



2011 Pre-Convention

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Message from the President

Edward M. Messing, MD



The Society of Urologic Oncology has grown and matured into the leading urologic cancer academic organization since its founding 27 years ago. It now directs two extremely well-attended meetings (its upcoming winter meeting and its spring meeting at the beginning of American Urological Association annual meeting), and co-sponsors two others (GU-ASCO in February with the American Society of Clinical Oncology [ASCO] and the American Society for Radiation Oncology [ASTRO], and a joint meeting with the Society of Basic Urology Research [SBUR]). Each meeting has a somewhat different focus, from presenting advances in molecular biology related to urologic cancer, to providing a critical appraisal of the field for general urologists. But the SUO does not only organize and conduct excellent meetings, it also now

accomplishes the following: carries out courses (alone or in conjunction with the AUA) on such topics as administering systemic anti-cancer treatments and focal therapies, and developing a clinical trials program; advises the AUA secretary on important topics and speakers for the plenary session on cancer; helps select post-graduate courses to be given at the AUA annual meeting; oversees 32 urologic oncology fellowships with 68 fellows, assuring that very highly trained uro-oncologists lead our specialty in the future (see below); conducts a formal examination (the Oncology Knowledge Assessment Test), which all fellows and fellowship directors must take every year and all SUO members (are supposed to) take every other year (see below); fosters the needs of young urologic oncologists who have a continued and sustained interest in the field of urologic cancer; has established and helps support a Clinical Trials Consortium that partners with industry to test the latest GU cancer therapies; and has an official journal for many of its proceedings, urologic oncology.

In this email newsletter, more information about the fellowships, the YOU, the Outreach Committee and the OKAT is presented. We also highlight the upcoming winter meeting and give a limited preview of the Spring GU Cancer meeting (Saturday, May 19, 2012 at the AUA).

Finally, in view of the recent PSA recommendation by the USPSTF, the SUO has written a reply which we submitted to their website which was soliciting comments. This was constructed by a committee that

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SUO's Response to the USPSTF

I requested to take this on consisting of Gerald Andriole (chairman), Peter Albertson, Peter Carroll, and Eric Klein. The SUO Board added a few comments but unanimously agreed with the reply. Our official reply to the USPSTF regarding their PSA statement is as follows:

November 8, 2011

Virginia Moyer, MD, MPH
Chair
U.S. Preventative Services Task Force
c/o Dr. Robert Cosby
540 Gaither Road
Rockville, MD 20850

Dear Dr. Moyer:

The Society of Urologic Oncology (SUO) respectfully submits these comments on the US Preventative Services Task Force (USPSTF) Recommendation Statement on Screening for Prostate Cancer.

The SUO studies issues in urologic oncology and authors physician statements that represent a state-of-the-art assessment of these matters. The SUO seeks to improve the care of patients with malignant urologic disease and to provide a forum for the discussion of problems relating to malignant urologic disease.

We believe that by giving PSA-based screening a Grade D recommendation, the Task Force is, in fact, doing more harm than good. While many points made by the Task Force in their analysis are true, nonetheless there are data suggesting that for some men, PSA testing will, in fact, be a lifesaver. Some of the critical data in support of this assertion are presented in the following response.

How could the USPSTF make this draft Recommendation Statement clearer?

1) The PLCO, which is an imperfect study owing to prescreening and contamination in the control group, nonetheless showed that in a group of young men with minimal or no comorbidity, there was significant reduction of prostate cancer death rates after a median follow-up of 7 years. In that analysis the number needed to treat was close to 5 to prevent 1 death. We acknowledge that this is a post-hoc analysis of the PLCO Trial and it is hypothesis generating. Nonetheless it provides a window to the potential true benefits of PSA-based screening in the appropriate population. (JCO 2011;29:355-361)

2) The Göteborg Trial also showed a substantial 44% relative risk reduction in prostate cancer mortality. This occurred among relatively young men, 50-64 years of age after a median of 14 years. An important feature of this trial is that the risk reduction occurred in a setting where many of the patients were not aggressively treated for prostate cancer, indicating that the harms of PSA-based screening, at least as they relate to over-treatment, can, in fact, be minimized by good clinical practice. (Lancet Oncol 2010;11:725-732)

3) Per protocol analyses of the ERSPC that adjusts for non-compliance and for a small amount of contamination (Eur Urol 2010;57:78-85) and modeling longer follow up (JCO 2011 29:464-467) showed substantial improvements in prostate cancer mortality approaching those observed in the previously mentioned trials. This adjustment also significantly reduced the number needed to diagnose and the number needed to treat to reduce prostate cancer specific mortality.

4) In the United States over the most recent 20 years of PSA-based screening, prostate cancer specific mortality has been reduced by close to 40%. This occurred without substantial changes in how men with prostate cancer were treated (via surgery and radiation therapy). Models have suggested that more than 50% of this reduction is due to early detection. (Cancer Cases Control 2008;19:175-181)

What information, if any, did you expect to find in this draft Recommendation Statement that was not included?

1) The above mentioned subgroup analysis of the PLCO Cancer Screening Trial, the above mentioned protocol analysis of ERSPC and the epidemiological data referred to in the last point.

2) Independent analysts have developed modeling data estimating that at least half of the prostate cancer mortality benefits observed can be attributable to PSA-based screening.

3) Discussion of the reality that populations at high risk for prostate cancer and prostate cancer mortality such as African Americans have never been adequately studied to determine the benefit to them in PSA-based screening trials.

4) In the PSA era, the proportion of patients diagnosed with metastatic prostate cancer have been substantially reduced; this is based on epidemiological data (Lancet Oncol 2008;9:445-452) and the ERSPC, where the risk for metastatic disease was reduced by over 40%. (NEJM 2009;360:1320-1328)

5) New molecular tests on biopsies are coming to the clinical horizon that should help patients and physicians better select appropriate therapies, such as Active Surveillance. (Lancet Oncol 2011;12:245-255)

Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions? Please provide additional evidence or viewpoints that you think should have been considered.

1) The panel should have considered risk adjusted PSA-based screening approaches as have been suggested by the American Urological Association, the American Cancer Society and the NCCN Guidelines Committee.

2) *The Task Force should acknowledge that the data they considered on PSA screening's impact on mortality was derived by and large from trials that used a PSA threshold as a trigger for biopsy and further evaluation. In recent years there are data suggesting that PSA can be used more efficiently than this, for example by considering PSA changes and the rate of rise of PSA in younger men. The impact of this change in PSA interpretation should be considered and discussed as it may significantly alter the risk-benefit assessment of PSA-based screening.*

3) *The risks and morbidities of prostate biopsy, while real are not higher and probably are lower than similar diagnostic procedures for common, serious malignancies (e.g. sigmoidoscopy or colonoscopy for colon cancer, breast biopsy). Moreover without a biopsy, expectant management is not a feasible strategy.*

4) *The NNS and especially, with refined calculations analyzing healthy patients in PLCO and the Gottenberg studies, and incorporating expectant management, the NNT are in line with, or better than other cancers where screening is accepted (e.g., breast, colorectal).*

5) *The failure to find improvement in overall mortality is not relevant since none of the studies based on sample size or length of follow-up were designed to look for this. Moreover, it would take a huge study with very long follow-up to demonstrate this for any cancer.*

What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

Point out that their analysis suggests that men at average risk should still consider the risks and benefits of PSA-based screening, rather than immediately dismissing it. Also, provide access to risk calculators from PCPT, ERSPC and PLCO that a man and his physician can use to define his risk of cancer and determine if he is at higher than average risk. Additionally emphasize that men who are at higher risk for prostate cancer are those who stand the most to gain from screening and have not been studied adequately by any of the screening trials.

The USPSTF is committed to understanding the needs and perspectives of the public it serves. Please share any experiences that you think could further inform the USPSTF on this draft Recommendation Statement.

1) *Prostate cancer remains a major health problem in the United States and throughout the world. Much of the improvements in prostate cancer mortality are attributed to the combination of PSA-based early detection and aggressive therapy. To eliminate PSA-*

screening would return us to the pre-PSA era where both the mortality and morbidity of this disease were substantially worse. Furthermore, given the aging of the population, prostate cancer will remain a major public health problem and there is little on the horizon currently that significantly will impact its adverse effects on the population. Finally, the side effects of prostate cancer treatment can be significantly diminished with the more widespread uptake of active surveillance programs and performance of aggressive therapies at centers of excellence.

Do you have any other comments on this draft Recommendation Statement?

The headline relating to the Task Force recommendation in the popular press will likely discourage many men from seeking PSA testing and may particularly impact men at the highest risk for morbidity and mortality from this disease. A very complicated issue has all too frequently been distilled to a single "sound bite". This may have done much more harm than the Task Force intended.

Respectfully submitted,

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Chair, Dept. of Urology
University of Rochester School of Medicine and Dentistry
Rochester, NY*

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Professor and Chair, Dept. of Urology
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Chair, Glickman Urological and Kidney Institute
Professor, Cleveland Clinic Lerner College of Medicine
Cleveland, OH*

See you in Bethesda, November 30 – December 2, 2011.

"...The headline relating to the Task Force recommendation in the popular press will likely discourage many men from seeking PSA testing..."

2011 – 2012 Board of Directors Listing

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Register Now!

12th Annual Meeting of the Society of Urologic Oncology in Conjunction with the World Urological Oncology Federation

Extraordinary Opportunities for Discovery

November 30 – December 2, 2011

Bethesda North Marriott Hotel & Conference Center

Bethesda, Maryland

www.suonet.org

2011 Winter Meeting Update

Adam Kibel and Seth Lerner Winter Scientific Program Co-Chairs

The 12th Annual Meeting of the Society of Urologic Oncology will be held this year in conjunction with the World Urological Oncology Federation on November 30 – December 2, 2011 at Bethesda North Marriott Hotel & Conference Center in Bethesda, Maryland. The theme of the meeting, *Extraordinary Opportunities for Discovery*, will bring together over 500 multidisciplinary clinicians, basic scientists and trainees in urologic oncology to discuss recent developments in urologic cancers.

The Society bestows its highest honor of the Huggins Medal on Dr. Paul Lange, whose distinguished career in surgery and translational research spans the last four decades.

The scientific program covers the three main organ sites and penile cancer and we have added two sessions covering contemporary issues in health services. We are fortunate to have two outstanding speakers for our state of the art talks. Dr. Gerald Andriole will address the recent US Health Preventive Services recommendation against the use of PSA for early detection of prostate cancer and recent controversies regarding use of 5ARIs for prostate cancer prevention. Andy Futreal will discuss his recent discoveries of novel kidney cancer genes PBRM1/ Histone Modifiers and sequencing of the kidney cancer genome.

The prostate cancer sessions have been developed by Dr. Dan Lin's committee to focus on the difficult questions we routinely face in practice. Patients with recurrent prostate carcinoma following radiation therapy are a therapeutic dilemma. Dr. Peter Carroll will moderate an interactive panel exploring local salvage techniques including cryoablation, brachytherapy and radical prostatectomy. At the other end of the spectrum are newly diagnosed patients with small volume disease. There is increased interest in focal ablation. Dr. Samir Taneja's session will discuss focal cryotherapy, HIFU and photodynamic therapy. Lastly, a critical issue in managing low and high-risk disease is defining the tumor burden. Dr. Mark Emberton and his panel will highlight some of the novel imaging techniques on the horizon.

The renal cancer sessions will be equally stimulating. Dr. Marston Linehan's committee has chosen to focus on the explosion of targeted therapies in renal carcinoma that has been driven by basic science discoveries. The first session will focus on these groundbreaking drugs and how we can integrate surgery and targeted therapy. The second session addresses the mechanisms behind renal carcinoma. A series of lectures will outline the latest discoveries that will drive the next generation of therapies.

Dr. Matt Milowsky chairs the bladder cancer program committee and has organized two outstanding sessions. The first addresses the quality of and cost of delivering care to bladder cancer patients who incur the highest lifetime cost for any cancer. The second session addresses key translational science issues including identification of germline mutations associated with chemosensitivity and integration of Next-Generation sequencing into targeted therapy clinical trials. A multidisciplinary panel discussion will address applications of novel targets and integration into therapeutics and clinical trials.

New for this year is a focus on penile cancer. Dr. Curtis Pettaway has assembled an international panel to guide us through challenging cases of penile cancer and discuss the current state-of-the-art multidisciplinary management of this challenging disease.

Dr. Fernando Bianco is the new chair of the Young Urologist Organization and will lead the YUO meeting Wednesday evening and chair the session during the main meeting where the top abstracts from our rising stars will be presented.

Dr. David Penson and his committee have developed a special session devoted to outcomes research. Dr. Neil Fleshner will focus on randomized clinical trials while Martin Sanda will focus on observational studies. An interactive panel discussion that follows will provide a spirited debate on the best ways to move our field forward.

We look forward to seeing you at the annual SUO meeting.

Young Urologic Oncologists Committee

Robert Grubb, II, Secretary of YUO
Fernando J. Bianco, MD, President of YUO

The YUO Section of the Society of Urologic Oncology consists of fellows, scientists, and board certified or eligible physicians who have a continued and sustained interest in the field of urologic cancer, devote the majority of his/her total professional effort in the field of urologic oncology. Membership is limited to the first 7 years after completion of fellowship.

This has been a remarkable year for the YUO. We had great attendance at the last YUO winter session; terrific work was honored. We expect no less this year. Importantly, our membership expressed tremendous interest and willingness to serve in the activities of the YUO. We held our first-ever election for officer of the YUO steering committee. Out of 10 excellent candidates and a very tight race, Dr. Peter Black was elected and welcomed into the committee. In the spring of 2011, Dr. Yair Lotan was given the young investigator award by the SUO. We congratulate Yair for his great research, his contributions and work for the YUO and his deserved award.

The YUO Committee has been working on a great initiative spearheaded by Dr. Cheryl Lee: The SUO outreach program. This new ambitious program seeks to provide a base of educational knowledge from our urologist oncology community for patients. The idea is to have easy access to factual information regarding critical issues of our GU oncology tumors which may lead to informed decision-making by patients. These “white” papers will be incorporated in the SUO website and in-

formation will range from definitions and explanations of current trends of care, to critical questions patient should think and discuss with their treating physicians. During our upcoming meeting, Dr. Lee will provide a synopsis and next steps. We feel this will be a wonderful opportunity for YUO members to engage and contribute to the SUO.

Several of our members have challenged the steering committee for a YUO program to address current pertinent issues of young urologic oncologists. To this end, we have revamped the YUO Wednesday night program. First we will award the top three YUO scientific projects to be presented at the SUO meeting; then we will shift our format to one that fosters discussion, debate and fly of ideas.

We have assembled two fantastic panels that will bring an exciting and candid exchange, from expectations to real life experiences. The first of these panels will focus on the young urologic oncologist who seeks to practice or practices in academic vs. non-academic settings. Furthermore, the panel will illustrate how to negotiate to execute scholarly work in either setting. Our second panel will focus on three aspects of clinical trials: structure, design and execution. We will review work performed by our members and they will debate the challenges imposed and how to best overcome them. Finally, our third panel will aim to define the flow of evidence-based science through surgical trials and we will have a proposal for a surgical trial evaluated by the panel. We expect an educational, exciting and fabulous evening for all our members.

AUA Spring Meeting Update

Edward M. Messing, MD, Spring Scientific Program Chair

Urological Association meeting in Atlanta, Georgia.

In the morning there will be live webcasts of two robotic surgery cases, a partial nephrectomy for renal cancer and a salvage radical prostatectomy for cancer recurrence after radiation therapy. A panel of experts, several from the SUO, will provide commentary. Also in the morning, the annual joint SBUR/SUO cancer research conference will take place. This year the emphasis will be on “personalized medicine” for renal, prostatic, and bladder cancers with several presentations on molecular mechanisms optimizing response. The Coffee Award lecture will be presented by William Nelson of Johns Hopkins.

In the afternoon (following the SUO Business luncheon) the Spring SUO meeting will take place. There will be emphasis on populations who suffer disproportionately from urologic malignancies—particularly prostate and bladder cancer—and how to address approaches to ease these burdens. Additionally, two critical issues affecting our specialty which have recently received a great amount of attention—the use of 5 alpha reductase inhibitors in prostate cancer prevention and PSA in prostate cancer detection and diagnosis—will be debated. The Whitmore Lecture will be presented (awardee yet to be named).

The SUO plans to make Saturday, May 19, 2012 a truly outstanding educational day. Please plan to attend.

The SUO, in conjunction with the Society of Basic Urologic Research and the Endourology Society, on the morning of Saturday, May 19, 2012, and independently that afternoon, will direct/co-direct three major programs at the annual American

The SUO fellowship program continues to enjoy great popularity and success. We now have a total of 31 programs with an accredited fellowship. Last year there were a total of 101 applicants for a total of 49 slots with 40 applicants matching for a match rate of 56%. In addition we had a total of 25 graduates last year from SUO accredited programs and we have 68 current fellows. As you can see, this fellowship continues to be the most competitive and successful fellowship in Urology attesting to the excellence of our programs. For the current year, applications are now being accepted. The rank lists for applicants and programs will be due on June 6, 2012 and the match results will be announced on June 20, 2012. We continue to refine the website for the SUO fellowship and hope to incorporate additional improvements in the next year to allow more functional utilization by programs and fellowship applicants.

The fellowship committee has approved one program in the last year and has one pending application. Most importantly we will finish the reaccreditation of all previously approved SUO fellowship programs by the year's end, a critical process to ensure the continued excellence of our fellowship programs. Currently, most programs receive a 5-year accreditation with program approval, and thus must undergo reaccreditation on an every 5-year basis. As most know, we have a defined set of program requirements as well as a curriculum which

Fellowship Committee

Jeffrey M. Holzbeierlein, MD, Fellowship Committee Chair

can be found on the SUO website under the fellowship drop-down. The timeline for the match, applications for fellows, a list of the current programs and program directors (including their emails) can also be found on the website.

We will hold our annual Program Directors meeting for the directors of the accredited fellowship programs on Friday, December 2, 2011 during the lunch hour at the SUO Winter Meeting. Items to be discussed will include match statistics from last year's match, updates to the SUO program requirements, OKAT participation, and most importantly, a discussion of ACGME accreditation of fellowships to be led by Dr. Ed Messing, current president of the SUO. This required meeting is an excellent opportunity to discuss specific concerns regarding the match or fellowship issues and will be very important as we discuss how to move the SUO forward.

I look forward to seeing everyone in Bethesda.

Oncology Knowledge Assessment Test: 2011 Update

Steven C. Campbell, MD, PhD, OKAT Representative
Michael S. Cookson, MD, Past Chair

The Oncology Knowledge Assessment Test (OKAT) has been administered annually since the inaugural year of 2007, and will again be administered in conjunction with the Urologic Residency In-Service Examination on November 19, 2011. As a reminder, the SUO requires the OKAT be taken annually for all fellows in an SUO-approved urologic oncology fellowship and their program directors (or designee from the program). In addition, SUO members are recommended to participate in the OKAT at least every other year. The OKAT is provided free of charge for members and fellows alike.

The OKAT consists of approximately 100 questions and covers a variety of designated core competency areas, including oncologic issues related to the kidney, bladder, prostate, and testis cancer. In addition, the test includes assessment of urinary diversion and less common sites of urologic malignancy. Imaging and pathology are incorporated into the clinical scenarios when relevant to enhance content validity. Emerging outcomes data from recently published clinical trials are emphasized, and trial design and statistical concepts are also integrated into the exam. The OKAT is essentially rewritten each year to provide a highly topical exam, and to continue to assess the knowledge base of its members and fellows. All examinees are provided with a confidential report detailing their performance in each content area that can facilitate focused study moving forward. In addition, program directors are provided with a report from the fellows of their respective institutions, and a certificate is provided confirming successful completion

of the OKAT exam. Registration for the 2011 OKAT is online at www.AUAnet.org/examreg.

The OKAT Examination Committee is pleased to report a rapidly building bank of validated items that will be a rich resource for future assessments. Similar to the ABU qualifying exam, each item is analyzed for its statistical characteristics, and those that do not perform well are deleted from the final analysis. A bank of validated items will be essential to any potential certification process, and each year approximately 75 of the new items provide strong statistics. Integration of the OKAT with the ABU/AUA Exam Committee and its sophisticated software has facilitated this type of item and test validation.

The OKAT is constructed by a diverse group of individuals that is well represented in terms of geography and with respect to subspecialty expertise. The Committee volunteers their time to construct and edit new items, and meets as a group once each year to construct the test at the preselect meeting. The preselected OKAT items are then presented by the senior leadership of the OKAT to Task Force C of the ABU/AUA Examination Committee for additional peer review and editing prior to final test construction. Current members heading into 2012 include Steve Campbell (Chair), Samir Taneja, Eila Skinner, Cheryl Lee and Sam Chang. Mike Cookson (past-chair) will remain for one more year as a consultant. Mike is outgoing chair of the Committee and deserves recognition for putting the OKAT on a solid foundation.

Outreach Committee Update

Cheryl T. Lee, MD, Outreach Committee Chair

The Outreach Committee is an exploratory committee formed in 2010 to help advance the SUO's mission as it relates to patient care. The committee aims to improve the management of patients with urologic malignancies by developing content-appropriate educational materials, advocating for greater patient resources and by establishing disease-specific survivorship programming that will ensure appropriate aftercare, surveillance, and attention to treatment-related impairments.

The committee is currently partnering with the Bladder Cancer Advocacy Network in the development of a Survivorship Care Plan for bladder cancer patients. This final stage of development involves an ongoing multicenter quality improvement project where the care plan is being tested in the clinics of 13 centers across the United States. The committee believes that the issues of cancer survivorship are central to our patients and thus are poised for several initiatives designed to improve the survivorship care that we deliver as urologic oncologists. As a result, through collaboration with the Canadian Genitourinary Survivorship Group, we plan to survey the SUO membership to as-

sess existing attitudes and knowledge regarding cancer survivorship for patients with urologic malignancies. This will be an important step in gauging how supportive the membership will be of survivorship initiatives put forward. The SUO must be part of the developing field of cancer survivorship so patients with urologic malignancies have organized and credible advocacy.

The Outreach Committee is also engaged in a substantial project, in collaboration with the Young Urologic Oncologists, to greatly enhance patient information delivered by the SUO. As part of the reorganization of the SUO's website, a new web portal for patients and caregivers will provide information regarding the diagnosis, treatment, and prognosis of urologic malignancies as well as disease-specific resources to manage the side effects of treatment.

Current members of the Outreach Committee include Cheryl Lee (Chair), Neal Shore, Gennady Bratslavsky, and Michael Jewett.

Thank You to Our 2011 Supporters

(As of 11/16/11)

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