

2011 Symposium Series Attendance Recap (to date):

5/21/2011 - New Orleans: Tulane University Cancer Center

- 56 patients
- 3 urologists/medical oncologists
- 3 nurse practitioners
- 1 nurse
- 1 public health worker

Attendance negatively impacted by Tulane's failure to implement agreed on marketing strategy and change in CME requirements during the accreditation process.

9/10/2011 - Chicago: Northwestern University Medical Center

- 91 patients
- 4 urologists, radiation and medical oncologists
- 5 nurses
- 3 nurse practitioners
- 6 public health workers

Attendance did not meet last year's levels due to failure to maintain outreach into the African-American community organizations that were key to previous success in attracting participants from this high risk community. Conversely, attendance from ethnic white communities was proportionately higher due to partnership with local Us Too organization to help promote attendance from their membership.

9/17/2011 - Detroit: Karmanos Cancer Center

- 127 patients
- 7 radiation and medical oncologists
- 18 nurses
- 2 nurse practitioners
- 9 public health workers

Very strong community support for the program with excellent involvement from Karmanos/Wayne State University Outreach on this initial effort. On-going plans for repeat of Symposium as well as other community outreach programs, e.g. "Gentlemen Check Your Engines", "I'll Go If You Go".

10/29/2011 - New York: New York University

- 25 patients
- 1 urologist
- 5 nurses
- 2 nurse practitioners
- 3 public health workers

This event coincided with the blizzard that hit New York City on this same day. Attendance was impacted by the weather forecasts and the early onset of the snow. Pre-registration levels had patient/advocate attendance at 134 and public health workers at 29, thanks to partnerships with MaleCare, regional cancer service agencies and the Rockland County Nurse Practitioner Association.

Note: Jacksonville - Mayo Clinic

This event was originally scheduled for July 23, 2011, but had to be re-scheduled due to need for approvals from Mayo Clinic corporate in Minnesota, the timeline for CME certification, which Jacksonville felt was essential in order to insure medical professional attendance (based on previous events), and work schedules of necessary local personnel. The Symposium is now set for **June 17, 2012**. Preliminary certification processes are in work, initial local patient organizations engaged, targeted faculty invited, and balance of program in development.

Programmatic Outcomes:

1. Clearly there is a need to drive increased patient education around all aspects of the disease from risk awareness to detection to treatment to progression through to management of side effects and retention of quality of life. Patient reaction was universal and overwhelming for continuation of this type of program.

2. There is also an expressed need to simplify the program in order to promote increased dialogue and interaction between the faculty and the audience. Of necessity at a couple of events, we explored small group discussion sessions, which had positive benefit and could form the basis for a different format in 2012 focused on two or three key topics, e.g. understanding the emerging drug therapy matrix; regaining sexuality after prostate cancer, radiation vs. surgery - how to choose.

3. We have seen that there is a communications/execution gap between our partner institutions clinical staff, with whom we build the program, and their marketing/outreach groups in being able to effectively promote awareness and attendance. The key factor manifest is a corporate vs. community approach in marketing. The hospitals are focused on driving demand for services, and don't necessarily have expertise (interest?) in doing community outreach, particularly into minority communities that may not represent a desired revenue potential or marketing focus. To counter this, we tried to utilize more paid media (direct mail, commercial email blasts, online media services) to drive awareness and participation with mixed results. It is clear that we will need to engage those organizations within our target communities to have them reach out to their memberships and constituencies to drive demand. A recent example is our having engaged with Bishop T. D. Jakes and his network of 200,000 churches to enhance awareness of all of our educational and interventional events by region and to partner in supporting his "MAN-Power" health fairs and church ministries.