

Compare the methods
Is robotic surgery right for you?

Make a decision
Should you get screened?

Know your body
Do you know where your prostate is?

**MEDIA
PLANET**

PROSTATE CANCER

3
TIPS

TAKING A STAND

ESPN Sportscaster **Erin Andrews** gives women a voice for prostate cancer awareness

PHOTO: JANETTE PELLEGRINI / FILMMAGIC

ON THE LINE

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CHALLENGES

With such alarming figures,
it is clear that prostate cancer is to
men what breast cancer is to women.

TIP

1

KNOW WHAT
TREATMENT
WORKS FOR
YOU

Facing the challenge

In the U.S. alone, more than two million men and their families are currently facing this disease. Prostate cancer affects one out of every six American men and is the most diagnosed form of cancer in men after melanoma. In number of deaths, it is second only to lung cancer. For those who have a family history of the disease, or who are African-American, the odds of diagnosis are sometimes doubled. Prostate cancer claimed an estimated 32,000 lives in the U.S. in 2010, and approximately 218,000 new cases were diagnosed.

Despite its prevalence, men and their families should not be embarrassed if they do not know what the prostate is, where it is located, or its role in a man's body. The disease tends not to be widely discussed and has many misconceptions.

What's being done

The prostate is a small gland found only in men, about the size and shape of a walnut, and plays an important role in the male reproductive system. The prostate is tucked deep inside the lower extremities, beneath the bladder,

above the testicles, and in front of the rectum. Its primary role is to create protective seminal fluids that mix with sperm cells to aid their journey. It's elegantly small, simple and unobtrusive—until something goes wrong.

Prostate cancer is not one disease. In 2010, Prostate Cancer Foundation funded researchers at the University of Michigan who discovered twenty-four subtypes of prostate cancer. Of these subtypes, some are highly aggressive, while others are non-life-threatening. These subtypes fuel misconceptions about the disease and create understandable confusion when it comes to screening, diagnosis and treatment options, as one treatment option does not serve all patients.

Overtreatment often occurs to ensure that a patient's cancer does not progress into advanced, metastatic disease. Thus, the focus of today's prostate cancer research is focused on advancing diagnostics that can discern between various sub-types of prostate cancer and discover better treatment options. The goal: cure more men and over-treat less.



Jonathan W. Simons, MD
President and CEO,
Prostate Cancer Foundation



“More progress
in the field of
prostate cancer
has been made
in the past
year than in
the previous
decade.”

Progress has been made

When given a diagnosis of prostate cancer, men and their partners can take comfort in research accomplishments made in the past 12 months. In fact, more progress in the field of prostate cancer has been made in the past year than in the previous decade. Patients need to be active participants in understanding their disease and selecting treatment plans that are right for them. Personal research along with an in-depth consultation with a trusted medical professional are vital. Together, the pros and cons of various treatment options can be thoroughly weighed and selected based on each man's individual case. In some scenarios, the best approach is to not treat aggressively, but to monitor a patient's prostate specific-antigen (PSA) levels on a regular basis to determine if cancer is progressing and poses further threat.

Complete information on prostate cancer symptoms, treatments, prevention and the latest advances in research is available online at pcf.org.



WE RECOMMEND



Gerald Chodak, MD
Author, “Winning the Battle Against Prostate Cancer” and “Prostate Cancer: Reducing Your Risk”

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“The bottom line is that screening has both potential risks and benefits.”

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Have you developed a plan?

**MEDIA
PLANET**

PROSTATE CANCER
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The best way to fight cancer is to prevent it in the first place, and at UPMC Cancer Centers and the University of Pittsburgh Cancer Institute (UPCI), we are leading the charge. Our experts are nationally and internationally recognized for their work in identifying a wide scope of prevention strategies — from studying biomarkers in the blood to identify those at risk, to helping people to change personal risk behaviors, to establishing targeted interventions to reduce the risk of developing cancer, to developing promising vaccines to prevent disease recurrence — including the first trial to effectively activate a patient's own immune system to prevent the progression

of premalignant disease. UPCI is western Pennsylvania's only NCI-designated Comprehensive Cancer Center. Our researchers work closely with oncologists at UPMC Cancer Centers, the nation's largest integrated cancer care network, to rapidly translate research into effective new strategies for the prevention, detection, and treatment of cancer. This means that more than 36,000 new patients each year are benefiting from the most advanced cancer therapies. To learn more about research and treatment at UPMC Cancer Centers and the University of Pittsburgh Cancer Institute, call 1-800-533-UPMC or visit UPMC.com/PatientCare.



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INSPIRATION

TIP

2

LISTEN TO THE
WOMEN IN YOUR
LIVES

Question: How did prominent sportscaster Erin Andrews become involved in helping to encourage women to spread the word to men about prostate cancer?

Answer: After her father Steve was diagnosed and eventually beat prostate cancer, she jumped at the chance to become involved with “On the Line,” a prostate cancer initiative that strives to engage and educate men about prostate cancer.

Erin Andrews speaks up

LEADER TO LEADER

When her father was first diagnosed, Erin Andrews admits, “I knew nothing about prostate cancer. Breast cancer is always out in the forefront, but you never hear anyone talk about prostate cancer, even though I quickly learned that everyone knew someone dealing with it.”

Andrews further understood what a sensitive matter this was soon after, saying, “My Dad is my best friend and I can talk to him about anything, but this was somewhat difficult to talk about.”

According to the American Can-

cer Society, about one in every six men will be diagnosed with prostate cancer at some point in their lives, thus making awareness crucial. Andrews, in coalition with “On the Line,” is leading the charge to get women more involved in forcing men to recognize and react to the very real threat of prostate cancer.

Women’s role in the prostate cancer fight

After her father’s successful battle with prostate cancer, Andrews jumped at the opportunity to join “On the Line.” “It’s really time for women to lend a hand to the men they love in their lives,” she says. “Just say it. Be direct. Men are very proud and quiet about their prostate health for whatever reason,



ERIN ANDREWS AND HER FATHER STEVE ANDREWS, a prostate cancer survivor, attend an On The Line event.

PHOTO: DIMITRIOS KAMBOURIS / GETTY IMAGES NORTH AMERICA

but if you talk about it, make the appointment, drive them to the appointment and point your conversations to be about the topic. It’s best to be prepared, be educated, and get tested early.”

Men are often as reluctant about the idea of having prostate cancer as they are about having themselves checked for the disease, therefore the roles of women in encouraging them to get checked and be open can be of the utmost importance.

Andrews also understands that her role as a prominent sportscaster on ESPN allows her to speak directly to the men most at risk for prostate cancer. “ESPN is a valuable resource and it is great to be able to use that to get the word out,” she says.

Spreading the word

Andrews says the campaign, which is currently in its infancy having just started in February, has had a phenomenal response. “A point has been reached where prostate cancer should have as much awareness as breast cancer. You see breast cancer, and the pink ribbons, and pink related campaigns in Major League Baseball and the NFL, but nothing for prostate cancer. Men should get checked, and the women in their lives should speak up. No man should die.”

TIM RADWAY

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INSIGHT

Is injection therapy right for you?

So you are considering penile injection therapy to help treat your erectile dysfunction. While you may not feel comfortable discussing the ins and outs of penile injection therapy, it is very important to put your pride aside and have an in depth discussion with your doctor. In the meantime, we've listed some useful information for you to take a look at.

How does injection therapy work to produce an erection?

→ The injections create an erection by relaxing the smooth muscles and widening the blood vessels in the penis. They are not dependent on nerve stimulation.

What percentage of men will get a useful erection from an injection? Do injections work for everyone?

→ If the medication is properly dosed (this is done by your physician) and properly injected, a useful erection should occur in



“Erections produced by the injection method will not interfere with the capacity to obtain an orgasm.”

at least 80 percent of men.

How long will erections last?

→ This depends on a number of factors including: one's general health, current physical status, whether the proper dosage was properly injected and the presence of other stimulation. Erections generally appear in five to 10 minutes and on average last approximately 30 minutes.

Can I still have an orgasm?

→ Erections produced by the injection method will not interfere with the capacity to obtain an orgasm. Generally, men who are able to achieve orgasm without an erection will continue to do so when having an erection by the injection method.

What are the key benefits of using impotence injections?

→ Penile injections are usually recommended to the 30 per-

cent of men that do not respond to oral medication and their great advantage is that they have no permanent or severe side effects that are in some cases associated with the pharmaceutical treatments; unlike the penile implants there is no surgery involved and this treatment can be cancelled at any time for any reason without further complications.

Once the procedure is mastered and the man realizes that it is painless indeed, the treatment can be done in the privacy of one's own home.

In conclusion we would like to say that penile injections are extremely effective, very safe, fast working, and painless impotence treatment that can help you have a great sex life and fulfilling relationship with your spouse or partner.

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PROSTATE CANCER FACTS

- About 217,730 new cases of prostate cancer were diagnosed in 2010.
- About 32,050 men died of prostate cancer in 2010.
- About one man in six will be diagnosed with prostate cancer during his lifetime.
- About one man in 36 will die of prostate cancer.
- More than two million men in the United States who have been diagnosed with prostate cancer at some point are still alive today.

AMERICAN CANCER SOCIETY
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Resurrection Medical Center



INSIGHT


**QUESTIONS AND ANSWERS
ON ROBOTIC SURGERY**
What are the benefits of robotic surgery compared with traditional methods of surgery?

Benefits exist for the patient and surgeon. For patients, the use of the robotic platform means less pain, less bleeding and a quicker recovery. The surgeon can also see the anatomy better due to the magnification and 3D visualization using the robotic system. For experienced robotic surgeons this can lead to better nerve preservation (for erections), better reconstruction (for improved and quicker continence) and most importantly, better potential for cancer cure.

What qualifies an individual with prostate cancer for robotic surgery?

Because there are many excellent treatments available for prostate cancer not every patient is a candidate for surgery robotic or otherwise. In general, the best candidates are men with localized disease who have at minimum a 10 year life expectancy. Discuss it with your surgeon! More experienced surgeons are better able to handle more complex cases robotically and in general get better outcomes.

Why is volume, or number of surgeries performed, important in choosing a surgeon?

As a physician who has proctored new surgeons in robotic techniques, I



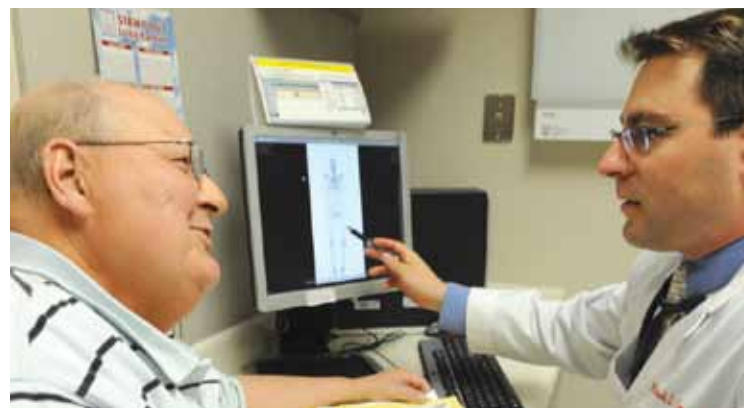
Mark T. Brandt
Urologist, Resurrection Medical Center

can tell you that physicians all learn at different rates and there is no “magic number” to develop the skills needed to be truly proficient. Very experienced robotic surgeons have proposed anywhere from 12-250 cases as the number needed for the learning curve to flatten. Robotic surgery is a very demanding and technical skill and the best surgeons will be doctors who perform robotic cases on a regular basis.

Any man considering robotic prostatectomy should ask his physician about his training and level of expertise. In reality, the field is still quite young and the availability of newer instrumentation and refinement of techniques provides new opportunities on a regular basis. For example, the robot itself is constantly being upgraded for new versions with new capabilities. Busy surgeons such as myself have access to the latest improvements. I like to think that for the very best surgeons, learning is a lifelong process.

**DISCUSS IT
WITH YOUR
SURGEON!**

DEVELOPING A PROSTATE HEALTH PLAN



THE IMPORTANCE OF COMMUNICATION Russell Szmulewitz, MD discusses treatment with a patient. PHOTO: DAN DRY

Developing and engaging in a personalized prostate health plan is one of the most strategic moves you can make as a male patient.

It is your job to conduct research, educate yourself and become your own advocate. A successful plan includes several steps and a bit of time and energy—but it can be the difference between life and death. With early detection and a successful treatment plan, prostate cancer has a five-year survival rate of more than 95 percent.

It is believed that prostate cancer begins to develop while a man is in his 20's. Creating a defensive strategy at a younger age and knowing when to begin annual screenings are keys to a proactive prostate health plan.

For many men, the diagnosis and treatment of cancer brings to their attention the need to change diet and exercise behaviors. However, focusing on lifestyle behaviors early in a man's life can help prevent a variety of other potential

diseases including heart disease, diabetes, hypertension, and cancer.

The right actions

Just as your mother always told you, eating right and exercising are key players to a proactive health plan. Research data demonstrate a tie between prostate cancer and obesity. Achieving this success will be different for each man, but the same course of action needs to be taken to reach the end result. These actions include losing fat and building more muscle, reducing sugar intake, reducing the intake of carbohydrates, eating more fruits and vegetables including broccoli, preparing foods properly and avoiding charred meats, and burning more calories than you consume by exercising a minimum of 30 minutes per day. To download a free copy of *Nutrition, Exercise and Prostate Cancer*, visit pcf.org/guide.

Knowing and understanding your family history is an important aspect of your prostate health plan, as one in three men with a family history are diagnosed. Family risk

factors include a family member diagnosed at less than 55 years of age and the diagnosis of three or more family members. When you know your family history, do not keep it to yourself. Sharing the message with family members is just as important as educating yourself.

Ethnicity is also a factor in prostate cancer incidence and mortality. African-American men have a 60 percent greater chance of developing prostate cancer and are nearly two and a half times more likely to die from it.

Trust your physician

Finding a physician you trust and can comfortably consult with is also an important step in your plan. If you are over the age of 40, start discussing with your physician when you should begin annual screenings, based on your family history and health. If you are a newly diagnosed patient, consultations with your doctor will steer in several directions. It is important that a patient know what to ask about their diagnosis. A full list of questions to ask your doctor can be found at pcf.org/diagnosed/questions.

Prostate cancer is a disease that is not widely spoken about by men, but the value of holding meaningful, regular dialogues with your doctors, nurses, pharmacists, family, and friends should not be underscored. Take aim at prostate cancer by getting the facts and being proactive.

TIP

3

**DEVELOP A
PLAN WITH
YOUR DOCTOR**

DAN ZENKA

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INSIGHT

Prostate cancer may be the **most challenging disease** faced by men with many uncertainties about what is the best thing to do.

Screening: If, when and how

Questions remain about whether a man should be screened and what should be done if cancer is diagnosed. Because there is little consensus, each man should become educated so he can share this decision with his doctor.

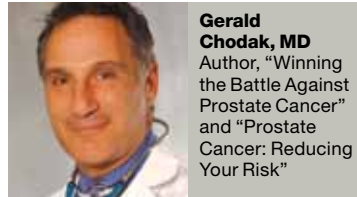
The facts

Prostate cancer is the most common cancer in men and the second most common cause of death from cancer. By age 20, about 10 percent of men have cancer cells in their prostate, 30 percent by age 50, and more than 50 percent by age 80. Each year about 200,00 new cases are diagnosed and 27,000 men die from it. These numbers mean that most of the men who have it will not die from it even if it is not treated.

Should you get screened?

Some doctors say yes because it offers the best chance of finding this cancer when it is curable. Others say no because the odds of benefitting are very low and often it can cause more harm than good. About 1000 men have to be screened for 10 years and 24 men have to be treated to prevent one man from dying from prostate cancer. Although these results may improve with longer follow-up, for now they mean that most men who get tested and treated are not benefitting.

The decision about screening would be much easier if the treatments did not have such potentially serious and permanent side effects that affect a man's quality of life. The most common ones include leaking urine, a loss or decreased ability to have erections, and changes in bowel function. The odds of getting them depend on many factors including the treating doctor's expertise, a man's age and health and the extent of his cancer.



Gerald Chodak, MD
Author, "Winning the Battle Against Prostate Cancer" and "Prostate Cancer: Reducing Your Risk"

The bottom line is that screening has both potential risks and benefits. Screening is the right thing to do if you want to have the best chance of not suffering or dying from prostate cancer. You should not get screened, however, if you are more concerned about your quality of life and feel that the odds of benefitting are not worth the risks.

When should you get screened?

The American Cancer Society recommends that if a man decides to get screened, it should begin at age 50 and be repeated annually unless he is in the high-risk group. That includes African-Americans and men with a father or brother with

the disease. In contrast, the urology society recommends that men start getting tested at age 40 even though no study has demonstrated it will save more lives. Most doctors do agree that screening should not be done in men with a life expectancy less than 10 years because the harms of getting treated outweigh the benefits. A general guide is to stop at about age 75 because then the average life expectancy is only eight years. This is not an absolute rule; testing an older man might be reasonable if he has unusually good health and his parents lived into their 90's.

How should it be done?

Two tests are used called the digital rectal exam, or DRE, and a blood test that measures a protein called prostate specific antigen or PSA. The DRE is done with a doctor placing a gloved index finger in the rectum and feeling for lumps and bumps in the prostate. It takes less

than 30 seconds and causes little discomfort when done properly.

Be aware that neither test can tell if cancer is present; only a biopsy can make that diagnosis. Doctors have different opinions on when to do a biopsy based on the PSA. Most physicians recommend it when the PSA level is above three or four nanograms per milliliter, but some do it when it reaches 2.5 and others do it at lower levels if it has increased by about 0.75 for one or two years. A negative biopsy does not guarantee a man is free of cancer; it might have been missed. For that reason, many men are advised to undergo additional biopsies in the future.

Perhaps the best news is that even if you are diagnosed with prostate cancer, immediate treatment may not be necessary. You have time to learn about the pros and cons of all options so you can help decide which treatment is right for you.

When facing the unknowns of prostate cancer, you have a friend in Us TOO.

Us TOO International Prostate Cancer Education & Support Network provides men and their loved ones with information and peer-to-peer support when you most need it.

Get involved in these education and awareness events:

- April 7 Game Pazzo for Prostates, Downers Grove, IL
- Aug 19-20 Us TOO University – Patient Education Symposium, Chicago, IL
- July 30 1st Anniversary Prostate Cancer Golf Outing, Joliet, IL
- Sept 18 7th Annual SEA Blue Prostate Cancer 5K run/3K walk, Chicago, IL
- September Prostate Cancer Awareness Month, nationwide
- All year Pints for Prostates Events, nationwide

For more information, visit www.ustoo.org



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