



**THE FLORIDA
PROSTATE CANCER
RESOURCE
DIRECTORY**

◆ **2nd Edition** ◆

The Florida Prostate Cancer Resource Directory
 2nd Edition
 September 2001

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ACKNOWLEDGMENTS

The Florida Prostate Cancer Network shares credit for this resource directory with our many survivors and supporters and gives thanks to the American Foundation for Urologic Disease (A.F.U.D.) for the use of the "Prostate Cancer Resource Guide - 1999-2000 edition" as a guide and template.

Printing made possible by an unrestricted educational grant from:

H. Lee Moffitt Cancer Center & Research Institute
University of Florida Shands Cancer Center
University of Miami Sylvester Comprehensive Cancer Center

A directory listing does not constitute an endorsement by The Florida Prostate Cancer Network. This information is for educational purposes only and should never be used as a substitute for a consultation or an office visit with a physician.

Layout, Design and Artwork:
 Impact Media Creations - Tampa, Fl. (813) 655-0639
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The Florida Prostate Cancer Resource Directory

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"**YOU HAVE PROSTATE CANCER**" is a terrifying statement to hear. Yet, it is estimated that over 198,000 men nationwide will be diagnosed with prostate cancer in the year 2001, and 15,000 of those men live in the state of Florida.

You, the newly diagnosed patient, along with your loved ones, have walked through the door called cancer for the first time. You are now in a new "world" with a new language, new expectations and many questions racing through your mind.

The Florida Prostate Cancer Network's (FPCN) Prostate Cancer Resource Directory has been developed by patients from the perspective of the patient. FPCN's goal is to provide you with answers to some of your questions and resource information to help you find the answers to questions that are not addressed in this directory.

This is your first experience with the language of cancer. What are your treatment options? You have just been bombarded by a series of options from your physician; you can't remember all the details and what the pros and cons are for each option. Perhaps you don't have the money for some of the medicines prescribed by your physician. You may have insurance questions regarding treatments, medicines, therapies, or help for your spouse. What if you only have one car for transportation in your family? How do you get transportation assistance? How do you find a support group of men who have faced the life changes you are facing; and who can help you understand that you are not alone? How do you find more information about this disease? Where does your spouse or partner turn for support?

As you step through this door called cancer, start the journey with us. We will introduce you to cancer terminology, increase your awareness of the disease, educate you on your options and support you and your loved ones.

* American Cancer Society Facts & Figures 2001

The Florida Prostate Cancer Network Prostate Cancer Resource Directory is dedicated to the thousands of men and their loved ones who have been affected by prostate cancer. FPCN is a Florida-based, nonprofit 501C(3), survivor-based organization. FPCN is funded through individual contributions, foundation, and corporate grants and memberships. FPCN does not receive any government funding. We are dedicated to educating the public about the extent and impact of cancer in our state and to reducing cancer mortality and morbidity in Florida through early detection, access to state-of-the-art treatment, and education.

Yours Truly,



Robert J. Samuels, FPCN Chairman
Prostate Cancer Survivor



Robert Samuels retired in 1992 as Vice President of Manufacturers Hanover's Corporate Banking and International Sector (Chemical Bank) and is founding Chairman of the **Florida Prostate Cancer Network, Inc.**

As a health activist and organizer, Bob is involved in numerous activities including:

- Founding Chairman of The National Prostate Cancer Coalition
- Chairman of the Florida March - "Coming Together To Conquer Cancer"
- Member of the National Cancer Institute's Prostate Cancer Progress Review Group
- Member of the National Cancer Institute's Consumer Advocates in Research and Related Activities (CARRA)

Mr. Samuels also serves on the boards of the H. Lee Moffitt Cancer Center & Research Institute, The Florida Aquarium, and The Community Foundation of Tampa Bay.

FPCN's Mission Statement

To prevent premature deaths in Florida caused by men's cancer, specifically prostate cancer, through education, advocacy of early detection methods, access to state-of-the-art treatment, promotion of research, and information on support groups.

About FPCN

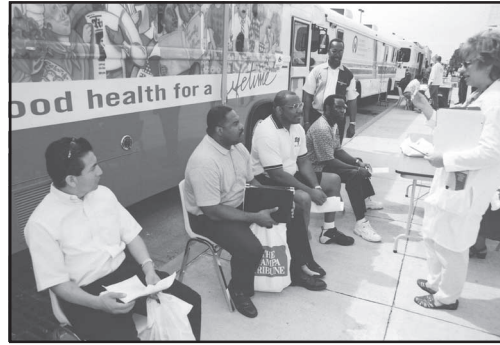
The Florida Prostate Cancer Network was founded in December 1997 in Tampa, Florida by Robert Samuels. It is the only statewide non-profit organization focusing exclusively on prostate cancer. The grassroots organization is managed by a small staff and a large number of volunteers.

FPCN Board of Directors (2001)

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FPCN in Pictures

General Schwarzkopf and Bob Samuels agree to change the name of the Annual Gala Award



Attendees at the African American Men's Health Forum 2001 receiving medical instruction.

Current & Former Buccaneer Football Players raise awareness of Prostate Cancer



Bob Samuels with Senator and Mrs. Mack at the Annual Gala 2001

Chapter 1

Your Prostate and Prostate Health

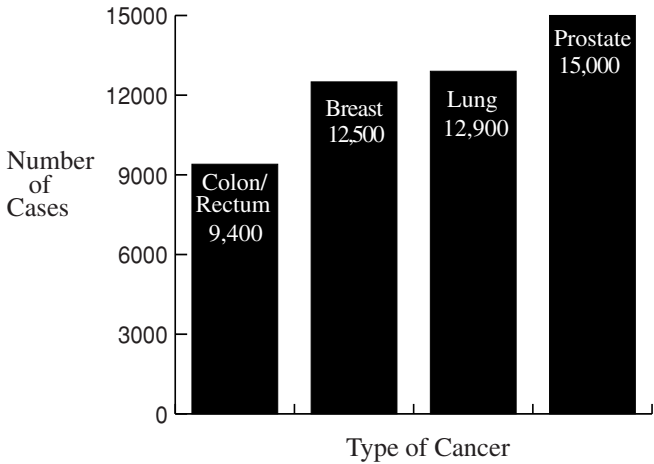
Your Prostate

The prostate is about the size of a walnut and is located in front of the rectum, behind the base of the penis and underneath the bladder. Only men have a prostate. The prostate is one of the male sex glands, which along with the testicles and the seminal vesicles, secrete the fluid called semen.

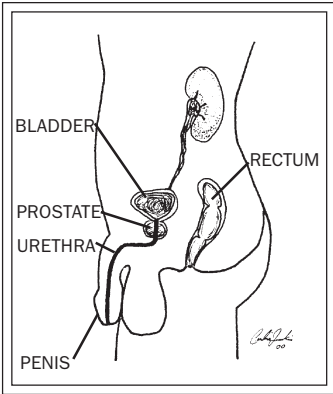
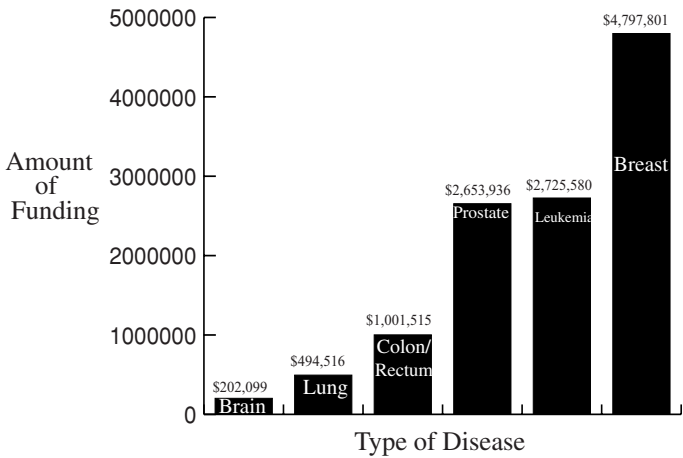
The prostate is made up largely of muscular and glandular tissues. Its main function is to produce fluid for semen, which transports sperm. During the male orgasm (climax), muscular contractions squeeze the prostate's fluid into the urethra.

Sperm, which are produced in the testicles, also are propelled into the urethra during orgasm. The sperm-containing semen leaves the penis during ejaculation.

New Cases in Florida - Year 2001 *



National Cancer Institute (NCI) Funding in Florida by Disease Area **



Side View of the Interior of Male Urinary System and Prostate

Illustration by: Curtis Jenkins

* SOURCE: American Cancer Society Facts & Figures 2001

** National Cancer Institute

Why Are Prostate Checkups Important?

There are two main reasons for having annual prostate checkups:

- **The diagnosis of prostate problems.**

BPH or prostatitis may cause annoying or painful symptoms. A prostate checkup is the first step in determining the cause of the symptoms.

- **The early detection of prostate cancer.** Prostate cancer is often curable, with early detection. But, the early stages of prostate cancer may cause no symptoms and can only be detected by regular checkups.

The American Urological Association endorses the American Cancer Society's policy that both a prostate specific antigen (PSA) blood test and a digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10 year life expectancy and to younger men who are at high risk. For men at high risk for prostate cancer, such as those with a family history of the disease or African Americans, testing may begin at a younger age (e.g. 45 years). An immediate checkup should be performed on any man who suddenly develops persistent urinary symptoms. A yearly examination may help avoid the potentially serious consequences of advanced prostate cancer.

Some Symptoms That May Indicate a Prostate Problem

- A weak urinary stream
- Difficulty starting urination
- Interruption of the stream (stopping and starting)
- Pain or burning with urination
- Urgency (difficulty postponing urination)
- Frequent urination
- Awakening frequently at night to urinate
- Blood in urine

The Prostate Check

The first step in any medical checkup is a thorough medical history, including a family history. Your doctor will ask you questions about any past problems, treatments, or medical procedures and about any symptoms you are having, particularly problems with urination.



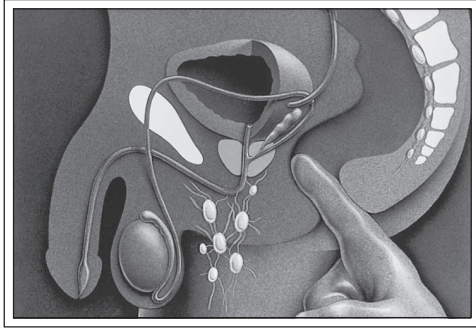
Early diagnosis of prostate cancer increases the chance of a cure.

Examination

A physical examination is the second step. The prostate is an internal organ, so the physician cannot look at it directly. However, the doctor can feel the prostate by inserting a gloved, lubricated finger into the rectum.

This simple procedure is called a digital rectal examination (DRE). This necessary examination allows the physician to estimate whether the prostate is enlarged or has lumps or areas of abnormal texture. While this examination may produce momentary discomfort, it causes neither damage nor severe pain.

If the results of the digital rectal examination suggest that you may have a significant prostate problem, your doctor may refer you to a urologist. This is a doctor who specializes in diseases of the urinary tract and male reproductive system. The urologist may perform additional tests, including blood tests, urine tests, and/or other diagnostic procedures, to determine the nature of your prostate problem.



When examining the prostate, your physician inserts his/her forefinger (wearing a lubricated glove) and presses gently on the lower wall of the rectum

The PSA Blood Test

The PSA test detects the level of prostate specific antigen in the blood. PSA is a protein originally found in semen, the fluid that carries sperm. Normally, PSA is made in the epithelial cells of the prostate, which produce some of the semen that comes out of the penis at the time of sexual climax (orgasm). PSA is only made by prostate cells. Small amounts of the protein get into the circulatory system and can be measured in the blood. Certain prostate conditions, including cancer, can cause high levels of PSA in the blood. Once a small blood sample is taken, the level of PSA is measured by an accurate laboratory method called an immunoassay.

Many factors can cause the PSA to rise, but PSA itself is harmless. The PSA blood test is used, along with the DRE, to find men who may need further testing. PSA cannot diagnose prostate cancer, however, only a biopsy can do that. The PSA test also is used to track the progress of men being treated for prostate cancer. If treatment is effective, the PSA should remain in the normal range. Improved methods of PSA testing are being developed. In the future, these may help your urologist decide whether the rise in PSA is due to prostate cancer or to a less serious problem.

Prostate Cancer

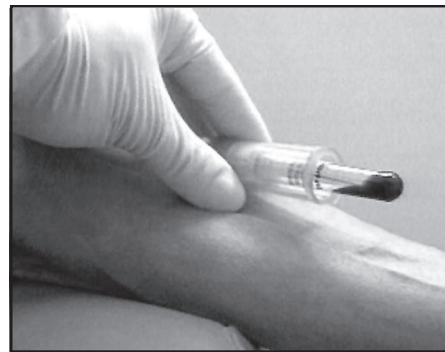
Each year, almost 200,000 new cases of prostate cancer are diagnosed in the U.S., and almost 35,000 deaths are caused annually by the disease. Approximately one in every six men will develop this form of cancer, which is second only to lung cancer as the leading cause of cancer death in men, and the likelihood of developing prostate cancer increases with age.

Every man over age 40 is at risk for prostate cancer. And African Americans have the highest risk for developing the disease. Having a father or brother with prostate cancer also greatly increases a man's likelihood of developing the disease. In addition, studies show that a high-fat diet may contribute to the development of prostate cancer.

Prostate cancer is a malignant tumor that most often begins in the outer part of the prostate. As the tumor grows, it may spread to the inner part of the prostate. It must grow fairly large before it presses on the urethra and interferes with urination. Cancer that is confined within the prostate and has not spread is called localized prostate cancer.

Prostate cancer also may spread (metastasize) to other parts of the body, such as the lymph nodes, the lungs, and the bones, especially the bones of the hip and lower back.

If prostate cancer is allowed to progress without treatment, it may spread to other organs, causing disability and sometimes death. Advanced prostate cancer is more likely to cause symptoms. However, by the time prostate cancer has reached this stage, it is less responsive to treatment.



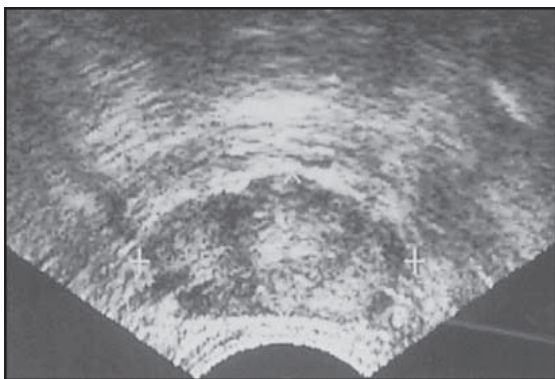
Certain prostate conditions, including cancer, can cause high levels of PSA in the blood.

The Early Detection of Prostate Cancer

Early detection is especially important in prostate cancer, because when this form of cancer is diagnosed early, the chances for a cure are greatly increased.

The *digital rectal examination* is a simple procedure where the physician inserts a lubricated gloved finger into the man's rectum. This examination can help the doctor detect a mass. To confirm the presence of cancer, the urologist will perform a *biopsy*, which involves obtaining a small sample of the prostate to determine whether it contains cancer cells. In order to tell if the cancer has spread outside the prostate, several tests are useful for detecting and staging prostate cancer. Not all of these tests are needed in all men.

The *prostate-specific antigen (PSA)* test is a blood test that can indicate the presence of prostate cancer. However, the PSA test is sometimes difficult to interpret because PSA is produced by both normal and cancerous prostate cells. In general, the higher the PSA level, the greater the chance that the cancer has spread beyond the prostate.



Transrectal ultrasonography is a safe and easy way to "see" the prostate gland.

Transrectal ultrasonography is a safe and easy way to "see" the prostate gland. Ultrasound provides an image of the prostate that the doctor can use to measure the size of the prostate, look for cancerous tissue, and calculate the PSA density (the PSA level divided by the size of the prostate). A needle biopsy of

the prostate is usually performed under ultrasound guidance.

A *prostate biopsy* analysis of the tissue gives important information about the cancer. The *tumor grade* is determined by examining the tissue under a microscope to measure the amount of disorganization of cells. A *Gleason grade*, which ranges from 2 to 10, is one scale that can be used to estimate the tumor's growth rate. Generally, the lower the grade, the slower the cancer grows. Most localized cancers of the prostate are of an intermediate grade, (Gleason grades 4, 5 or 6). The Gleason grades for the two most prominent groups of cells is called the *Gleason Score*.

The Five Gleason Grades

- | | |
|----------------|--|
| Grade 1 | Cancer is well differentiated |
| Grade 2 | Cancer is still well differentiated, but is arranged more loosely and is more irregular in shape |
| Grade 3 | Most common grade of prostate cancer. Cancer is moderately differentiated, varying in size from small to large |
| Grade 4 | Cancer is poorly differentiated, unable to form separate units, highly irregular, and has distorted shapes; progressive invasion of neighboring tissue |
| Grade 5 | Cancer is undifferentiated and bears no resemblance to normal cells. |

It is important to understand that at least two physicians work with you through the diagnosis phase, one who will analyze your prostate disease (the *pathologist*) and one who will detect and treat it (usually a urologist and/or *radiation oncologist*). At present, the only definitive method for determining the presence or absence of cancer in a prostate gland is by the analysis and interpretation of tissue samples by a pathologist. The interpretation of tissue samples is a result of the pathologist's medical judgement, and legitimate differences of opinion can exist. A second opinion might be valuable in certain circumstances.

A bone scan produces a nuclear image of the bones. this test, which may detect the spread of cancer to the bones, may not be necessary in all patients, especially

those with small cancers, low PSA levels and low Gleason grades.

Computed tomographic scan (CT scan) is an X-ray procedure that produces cross-sectional images of the body. The CT scan may help detect lymph nodes in the pelvis that are enlarged because of cancer. Generally, a CT scan is used only if the cancer is large, of a high grade, or associated with a very high PSA level.

The *lymph nodes* in the pelvis usually are the first place that cancer spreads from the prostate. The doctor can make a rough estimate of how likely it is that cancer has spread to the lymph nodes. This estimate is based on the cancer's size in the prostate and on results of the biopsy. A high PSA level also may indicate that the cancer has entered the lymph nodes. However, cancer in the pelvic lymph nodes often is microscopic. If there is a high risk that the cancer has spread to the lymph nodes, the doctor may recommend that they be surgically removed and examined under a microscope. Because there are many lymph nodes elsewhere in the body, the loss of some of the pelvic lymph nodes does not usually cause problems.

Radio-labeled Antibody Scans

An antibody that binds to the prostate specific membrane antigen (PSMA) may be able to detect cancer that has spread beyond the prostate and into soft tissue. Many prostate cancer cells produce the PSMA protein, which stays attached to the cancer cells. During the scan an antibody, with radioactive material attached, is injected into a vein. The antibody then circulates throughout the body, but only binds where it finds the PSMA protein. After four or five days, the antibody that does not bind to the PSMA is cleared from the body. Ideally, most of the remaining antibody will be bound to the prostate cells bearing the PSMA. In disease recurrence following prostatectomy, this type of test may indicate whether the cancer is limited to the prostate and may be useful in identifying patients most likely to benefit from salvage local therapy. Unfortunately, there are limitations to this type of scan, because it may be difficult to interpret. Currently, the only commercially available scan of this type is ProstaScint.

Treatment Information

Treatments of Prostate Cancer		
STAGES	CHARACTERISTICS	TYPE OF TREATMENT
T1 or T2	Cancer is localized in the prostate	Surgery, radiation therapy (radiotherapy), watchful waiting
T3 or T4	Cancer is locally advanced	Radiation therapy; combination of hormonal therapy and radiation
N+ or M+	Cancer has spread to pelvic lymph nodes (N+) or distant organs (M+)	Hormonal therapy, experimental approaches

The Partin Coefficient Tables, originally developed at the Brady Urological Institute of The Johns Hopkins Medical Institutions, are sometimes used to offer estimates of four different items that may be important in deciding how to treat a patient:

- The probability that the patient has completely organ-confined disease
- The probability that the patient has "established capsular penetration," which means that the prostate cancer has extended into and perhaps through the capsule of the prostate
- The probability that the patient has extension of his prostate cancer into the seminal vesicles
- The probability that the patient has prostate cancer that has spread into the lymph nodes

While the data is not definitive, these calculations can have an impact on how the physician and the patient arrive at a treatment decision. Detailed information about the Partin Coefficient Tables is available on two web sites:

<http://rattler.cameron.edu/prostate>
<http://comed.com/Prostate/partin/introduction.html>

How Is Prostate Cancer Treated?

The stage of a prostate cancer reflects the extent of the cancer: how big it is and whether it has spread. T1 and T2 cancers are confined to the prostate gland. T1 refers to a tumor that is not felt during a DRE (digital rectal examination) but cancer cells are found. T2 refers to a tumor that the doctor can feel by DRE. T3 cancers have grown beyond the gland itself and spread to the surrounding tissues. T4 cancers have spread beyond the seminal vesicles and into the pelvis or rectum. Cancer that spreads elsewhere, regardless of the extent of the local tumor or “T stage”, is classified as N+, if it has spread to the lymph nodes and M+, if it has spread to other distant areas.

The doctor should explain the treatment options, if a diagnosis of prostate cancer is made. Various treatments may include surgery, radiation therapy, hormonal therapy, and occasionally chemotherapy. The doctor will advise you of the treatment that is most appropriate for your particular case. Treatment of early-stage prostate cancers may not be necessary in some patients who are very old or very ill.

Watchful waiting has been advocated as a reasonable approach for some men with prostate cancer. Although untreated prostate cancer continues to grow, it may do so quite slowly. In fact, the growth of the cancer may be so slow that it causes no problems in a particular man's lifetime, even if it is left untreated. No one can predict how long it will take a specific cancer to spread or how long a particular man is going to live. Unless a man is expected to live at least 10 years, watchful waiting with no immediate treatment may be appropriate.

Age is not the only factor to consider. Family history and other health problems also are important. Again, watchful waiting is a reasonable option for elderly men, particularly when the cancer is small and appears to be low grade. Studies show, however, that prostate cancer may be a significant threat to life or health within 10 years if the cancer is of a higher grade or advanced stage.



Surgery performed for treatment of localized prostate cancer is called "**radical prostatectomy**."

Surgery performed for treatment of localized prostate cancer is called *radical prostatectomy*.

Through a vertical incision in the lower abdomen or behind the scrotum, the entire prostate and seminal vesicles are removed. When the cancer is confined within the tissues removed at surgery, radical prostatectomy can cure localized prostate cancer. The PSA level in the blood should fall to undetectable levels (near zero) shortly after radical prostatectomy, since the entire prostate has been removed. PSA then becomes an excellent test to detect even small amounts of cancer left behind after surgery.

Either of two approaches can be used for surgical removal of lymph nodes:

1) In *surgical lymphadenectomy*, pelvic lymph nodes are removed through an incision in the lower part of the abdomen. This is usually done at the time of surgery to remove the prostate.

2) Alternatively, a *laparoscope* (a miniature telescope connected to a TV monitor) can be used by a doctor to look at and remove the lymph nodes through four small incisions in the lower abdomen. Removing lymph nodes using a laparoscope usually requires a much shorter stay in the hospital than does open surgical lymphadenectomy. But you also may require a second surgical procedure if the nodes are negative. This is usually done only when there is a high risk that the tumor has spread to the lymph nodes.

There are risks and side effects associated with surgery. About 1 of every 200 to 400 men die from complications such as heart attacks or blood clots related to the operation. Patients are usually in the hospital for two to four days after a radical prostatectomy and wear a Foley catheter (a tube through the urethra and into the bladder to drain urine) for two weeks afterward. Most patients have at least some degree of *incontinence* (leakage of urine from the penis) for up to two or three months after surgery. The great majority of men eventually regain good urinary control after surgery.

Impotence is sometimes a side effect of radical prostatectomy. The nerves that help cause erections lie very close to the prostate. These nerves can sometimes be spared during surgery, depending upon the location of the cancer. If the nerves can be spared, recovery of erections is best in younger patients who had no difficulty achieving erections before surgery. For men who do have problems with erections after surgery, there are a number of ways to help restore erections and the ability to have sexual intercourse.

Radiation therapy is another effective treatment for localized prostate cancer. The radiation can be administered externally or internally with radioactive seed implants (brachytherapy) or with the two in combination. External beam radiation therapy is usually delivered on an outpatient basis for seven to nine weeks. This treatment utilizes a machine that generates high energy X-rays. There appears to be no major difference between the two treatments in the percentage of men still alive ten years after treatment. Whether there are differences in results after that time is uncertain.

Interstitial irradiation (Brachytherapy) involves the permanent placement of radioactive “seeds” inside the prostate. Different types of radiation seeds are used, and there is not agreement on which type is best. Interstitial irradiation for prostate cancer has been used for more than 20 years. Previously, the radiation sources were implanted into the prostate through a lower abdominal incision, but the results were not as good as those obtained with other treatment techniques. Today radiation seeds are inserted using needles through the skin.

There are side effects associated with radiation therapy. Some degree of discomfort with urination, frequent and urgent urination, and diarrhea are common during radiation therapy. Side effects are especially likely during the second half of the treatment course. In most patients, these symptoms usually go away within a few months.

Men treated with radiation therapy for prostate cancer may eventually become impotent. As is the case with patients treated by radical prostatectomy, younger and more sexually active men are more likely to remain potent.

Hormonal therapy may be useful because prostate cancer cells depend, at least partially, upon male hormones for growth. Testosterone is the most important of these hormones.

Treatment that deprives the cancer cells of testosterone can slow the growth of prostate cancer. Hormonal therapy can consist of either surgical removal of the testes (*orchiectomy*) or monthly injections of a drug called *luteinizing hormone releasing hormone (LHRH) analog*, which blocks the production of testosterone by the testes. Sometimes an oral drug called an *anti-androgen* is used in combination with surgical castration or an LHRH analog. Anti-androgens block the effects of any remaining male hormone produced elsewhere in the body, particularly male hormones produced by the adrenal glands.

Hormonal therapy is not considered a curative form of treatment, but rather, a way to temporarily slow the growth of prostate cancer cells. Hormone therapy usually is not used unless there are signs that the cancer has spread beyond the prostate. Hormone therapy causes hot flashes in about half of men and usually produces impotence and loss of libido (sexual desire). Hormonal therapy also may be used in conjunction with radiation therapy.



“It is estimated that during 2001, approximately 15,000 cases of prostate cancer will be diagnosed in Florida and almost 3,000 men will die of this silent killer.”

Bob Samuels - Founder of the Florida Prostate Cancer Network

As a result of attempts to decrease cancer reoccurrence and the side effects of treatment, several new treatment methods for localized prostate cancer have emerged and are gaining acceptance. *Cryosurgery* involves freezing the prostate and has been used in one form or another for more than 50 years. Previous results with this technique were less than satisfactory. However, a new probe for prostate freezing is being tested, along with better methods for delivering freezing temperatures to the prostate while protecting the urethra. Early results are encouraging, but long-term effectiveness and safety are unknown.

Although some of the methods being tested may show early promise, they are currently unproven. Doctors need to treat many more patients and see how they respond before it is known whether these new approaches are effective in treating prostate cancer.

A man with prostate cancer must work with his doctor to decide which tests and treatments are right for him. You should discuss these, and any other questions that you have, with your doctor.

Glossary

Adjuvant Therapy

Treatment used in addition to or following the main treatment for cancer; i.e. hormonal therapy, chemotherapy, radiation after surgery.

Adrenal Glands

Two small endocrine glands, located above each kidney, which secrete several steroid hormones.

Androgen

Any male sex hormone. Testosterone is the major androgen.

Anti-androgen

Any substance capable of inhibiting testosterone or its biological effects.

Benign

Not malignant; noncancerous; benign growths do not generally spread to other organs or come back when they are removed.

Benign Prostatic Hyperplasia (BPH)

Noncancerous enlargement of the prostate that may cause difficulty in urination.

Biopsy

Removal of a small tissue sample for microscopic examination.

Bone Scan

A nuclear image of the skeleton.

Brachytherapy

Internal radiation treatment given by placing radioactive material directly into the tumor or close by it. Also called *interstitial radiation therapy* or *seed implantation*.

Cancer

An abnormal growth that can invade nearby organs and spread to other parts of the body; a cancer is also called a malignant tumor.

Catheter

A tubular, flexible surgical instrument used to withdraw fluid from the bladder by inserting it into the urethra through the penis.

Chemotherapy

Treatment with drugs to kill cancer cells.

Computed Tomographic Scan (CT Scan)

An X-ray that produces cross-sectional images of the body.

Cryosurgery

A surgical procedure that involves destroying diseased tissue of the prostate with a freezing method.

Cystitis

An inflammation of the urinary bladder.

Differentiation

The normal process through which cells mature so that they can carry out the jobs they are meant to do. Cancer cells are less "differentiated" than normal cells.

Digital Rectal Examination (DRE)

Insertion of a gloved, lubricated finger into the rectum to feel the prostate. Some tumors of the rectum and prostate gland can be felt during a DRE.

Early Detection

Early detection means finding the disease at an early stage, before it has spread to other areas in the body. The PSA blood test can help find prostate cancer at an early stage.

Ejaculation

Release of semen from the penis during sexual climax.

External Beam Radiation

Radiation focused from a source outside the body on the area affected by the cancer. It is much like getting a diagnostic X-ray, but for a longer interval of time.

Foley Catheter

A catheter inserted through the urethra and into the bladder; used to drain urine.

Gleason Grade

The most often used prostate cancer grading system, which assigns a Gleason grade ranging from 1 through 5. The grade is based on how much the arrangement of the cancer cells look like normal prostate cancer cells. Because prostate cancers often have areas with different grades, a grade is assigned to the two areas that make up most of the cancer. These two grades are added together to give a Gleason score between 2 and 10.

Gleason Score

A method of classifying prostate cancer cells on a scale of 2 to 10. The higher the Gleason score (also called Gleason sum), the faster the cancer is likely to grow and the more likely it is to spread beyond the prostate.

Hormonal Therapy

The use of medications or surgical removal of the testicles to prevent male hormones from stimulating further growth of prostate cancer.

Incontinence

Lacking normal voluntary control of bladder and/or bowel function.

Inflammation

Swelling and pain resulting from irritation or infection.

Impotence

Inability to achieve or sustain an erection.

Interstitial Irradiation

The permanent placement of radioactive seeds (isotopes) inside the prostate.

Isotopes

Radioactive molecules that can be used for cancer treatment.

Laparoscope

A miniature telescope connected to a monitor. After insertion through a small incision in the abdomen, the

laproscope allows the surgeon to view lymph nodes near the prostate and the pelvic cavity.

Libido

Sexual desire.

LHRH

Luteinizing hormone-releasing hormone; a hormone produced by the hypothalamus, a tiny gland in the brain.

Luteinizing Hormone Releasing Hormone (LHRH) Analog

Man-made hormones that block the production of the male hormone testosterone and are sometimes used to treat prostate cancer.

Lymph Nodes

Small glands located throughout the body that help defend the body against infection.

Malignant

Cancerous

Metastasis

The spread of cancer cells from the primary site to distant areas of the body by way of the lymph system or the bloodstream.

Metastasize

To spread by metastasis.

Orchiectomy

Surgical removal of the testes.

Pathologist

A doctor who interprets tissue samples to determine the presence or absence of disease.

Perineum

The area between the anus and the scrotum.

Prognosis

A prediction of the course of a disease; the outlook for the cure of a patient.

Prostate

A gland of the male reproductive system that surrounds the urethra, which is just below the bladder, and produces some of the sperm-carrying fluid of the semen.

Prostate Cancer

A malignant tumor of the prostate gland.

Prostate-Specific Antigen (PSA)

A protein made by the prostate gland. Levels of PSA in the blood often go up in men with prostate cancer, but they may go up for other reasons.

Prostate-Specific Antigen (PSA) Test

Blood measurement of a substance produced by prostate cells, which can increase if prostate cancer is present. The PSA test is used to help find prostate cancer as well as to monitor the result of treatment.

Radiation Oncologist

A doctor who has special training in radiation therapy for the treatment of cancer patients.

Radiation Therapy

X-ray or other radiation treatment for cancer.

Radical Prostatectomy

Complete surgical removal of the prostate and seminal vesicles.

Semen

Fluid containing sperm and secretions from the male reproductive organs.

Seminal Vesicles

Small, saclike glands attached to the prostate that produce some of the fluid for semen.

Surgical Lymphadenectomy

The surgical removal of pelvic lymph nodes.

Testicles

The male reproductive glands found in the scrotum. The testes (or testicles) produce sperm and the male hormone testosterone.

Testosterone

The main male hormone; made primarily in the testes,

that stimulates blood flow, growth of certain tissues, and the secondary sexual characteristics. In men with prostate cancer, it can also stimulate growth of the tumor.

Transrectal Ultrasonography

An examination that produces an image of the prostate by inserting a probe into the rectum to direct sound waves to the prostate.

Tumor

Any abnormal swelling in or on a part of the body. The term is usually applied to a benign or malignant abnormal growth of tissue.

Tumor Grade

A classifying system that indicates how quickly a cancer is growing.

Tumor Stage

The classification of a primary tumor, by its size and the presence or absence of metastasis, in order to plan treatment.

Urethra

The tube that carries urine from the bladder and semen from the prostate and other sex glands out through the tip of the penis.

Urologist

A doctor who specializes in diseases of the urinary tract and the male reproductive system.

Watchful Waiting

An approach to handling localized, slow-growing prostate cancer by having regular checkups instead of immediate treatment.

Steps to Take When Looking for a Physician

(The following information is taken from the book *The Wellness Community Guide to Fighting for Recovery from Cancer* by Harold H. Benjamin, Ph.D.)

Because a good relationship with the right physician is of overriding importance to you, you should probably commit as much time and energy as is necessary to attain such a relationship. The following are steps that may be helpful.

STEP ONE:

Choose a medically competent physician. In most cases, this is done by recommendation and reputation. There also are situations where your insurance carrier or HMO will select your physician.

STEP TWO:

Ensure that the relationship is, at the very least, cordial. It does not have to blossom into a full-blown friendship for it to be effective and efficient. It is only necessary that it be agreeable.

STEP THREE:

Make sure that the expectations of both you and your doctor are clearly understood by each of you. There are as many variations of the patient-physician relationship as there are patients and doctors. Some patients want every bit of information they can get. Others want to hear nothing but instructions. Some want to know what the treatment alternatives are and want to make the final decision themselves. Others want the doctor to decide what's best. Some consider waiting in a waiting room an acceptable inconvenience, while others find it intolerable. Some want to ask questions, write down answers, and have other people in the examining room. Other's don't. Physicians, just like everyone else, also are different, and those differences must be taken into account.

Very often, it is difficult for the patient to start the conversation with the doctor. After all, physicians have always been authority figures. But start it anyway. With very few exceptions, your physician is as anxious to have the conversation as you are. The dialogue should continue as long as necessary, and you should probably initiate new conversations when any part of the relationship appears unsatisfactory.

STEP FOUR:

If your needs as a patient conflict seriously with the doctor's style, consider whether it's in your best interest to find another physician. Most people find it difficult and sometimes embarrassing to leave a physician. Although this rather drastic step should be taken only after serious consideration, it's not impossible or unthinkable. If the situation is irreparable, it's appropriate.

Often cancer patients are treated by a group of physicians that may include an oncologist, radiologist, surgeon, and/or some other specialist, along with the family doctor. One of the patient's most frequent complaints is that no one is in charge; each physician acts almost independently, and there is no one to whom the patient can talk to get *all* the information needed to make a decision. Therefore, it's important that you try to get one of the doctors to be the coordinator of the team and the repository of all information.

One admonition: Don't ask for a prognosis or inquire about longevity statistics unless you are actually ready to hear the answer.

Guidelines For Visiting With Physicians

The following guidelines are designed to help you more thoroughly understand the information and instructions given to you by your physician.

- Before the visit, prepare a written list of the questions to ask your doctor. Take the list with you to the visit, in order to ensure that all your questions are answered.
- Before the visit, also prepare a written list of the information you want the doctor to know about you.
- If you don't understand something your doctor says, say so. If you don't speak up, you may follow the wrong advice or take an improper amount of medication.
- Take someone with you when you visit your doctor. Your support person may be able to listen to and understand the doctor with greater objectivity.
- Get a second opinion when a major course of action is contemplated.
- Along with your physician, decide who will make the final decision about your treatment.

You should do everything in your power to ensure that your relationship with your physician is as trouble-free as possible.

Questions to Ask Your Primary Doctor or Urologist if Diagnosed with Prostate Cancer

- What is the Gleason score of my cancer?

- Can you feel my tumor with your hands?
- How aggressive is my cancer? Is it going to spread in months? Years? How many years?
- Is my cancer confined to the prostate? What is the probability that my cancer has already spread beyond the prostate?
- Do I need further X-rays such as a bone scan, CT, or MRI to determine if my cancer has spread?
- Do I need treatment right away?
- What are all the treatment options available to me?
 - Radical Prostatectomy? (surgery) What are the risks and benefits?
 - Radiation Therapy? What is the difference between external beam and seeding? What are the risks and benefits of each?
 - Cryosurgery? What are the risks and benefits?
 - Hormone Treatment? What are the risks and benefits?
 - Observation? What are the risks and benefits?
- What are the possible side effects of each treatment?
 - How will the various treatment options affect my sex life?
 - What are the chances that I will have problems with incontinence or impotence? What are precautions that can be taken to avoid these problems?
- Am I a candidate for clinical trials? Do you participate in any clinical trials in this office?

Questions to Ask Your Radiation Oncologist about Radiation Therapy

- Do the physicians in this office have experience with both external beam treatment and seed implants?
- Is three-dimensional (computer generated 3-D view of the prostate) or conformal (targets the radiation to the prostate) treatment planning offered at this facility?
- Are the radiation oncologists working with me board certified in their specialty?
- How many brachytherapy procedures (seed implants) have the physicians in this group done, and how many times a week do they do them?
- Does this radiation therapy center participate in clinical trials?

- Is there always a physician nearby while the external beam treatments are being given?
- If external beam therapy is given, how many treatments are recommended and over what time period?
- What kind of side effects may result from each type of radiation therapy?
- What are the advantages or disadvantages of getting radiation therapy instead of surgery or another treatment?
- Can an operation, or some other treatment, be done after radiation therapy in case it doesn't work?

Don't Rush

Unless there is compelling medical reason to act quickly, take the time to learn about your particular cancer, the risks and possible side effects of various therapies, and the impact they may have on your life. Remember that there is generally time for you to become informed.

Get The Facts - Education is the Key

Start learning about prostate cancer. Learn what it is, how it acts, and what treatments are available.

Become Your Own Advocate

By educating yourself, you become an advocate for your personal health care.

Form a Partnership With Your Doctor.

This partnership should be mutually supportive and based on candid, honest dialogue.

Consider a Second Opinion

Doctors understand getting a second opinion to confirm their diagnosis. In seeking a second opinion, urologists, radiologists, oncologists and general practitioners may offer different perspectives. Each will provide considerations based on your individual situation.

Talk About Your Cancer

Prostate cancer is a family affair that affects those closest to you. Talk with your partner and family about your cancer.

Consider a Support Group

Support groups are made up of peers who understand your situation, because they've been there themselves. Bring your partner, a family member, or a friend along. Ask your doctor if he or she knows the location of any local prostate cancer support groups.

Seek The Best Opinion

It is your responsibility to investigate the services available through your insurance coverage and health care provider. When you are ready to make a treatment decision, ask the doctor how many cases like yours she or he has treated.

While first rate treatment is available at many hospitals throughout the United States, many may not be equipped or experienced in all treatments available. Be assured that community hospitals, as well as large regional medical institutions, offer doctors who are experts in your type of cancer.

Maintain Good Records

Throughout this process, you need to maintain good records. First, this is important for your insurers. Second, it is important to have your medical reports available for review when seeking second opinions. These reports provide a profile of your condition and will help you avoid undergoing tests you may have already taken.

Don't Play Doctor

Alternative medicine has many advocates. However, until more is known about the efficacy of various alternative treatments, it is important to consult with your doctor before using them. Although many alternative therapies may complement traditional therapies, they also may interfere with diagnostic tests and treatments.

Continually Seek Information

Because prostate cancer diagnosis methods and treatments are undergoing rapid changes, continually seek updated information. Discuss any new information, ask questions, and be honest with your doctor and health care team.

Get Involved

Studies show that patients who take an active role in their disease and treatment have better outcomes.

Clinical Trials Information

What is a Clinical Trial?

A clinical trial is a study conducted by research physicians to evaluate new and experimental treatment options. Your physician may recommend that you take part in a clinical trial.

There are many different types of cancer clinical trials, including *prevention trials*, *early detection trials* and *quality of life studies*. If you decide to take part in a clinical trial, you may benefit from a new drug, procedure or symptom control method.

Phase 1 Trials

The first step of a clinical trial involves a small number of people who help evaluate how a new drug should be administered.

Phase 2 Trials

After the information is gathered from the first phase, researchers generate information about the safety and benefits of the drug. This study usually focuses on a specific cancer.

Phase 3 Trials

This phase compares a new drug, a combination of drugs or a procedure with the current standard. A large number of people are involved in this phase.

To participate in a clinical trial, a patient must have specific characteristics that have been identified by the researcher. These characteristics are called eligibility criteria. This criteria also helps to insure the safety of the participants by protecting them from known risks. All participants in a clinical trial must give their informed consent. All patient information is confidential. Taking part in a clinical trial is completely voluntary and can be done at any stage of prostate cancer. Being a clinical study participant does not prevent you from getting any other medical care that you may need. You are always free to leave a

clinical trial at any time. It is important for you to check with your insurance company prior to your commitment to the study to find out what costs they will cover.

Your participation in a clinical trial may not only help you directly, but it may also help other men with prostate cancer.

You can find out what clinical trials are available by visiting these web-sites:

www.drkoop.com

www.americasdoctor.com

<http://clinicaltrials.nci.nih.gov>

www.centerwatch.com

www.centerwatch.com

www.florida-cancer.org (click on Hope)

or you can write:

Clinical Trials

U.S. Nat. Library of Medicine
8600 Rockville Pike
Bethesda, MD 20894

Support Groups and Organizations

This chapter contains a listing of Florida-based prostate cancer support groups listed alphabetically by city. Many cities also serve surrounding areas. Specific meeting details are listed when available. However, please verify these by calling the contact name.

Florida Prostate Cancer Support Groups

Meeting Location	Meeting Dates & Times
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Aventura, FL

Man to Man

Aventura Hospital Medical Plaza 21110 Biscayne Blvd. Rm. 101 Aventura, FL 33180 (954) 433-7171	4th Sunday, 11:30 am
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Contact info:
American Cancer Society 1-800-ACS-2345
Coordinator: Gilbert Baerga (305) 594-4363 x 230
Attendees: 50-60

Aventura, FL

Advanced Prostate Support

Comprehensive Cancer Center 20950 NE 27th Court Aventura, FL 33180 (305) 682-7000	3rd Monday, 4:30 pm
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Contact info:
American Cancer Society 1-800-ACS-2345 or
Attendees: 12 NOTES: Specialty group for
metastasized and rising PSA

Meeting Location	Meeting Dates & Times
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Boca Raton, FL

Prostate Cancer Support

Boca Raton Community Hospital Education Center 800 Meadows Lane Boca Raton, FL 33486 (561) 395-7100 Contact Info: Facilitator: Marjorie O'Sullivan (561) 395-7100 x992 Attendees: 10-15	1st Thursday, 7:30 pm
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Boynton Beach, FL

NEW LISTING

Bethesda Memorial Hospital Oncology Department 2815 S. Seacrest Blvd. Boynton Beach, FL 33435 (561) 395-7100 Contact Info: Facilitator: Eileen Delrosario (561) 737-7733 x4948 e-mail: eileen.delrosario@bethesdahealthcare.com	2nd Wednesday, 5:30-7:30 pm
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Bradenton, FL

Man to Man

Manatee Memorial Hospital Education Complex 206 2nd Street East Bradenton, FL 34208 (305) 682-7000 Contact Info: American Cancer Society 1-800-ACS-2345 Ron Guadio, Chaplin (954) 433-7171 Facilitator: Pat Grimes (941) 755-7256 e-mail: the_patric@hotmail.com Attendees: 20-50	3rd Thursday, 2:00 pm Does not meet in June, July, August.
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Meeting Location	Meeting Dates & Times
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Man to Man

Blake Medical Center
Sand Dollar Room
2020 59th Street West
Bradenton, FL 34209
(941) 792-6611
Contact Info:
American Cancer Society 1-800-ACS-2345 or
Coordinator: Janet Vogel (941) 498-6572
Coordinator: Heather Wiley (941) 745-1214
Facilitator: Pat Grimes (941) 755-7256
e-mail: the_patric@hotmail.com
Attendees: 25-30

Brandon, FL**Man to Man**

Oakfield Medical Plaza
Class 228
228 S. Moon Ave.
Brandon, FL 33511
Contact Info:
American Cancer Society 1-800-ACS-2345 or
Susan Carlton, CCS (813) 685-0670 x 115
Facilitator: Joe Geraghty (813) 681-6057
Attendees: 15-30
NOTES: Across from Brandon Hospital. Next to Senior friends.

Brooksville, FL**Man to Man**

Florida Community Cancer
Center
11307 Cortez Blvd.
Brooksville, FL 34613
(352) 596-1926
Contact Info:
American Cancer Society 1-800-ACS-2345
Facilitator: Betty Lawrence (352) 596-1926
Notes: Next to Oak Hill Hospital

Meeting Location	Meeting Dates & Times
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Clearwater, FL**Cancer Patient Support**

Services (CaPSS)
Powell Center Pavilion
Community Room
303 Pinellas Street
Clearwater, FL 33756
(727) 462-2100
e-mail: concerpm@gte.net
Contact Info:
Kim Sibille, Prog. Mngr. (727) 462-2125
Facilitator: John Llauguet (727) 462-2141
Attendees: 10-12
NOTES: Men only.

Daytona Beach, FL**Man to Man**

American Cancer Society
146 Orange Avenue
Daytona Beach, FL 32114
(904) 239-8500
Contact Info:
American Cancer Society 1-800-ACS-2345
Coordinator: Carrie Corbett (904) 253-1633 x113
Facilitator: Scott Fahner (904) 239-8543
Attendees: 15-30

Delray Beach, FL**Man to Man**

Delray Medical Center
5352 Linton Blvd.
Delray Beach, FL 33484
(561) 495-3335
Contact Info:
American Cancer Society 1-800-ACS-2345
Carol Burleson, Mngr. (561) 495-3335
Facilitator: Lawrence Yore, MD (561) 496-4444
Ann Crane, Doctor's Office Manager (561) 495-4444
Notes: Mail must go to:
Man to Man
c/o Ann Crane
5130 Linton Blvd, Suite F-6
Delray Beach, FL 33484

Meeting Location	Meeting Dates & Times
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Fernandina Beach, FL

Man to Man

First Presbyterian Church Fellowship Hall 19 North Sixth Street Fernandina Beach, FL 32034 Contact Info: American Cancer Society 1-800-ACS-2345 or Teri Coutu, CCS (904) 264-6039 Facilitator: Dr. Jones	1st Tuesday, 7:30 pm
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Ft. Lauderdale, FL

Man to Man

Broward General Hospital Cancer Center Conference Rm 1600 S. Andrews Ave. Ft. Lauderdale, FL 33316 Contact Info: American Cancer Society 1-800-ACS-2345 District Health Line (954) 759-7400, CODE: 19-069 Facilitator: Linda Sapp, Soc. Worker (954) 355-5307 Facilitator: Ronald B. Fauer, MD, FACS Attendees: 25-50	3rd Tuesday, 5:00 pm No Meetings June, July, August
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Man to Man

Holy Cross Hospital Cancer Center 4725 N. Federal Highway Ft. Lauderdale, FL 33308 (954) 771-8000 Contact Info: American Cancer Society 1-800-ACS-2345 Facilitator: Ronald Sirois, MD (954) 771-7620 Inquiries: Donna	4th Tuesday, 4:00 pm
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Meeting Location	Meeting Dates & Times
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Ft. Myers, FL

Man to Man

Southwest Regional Medical Center Patty Berg Cancer Center 2727 Winkler Ave., 3 South Ft. Myers, FL 33901 (941) 939-1147 Contact Info: American Cancer Society 1-800-ACS-2345 Sharon Ivy, CCS (941) 936-1113 x 120 Facilitator: Carlo Lane (941) 369-9256	3rd Wednesday, 5:30 - 7:00 pm
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Ft. Walton Beach, FL

NEW LISTING

Man to Man

Bert Fish Medical Center Main Hospital 3rd Floor, Room 301 401 Palmetto Street New Smyrna Beach, FL 32168 Contact Info: American Cancer Society 1-800-ACS-2345 Pamela Reed (386) 253-1633 x115 Facilitator: Jim McGee Notes: Send mail to: American Cancer Society 1510 Ridgewood Avenue Holly Hills, FL 32117 (also see listing for Shalimar, FL)	3rd Tuesday, 7:00 pm
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Meeting Location	Meeting Dates & Times
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Gainesville, FL**Man to Man**

American Cancer Society Office
Winn Dixie Hope Lodge
2121 SW 16th Street
Gainesville, FL 32608
1 (888) 295-6787
http://www.cancer.org
Contact Info:
American Cancer Society 1-800-ACS-2345
Coordinator: Lauran Dean (352) 376-6866,
Option #2, x 119
Facilitator: Roy Cline (352) 336-8523
e-mail: rscline@bellsouth.net

2nd Monday,
7:00 pm

Hollywood, FL**Man to Man**

Memorial Regional Hospital
Cancer Center
David Ross Center
1150 N. 35th Avenue,
2nd floor
Hollywood, FL 33021
(954) 987-2000
Contact Info:
American Cancer Society 1-800-ACS-2345
Co-Facilitator: Bettye Bradswaw, LCSW
(954) 987-2020 x5768

1st Wednesday,
5:30 pm

Hudson, FL**NEW LISTING****Man to Man**

Regional Medical Center
14000 Fivay Road
Hudson, FL 34667
Contact Info:
Eileen Turner (727) 863-1019 x113
Facilitator: Blair Moger

3rd Saturday,
10:00 am
No meetings
July & August

Meeting Location	Meeting Dates & Times
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Jacksonville, FL**Man to Man**

American Cancer Society
Midtown Center
4030 Boulevard Center Dr.
Jacksonville, FL 32207
Contact Info:
American Cancer Society 1-800-ACS-2345
Carol Peters, CCS (904) 398-0537 x310
Facilitator: Frank Donaldson (904) 355-3910

Last Tuesday,
6:30 pm

Jacksonville Beach, FL**Man to Man**

Palms Presbyterian Church
3410 South 3rd Street
Jacksonville Beach, FL 32608
Contact Info:
American Cancer Society 1-800-ACS-2345
Veronica Medina, CCS (904) 264-6039 x113
Facilitator: Richard Huffstetler (904) 249-0022

Last Thursday,
5:30 pm

Jupiter, FL**Prostate Support Group**

Jupiter Medical Center
Meeting Room 1
1210 S. Old Dixie Highway
Jupiter, FL 33458
(561) 744-4465
Contact Info:
American Cancer Society 1-800-ACS-2345
Facilitator: Crystal Dillard, SW; (561) 744-4465

2nd Wednesday,
5:00 pm

Key West, FL**Man to Man**

Key West Memorial Hospital
5900 College Road
Key West, FL 33040
Contact Info:
American Cancer Society 1-800-ACS-2345
John Conroy, CCS (305) 294-9385

3rd Wednesday,
7:00 pm

Meeting Location	Meeting Dates & Times
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NEW LISTING**US TOO**

Key Cancer Center

Hospice

Contact Info:

Facilitator: Mark Perman, MD (305) 296-0021

1st Monday,

6:00 pm

Kissimmee, FL**NEW LISTING****Man to Man**

American Cancer Society

Osceola Cancer Center

1300 West Oak Street

Kissimmee, FL 34741

Patient Service Center

(877) 258-2619

Notes: Date, time & location are subject to change.

Please call to verify

3rd Monday,

6:00 pm

Lady Lake, FL**Man to Man**

The Villages

La Hacienda Center

Julio Iglesias Room

Avenide Center

Lady Lake, FL 32159

Contact Info:

American Cancer Society 1-800-ACS-2345

Dana Anderson, CCS (352) 326-9599

Facilitator: Bill Hennings (352) 750-0249

Attendees: 40-50

Notes: All Males

1st Wednesday,

7:00 pm

No Summer

Meetings June,

July, August

Meeting Location	Meeting Dates & Times
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Lake City, FL**NEW LISTING****Man to Man**

American Cancer Society

Lake City Medical Center

1050 N. Commerce Blvd.

Lake City, FL 32055

Contact Info:

Margaret Shaw, CCS (352) 376-6866

Notes: Meeting times are subject to change.

Please contact the Gainesville office for the

most current information or call Suwannee

Valley Resource Room in Lake City,

(904) 758-3047

2nd Tuesday,

7:00 - 9:00 pm

Lake Worth, FL**Prostate Cancer Support**

JFK Hospital

4685 S. Congress

Lake Worth, FL 33461-4710

(561) 964-2662

Contact Info:

Nancy Arnold (561) 964-2662 x1068

Attendees: 20-30

2nd Wednesday,

1:00 - 2:00 pm

Lakeland, FL**Man to Man**

American Cancer Society

809 S. Florida Avenue

Lakeland, FL 33801

(863) 688-2326

Contact Info:

American Cancer Society 1-800-ACS-2345

Facilitator: Dick Whittemore

3rd Wednesday,

5:00 - 6:30 pm

No Summer

Meetings

Meeting Location	Meeting Dates & Times
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Lecanto, FL**NEW LISTING****Man to Man**

Boissoneault Oncology Institute
522 Lecanto Highway
(352) 527-0106
Contact Info:
Eileen Turner (727) 863-1019
Facilitator: Summer Waite

1st Wednesday,
11:30 am

Leesburg, FL**Man to Man**

Lake Square Presbyterian
Church Fellowship Hall
Radio Road
Leesburg, FL
(352) 728-1620
Contact Info:
American Cancer Society 1-800-ACS-2345
Chris Daly, CCS (352) 326-9599 x 112
Facilitator: Bill Heroy (352) 483-1963
Co-Facilitator: Leroy Finke (352) 383-0158
Attendees: 15-35 (Families welcome)

3rd Thursday,
2:00 pm

Margate, FL**US TOO**

Northwest Medical Center
Cafeteria
2801 State Road 7
Margate, FL 33603
(954) 741-4276
Contact Info:
US TOO 1-800-808-7866
Facilitator: Aaron Neuhaus (954) 741-4276
Marvin Stein, MD (954) 739-6960
Attendees: 40-50
NOTES: Refreshments served.

2nd Monday,
7:30 pm

Meeting Location	Meeting Dates & Times
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Melbourne, FL**Man to Man**

Home Builders and
Contractors Building
1500 A West Eau Gallie Blvd.
Melbourne, FL 32901
Contact Info:
American Cancer Society 1-800-ACS-2345
Facilitator: Gene Rocque (321) 777-0716
Attendees: 65-75

Last Monday,
7:00 pm

Miami, FL**Man to Man**

Cancer Resource Center
Baptist Health Resource Plaza
8750 SW 144th Street
Suite 200
Miami, FL 33176
Contact Info:
American Cancer Society 1-800-ACS-2345
Cesar Scheker (305) 594-4363 x 229
Facilitator: Tom Pietrogallo
Attendees: 15-17
NOTES: Men-only nights and family nights

2nd Tuesday,
7:30 - 9:00 pm

Naples, FL**Man to Man**

Moorings Presbyterian Church
791 Harbor Drive
Route 41
Naples, FL 34103
Contact Info:
American Cancer Society 1-800-ACS-2345
Joanne Camero, CCS (941) 261-0337 x 111
Facilitator: Phil Fess (941) 596-2985
Attendees: 15-60

Last Monday,
October - April,
7:00 - 9:00 pm

Meeting Location	Meeting Dates & Times
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New Port Richey, FL**Man to Man**

North Bay Hospital
6600 Madison Street
New Port Richey, FL 34652

2nd Saturday,
10:00 am

Contact Info:

American Cancer Society 1-800-ACS-2345
Eileen Turner (727) 863-1019
Facilitator: Bill Summerset

New Smyrna Beach, FL**Man to Man**

Bert Fish Medical Center
Main Hospital, 3rd Fl, Rm 301
401 Palmetto Street
New Smyrna Beach, FL 32168

3rd Tuesday,
9:00 am

Contact Info:

American Cancer Society 1-800-ACS-2345
Pamela Reed (386) 253-1633 x 115
Facilitator: Jim Mc Gee

NOTES: Send Mail to:

American Cancer Society
1510 Ridgewood Avenue
Holly Hills, FL 32117

Ocala, FL**Man to Man**

Urology Center of Florida
3201 SW 34th Street
Ocala, FL 34474

4th Wednesday
7:00 pm

Contact Info:

American Cancer Society 1-800-ACS-2345
Peg Iwata, CCS (352) 629-4727 x 113
Facilitator: Frank Fleming (352) 237-2553
Frank Mattucci (352) 401-0592
Attendees: 30

US TOO

Munroe Regional Medical Center
Chuck Rhodes (352) 867-9642

Meeting Location	Meeting Dates & Times
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Orange Park, FL**Man to Man**

Orange Park Methodist Church
Family Life Center
Reed Street
Orange Park, FL 32073

2nd Monday,
6:30 pm

Contact Info:

American Cancer Society 1-800-ACS-2345
Teri Coutu, CCS (904) 264-6039 x 114
Facilitator: Dr. Mark Blasser

Orlando, FL**Man to Man**

American Cancer Society
1601 W. Colonial Drive
Orlando, FL 32804
(407) 843-8680 x 511

3rd Tuesday,
6:00 - 8:00 pm

Contact Info:

American Cancer Society 1-800-ACS-2345
Missy Hansen, Program Manager
Attendees: 30-40

NOTES: Serving Osceola, Seminole and Orange counties.

Palatka, FL**Man to Man**

Putnam County Library
Meeting Room
601 College
Palatka, FL 32177

3rd Thursday,
12:30 pm
(Every odd
numbered
month)

Contact Info:

American Cancer Society 1-800-ACS-2345
Teri Coutu, CCS (904) 264-6039
Facilitator: Henry Hirschman (904) 325-2179

Meeting Location	Meeting Dates & Times
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Palm Coast, FL**Man to Man**

Memorial Healthcare Center 3rd Thursday,
309 Palm Coast Parkway 9:00 am
Palm Coast, FL 32137

Contact Info:

American Cancer Society 1-800-ACS-2345
Pamela Reed (386) 253-1633 x 115

NOTES: Send Mail to:

American Cancer Society
1510 Ridgewood Avenue
Holly Hills, FL 32117

Panama City, FL**Man to Man**

American Cancer Society 2nd Thursday,
2012 A. Lisenby Ave. 7:00 pm
Panama City, FL 32405
(850) 785-9205

Contact Info:

American Cancer Society 1-800-ACS-2345
Carissa Anthony (850) 785-9205
Facilitator: Bob Jones (850) 265-9480

Pembroke Pines, FL**Man to Man**

Memorial West Hospital 2nd Friday,
Out Patient Conf. Room 11:00 am
703 N. Flamingo Road
Pembroke Pines, FL 33028

Contact Info:

American Cancer Society 1-800-ACS-2345
Marilyn Shazier (954) 564-0880 x 122
Facilitator: Tracy Lautenbach (954) 430-6880 x 9712

Meeting Location	Meeting Dates & Times
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Pensacola, FL**Man to Man**

Sacred Heart Children's 1st Saturday,
Hospital 9:30 am
5151 North 9th Ave.
Pensacola, FL 32504

Contact Info:

American Cancer Society 1-800-ACS-2345
Samona Foy, CCS (850) 438-2224
Coordinator: Diane Carvagal (850) 438-4491 x 111
Facilitator: John Bayliss (850) 432-3779

NEW LISTING

Baptist Hospital 1st Saturday,
Kugelman Cancer Center 5:30 pm
Pensacola, FL
Contact Info:
Marsha DeSonier (850) 469-2224

Plantation, FL**Prostate Cancer Forum**

West Side Regional 2nd Tuesday,
Class Room C 6:30 pm
8201 W. Broward Blvd.
Plantation, FL 33324

Contact Info:

American Cancer Society 1-800-ACS-2345
Liaison: Liz Gassew, RN (954) 476-3994
Facilitator: Steve Newman
Attendees: 10-15

Pompano Beach, FL**Man Talk**

Cancer Center 3rd Wednesday,
North Broward Hospital 6:00 pm
201 E. Sample Road
Pompano Beach, FL 33064
(954) 941-8300

Contact Info:

Facilitator: Mona Ross (954) 786-6460

Meeting Location	Meeting Dates & Times
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Port Charlotte, FL**Man to Man**

Port Charlotte Cultural Center, Centennial Hall
9980 NW Aaron Street
Port Charlotte, FL 33949
(941) 625-4175
Contact Info:
American Cancer Society 1-800-ACS-2345
Administrator: John Lancaster (941) 639-8125
e-mail: jdlancpg@isni.net
Attendees: 80

4th Friday,
2:00 pm

Sarasota, FL**Man to Man**

Sarasota Memorial Hospital
1700 South Tamiami Trail
Sarasota, FL 34239
(941) 917-9000
Contact Info:
American Cancer Society 1-800-ACS-2345
ACS (941) 368-3858
Coordinator: Marion Stuart (941) 365-2858 x 28
Co-Chairman: Scott Styles (941) 925-9132
Martin Sara (941) 359-9976
Alan Stone (941) 383-2698
Paul Zatz (941) 358-0252

4th Monday,
2:00 pm

Sebring, FL**NEW LISTING****Highland County Prostate Cancer Support Group**

American Cancer Society
11 Marantha Blvd.
c/o Marantha Village
Sebring, FL 33870
(863) 382-2828
Notes: Call local office to register

2nd Tuesday,
12:00 noon

Meeting Location	Meeting Dates & Times
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Shalimar, FL**Man to Man**

Good Shepard Lutheran Church
1 Meiggs Drive
Shalimar, FL 32579
Contact Info:
American Cancer Society 1-800-ACS-2345
Carol Ann Fowler, CCS 850-244-3813 x 117
Facilitator: Donald Kempwerth (850) 651-2905
(also see listing for Ft. Walton Beach, FL)

3rd Tuesday,
7:00 pm

St. Augustine, FL**Man to Man**

Flagler Hospital
Osceola Classroom
400 Health Park Blvd
St. Augustine, FL 32086
Contact Info:
American Cancer Society 1-800-ACS-2345
Teri Coutu, CCS (904) 264-6039
Facilitator: Joe Peacock (904) 471-2593

3rd Tuesday,
6:30 pm

St. Lucie, FL**NEW LISTING****Man to Man**

St Lucie West
Sunlight Community Church
477 Cashmere Blvd.
St. Lucie, FL
Contact Info:
American Cancer Society 1-800-ACS-2345
Kim Glass-Benedetto (561) 287-7467

3rd Tuesday,
6:00 pm

St. Petersburg, FL**Man to Man**

Edward White Memorial Hospital
2323 Ninth Avenue N.
St. Petersburg, FL 33713
Contact Info:
Facilitator: Jim West

2nd Thursday,
6:30 pm
No meetings in
June, July &
August

Meeting Location	Meeting Dates & Times
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NEW LISTING

Bay Pines VA Hospital
10000 Bay Pines Blvd.
PERC Library, Room 1E236
St. Petersburg, FL 33708
Contact Info:
Coordinator: Dee Austin, CCS (727) 546-9822
Facilitator: Joe Ziegler
Note: No meetings in June, July & August

NEW LISTING
Northside Hospital
6000 49th Street North
St. Petersburg, FL 33709
Contact Info:
Coordinator: Dee Austin, CCS (727) 546-9822
Facilitator: Bill Hughes

Stuart, FL**NEW LISTING**

Man to Man
American Cancer Society
Martin Memorial Cancer Center
501 East Osceola Street
Stuart, FL 34994
Contact Info:
Kim Glass-Benedetto, CCS (561) 287-7467
Note: Meets in the 2nd Floor conference room

Sun City, FL**Man to Man**

American Cancer Society
St. Andrews Presbyterian Church
1239 Del Webb Blvd. W.
Sun City, FL 33573
Contact Info:
Patient Services Center (800) 227-9954. Call to register
Facilitator: Dr. Dallis Tuthill
Notes: For program questions call Brandon Unit (813) 685-0670

Meeting Location	Meeting Dates & Times
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Tallahassee, FL**Man to Man**

TMH Adult Care Center
2039 N. Monroe Street
Tallahassee, FL 32303
Contact Info:
Jennifer Johnson, CCD Mgr. (850) 297-0588 x 117
ACS Cancer Control Director (850) 297-0588 x 118
Facilitator: Jim Henderson (229) 377-7298
Fax (229) 377-5036
e-mail: jchend@web.tv

Tampa, FL**NEW LISTING**

Florida Prostate Cancer Network
6105 Memorial Highway
Building F, Suite M
Tampa, FL 33615
Contact Info:
Susan Bruno (813) 806-2800 or
(866) FLA-FPCN toll free
Facilitator: Richard Brown, PhD

Florida Prostate Cancer Network

Supporters of Survivors Group
Hillsborough Community College
Dale Mabry Campus
Student Services Bldg
Room 108, 110 or 112
4001 Tampa Bay Blvd.
Tampa, FL
Contact Info:
Bob Samuels (813) 806-2800 or
(866) FLA-FPCN toll free

Meeting Location	Meeting Dates & Times
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Man to Man

Moffit Cancer Center
 2902 Magnolia Drive
 Room 3039
 Tampa, FL 33612 (813) 929-3932
 3rd Wednesday, 4:30 - 6:00 pm
 or
 University Community Hospital
 3100 E. Fletcher
 Tampa, FL 3613 (813) 971-6000
 or
 St. Joseph's Hospital
 3001 Dr. Martin Luther King Blvd.
 Tampa, FL 33603 (813) 870-4000
 Contact Info:
 American Cancer Society 1-800-ACS-2345
 Karen White, CCS (813) 254-3630x 321
 Meetings: Moffit and UCH meet:
 4th Thursday, 2:00 pm
 St. Joseph meet:
 4th Thursday, 5:00 pm
 Notes: Meetings rotate between hospitals, please call for meeting location

Tarpon Springs, FL

US TOO

Helen Ellis Memorial Hospital
 1395 S. Pinellas Ave.
 Blue Room, 2nd floor
 Tarpon Springs, FL 34689
 Contact Info:
 US TOO 1-800-808-7866 or
 Evelyn Waldroupe (727) 945-1929
 Facilitator: Dr. Jacobs
 Attendees: 14-30
 4th Monday, 4:00 pm
 No meetings July, August, November, December

Meeting Location	Meeting Dates & Times
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Venice, FL

Man to Man

Venice Healthpark
 Lions Eye Center
 1201 Jacaranda Blvd.
 Venice, FL 34292
 Contact Info:
 American Cancer Society 1-800-ACS-2345 or
 Mary Weaks, CCS (941) 497-4309 x 21
 Facilitator: Roy Goree (941) 485-8010
 Edward Law (941) 484-7993
 e-mail: pat_ed_law@msn.com
 Fax (941) 480-9177
 1st Monday, 2:00 pm
 No meetings July & August

Vero Beach, FL

US TOO

Indian River Memorial Hospital
 Cancer Center
 1000 36th Street
 Vero Beach, FL 32968
 Contact Info:
 Facilitator: Curtis Folds (561) 567-0071 after 6pm
 2nd Tuesdays, 6:30 pm

NEW LISTING

Man to Man

Indian River Memorial Hospital
 Cancer Center
 1000 36th Street
 Vero Beach, FL 32960
 Contact Info:
 Kim Glass-Benedetto, CCS (800) 224-6844 x 115
 Last Tuesdays, 7:00 pm

Meeting Location	Meeting Dates & Times
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Wellington Beach, FL**Prostate Cancer Support**

Wellington Regional Medical
Center

MRI Classroom
10101 Forest Hill Blvd.
State Road 7
Wellington, FL 33414

1st Friday,
7:00 pm

Contact Info:

Marsha Isreal (561) 790-7175

Facilitator: Jesse Seligman (561) 963-3412

Attendees: 60-90

NOTES: Spouses are invited. Located in back of hospital. Refreshments are served.

US TOO

Wellington Regional Medical
Center

MRI Building
Ash Adams (561) 686-4503

1st Friday,
7:00 pm

West Palm Beach, FL**Man to Man**

The Helen & Harry Gray
Cancer Institute

Teleconference Room
1309 N. Flagler Drive
West Palm Beach, FL 33401
<http://www.ihswpb.com>

1st Tuesday,
3:00 pm

Contact Info:

American Cancer Society 1-800-ACS-2345

Facilitator: David Most (561) 366-4189

e-mail: dsmost@ihswpb.com

Attendees: 15-20

NOTES: All cancer groups. Valet parking. Refreshments served.

Meeting Location	Meeting Dates & Times
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Winter Haven, FL**Man to Man**

Winter Haven Memorial
Hospital

200 Avenue F N.E.
Winter Haven, FL 33881
(941) 283-1121

Contact Info:

American Cancer Society 1-800-ACS-2345

Facilitator: Rev. Bill Allen (941) 283-1121 x 3363

Attendees: 15

4th Tuesday,
1:00 pm

Zephyrhills, FL**Man to Man**

East Pasco Medical Center
Wellness Center

Conference Room
7050 Gall Blvd.
Zephyrhills, FL 33541
(813) 788-0411

Contact Info:

American Cancer Society 1-800-ACS-2345

Beth Riddle, CCS 1 (800) 940-1969

Facilitator: Donald Charest (813) 788-0411

Hospital Contact: Carol Brown (813) 788-8326

3rd Wednesday,
2:00 pm

For more information on additional support groups in Florida, contact:

*US TOO at
1-800-808-7866 or
check their web site at
www.ustoo.org*

Cancer Organizations

American Cancer Society

Florida Division, Inc.
3709 W. Jetton Ave.
Tampa, FL 33629-5146
813-253-0541
800-ACS-2345 (800-227-2345)
Fax: 813-251-8723
www.cancer.org

American Foundation for Urologic Disease

1128 N. Charles Street
Baltimore, MD 21201
800-828-7866 / 410-468-1800
admin@afud.org
www.afud.org

American Institute for Cancer Research (AICR)

1759 R St., NW, Washington, DC 20009
202-328-7744 (General Information)
800-843-8114 (Nutrition Hotline, Publications Dept.)
aicrweb@aicr.org
www.aicr.org

American Prostate Society

1340-F Charwood Road
Hanover, MD 21076
410-859-3735
Fax: 410-850-0818
cgerard@www.ameripros.org
www.ameripros.org

Cancer Care, Inc.

National Office
275 7th Ave
New York, NY 10001
800-813-HOPE (800-813-4673)
Fax: 212-719-0263
info@cancercare.org
www.cancercare.org

Cancer Information Service

800-4-CANCER (800-422-6237)
TTY 1-800-332-8615
cis.nci.nih.gov

CaPCure

1250 4th Street, Suite 360
Santa Monica, CA 90401
800-757-2873 / 310-458-2873
Fax: 310-458-8074
capcure@capcure.org
www.capcure.org

Florida Prostate Cancer Network

6105 Memorial Hwy.
Bldg. F Suite M,
Tampa, FL 33615
813-806-2800 or Toll Free (866) FLA-FPCN
Fax: 813-806-4662
www.florida-cancer.org

National Cancer Institute

NCI Public Inquiries Office
Building, 31, Room 10A03
31 Center Drive, MSC 2580
BETHESDA, MD 20892-2580
800-4-CANCER (800-422-6237)
TTY 800-332-8615
www.nci.nih.gov

National Center for Chronic Disease Prevention and Health Promotion

Division of Cancer Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-64
Atlanta, GA 30341-3717
888-842-6355
cancerinfo@cdc.gov
www.cdc.gov/cancer/prostate

National Coalition for Cancer Survivorship

1010 Wayne Avenue
Suite 707
Silver Spring, MD 20910-5600
Phone: 877-NCCS-YES (877-622-7937)
Fax: 301-565-9670
info@cansearch.org
www.cansearch.org

National Prostate Cancer Coalition

1156 15th Street, NW, Suite 905
 Washington, DC 20005
 202-463-9455
 Fax: 202-463-9456
 info@4npcc.org
 www.4npcc.org

Patient Advocates for Advanced Cancer

Treatments
 1143 Parmelee N.W.
 Grand Rapids, MI 49504
 616-453-1477 / 616-453-1846
 paact@osz.com
 www.osz.com/paact

US TOO

930 North York Road
 Suite 50
 Hinsdale, IL 60521-2993
 1 (800) 323-1003
 http://www.usto.com

The Wellness Community - SW Florida

3900 Clark Road
 Building P-3
 Sarasota, FL 34233
 941-921-5539
 hope@wellness-swfl.org
 www.wellness-swfl.org
 or

The Wellness Community - Greater Miami Area

(Opening 2002)
 305-665-4311
 www.wellness-community.org
 or

The Wellness Community

5770 N. Federal Highway
 Boca Raton, FL 33487
 561-912-9300
 twcboca@aol.com
 www.twcboca.org

Internet Resources**Cancerfacts.com**

www.cancerfacts.com
 support@cancerfacts.com

CancerNet

cancernet.nci.nih.gov

CancerResources

www.cancerresources.com
 lifecare@aol.com

Florida Prostate Cancer Network

www.florida-cancer.org

Male Health Center

www.malehealthcenter.com

OncoLink

oncolink.upenn.edu/disease/prostate

Prostate Cancer InfoLink

comed.com/prostate

Prostate Cancer Research Institute

www.prostate-cancer.org

Prostate-Help

prostate-help.com

Prostate Pointers

www.prostatepointers.org/prostate
 gary@prostatepointers.org

Assistance for Prostate Cancer Patients and Their Families

Pharmaceutical Assistance

American Cancer Society

800-ACS-2345 (800-227-2345)
www.cancer.org

Cancer Care, Inc.

800-813-HOPE (800-813-4673)
www.cancercareinc.org/database/database_search.html
www.cancercareinc.org/services/drug_companies.htm

Health and Human Services (U.S.)

877-696-6775
www.hhs.gov

Hill-Burton

A brochure about the program is available in Spanish.
800-638-0742
www.hrsa.dhhs.gov/osp/dfcr/obtain/consfaq.htm

Internal Revenue Service

800-829-1040
www.irs.ustreas.gov

Medicaid

888-419-3456
www.hcfa.gov/medicaid/mcaicnsm.htm

Medicare

800-Medicare (800-633-4227)
www.medicare.gov

Needy Meds

www.needymeds.com

Pharmaceutical Research and Manufacturers of America

Directory of Pharmaceutical Manufacturers' Indigent Programs
800-PMA-INFO (800-762-4636)
www.phrma.org

Social Security Administration

Spanish-speaking staff are available.
800-772-1213
TTY: 800-325-0778
www.ssa.gov/SSA_Home.html

United Way

800-411-UWAY (800-411-8929).
www.unitedway.org
United Way of Florida, Inc.
307 East 7th Avenue, Suite 204
Tallahassee, FL 32303-5566

Veterans Affairs

Spanish-speaking staff are available in some offices.
800-827-1000
www.va.gov/benefits.htm

Pharmaceutical Companies (Indigent Drug Programs)

Many pharmaceutical companies have programs which provide prescription medicines free of charge to patients in need. Your physician needs to make a written request (on physicians' letterhead) on behalf of the patient. The criteria is different for each company. Ask your physician.

3M Pharmaceuticals

6W13, 3M Center
P.O. Box 33275
St. Paul, MN 55133-3275
800-328-0255
Fax: 651-733-6068
Product(s) Covered By Program: Aldara cream, Maxair Autohaler, Maxair Inhaler, Minitran (patches), Norflex, Norgesic Forte, Q Var Inhaler, Tasmibocore, Theolair
www.3m.com/pharma

Abbott Laboratories, Inc.

Pharmaceutical Products Division
Patient Assistance Program
P.O. Box 1420
Abbott Park, IL 60064
800-222-6885, Option #1
Product(s) Covered By Program: Lupron

Alza Pharmaceuticals

Indigent Patient Assistance Program
c/o Documedics
1250 Bayhill Drive, Suite 300
San Bruno, CA 94066
800-577-3788
Fax: 800-482-1896
Product(s) Covered By Program: Bicitra, Ditropan, Ditropan XL, Elmiron, Mycelex Trouche, Neutra-Phos, Neutra-Phos-K, PolyCitra, PolyCitra-K, Testoderm, Testoderm TTS Coupons, Urispas, Concerta Coupons, Flexeril
www.alza.com

Oncology Connection Program

1250 Bayhill Drive
Suite 300
San Bruno, CA 94066
800-609-1083
Fax: 650-564-7070
Products Covered: Doxil, Ethyol
www.alza.com

Amgen

One Amgen Center Drive
Thousand Oaks, CA 91320-1799
Fax: 805-447-1010
Amgen SAFETY NET® Program: 888-272-9376
Product(s) Covered By Program: EPOGEN® (Epoetin alfa), NEUPOGEN® (Filgrastim)
www.amgen.com

AstraZeneca Foundation

Patient Assistance Program
P.O. Box 15197
Willmington, DE 19850-5197
800-424-3727
Product(s) Covered By Program: Zoladex (goserelin acetate) injectable, Casodex (bicalutamide)
www.astrazeneca-us.com

Aventis Pasteur

Discovery Drive
Swiftwater, PA 18370
Cindy Cook, Associate Product Manager
800-VACCINE (822-2463)
Fax: 570-839-4617
Products include: TheraCys BCG live intravesical

Aventis Pharmaceuticals

Patient Assistance Program
P.O. Box 759
Somerville, NJ 08876
800-221-4025
Product(s) Covered By Program: ALLEGRA, ALLEGRA D, AMARYL, ARAVA, ARAVA-LOADING DOSE, AZMACORT INHALATION AEROSOL, BENTYL, CANTIL, CARAFATE SUSPENSION, CARAFATE TABLETS, CLAFORAN, DDAVP, DDAVP INJECTION, DDAVP RHINAL, HIPREX, LANTUS, NASACORT, AQ NASAL SPRAY, NASACORT NASAL INHALER, NILANDRON, TILADE INHALER

Bayer Corporation

Bayer Indigent Program
 P.O. Box 29209
 Phoenix, AZ 85038-9209
 800-998-9180
 Product(s) Covered By Program: Adarat, Baycol, Cipro, Precose. Must have name of drug to check if covered.
www.bayer.com

Boehringer Ingelheim Pharmaceuticals, Inc.

c/o Express Scripts/Specialty Distribution Services
 P.O. Box 66555
 St. Louis, MO 63166-6555
 800-274-8651
 Product(s) Covered By Program: Aggrenox (capsules), Atrovent (inhaler and nasal spray), Cafcit (injection), Catapres-TTS (patches), Combivent (inhaler), Flomax (capsules), Micardis (tablets), Micardis HTCD, Mobic (tablets), Varimune (oral solutions and tablets)
 Control Substances: Oramorph (tablets), Roxanol (oral solution), Roxicondone (oral solution and tablets)
www.boehringer-ingelheim.com

Bristol-Myers Squibb

Patient Assistance Program
 P.O. Box 4500
 Princeton, NJ 08543-4500
 Mailcode P25-31
 800-332-2056
 Fax: 609-897-6859
 Call for product information
www.bms.com

Cephalon, Inc.

1800 Robert Fulton Drive
 3rd Floor
 Reston, VA 20191
 877-229-1241
 Fax: 800-777-7562
 Product(s) Covered By Program: Actiq
www.cephalon.com

ConvaTec Professional Services (A Bristol-Myers Squibb Company)

Access Program
 P.O. Box 5254
 Princeton, NJ 08543-5254
 800-422-8811
 Product(s) Covered By Program: BLO PRODUCTS (CHEMO): BICNU, CEENU, ETOPOPHOS, LYSODREN, MUTAMYCIN, PARAPLATIN, PLARINOL-AQ, VEPESID (etoposide), VEPESID (teniposide), VUMON
 MJO PRODUCTS (CHEMO): BLENOXANE, CYTOXAN, CYTOXAN LYOPHILIZED, DROXIA, HYDREA, IFEX, and MESNEX/mesna combo packs, MEGACE, MEGACE ORAL SUSP, MYCOSTATIN PASTILLES, RUBEX, TAXOL, TESLAC
 MJO (IMM): FUNGIZONE ORAL SUSP, VIDE, VIDEX ORAL SOL, ZERIT, ZERIT ORAL SOL
www.convatec.com

DuPont Pharmaceuticals Company

Darlene Samis
 Chestnut Run Plaza
 Hickory Run Bldg.
 974 Centre Road
 Wilmington, Delaware 19805
 800-474-2762
www.dupontmerck.com
dminquiry@dupontpharma.com

Elan Pharmaceuticals

1 Research Way
 Princeton, NJ 08076
 800-345-2252
 Fax: 888-625-6587
 Product(s) Covered By Program: Abelcet®

Glaxo Wellcome Inc.

Patient Assistance Program
 P.O. Box 52185
 Phoenix, AZ 85072-9711
 Patient Assistance: 800-722-9294
 Product(s) Covered By Program: All marketed Glaxo Wellcome prescription products
www.glaxowellcome.com/pap

Janssen Pharmaceutica

Janssen Patient Assistance Program
 1800 Robert Fulton Drive
 Reston, VA 20191-4346
 800-652-6227
www.janssen.com

Nabi (formerly known as Univax)

5800 Park of Commerce Blvd. NW
 Boca Raton, FL 33487
 Fax: 561-989-5899
 Customer Service: 800-327-7106
 Products include: WinRho SDF
www.nabi.com

Novartis Pharmaceuticals

Patient Assistance Program
 P.O. Box 8609
 Somerville, NJ 08876
 Patient Assistance Program: 800-277-2254
 Product(s) Covered By Program: Certain single source and/or life-sustaining products. Controlled substances are not included.
www.novartis.com

Nycomed Amersham

3350 N. Ridge Avenue
 Arlington Heights, IL 60004
 800-228-0126
 Product(s) Covered By Program: Iodine Seeds

Ortho-McNeil Pharmaceutical

Ortho-McNeil Patient Assistance Program
 P.O. Box 938
 Somerville, NJ 08876
 800-797-7737
 Product(s) Covered By Program: Prescription products prescribed according to approved labeled indications and dosage regimens
www.ortho-mcneil.com

Parke-Davis

The Parke-Davis Patient Assistance Program
 P.O. Box 1058
 Somerville, NJ 08876
 908-725-1247
 Product(s) Covered By Program: Accupril, Dilantin, Lipitor, Loestrin, Neurontin and Zorontin

Pfizer, Inc.

Prescription Assistance
 P.O. Box 230970
 Centerville, VA 20120
 800-646-4455
 Product(s) Covered By Program: Antivert, Atarax, Cardura, Diabinese, Feldene, Glucotrol, Glucotrol XL, Minipress, Minizide, Norvasc, Navane, Procardia, Procardia XL, Renese, Sinequan, Viagra, Vibramycin, Vibra-Tabs, Vistaril, Zolof, Zyrtec
www.pfizer.com

Proctor & Gamble Pharmaceuticals, Inc.

P.O. Box 231
 Norwich, NY 13815
 Attn: Customer Service Department
 800-830-9049
 Product(s) Covered By Program: Actonel, Asacol, Dantrium Capsules, Didronel, Macrochantin, Macrobid
www.pg.com

Roche Laboratories, Inc.

Roche Medical Needs Program
 340 Kingsland Street
 Nutley, NJ 07110
 Roche Medical Needs Program: 800-285-4484
 Product(s) Covered By Program: Roche product line with some exceptions
 Oncoline/Helpline Reimbursement Hotline:
 1(800) 443-6676
www.roche.com/pharma/Index.htm

Roxane Laboratories, Inc.

P.O. Box 16532
Columbus, OH 43216
800-520-1631
Product(s) Covered By Program: Aggrenox (capsules), Atovent (inhaler and nasal spray), Cafcit (injection), Catapres-TTS (patches), Combivent (inhaler), Flomax (capsules), Micardis (tablets), Micardis HTCD, Mobic (tablets), Varimune (oral solutions and tablets)
Controlled Substances: Oramorph (tablets), Roxanol (oral solution), Roxicondone (oral solution and tablets)
info@Roxane.com
www.roxane.com

Sanofi-Synthelabo, Inc.

Needy Patient Program
c/o Product Information Department
90 Park Avenue
New York, NY 10016
800-446-6267
Product(s) Covered By Program: Aralen, Danocrine, Drisdol, Hytakerol, Mytelase, NegGram, pHisoHex, Plaquenil, Primaquine, Skelid,
www.sanofi-synthelaboUS.com

Schering Laboratories/Key Pharmaceuticals

For Intron A/Eulexin: 800-521-7157
For Other Products:
Schering Laboratories/Key Pharmaceuticals
Patient Assistance Program
P.O. Box 52122
Phoenix, AZ 85072
800-656-9485
www.schering-plough.com

Smithkline Beecham Pharmaceuticals

Access to Care Program
One Franklin Plaza-FPI320
Philadelphia, PA 19101
800-546-0420
Product(s) Covered By Program: Most SmithKline Beecham outpatient prescription products are covered. Controlled substances and vaccines are not covered.
www.sb.com

Tap Pharmaceuticals

Patient Assistance Program
800-453-8438
Products include: Lupron and Prevacid
www.tapurology.com

Wyeth-Ayerst Laboratories

Professional Services 150A-3
Indigent Patient Program
P.O. Box 13806
Philadelphia, PA 19101-9649
800-568-9938
Product(s) Covered By Program: Various products (not including schedule II, III, or IV products).

Transportation Assistance

Free transportation assistance to and from cancer treatment facilities is offered through the following organizations.

Air Care Alliance

6202 South Lewis Avenue Suite F2
Tulsa, Oklahoma 74136-1064
918-745-0384
888-260-9707
www.aircareall.org

American Cancer Society

Florida Division, Inc.
3709 W. Jetton Ave.
Tampa, FL 33629-5146
813-253-0541
800-ACS-2345 (800-227-2345)
www.cancer.org

Angel Flight Southeast

8742 Airport Blvd.
Leesburg, FL 34788
800-352-4256
www.angelflightse.org

Cancer Care, Inc.

National Office
275 7th Ave.
New York, NY 10001
800-813-HOPE (800-813-4673)
www.cancercareinc.org/database/database_search.html

PatientTravel.org

Mercy Medical Airlift
4620 Haygood Road, Ste. 1
Virginia Beach, VA 23455
800-296-1217
www.patienttravel.org

Insurance Information

The costs of initial treatment, prescriptions and continuing care are certainly a concern for the patient.

Get all the benefits your policy provides:

- 1.) Determine exactly what your insurance covers. Get a copy of your policy and review it.
- 2.) Keep careful records of all your expenses and claims.
- 3.) File claims for all costs. If your first claim is denied, file again. Involve your physician.
- 4.) Get help with filing your claim if you need it. Friends, family, or a social worker can help.

A number of organizations can help uninsured cancer patients or those with inadequate coverage.

Cancer Care, Inc.

800-813-HOPE (800-813-4673)
Fax: 212-719-0263
info@cancercare.org
www.cancercare.org/campaigns/advocacy4.htm

Florida Department of Elder Affairs

800-96ELDER (800-963-5337)
www.myflorida.com
Local Elder Help Line can connect you with local SHINE Program (Serving Health Insurance Needs of the Elderly)
Elder Help Line can also link you to local Area Agency on Aging

Health Insurance Association of America

555 13th Street N.W.
Washington, D.C. 20004
202-824-1600
www.hiaa.org

Hill-Burton

A brochure about the program is available in Spanish.
800-638-0742
www.hrsa.dhhs.gov/osp/dfcr/obtain/consfaq.htm
DFCRCOMM@HRSA.GOV

Medicaid

7500 Security Boulevard
 Baltimore, Maryland 21244
 888-419-3456
www.hcfa.gov/medicaid/mcaicnsm.htm

Medicare

800-638-6833
 Florida Contact: Blue Cross & Blue Shield
 800-333-7586
 TTY: 800-754-7820
 Español teléfono: 904-355-3680
www.medicare.gov

National Cancer Institute

800-4-CANCER (800-422-6237)
 TTY: 800-332-8615
cancer.net.nci.nih.gov/facing_forward/facmanag.html

Patients' Advocate Foundation

780 Pilot House Drive, Suite 100-C
 Newport News, VA 23606
 800-532-5274
 Fax: 757-873-8999
www.patientadvocate.org
patient@pinn.net

Social Security Administration

Spanish-speaking staff are available.
 800-772-1213
 TTY: 800-325-0778
www.ssa.gov/SSA_Home.html

Veterans Affairs

Spanish-speaking staff are available in some offices.
 800-827-1000
g.vhacss@forum.va.gov
www.va.gov/benefits.htm

Hospice Information

This chapter contains a listing of Florida-based hospice centers listed alphabetically by city and the county(s) served. Hospice programs provide high quality medical care and psychological support for and your family.

Florida Hospices**Altamonte Springs, FL**

Hospice of the Comforter
 595 Montgomery Road
 Altamonte Springs, FL 32714
 (407) 682-0808 (407) 682-5787 Fax

Administrator: Robert G. Wilson
Referrals: Marianne Larosa
County(s): Orange, Osceola, Seminole

Auborndale, FL

Good Sheperd Hospice of Mid-Florida
 105 Arneson Avenue
 Auborndale, FL 33823
 (863) 297-1880 or (863) 965-5601 Fax

Administrator: Mary Ellen Poe
County(s): Hardee, Highland, Polk

Boca Raton, FL

Hospice by the Sea
 1531 W. Palmetto Road
 Boca Raton, FL 33468-3395
 (561) 395-5031 (561) 394-4515 Fax

Administrator: Trudi Webb
County(s): Broward, Palm Beach

Bradenton, FL

Hospice of Southwest Florida
 3355 26th Street W.
 Bradenton, FL 34205
 (941) 739-8940 (941) 739-8937 Fax
County(s): Charlotte, De Sota, Manatee, Sarasota

Florida Hospices**Brooksville, FL**

Hernando Pasco Hospice - Satellite Office
12260 Cortez Blvd.
Brooksville, FL 34613
(352) 597-1882 (352) 597-4667

Administrator: Rodney S. Taylor
County(s): Hernando

Cape Coral, FL

Hope Hospice
130 Del Prado Blvd.
Cape Coral, FL 33990
1-800-788-8091 Toll Free or (941) 574-4888
<http://www.hopehospice.org>
e-mail@hopehospice.org

Administrator: Samira K Beckwith
County(s): Glades, Hendry, Lee

Clearwater, FL

Hospice of the Florida Suncoast
Hospice House - Resident only
1308 Viewtop Drive
Clearwater, FL 34624-3737
(813) 586-4432

Administrator: Mary J. Labyak
County(s): Pinellas

Clewiston, FL

Hope Hospice
532 West Sagamore Street.
Clewiston, FL 33440
1-800-935-1673 Toll Free or (941) 983-7771
<http://www.hopehospice.org>
e-mail@hopehospice.org

Administrator: Samira K Beckwith
County(s): Glades, Hendry, Lee

Daytona Beach, FL

Hospice of Volusia / Flagler
(See Port Orange)

Florida Hospices**Fort Lauderdale, FL**

Hospice Care of Broward County
309 SE 18th Street
Fort Lauderdale, FL 33316-2886
(954) 467-7423 x23 or (954) 524-6067 Fax
e-mail: hospice@safari.net

Administrator: Susan G. Telli
County(s): Broward, Dade, Monroe

Fort Myers, FL

Hope Hospice - Home Office
9470 Healthpark Circle
Fort Myers, FL 33908-3617
1-800-835-1673 Toll free
(941) 482-4673 Home Office
(941) 482-2488 Home Office Fax
(941) 590-0276 Hospice House
1-800-889-1344 Toll Free Hospice House
<http://www.hopehospice.org>
e-mail@hopehospice.org

Administrator: Samira K Beckwith
County(s): Glades, Hendry, Lee

Fort Pierce, FL

Hospice of the Treasure Coast
PO Box 1748
Fort Pierce, FL 34954-1748
(407) 465-0504 or (407) 465-6309 Fax

Administrator: Sharon A. Rivers
County(s): Indian River, Martin, Okeechobee, St. Lucie

Gainesville, FL

Hospice of North Central Florida
4200 NW 90th Blvd.
Gainesville, FL 32606
(352) 378-2121 or (352) 379-6290 Fax

Administrator: Tim Bower
Referrals: Clair Milliman

Florida Hospices

Hudson, FL

Hernando Pasco Hospice
12107 Majestic Blvd.
Hudson, FL 34667-2460
(727) 863-7971 or (727) 868-9261 Fax

Administrator: Rodney S. Taylor
Referrals: Evelyn Passarella

Jacksonville, FL

Hospice of Northeast Florida
4266 Sunbeam Road
Jacksonville, FL 32257
(904) 268-5200 or (904) 268-9795 Fax

Administrator: Susan Ponder-Stansel

Methodist Hospital Hospice

580 W. 8th Street
Jacksonville, FL 32209-6553
(904) 798-8340 or (904) 798-8339

Administrator: Dorothy D. Bray

Key West, FL

Hospice of the Florida Keys
VNA of the Florida Keys
1319 William Street
Key West, FL 33040
(305) 294-8812 or (305) 292-9466 Fax

Administrator: Liz Kern
Referrals: Pat Haggerty
County(s): Monroe

Lakeland

Good Sheperd Hospice of Mid-Florida
105 Arneson Avenue
Auborndale, FL 33823
(863) 297-1880 or (863) 965-5601 Fax

Administrator: Mary Ellen Poe
County(s): Hardee, Highland, Polk

Florida Hospices

Lehigh Acres, FL

Hope Hospice
205 East Joel Blvd.
Suite 304
Lehigh Acres, FL 33972
1-800-788-8092 Toll Free or (941) 9368-2040
<http://www.hopehospice.org>
e-mail@hopehospice.org

Administrator: Samira K Beckwith

Largo, FL

Hospice of the Florida Suncoast
300 E. Bay Drive.
Largo, FL 33770
(727) 586-4432 or (727) 581-5846 Fax

Administrator: Mary J. Labyak
Referrals: Sharon Brown
County(s): Pinellas

Central Community Service Center

Pinebrook Business Complex
7411 114th Ave. N.
Largo, FL 33773
(727) 586-4432 or (727) 581-5846 Fax

Administrator: Marcy Pruitt
County(s): Pinellas

Main Community Service Center

300 E. Bay Drive.
Largo, FL 33770
(727) 586-4432 or (727) 581-5846 Fax

Administrator: Sandra Sunter
County(s): Pinellas

Florida Hospices**Lecanto, FL**

Hospice of Citrus County
3350 W. Audubon Park Path
Lecanto, FL 34461-8450
(352) 527-2020 or (352) 527-9240 Fax

Administrator: Marjorie B. Budd
County(s): Citrus

Maitland, FL

VITAS Healthcare Corp of Central Florida
Maitland Center Parkway
Suite 300
Maitland, FL 32751-7267
(407) 875-0028 or (407) 475-2674 Fax

Administrator: Mark Taylor
County(s): Orange, Osceola, Seminole

Marianna, FL

Hospice of Northwest Florida
2917 B Optimist Drive
Marianna, FL 32448
(850) 482-8520 or (850) 482-8985 Fax

Administrator: Diane DaCosta
County(s): Holmes, Jackson, Washington

Miami, FL

Catholic Hospice
14100 Palmetto Frontage Road
Suite 370
Miami, FL 33016-1557
(305) 822-2380 or (305) 824-0665
e-mail: hospice@safari.net

Administrator: Barbara J Janosko
County(s): Dade, Monroe

Florida Hospices**Hospice Care of Broward County**

1200 NW 78th Avenue
Suite 101
Miami, FL 33126
(305) 599-7755 or (305) 599-3588
e-mail: hospice@safari.net

Administrator: Susan G. Telli
County(s): Broward, Dade, Monroe

Hospice Care of South Florida

7270 NW 12th Street
Penthouse 6
Miami, FL 33126
(305) 591-1606 or (305) 591-1618 Fax

Administrator: Rose Marie R. Marty
County(s): Dade

VITAS Healthcare Corp of Florida

12515 N. Kendall Drive
Suite 210
Miami, FL 33186
(305) 275-9944 or (305) 275-4995 Fax

Administrator: Rose Marie R. Marty
County(s): Dade

Miramar, FL

VITAS Healthcare Corp of Florida
3700 Executive Way
Miramar, FL 33025
(954) 576-9333 or (954) 704-2094 Fax

Administrator: Katherine Hirstius
Referrals: Kathy Donlan
County(s): Broward, Dade

Naples, FL

Hospice of Naples
1095 Whippoorwill Lane
Naples, FL 34105
(941) 261-4404 or (941) 262-2429

Administrator: Diane S. Cox
County(s): Collier

Florida Hospices**New Port Richey, FL**

Hernando Pasco Hospice - Satellite Office
4422 Grand Ave.
New Port Richey, FL 34652
(813) 849-2629 or (813) 848-0110 Fax

Administrator: Rodney S. Taylor
Referrals: Rose Milks
County(s): Hudson, Pasco

Hospice of Pasco

3589 Universal Plaza
New Port Richey, FL 34652
(727) 845-5904 or (727) 845-7254 Fax

Administrator: Katherine Hirstius
Referrals: Kathy Donlan
County(s): Pasco

Niceville, FL

Hospice of Northwest Florida
101 Hart Street
Niceville, FL 32578
(850) 729-1800 or (850) 729-7883

Administrator: Sheila H. Glover
Referrals: Dona White
County(s): Okaloosa, Walton

Ocala, FL

Hospice of Marion County
3231 SW 34th Ave.
PO Box 4860
Ocala, FL 34478-4860
(352) 873-7434 or (352) 873-7432 Fax

Administrator: Alice J. Privett
Referrals: Debbie Saussy
County(s): Marion

Referrals: Rebecca Thomas
County(s): Okeechobee

Florida Hospices**Okeechobee, FL**

Hospice of Okeechobee
411 SE 4th Street
Okeechobee, FL 34974
(863) 467-2321 or (863) 467-8330 Fax

Administrator: Pat Ballenger

Ormond Beach, FL

Hospice Care of Memorial Hospital
500 Memorial Circle,
Suite C
Ormond Beach, FL 32174
(904) 676-6166 or (904) 672-0314 Fax

Administrator: Stephanie Williams
Referrals: Joanne Stanford
County(s): Flagler

Palm Harbor, FL

Hospice of the Florida Suncoast
2765 Tampa Road
Palm Harbor, FL 34684
(727) 586-4432 or (727) 789-7834 Fax

Administrator: Timothy R. Arsenault

Panama City, FL

Hospice of Northwest Florida - Panama City
502 N. MacArthur Ave. Suite B
Panama City, FL 32401
(850) 785-3040 or (850) 785-2552 Fax

Administrator: Judy Smolk
County(s) Bay, Calhoun, Gulf

Hospice of the Emerald Coast

2929 Highway 77
Panama City, FL 32405
(850) 769-0050 or (850) 769-0321 Fax

Administrator: Sue Nelson
Referrals: Donna Mezzanotte
County(s) Bay, Calhoun, Gulf

Florida Hospices**Pensacola, FL**

Hospice of Northwest Florida
2001 N. Palafox Street
Pensacola, FL 32501
(850) 433-2155 or (850) 433-7212 Fax

Administrator: Judy Smolk
County(s) Bay, Calhoun, Escambia, Gulf,
Holmes, Jackson, Okaloosa, Santa Rosa,
Walton, Washington

Pinellas Park, FL

Hospice of the Florida Suncoast
Hospice House-Woodside
6770 102nd Ave. N.
Pinellas Park, FL 33782
(727) 541-4199 or (727) 547-1947Fax

Administrator: Sandy Rex
Referrals: Admissions Counselor
County(s): Pinellas

Pompano Beach, FL

Hospice of the Gold Coast Health Services
911 E. Atlantic Blvd., Suite 200
Pompano Beach, FL 33060-7372
(954) 785-2990 x63 or (954) 785-2993 Fax

Administrator: Darlene McCullogh
County(s): Broward, Palm Beach

Port Charlotte, FL

Hospice of Southwest Florida
3028 Caring Way
Port Charlotte, FL 33952
(941) 627-0848 or (941) 627-1875 Fax

Administrator: Bonnie, Harvey
Referrals: Barbara Benson
County(s): Charlotte, De Sota, Manatee,
Sarasota

Florida Hospices**Port Orange, FL**

Hospice of Volusia/Flagler
3800 Woodbriar Trail
Port Orange, FL 32119
(904) 322-4701 or (904) 322-4702 Fax

Administrator: Deborah Harley
Referrals: Holly Van Hoose
County(s): Flagler, Volusia

Rockledge, FL

Brevard Hospice
PO Box 565002
Rockledge, FL 32956-5002
(407) 253-2222 or (407) 253-2238 Fax
<http://www.iu.net/wmh>

Administrator: Cynthia Harriss-Panning
Referrals: Terry La Duke
County(s): Pinellas

Saint Augustine, FL

Community Hospice Northeast
1955 US 1 South, Suite D3
Saint Augustine, FL 32086
(904) 824-3735 or (904) 829-0912 Fax

Administrator: Sharon Arsenault
County(s): Pinellas

Saint Petersburg, FL

Hospice of the Florida Suncoast
South Community Service Center
5639 49th Street N.
Saint Petersburg, FL 33709
(727) 586-4432 or (727) 521-5622 Fax

Administrator: Grace S. Case
County(s): Pinellas

Florida Hospices**Sarasota, FL**

Hospice of Southwest Florida
5955 Rand Blvd.
Sarasota, FL 34238-5189
(941) 923-5822 or (941) 925-0969 Fax

Administrator: Gary Lamm
Referrals: Merissa Werly
County(s): Charlotte, De Sota, Manatee, Sarasota

Sebring, FL

Good Sheperd Hospice of Mid-Florida
PO Box 1884
Sebring, FL 33871
(863) 471-3700 or (863) 471-9542 Fax

Administrator: Marry Ellen Poe
County(s): Hardee, Highlands, Polk

Stuart, FL

Hospice of Martin & Saint Lucie
2030 SE Ocean Blvd.
Stuart, FL 34996
(561) 287-7860 or (561) 287-7982 Fax

Administrator: Mary C. Knox
Referrals: Tamara Oleson
County(s): Martin, Okeechobee, Saint Lucie

Sun City Center, FL

LifePath Hospice
1647 Sun City Center Plaza, Suite 104
Sun City Center, FL 33573
(813) 634-7621 or (813) 633-3861 Fax

Administrator: Kathy Fernandez
County(s): Hillsborough

Florida Hospices**Tallahassee, FL**

Big Bend Hospice
1723 Mahan Center Blvd.
Tallahassee, FL 32308
(850) 878-5310 or (850) 309-1638 Fax

Administrator: Virginia Fielder
County(s): Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla

Tampa, FL

LifePath Hospice
3010 W. Azeele Street
Tampa, FL 33609
(813) 877-2200 or (813) 872-7037 Fax

Administrator: Kathy Fernandez
County(s): Hillsborough

Tavares, FL

Hospice of Lake & Sumter
12300 Lane Park Road
Tavares, FL 32778-9660
(352) 343-1341 or (352) 343-6115 Fax

Administrator: Pat Lebotsky
County(s): Lake, Sumter

Titusville, FL

Hospice of Saint Francis
2395 South Washington Ave.
Suite 3 & 4
Titusville, FL 32780
(321) 269-4240 or (321) 269-5428 Fax

Administrator: Bruce Walters
Referrals: Barbara Borman
County(s): Brevard

County(s): Charlotte, De Sota, Manatee, Sarasota,

Florida Hospices**Venice, FL**

Hospice of Southwest Florida
220 Wexford Blvd.
Venice, FL 34293
(941) 496-4611 or (941) 497-1648 Fax

Administrator: Bonnie E. Harvey
Referrals: Diane Welnitz

Vero Beach, FL

VNA Hospice of IRC
1111 36th Street
Vero Beach, FL 32960-4802
(561) 567-5551 x12 or (561) 569-1444 Fax

Administrator: Janine Cacciatore
Referrals: Ginny Fitzgerald
County(s): Indian River

West Melbourne, FL

Holmes Regional Hospice
1900 Dairy Road
West Melbourne, FL 32904
(407) 952-0494 or (407) 952-0382

Administrator: Roberta Van Dusen
Referrals: Paula Ludwig
County(s): Brevard

West Palm Beach, FL

Hospice of the Palm Beaches
5300 East Ave.
West Palm Beach, FL 33407
(561) 848-5200 x211 or (561) 863-2955 Fax
<http://www.hpbc.com>

Administrator: Dane Fielding
County(s): Palm Beach

Florida Hospices**Winter Haven, FL**

Good Sheperd Hospice of Mid-Florida
105 Arneson Avenue
Winter Haven, FL 33823
(863) 297-1880 or (863) 965-5601 Fax

Administrator: Marry Ellen Poe
County(s): Hardee, Highlands, Polk

Zephyrhills, FL

Hernando Pasco Hospice
7066 Fort King Road
Zephyrhills, FL 33541
(813) 780-6797 or (813) 788-5119 Fax

Administrator: Rodney S. Taylor
Referrals: Dawn Woodward
County(s): Hernando, Pasco

National Hospice and Estate Planning Information

American Association of Retired Persons (AARP)

400 Carillon Parkway
Suite 100
St. Petersburg, FL 33716
800-424-3410
727-571-2277
TTY: 727-561-9544
www.aarp.org

Foundation for Hospice and Homecare

228 Seventh Street SE
Washington, DC 20003
202-547-6586

Growth House, Inc.

415-255-9045
growthhouse.org
info@growthhouse.org

Hospice Association of America

228 Seventh Street, SE
Washington, DC 20003
202-546-4759
www.nahc.org/HAA

Hospice Education Institute, Inc.

190 Westbrook Road
Essex, CT 06426-1510
800-331-1620
hospiceall@aol.com

Hospice Foundation of America

777 17 Street #401
Miami Beach, FL 33139
800-854-3402
www.hospicefoundation.org

Hospice Helpline

800-658-8898

Hospice Link

Hospice Education Institute
190 West Brook Road, Suite 3B
Essex, CT 06426-0713
800-331-1620

Hospice Net

www.hospicenet.org

Hospice Web

www.hospiceweb.com/index.htm
hospice@hospiceweb.com

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
630-792-5000
Fax: 630-792-5005
www.jcaho.org

Medicare Hotline

800-638-6833
www.medicare.gov

National Association for Home Care (NAHC)

228 7th Street, SE
Washington, DC 20003
202-547-7424
Fax: 202-547-3540
www.nahc.org

National Hospice and Palliative Care Organization

1700 Diagonal Road
Suite 300
Alexandria, VA 22314
800-658-8898
www.nho.org

Patients' Advocate Foundation

780 Pilot House Drive, Suite 100-C
Newport News, VA 23606
800-532-5274
Fax: 757-873-8999
patient@pinn.net
www.patientadvocate.org

Advocacy

Visit the Florida Prostate Cancer Network's (FPCN) Web site at www.florida-cancer.org for the most up-to-date information on legislative advocacy initiatives in Florida.

Be sure to click onto CapWiz - a service provided by FPCN - to contact your U.S. or Florida State Government officials.

(Executive Summary of the Recommendations of the Florida Prostate Cancer Task Force (Chapter 98-305, Florida Statutes) January 2000)

Executive Summary

How much does the public know about prostate cancer?

- Do they know that older men, African American men, and men with a family history of prostate cancer are at high risk?
- Do they know where to get current and accurate information about prostate cancer?
- Do their doctors talk to them about screening and treatment options?
- Do they know that, as of January 2000, Medicare will cover annual prostate cancer tests and that many managed care plans cover the tests if they are ordered by a physician?

Chances are the answer to some of these questions is "no." To address this need, the Florida Legislature created the Prostate Cancer Task Forces in 1998 "to identify where public awareness, public education, research, and coordination about prostate cancer is lacking and to prepare recommendations to increase research on prostate cancer and the public's awareness of the importance of the early detection and treatment of prostate cancer" (Florida Laws, Chapter 98-305).

In Florida, as in the United States, prostate cancer is the most common type of cancer in men. It is estimated that 15,000 men in Florida will be diagnosed with prostate cancer this year and that 2,400 will die

from it (American Cancer Society). These numbers are comparable to the number of women who are diagnosed and die from breast cancer each year. Florida has the second largest number of prostate cancer cases in the United States, which is attributed to the state's large population and high percentage of elderly. Yet, very little attention - and no state funding - is given to prostate cancer.

Trends in Incidence and Mortality: From the early 1980s until 1992, the rate of newly diagnosed prostate cancer cases (incidence) more than doubled. The increase was mainly due to the introduction of the prostate-specific antigen (PSA) blood test, which can detect cancer before symptoms appear. Since 1992, the incidence rate has decreased as more men are routinely screened. The rate of deaths (mortality) from prostate cancer was fairly constant until 1993, but after this time it began to decrease slowly but steadily. This decrease may be due to the detection of prostate cancer at an early stage when treatment can be successful, and/or improvements in treatment methods.

Racial Disparities: African American men are 50% more likely to develop prostate cancer and more than twice as likely to die from it than men of other racial and ethnic groups. In addition, the recent decrease in prostate cancer mortality among white men has not occurred among African American men.

Early Detection: There has been much debate in recent years about prostate cancer screening. The American Cancer Society (ACS), the American Urological Association, and the National Comprehensive Cancer Network (NCCN) agree that "the majority of evidence, while not conclusive, supports the view that prostate cancer early detection can save lives." The groups recommend that "providers offer men the option of prostate cancer early detection and discuss the potential benefits, side effects, and uncertainties... prior to testing" (*Prostate Cancer Treatment Guidelines for Patients*, NCCN and ACS, June 1999). However, the National Cancer Institute says "there is insufficient evidence to establish whether a decrease in mortality from prostate cancer occurs with screening," the American College of Physicians suggests, "rather than screening all men for prostate

cancer as a matter of routine, physicians should describe the potential benefits and known harms of screening, diagnosis, and treatment; listen to the patient's concerns; and then individualize the decision to screen." The U.S. Preventive Services Task Force recommends against routine PSA testing.

Risk Factors and Causes: The cause of prostate cancer is not known. Older men, African American men, and men with a family history of prostate cancer (e.g., father or brother) are at higher risk for getting the disease.

What can be done? The following recommendations address public, patient, and professional education, research, insurance coverage and evaluation. The Florida Prostate Cancer Task Force also recommends the creation of an ongoing Prostate Cancer Advisory Committee to address the issues more thoroughly and to monitor progress toward achieving the goals listed below.

FLORIDA PROSTATE CANCER TASK FORCE RECOMMENDATIONS

Education

1. Public Education

GOAL: Increase awareness about the risk factors and tests for prostate cancer, so men can make informed decisions about screening.

Specific Recommendations:

- \$1 million per year should be appropriated for a community-based statewide educational campaign to be coordinated by the Department of Health and based on the Massachusetts Prostate Health Awareness Program.
- The campaign should include:
 - 1) multi-media educational material, e.g., brochures and posters, videos, computer-based resources, and radio and television announcements
 - 2) an annual statewide symposium and local forums on prostate cancer
 - 3) newspaper articles/feature stories
 - 4) radio and television talk/call-in programs (particularly for the Hispanic and African

American men and men with a family history of prostate cancer)

- Representatives from the general public, prostate cancer survivors, and health care professionals should be involved in planning.
- Communication strategies and educational messages should be based on research that demonstrates effective ways for reaching audiences of various racial and ethnic groups, age groups, and literacy levels.
- The Department of Health should consider the creation of a division of men's health, in which the prostate cancer program could be located.
- The campaign should encourage men to talk to their doctors and to make informed choices about early detection. For men who do not have a doctor or health insurance, particularly men in high-risk categories, strategies need to be developed to identify and refer them to a source of care.

2. Patient Education

GOAL: Increase patient awareness about their disease, diagnostic tests, treatment options, side effects, and quality of life issues.

Specific Recommendations:

- It is not necessary at this time for Florida to produce its own patient education material, because there are several excellent brochures currently available. However, efforts should be made to ensure that these materials are easily available.
- As part of the statewide educational campaign, a toll-free telephone number and an Internet site should be established and widely publicized to provide easy access to accurate and reliable information on prostate cancer, diagnostic tests, treatment options, side effects, quality of life issues, and other patient concerns.
- Develop an inventory of resources, including support groups, and ensure the information is available to prostate cancer patients and their families.
- Consideration should be given to amending Sections 458.324 and 459.0125 of the Florida Statutes requiring physicians to inform prostate cancer patients about treatment options, as is currently required for breast cancer patients.

3. Professional Education

GOAL 1: Increase health care providers' awareness of the latest guidelines on prostate cancer screening, early detection, and treatment.

GOAL 2: Increase communications between physicians and patients about the early detection of prostate cancer.

Specific Recommendations:

- The statewide educational campaign should promote continuing medical education (CME) programs on prostate cancer.
- Medical societies and associations should help distribute information about CME programs, particularly to community physicians and primary care providers.
- Medical and nursing school curricula should include a minimum of one classroom hour of instruction on prostate cancer.
- Health care providers should be encouraged to counsel their patients, particularly those at high risk for prostate cancer, about when to be screened, intervals for repeat testing, diagnostic tests, and any potential complications from these tests.
- Health care providers should be made aware of, and encouraged to use, patient education material.

Insurance Coverage

GOAL: Reduce the financial barriers for the early detection, diagnosis, and treatment of prostate cancer.

Specific recommendations:

- Amending state insurance laws to mandate coverage for prostate cancer testing is not recommended because of the relatively small number of men who would benefit, the relatively low cost of screening, the potential increase to premiums, and the number of men for whom screening is covered through managed care plans and Medicare.
- Managed care and health insurance companies should be encouraged to expand coverage for cancer patients to include the cost of treatments that are part of clinical trials. Legislative changes to ensure such coverage should be explored.

• More information is needed about financial barriers to care, such as:

- 1) the number of insurers that do not provide coverage for testing for prostate cancer
- 2) the number of men affected by these policies
- 3) gaps in coverage for prostate cancer diagnosis and treatment
- 4) the number of men who do not get prostate cancer tests because it is not covered by their insurance policy, and the percentage who cannot afford to pay for the test themselves
- 5) the impact of mandated coverage in others states

• Develop strategies to address the needs of the uninsured and underinsured men who cannot afford prostate cancer testing and diagnostic and treatment services.

Research

GOAL: Advance and apply knowledge about the prevention, early detection, and treatment of prostate cancer.

Specific recommendations:

- The Task Force concurs with the priorities for prostate cancer research developed by the National Cancer Institute.
- Research that addresses issues unique to Florida, (e.g., cancer among Hispanics and immigrants from the Caribbean and Central America).
- Research on quality of care and treatment outcomes in Florida should be conducted, (e.g., complication rates for prostate cancer surgery in community hospitals vs. university hospitals, discrepancies in medical care, and survival rates among subgroups of the population).
- Since there are few investigators in Florida working on prostate cancer research, the state should make funds available to recruit qualified researchers to the state, as well as seed money for new investigators to stimulate prostate cancer research at Florida's research institutions. The Florida Biomedical Research Fund should be considered as a possible source of funding.

- An inventory of researchers involved in prostate cancer research in Florida should be developed and maintained for both health care professionals and the public.
- Men should be encouraged to enroll in randomized, controlled clinical trials to evaluate screening and treatment methods.

Evaluation and Ongoing Activities

GOAL 1: Analyze state data to evaluate progress toward increasing early detection and decreasing mortality.

GOAL 2: Establish a Prostate Cancer Advisory Committee to provide direction and to help monitor the implementation of the Prostate Cancer Task Force recommendations.

Specific Recommendations:

- Analyze trends in the following:
 - 1) incidence and mortality rates for all ages as well as age-specific rates
 - 2) the percentage and rate of early stage prostate cancers
 - 3) differences in rates for white and non-whites
 - 4) differences in rates for Hispanics and non-Hispanics
 - 5) the incidence-to-mortality ratios
 - 6) differences in rates by geographic area
- Add questions about prostate cancer testing to the Behavioral Risk Factor Surveillance System.
- Examine data on the complication rate of prostate cancer surgery at community hospitals vs. university hospitals, and assess the need to establish centers of excellence for the treatment of prostate cancer.
- A Prostate Cancer Advisory Committee should be created to:
 - 1) advise the Department of Health on prostate cancer education programs
 - 2) provide direction, evaluate progress, and serve as a link between state government and the community
 - 3) work with the Cancer Control and Research Advisory Council to ensure that prostate cancer programs are coordinated with the Florida Cancer Plan and other cancer control programs in the state

Prostate Cancer affects many Floridians - either directly or indirectly. However, there are no state programs to increase awareness of prostate cancer or to ensure that men at risk for prostate cancer are aware of the options for testing. The State has taken a first step by creating the Prostate Cancer Task Force. The recommendations described in this report offer a framework for the next steps.

For more information contact:



Florida Prostate Cancer Network
 6105 Memorial Highway
 Building F, Suite M
 Tampa, Florida 33615
 813-806-2800
 813-806-4662 fax
www.florida-cancer.org

Guide To Elected Officials

While prostate cancer is the #1 diagnosed cancer in men and the second leading cause of cancer related deaths in American men, prostate cancer receives just 3.6 percent of the federal dollars for cancer research. Florida currently does not recognize prostate cancer as a health priority and has no state-funded programs for prostate cancer research and education. This web site allows you to search for contact information on elected officials for the state of Florida. Let your voice be heard!

<http://www.leg.state.fl.us/citizen/findleg/county.html>

You also can visit the Florida Prostate Cancer Network Web site for more links to this site and more information.

<http://www.florida-cancer.org>

Or contact us at:

Florida Prostate Cancer Network

6105 Memorial Highway

Building F, Suite M

Tampa, FL. 33615

(813) 806-2800

(866) 352-3236 (toll free)

(813) 806-4662 FAX

The Government section at the front of your local telephone directory also lists the names, addresses, and phone numbers of your locally elected officials.

Chapter 5

More Prostate Cancer Information

The staff and volunteers of the **Florida Prostate Cancer Network** realize that this directory may not answer all of your questions about prostate cancer. For a list of free **publications** or **videos**, please contact us at the address or phone number listed above. Or visit our Web site at **www.florida-cancer.org**