to provide a framework for discussion of their personal disease management concerns with their healthcare professionals. You can access the presentations, meeting abstracts and other relevant information from the meeting by visiting: www.asco.org/vm. This Virtual Meeting site provides the most comprehensive collection of multi-media information needed.

While there were no major groundbreaking developments presented, there were several significant advances in disease management across the spectrum of sites. The following is merely a random selection of those presentations that were felt to be relevant by our editorial staff. You should review the full spectrum of presentations for discussion with your doctor.

Cancer Education/Prevention:
There is a significant and widespread misunderstanding of prostate cancer terms and functions among men of lower socio-economic status, as reported in a study among researchers at the University of North Carolina, University of Virginia et al. The key conclusion suggests that increased emphasis be placed on health literacy and baseline understanding of prostate cancer as well as anatomical function.

Dr. Jeanna Walsh from the Wilmot Cancer Center presented an important poster on improving clinical trial participation. Given that only 3% of adult cancer patients in the U.S. participate in clinical trials, there are obvious and perceived barriers to expansion. The key conclusions and directions noted revolved around the concept of the participant as a “guinea pig” and that the participant was not assured of being given the tested drug or a placebo. Effective trial recruitment must clearly state all trial protocols, use of placebos, how Standard of Care will be included as part of the trial, and communicate in terms that can be understood by the lowest literacy level candidate. More importantly, the education must extend beyond a targeted patient population and focus on the general public’s knowledge and perceptions of clinical trials.

The effects of calcium and Vitamin D in preventing breast cancer have not yet been proven through randomized trials: though several previous observational trials have shown favorable impact. Dr. Rowan Chlebowski from UCLA presented his findings, which showed no difference in the number of cases of breast cancer between the study and control groups; yet the group taking the supplements did show smaller tumors. Dr. Carol Fabian commenting on the study suggested that, though controversial, a recommended intervention of 1,000mg – 1,200mg of calcium plus 1,000IU – 2,000IU of vitamin D or 15-20 minutes of sun exposure daily could be viable.

The Research Advocacy Network presented a poster that emphasized the benefit of preparatory lectures or training for advocates (community workers, etc.) to maximize the understanding of research data so that the details can be better communicated to their constituencies in hopes of gaining increased clinical trial participation.

Breast Cancer:
Initial results from the Study of Tamoxifen and Raloxifene (STAR) show that equal benefit can be gained from either drug in preventing invasive breast cancer. Dr. Donald Wickerham reported on the study, which also showed that Raloxifene was just as effective as tamoxifen in preventing primary invasive breast cancer, but not as effective with non-invasive disease.
Did You Know...

Healthgrades, a healthcare ratings company, conducted a study that measured the rates of mortality and incidence of complications across 26 procedures and diagnoses in hospitals that ranked in the top 5% in quality of care in the Healthgrades ratings. The study found that 152,966 lives could have been saved and 21,896 instances of complications could have been avoided if the standard of care in all hospitals matched that of the top 5%. Details on the designated Distinguished Hospitals for Clinical Excellence can be seen at: www.healthgrades.com

Researchers at the University of Alabama at Birmingham reaffirmed the link between vision problems and erectile dysfunction drugs. Men with histories of heart trouble, who had taken either Viagra or Cialis, were 10 times as likely to have optic nerve damage as those who had not.

- Business Week, February 13 2006

A new study published in the Journal of the American Medical Association showed that older Americans spend more than twice as much as people in the United Kingdom. However, the English are far healthier with lower rates for heart disease, stroke, diabetes and cancer.

- AARP Bulletin / July-August 2006

The Charlotte Kimelman Cancer Institute in St. Thomas U.S. Virgin Islands opened the first state-of-the-art radiation treatment center in the Caribbean providing the ability to treat cancer patients locally without their having to travel to the U.S. The IMRT system coupled with 3-D therapy planning enables doctors to create personalized treatment plans for each patient.

- Caribbean Net News

Financial News Highlights

Abraxis BioScience represents a significant opportunity to invest in the biotech sector, according to David Phillips on Seeking Alpha, based on their proprietary chemotherapy delivery system that uses albumin wrapping versus the current solvents used in taxane based therapies. The result should be an increase in the amount of drug delivered to the tumor target with a reduction in the toxicities seen in the solvent wrapped taxanes. The company currently has five on-going trials in prostate cancer, six in ovarian cancer and twelve in non-small cell lung cancer. The company trades under the symbol ABBI

Notes from ASCO 2006...

Prostate Cancer:
Dr. Joel Nelson from the University of Pittsburgh presented results of a study that evaluated the effect of atrasentan (Xinlay) on PSA Doubling Time among men with hormone-naïve prostate cancer experiencing PSA rise after radical prostatectomy. The results showed that atrasentan had no effect on PSADT versus the placebo; however clearer results could not be made because the baseline PSAs were imbalanced in the participant population, which inhibited the ability to measure the true treatment effect on PSA Doubling Time.

Several studies and posters highlighted the positive impact of zoledronic acid (Zoladex) in reducing the risk of developing a skeletal related event (bone metastasis). Additional detail can be found in the Clinical Care Options Capsule Summaries noted below.

In a study lead by researchers at Massachusetts General Hospital, Toremifene Citrate was found to increase Bone Mineral Density and thereby providing a reduction in fractures in men with prostate cancer undergoing androgen deprivation therapy. These preliminary results are scheduled to be tested in an on-going study.

Key data on Prostate Cancer treatment can be seen in Capsule Summaries that can be viewed at: http://clinicaloptions.com/Oncology/Conference%20Coverage/Clin%20Oncology%20June%202006 /Tracks/Prostate.aspx

Quality of Life:
End-of-life interventions are becoming more important in the area of comprehensive cancer control as reported by the Michigan Public Health Institute and Hospice of Michigan. Hospice and pain management protocols have increased, but vary according to racial/socio-economic perceptions. While 93.5% of patients were prescribed pain medication, over 30% did not take them because of fear of addiction. Indicative of treatment practices and stage at end-of-life intervention, Blacks and Asian Americans tended to die in hospital, while Caucasians were more likely to die at home or a nursing facility and Latinos and Native Americans tended to die at home.

A Commitment to Advocacy....

Cancer Survivorship is a most important issue because there are more than 10,000,000 people living with cancer today and the number is expected to increase as the “Baby Boom” generation matures, experiences a diagnosis of cancer, confronts it and then proceeds to re-claim their lives after cancer.

The American Society of Clinical Oncology (ASCO) has been in the forefront of making survivorship an important part of the clinical treatment protocol and in making advocacy a core element of the organization’s mission. Patient Advocates are invited to become members of ASCO with access to the same information available to healthcare professionals so that the advocates can present the information to their communities and constituencies. Additionally, ASCO spotlights the role of advocates by offering their organizations the opportunity to exhibit at major ASCO events enabling them to convey their messages to the worldwide audience of healthcare and industry professionals.

For a review of the patient-centered information offered by ASCO, visit: www.plwc.org to see a comprehensive oncologist-approved dataset available by multiple disease sites.

Those advocates looking to take more proactive stances should explore the membership and advocate-specific programs available, which are coordinated by Jeannine Salamone (shown here). Her contact information is:

ASCO
1900 Duke St. – Suite 200
Alexandria, VA 22314 4
Phone: 703.299.1014
Email: salamonj@asco.org
In 2005 The Prostate Net honored individuals and organizations that had demonstrated leadership, implementation of novel strategies and/or commitment in time, energy and resources toward the elimination of health disparities.

Details can be seen at: www.theknowledgenet.info

2006 NOMINATIONS

This year on September 14, 2006 we will recognize a new group of Award Honorees at a luncheon event in New York City.

Calls For Nominations

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2006 NOMINATIONS

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Send Your Nominations to:
The Prostate Net,
P.O. Box 2192
Secaucus, NJ 07096
Or via Email to: virgil@prostatenet.org
Should you have any questions, contact us at 1.888.477.6763

Financial News Highlights

Intuitive Surgical (ISRG – Nasdaq) showed an 86% sales increase, a 68% gain in gross margin and net income increase of 301% on the strength of sales of their DaVinci robotic surgical systems. Despite a cost of $1,000,000+ per system, the demand for the product for prostate surgery continues to be strong with 428 units already installed worldwide and the potential for expansion into other areas suggests further increases.

-Motley Fool

Novacea (NOVC – Nasdaq) announced that the underwriters of their initial public offering exercised their over-allotment option to purchase an additional 657,500 shares of the company. Novacea is a biotech specializing in the development of cancer therapies. One of the key products is DN-101 currently in Phase III trial for the treatment of androgen-independent prostate cancer.

- Market Wire

GPC Biotech AG had major revenue increases in the 1st Quarter 2006 while decreasing their per share net losses. The company specializes in developing new anti-cancer drugs. Their product – satraplatin – has an ongoing Phase III clinical trial as a second-line chemotherapy treatment for hormone refractory prostate cancer, which has been granted fast track status by the U.S. Food and Drug Administration. The stock trades under the symbol GPCB on the Nasdaq.

-PRNewswire

American Medical Systems Holdings has acquired Laserscope in an effort to expand its offerings of prostate treatments to urologists.

-Bloomberg.com

Celera Genomics reported an improvement in 2nd Quarter results and significant progress in their research portfolio of proteomics and genomics platforms. The company stated that they have validated 38 cancer targets and another 124 targets have been selected for validation studies. The targets include pancreatic, colon, breast, lung, gastric and prostate cancers. The stock trades on the NYSE under the symbol CRA.

-American Medical Systems Holdings

Know Your Options informational brochure on understanding the process of diagnosis and treatment - in English and Spanish

Virgil’s Prostate On-line patient information site www.theprostatenet.com

Prostate Net Patient Hotline 1.888.4ProsNet (477.6763) 24/7 live operator (in English and Spanish) intake for counselor follow-up

Talking With Your Doctor informational brochure for patients and physicians to encourage effective communication between doctor and patient to achieve best treatment protocols

Resources
A unique partnership between The Prostate Net, the Hartford Hospital, and the Connecticut Cancer Partnership launched the Barbershop Initiative: “Going to the Barbershop to Fight Prostate Cancer” into two neighborhood barbershops in Hartford in April. The Hartford Hospital already has a trained group of people who are key to the success of this program: barbers. “For a black man the barbershop is the country club,” says Virgil Simons, the founder of The Prostate Net and a prostate cancer survivor. And the barber is the director of this health education movement focusing on African American men. Barber/owners like Olphni Davis, of the Shallimar Unisex Salon, knows local barbershops are important gathering places in the community. He prefers a casual approach to a sensitive subject. He might mention that he recently had a test for prostate cancer himself or ask the man in his chair what he knows about the disease. This conversation can lead to a referral to a local doctor or to the flat-screen monitor and computer in the shop. At this educational kiosk he can get detailed information about prostate cancer, from screening to prevention. If he completes a brief survey, including items like his family medical history, the reward is a coupon for a free haircut.

This project has the potential for a statewide impact thanks to the participation of the Connecticut Cancer Partnership, a consortium of over 150 public and private organizations, agencies, and institutions. This volunteer group of experts was organized in 2002 with the goal of developing a Comprehensive Cancer Control Plan for a state that has one of the highest rates of invasive cancers in the U.S. The aging of the state’s population, risky lifestyle choices, and the disproportionate cancer death rate among ethnic groups are areas of great concern. As in so many other places, black men are twice as likely as white men to die of prostate cancer. With all of this in mind, the Partnership applied for and won a $250,000 grant from the U.S. Centers for Disease Control and Prevention. Along with other initiatives to reach underserved men, they will be expanding the Barbershop program into the Bridgeport and New Haven areas later this year.

The barbershops participating in the Hartford area are:
Shallimar Unisex Salon—653 Blue Hills Avenue
Supreme Clientele—92 Weston Street

For details on the Barbershop and KnowledgeNet Initiatives, go to: www.theknowledgenet.info

Did You Know...

Dr. Mack Roach III, chair of the Department of Radiation Oncology at University of California San Francisco, has been named one of the 10 Most Influential African-Americans in the Bay Area for 2005. Dr. Roach, a foremost cancer researcher, is a specialist in the treatment of prostate cancer and a contributor to the education efforts of The Prostate Net.
The RENEW (Reach out to Enhance Wellness in older survivors) study at Duke University Medical Center aims to improve the physical function of long term cancer survivors through a home-based diet and exercise intervention. The study is free and can be done completely at home. Participants will be 65 years of age or older, be survivors of colorectal, breast or prostate cancer that has not progressed and have had no second cancer diagnosis.

Details can be obtained by contacting:
Denise Snyder
1.877.239.1054
RENEW@geri.duke.edu

The NCI is seeking participants for a trial of an antiangiogenic agent and a novel immunotherapeutic agent targeting CTLA-4 in the treatment of pancreatic ductal adenocarcinoma.

Details can be found by contacting:
Richard E. Royal, MD, FACS

National Cancer Institute
Clinical Research Institute
10 Center Drive – Rm 4-5
940 – MSC 1201
Bethesda, MD 20892-1201
Phone: 301.496.3098
Email: richard_royal@nih.gov

Locating a Clinical Trial:
The Prostate Net
www.prostate-online.com/astclinic.html
1.888.477.6763

National Cancer Institute
1.800.4.Cancer
www.cancer.gov/clinical_trials/

American Cancer Society
Clinical Trials Matching Service
http://clinicaltrials.cancer.org
1.800.303.5691

The Wellness Community
1.800.814.8927
www.thewellnesscommunity.org

www.centerwatch.org

The National Cancer Institute (NCI) is recruiting for a trial on a Targeted Therapy for Metastatic Prostate Cancer, which is a Phase II study of Docetaxel, Bevacizumab, Thalidomide and Prednisone in Patients with Metastatic Androgen-Independent Adenocarcinoma of the Prostate. Preliminary results have shown improved survival benefits.

Details can be found at:
http://cancer.gov/clinicaltrials/
NCI-04-C-0257
1.888.NCI.1937

Understanding Clinical Research
www.prostate-online.com/research.html