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Us TOO® PROSTATE CANCER EDUCATION & SUPPORT

HOTSHEET

March 2010

Public-Private Divide Found in Prostate Cancer Treatment

Treatment that men receive for prostate cancer may depend less on their condition and more on where they are treated, a new study found. Moreover, men treated by private hospitals were nearly 2.5 times more likely to receive radiation therapy (OR 2.4; 95% CI 1.4 to 4.1) and more than four and a half times more likely to receive primary androgen deprivation therapy (ADT) (OR 4.7; 95% CI 2.2 to 10.4) than surgery, which was the predominant treatment at county hospitals, according to findings published online in the journal *Cancer*.[1] Patients in private hospitals were also more likely to be white.

"This is the first study to compare prostate cancer treatments between private and public institutions, and it reveals a novel variable influencing treatment choice: healthcare venue," J. Kellogg Parsons, MD, MHS, of the University of California San Diego, and colleagues wrote.

Parsons and colleagues explored whether treatment location might play a role in determining what therapy a patient receives. They analyzed the records of 559 men enrolled in a state-funded public assistance program for

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Exercise May Prevent Incontinence from Prostate Surgery

A healthy weight and regular exercise may help protect men from incontinence after prostate cancer surgery, a new study suggests.

Researchers found that among 165 men who had radical prostatectomy, those who were not obese and were getting regular exercise before surgery had the lowest prevalence of long-term urinary incontinence. Even among obese men, those who were physically active before surgery were less likely to be incontinent one year after surgery.

So far, the authors note, most efforts to prevent lasting side effects have focused on improving surgical techniques. But these latest findings suggest there are also lifestyle measures men can take to cut their risk of lingering urinary incontinence, said lead researcher Dr. Kathleen Y. Wolin, an assistant professor of surgery at Washington University School of Medicine in St. Louis, MO.

"This is another reason for men to get up and get active," she told Reuters Health in an interview.

In general, men with prostate cancer,

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Similar Effectiveness among Management Options for Low-Risk Prostate Cancer

A comprehensive appraisal of the management and treatment options for low-risk prostate cancer found that the rates of survival and tumor recurrence are similar among the most common treatments, although costs can vary considerably. The report was prepared from three previous reviews by the Institute for Clinical and Economic Review (ICER), a leader in comparative effectiveness research based at the Massachusetts General Hospital's Institute for Technology Assessment.

The final report, "Management Options for Low-Risk Prostate Cancer: A Report on Comparative Effectiveness and Value," compares multiple approaches to managing the most common non-skin cancer among US men:

- Active surveillance (AS)
- Radical prostatectomy (RP)
- Brachytherapy (BT)
- Intensity-modulated radiation therapy (IMRT) and proton therapy

There were no definitive head-to-head studies comparing these options, but the ICER review noted that accumulated evidence from multiple studies

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5003 FAIRVIEW AVE. DOWNER'S GROVE, IL 60515
PHONE: (630) 795-1002 / FAX: (630) 795-1602

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SOY MAY PROTECT AGAINST PROSTATE CANCER

By Krista Haynes, RD, LD

Soy has been touted for its benefits in breast cancer prevention and survival, but studies show that soy also may reduce the risk of prostate cancer development and progression. Scientific evidence shows this and other important health benefits for men who consume soy and does not find any negative effects on reproductive health.

A 2004 study published in *Urology* showed that eating soy may improve prostate cancer outlook. The study included 29 Australian men with prostate cancer who were waiting to undergo a radical prostatectomy. Researchers divided the men into three groups to test how soy affects levels of prostate-specific antigen or PSA, a protein found in prostate cells that is used to screen for and track cancer. They found that consuming about 2 ounces of soy daily for a month resulted in a 13 percent drop in total PSA.

Additional research published in the 2004 journal Prostate reported lower levels of PSA among men with early-stage prostate cancer who drank about 2 ounces of soy daily in a smoothie, compared with a control group.

These studies suggest that isoflavones in soy may protect against prostate cancer. Isoflavones are plant compounds that have estrogen-like properties and hinder the body's natural estrogen from attaching to cells. Normally, estrogens hook onto a cell's tiny receptor proteins, and they can change the cell's chemistry and cause it to become cancerous.

Other studies suggest that soy consumption can help reduce the risk of developing prostate cancer. An analysis of 14 epidemiological studies published in the American Journal of Clinical Nutrition showed that increased intake of soy resulted in a 26 percent reduction in prostate cancer risk. Researchers found a 30 percent risk reduction with nonfermented soy products such as soymilk and tofu. The results suggest that the type and quantity of soy foods may affect the level of protection against prostate cancer.

Like most other plant foods, the most healthful choices in soy foods are those that are minimally processed so they retain more nutrients. Processed soy products such as veggie burgers may not be as beneficial as tofu and other less processed soy products.

The Japanese diet generally includes about 2 to 3 ounces of whole soy, three to four days a week. Japan has one of the lowest rates of prostate cancer in the world, possibly due to this typically soy-rich diet.

Studies suggest that soy products also lower serum cholesterol levels, in part due to their rich content of soluble fiber, and that the isoflavones and soy protein enhance bone health. Soy foods contain all three macronutrients – complete protein, carbohydrate, and fat – as well as vitamins and minerals such as calcium, folic acid, and iron.

It is important to remember that the benefits seen in soy consumption may

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PREVENTING INCONTINENCE

(Continued from page 1)

like all other men, are encouraged to follow a healthy lifestyle, which includes regular exercise. A study published last month found that men with prostate cancer who got as little as 15 minutes of exercise per day had lower mortality rates than inactive men during the two-decade study period.

For their study, published online ahead of print in the *Journal of Urology*, Dr. Wolin and her colleagues looked at urinary incontinence rates among 165 men roughly one year after radical prostatectomy. All men had reported on their exercise habits preoperatively; those who exercised for at least one hour per week were considered active.

Overall, the researchers found that obese, sedentary men had the highest rate of long-term incontinence, at 41%. Active, non-obese men had the lowest rate, at 16%. Among obese men who were physically active, one-quarter were incontinent, which was identical to the rate among non-obese, inactive men – suggesting, the researchers say, that exercise can offset the negative effects of obesity.

Exactly why exercise might prevent incontinence is unclear. It's possible, Dr. Wolin said, that exercisers have better overall muscle tone, which may help with bladder control. Also, long-time exercisers are more likely to perform post-surgery Kegel exercises, which strengthen the pelvic-floor muscles and may improve incontinence and sexual function.

According to Dr. Wolin, more studies are needed to see whether certain types and intensities of exercise are more effective than others.

Reuters Health, 11 January 2010

Want to learn more about local prostate cancer support group activities? Read the

CHAPTER NEWS!

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LOW-RISK CANCER

(Continued from page 1)

over the years suggests that overall survival and the rate of cancer recurrence are similar among all options. There are different risks for certain side effects and complications, but no treatment stands out as superior overall. Because low-risk prostate cancer is typically slow-growing and may not cause any symptoms, AS is a reasonable option, particularly for men 65 and older, most of whom will never have their cancer progress to the point where it requires treatment.

The ICER report included a review of published literature on treatment as well as simulation modeling to project the long-term effects of each treatment approach. The clinical effectiveness of RP, BT and IMRT was judged to be comparable for most men, while there was not enough evidence to date to make a comparison on proton therapy. Evidence on AS was stronger for men over 65, so its clinical effectiveness was judged as comparable to immediate treatment. Long-term outcomes with AS are not yet available, but for younger men AS may still be an option given that RP or RT can be done if testing suggests the cancer is growing.

The ICER report also found that, based on Medicare payments, AS costs approximately $300-$1,000 per year, while BT and RP procedures cost approximately $10,000. IMRT and proton therapy are more expensive, costing $20,000 and $35,000 per treatment course, respectively.

"ICER works hard to create unbiased, fully-informed appraisals of disease management and treatment options so that patients, clinicians, and payers can trust the information produced," stated Steven D. Pearson, MD, MSc, FRCP, and President of ICER. "The results of the summary report on low-risk prostate cancer are an example of how scientifically-sound comparative effectiveness research can be presented in an actionable way for multiple audiences. Ultimately, this type of research can help improve patient outcomes and overall value in the healthcare system. "

ScienceDaily, 11 January 2010

PROSTATE POLAR PLUNGE

CEO hops into the Potomac for a great cause

In a dramatic display of 'manliness', one man jumped into the glacial waters of the Potomac River in an effort to end prostate cancer.

ZERO, a non-profit organization whose goal is to end prostate cancer, turned January into "Manuary," a month dedicated to boys being boys and doing manly things. According to this organization, part of being a man is knowing the importance of getting tested each year for prostate cancer.

The campaign's goal was to raise $20,000 and Skip Lockwood, CEO of ZERO, decided to make it more interesting. Lockwood promised that if the goal was reached, he would take a polar bear plunge into the frigid Potomac.

However, in the final week of January, it looked as though Lockwood might have been off the hook. Still several thousands of dollars short, it appeared as though the goal of $20K would not be reached. But this all changed in the final two days of January. The goal was exceeded with donations coming in from all over the United States.

This was great news for the prostate cancer community because such a large amount will be a huge help and go towards prostate cancer testing and advocacy for increased research. On the other hand, this might not have been the best news for Lockwood, because it meant he would have to hop into the freezing cold waters.

Lockwood's 'Plunge' took place on 4 February 2010 at 10 am. The event was held at Oronoco Bay Park.

ASK DR. SNUFFY MYERS

Editors' note: In the spirit of information sharing, we have invited certain physicians and others to provide comments and opinions for Us TOO's *HotSheet.* It is our desire to enrich the content of the *HotSheet* to empower the reader. Each piece contains the opinions and thoughts of its author and is not necessarily those of Us TOO International.

Dear Dr. Myers,

The latest deeper analysis from the European prostate cancer study that said the impact of screening went from a 20% reduction of mortality to 31% is the article. I was wondering what your thoughts were.

It is really good to see that the European trial on screening – whose results were published in the New England Journal of Medicine in 2009 – is getting a closer look. As originally published, I thought the study significantly underestimated the benefit of screening; I outlined these issues in great detail in Volume 11 #3 of my newsletter, the Prostate Forum. This current reanalysis corrects some of the most significant problems I saw with the original analysis. However, even the reanalysis underestimates the benefit of screening for prostate cancer and the reason is very obvious.

At the time the paper was published, the deaths in the observation arm were just beginning to take off. Just a rough glance at the survival curves are enough to see that at least another 5 years of follow up are going to be needed for us to fully measure the survival benefit of screening. I think this fact is of great importance.

As a part of the health care reform debate in the United States, there has been an unfortunate focus on trying to save money by limiting or even eliminating screening for prostate cancer.

At the heart of the matter is the fact that prostate cancer is such a variable disease: each newly diagnosed man must be evaluated to determine whether he has a high-risk prostate cancer or one that's growing so slowly it poses little risk to his overall health. Because of this variability, many health care experts conclude that each year many men with slow-growing cancers are needlessly subjected to surgery or radiation therapy. They argue that this over-treatment has left many men impotent and incontinent, needlessly inflating health care costs at a time when our nation can little afford to waste resources.

And in truth, the ideal screening system for prostate cancer catches potentially lethal prostate cancers early and treats them effectively, while not needlessly treating patients' slow-growing non-aggressive diseases. But eliminating or limiting screening is not the answer. The answer is to ensure that men with low grade, slowly growing cancers are not over treated. And at this point, the European trial is the best source of information that we have for estimating the number of men who will die because of this cost-saving approach.

BENEFITS OF SOY

(Continued from page 2)

be due, in part, to people replacing meat, dairy, and eggs with high-fiber, plant protein sources. Soy products make convenient and tasty substitutes for meat and other unhealthy foods that people are looking to avoid. However, the benefits of complete protein and soluble fiber are found in an array of plant foods, and a vegan diet can be nutritionally complete without the inclusion of soy.

Consuming some soy as part of a plant -based diet of whole grains, fruits, vegetables, and beans will be far more beneficial than just adding soy to an unhealthy, typical American diet high in saturated fat, refined sugars, and cholesterol.

Those wishing to prevent or slow the progression of estrogen-sensitive cancers such as breast and prostate cancer may benefit from including modest amounts of soy in a balanced plant-based diet. Soy foods are becoming widely available in restaurants and grocery stores with the increasing interest in vegetarian diets and overall healthier lifestyles.

PUBLIC-PRIVATE DIVIDE

(Continued from page 1)

low-income patients, known as Improving Access, Counseling and Treatment for Californians with Prostate Cancer (IMPACT), who received treatment between 2001 and 2006.

Of the participants, 315 received treatment from county hospitals and 244 received care from private facilities. No significant difference existed between the two groups in terms of age and tumor characteristics, yet the patients received varying therapies. "Men treated at county hospitals were significantly more likely to undergo surgery, whereas those treated by private providers were more likely to undergo radiotherapy or primary androgen deprivation, irrespective of age, race, comorbidity status, clinical tumor stage, Gleason sum, and D'Amico risk stratification" explained Parsons.

"In this economically disadvantaged cohort, prostate cancer treatments differed significantly between county hospitals and private providers," the authors wrote. "These data reveal substantial variations in treatment patterns between different types of healthcare institutions that – given the implications for health policy and quality of care – merit further scrutiny."

The researchers noted including the IMPACT database in the study population may limit the study's results.. IMPACT patients generally have more severe cancer than in the general US population; thus the findings may not reflect patients from other regions and socioeconomic groups.

"A likely explanation for this imparity is that the initial provider in the county hospitals was always a urologist, whereas at the private venues the initial providers were a mix of urologists, radiation oncologists, and medical oncologists," the authors wrote. To help patients make informed decisions, develop appropriate expectations, and avoid making regretful decisions, the authors proposed that patients with localized prostate cancer be provided access to multiple care providers to expose them to a variety of opinions and information about their disease.

MedPage Today, 25 January 2010

ALTERNATIVE PROSTATE CANCER VACCINE SHOWS PROMISE

A prostate cancer vaccine that uses relatives of smallpox virus helped patients with advanced and otherwise untreatable cancer live longer, US researchers reported in January. The vaccine, called Prostvac-VF, is being developed by BN ImmunoTherapeutics, a division of Danish biotech firm Bavarian Nordic.

Tests on 125 men with advanced prostate cancer that was resistant to drugs showed they lived more than 8 months longer than men not treated with the vaccine, said Dr. Philip Kantoff of the Dana-Farber Cancer Institute and Harvard Medical School in Boston, who helped lead the study.

"The average survival for these men is two years," Kantoff said in a telephone interview. "At three years, 30 percent of the men who got the vaccine were still alive." He said a larger study with more men was being planned for later this year. The study, reported in part at several cancer meetings over the past few months, is detailed in the *Journal of Clinical Oncology*.

Prostvac takes a different approach from and is earlier in development than Dendreon Corp's prostate cancer vaccine, called Provenge®. Both are so-called therapeutic vaccines, which treat a disease as opposed to vaccines that prevent infection. The Dendreon vaccine uses a patient's own immune system cells, manipulating them to

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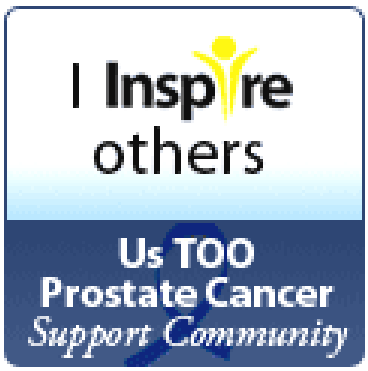

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FREQUENT SEX AND MASTURBATION IN 20S AND 30S LINKED TO HIGHER PROSTATE CANCER RISK

Men who are very sexually active in their 20s and 30s are more likely to develop prostate cancer, especially if they masturbate frequently, according to a study (*BJU Int*, Vol. 103, pp 178-85, 2009). However the UK research team also found that frequent sexual activity in a man's 40s appears to have little effect and even small levels of activity in a man's 50s could offer protection from the disease.

The study, led by the University of Nottingham, looked at the sexual practices of more than 431 men who had been diagnosed with prostate cancer before the age of 60, together with 409 controls. Men who took part in the study were asked about all aspects of their sex life from their 20s onwards, including how old they were when they became sexually active, how often they masturbated and had intercourse, how many sexual partners they had had and whether they had had any sexually transmitted diseases.

The study participants, who were recruited by their family doctors, were asked to fill in a questionnaire about their sexual habits in each decade of their life since their 20s. All the men with prostate cancer had been diagnosed in their 50s. Most of the men who took part in the study (97%) were white and the majority was currently married (84%) or widowed, separated or divorced (12%).

A number of interesting points came out of the study:

- 59% of the men in both groups said that they had engaged in sexual activity (intercourse or masturbation) 12 times a month or more in their 20s. This fell steadily as they got older, to 48% in their 30s, 28% in their 40s and 13% in their 50s.
- 39% of the cancer group had had 6 or more female partners compared with 31% of the control group.
- Men with prostate cancer were more likely to have had a sexually transmitted disease than those without prostate cancer.

More men with prostate cancer fell into the highest frequency groups in each decade when it came to sexual activity (intercourse and masturbation) than men in the control group. 40% of men in the cancer group fell into the highest frequency category in their twenties (20 or more times a month) compared to 32% in the control group. Similar patterns were observed in the men's thirties and forties. By the 50s it had evened out, with 31% in each group falling into the most frequent category (ten or more times a month).

"What makes our study stand out from previous research is that we focused on a younger age group than normal and included both intercourse and masturbation at various stages in the participants' lives," says Dr Dimitropoulou. "Overall we found a significant association between prostate cancer and sexual activity in a man's 20s and between masturbation and prostate cancer in the 20s and 30s. However there was no significant association between sexual activity and prostate cancer in a man's 40s.

ScienceDaily, 27 January 2009

PROSTATE CANCER DIAGNOSIS RAISES RISK OF SUICIDE

A team at Harvard and Brigham & Women's Hospital in Boston used data from more than 340,000 prostate cancer patients diagnosed between 1979 and 2004, comparing rates of suicide and deaths from heart disease to those in the general population.

"We were interested in that window of time in the year following diagnosis," said Lorelei Mucci of Brigham & Women's and the Harvard School of Public Health, who worked on the study published in the *Journal of the National Cancer Institute*. In that period, the team saw a 90 percent increase in the risk of suicide among men diagnosed with prostate cancer vs. men in the general population.

Overall, 148 men committed suicide. Mucci said while the number is small, the suicide rate is still far higher than the expected rate based on rates of suicide among men in the general population in a year. The increased risk of death was even greater for

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DOC MOYAD'S WHAT WORKS & WHAT IS WORTHLESS COLUMN, ALSO KNOWN AS "NO BOGUS SCIENCE" COLUMN

"Weight loss supplements are a problem so be careful and pick the ones that are heart healthy – Part 1 of a semi-exciting 2 part series!"

Mark A. Moyad, MD, MPH,
University of Michigan Medical Center, Department of Urology

Editors' note: In the spirit of information sharing, we have invited certain physicians and others to provide comments and opinions for Us TOO's *HotSheet.* It is our desire to enrich the content of the *HotSheet* to empower the reader. Each piece contains the opinions and thoughts of its author and does not necessarily reflect those of Us TOO International.

Bottom Line: Most effective weight loss supplements have worked as stimulants that also raise heart rates and blood pressure (no thanks). Never take a weight loss supplement that is not heart healthy. My two favorite heart healthy supplements are fiber (from cereal and some pills) and fish oil.

I know! I know! Everyone is on a diet and looking for the magic pill! Heck, I cannot wait for that magic pill, but I have been waiting 45 years as of February 15th and still nothing that is safe and effective enough to get me to do cartwheels (and I cannot do cartwheels anyway) is out there!

Ephedra, a dietary supplement, worked – but it also damaged the hearts of some people for life so it is gone, and hydroxcut (one of the biggest sellers in the US in 2008 and in 2009) even had some patients go into liver failure.[1] "Bitter orange" is a popular ingredient, but that is just another stimulant and so is "guarana" that is found in supplements!

We have prescription drugs, but one has funky side effects that I will not mention in this column in case you are eating dinner, and the other is a stimulant that could raise blood pressure. The problem is that we need to lower expectations of the amount of weight or waist that can be lost on a pill and that will help.

My favorite weight loss pill currently is fish oil, but people need to take several grams of the active ingredients (EPA&DHA=omaga-3) to copy what worked in the clinical trials. If you are already on blood thinners or have heart disease issues please check with your doctor to see if you can take 1-2 grams of omega-3 fatty acids found in fish oil. Most fish oil pills have about 1 gram of oil total, but only 300-400 mg of omega-3 fatty acids that is why you would have to take about 4 fish oil pills a day at least. Two pills a few hours before lunch and 2 pills a few hours before dinner.

Fish oil can lower "triglycerides" which is part of the cholesterol test and that is a good thing because belly fat is stored as triglycerides. Just remember what I mean when I say 1-2 grams because that is of the active ingredients (omega-3), and not the total weight of the pill (check those labels folks). Fish oil can make you feel full and delay the absorption of a meal so some studies have had participants take the pills with the meal (you choose). Regardless, at least they are heart healthy for most people.

Research shows that along with exercise at least 3 times a week it can increase lean muscle and help you lose a few extra pounds over 6 months-not spectacular but at least heart healthy! Fish oil also seems to improve arthritis and improve mental health and the pills are usually free of mercury and contaminants because they come from tiny fish (sardines and anchovies).

The next pill or product we will talk about is fiber, but you are going to have to wait till the next *HotSheet* issue because there is a lot to talk about and it will keep you interested in reading my column (kind of like a good old fashioned soap opera).

Reference

1. Fong TL, Klontz KC, Canas-Coto A, et al. Hepatotoxicity due to hydroxycut: A case series. *Am J Gastroenterol*, 26 January 2010; Epub ahead of print.

PROSTATE CANCER, COMORBIDITY, AND PARTICIPATION IN RANDOMIZED CONTROLLED TRIALS OF THERAPY

Chao HH, Mayer T, Concato J, Rose MG, Uchio E, Kelly WK

J Investig Med, Epub ahead of print

Randomized controlled trials (RCTs) evaluate the potential benefits of chemotherapy regimens and guide clinical care for patients with cancer. Inclusion criteria for RCTs are usually stringent and may exclude many patients seen in clinical practice. Our objective was to determine the proportion of men with castrate-resistant prostate cancer (CRPC) in a clinical setting that would have been excluded from major phase 3 RCTs.

We reviewed eligibility criteria from 24 phase 3 clinical trials evaluating chemotherapy for CRPC active from January, 2004, through April, 2008. We created a common list of criteria used in at least 3 studies and separately considered the criteria from a prominent RCT (TAX 327). We applied these criteria to a population of patients with CRPC treated during 2004 to 2006 at the Veterans Affairs Connecticut Healthcare System.

Among 106 patients with CRPC, 99 (93%) had complete medical records, and 45 (45%) of the 99 would have been excluded from RCTs. Common reasons for exclusion were abnormal laboratory values, other malignancies, and other serious medical conditions including cardiac disease.

Almost half of the CRPC patients examined in a clinical setting would have been ineligible for phase 3 RCTs, highlighting that such trials may not be applicable to general oncology practice.

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SAVE THE DATE
September 19, 2010

SEA Blue Prostate Cancer
Walk 'n Run
Lincoln Park, Chicago, IL

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THE DOCTOR'S NOTE – GERALD CHODAK, MD

Editors' note: In the spirit of information sharing, we have invited certain physicians and others to provide comments and opinions for Us TOO's *HotSheet.* It is our desire to enrich the content of the *HotSheet* to empower the reader. Each piece contains the opinions and thoughts of its author and is not necessarily those of Us TOO International.

The most important article in this month's *HotSheet* is a review by a task force at the Mass General Hospital on the results with radical prostatectomy, IMRT, brachytherapy and active surveillance for men with low risk prostate cancer, defined as a cancer detected by a PSA less than 10 ng/mL with a Gleason score less than 7. This represents at least 60% of all new cases diagnosed in the United States.

HotSheet readers should be aware that the conclusions were not based on any head to head comparisons but rather a careful, systematic review of the literature. Nevertheless, without a randomized trial, they must be viewed cautiously. Their analysis suggests that for men over 65, active surveillance gives the best outcome when factoring in quality of life. Nearly 40% of these men will die of some other cause before their cancer progresses and of the ones surviving, delayed treatment in the approximately 30% needing it yields excellent results.

The report also concludes that active surveillance is even a reasonable option for younger men with the same tumor characteristics. Another important point is that the costs vary considerably with proton beam and IMRT costing the most without any evidence they are worth the added expense. No doubt, this report is likely to be strongly criticized by many surgeons and radiotherapists.

The Bottom Line: At the very least, all men with low risk disease should be made aware of these findings and have a chance to discuss active surveillance with their doctor. Men over 65 who are told that active surveillance is dangerous or definitely inferior, or not told about it all should seek a second opinion. Proton Beam therapy is most costly without any evidence it is better.

Sex, soy and exercise are also in the news with articles suggesting that masturbation or sexual activity early in life is bad whereas soy and exercise are good. The role of sexual activity has been explored periodically with some articles claiming more is good while others concluding the opposite. The study design of this report makes the conclusions very suspect. The truth is we just don't know and this article does not resolve the issue. Scientifically, it is difficult to understand why masturbation would have an adverse effect.

While I am hopeful that soy and exercise are true given my own daily soy intake and exercise level, the problem again is the study design used in these reports; they are neither prospective, randomized nor well controlled. Improperly performed studies like these could be done from now until doomsday and they can never tell us the true value of these interventions. By now many *HotSheet* readers must be wondering why so many poorly designed-studies get published? Perhaps it can be explored in future article. Regardless, readers should always be cautious when they read about such studies.

The Bottom Line: The impact of masturbation, soy intake and exercise cannot be established from these studies, so changing behavior to help prevent prostate cancer is not warranted at this time.

Another article looked at the likelihood that men with advanced prostate cancer would be eligible to participate in ongoing randomized trials. One of the problems impeding progress in our treatment of prostate cancer is the slow accrual of men into ongoing randomized studies. New treatments cannot get approved without them. Unfortunately, too few men are made aware of the studies in progress. The vast majority of them are performed at major institutions and questions arise as to whether the results are applicable to all men with that stage of disease. The authors found that most men treated outside of major academic institutions would not meet the entry requirements to enroll in these studies even if they tried to do so. This raises questions as to whether most men would receive the same outcome if

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SUICIDE RISK IN MEN WITH PSA-DETECTED EARLY PROSTATE CANCER: A NATIONWIDE POPULATION-BASED COHORT STUDY

Bill-Axelson A, Garmo H, Lambe M, et al

Eur Urol, Epub ahead of print

The risk of suicide is increased among cancer patients including men with prostate cancer (PCa). However, whether this increased risk applies to men diagnosed subsequent to PSA testing is not known.

Objective: To assess the risk of suicide among men diagnosed with PCa subsequent to PSA testing.

The Prostate Cancer Base Sweden (PCBaSe Sweden) database, the Swedish Cause of Death Register, and the Swedish census database were used. The PCBaSe Sweden is a merged database that includes data from the Swedish National Prostate Cancer Register (NPCR) for cases diagnosed between January 1, 1997, and December 31, 2006. The number of suicides registered for cases in the PCBaSe cohort was compared with the expected number of suicides in an age-matched general male Swedish population.

Standardised mortality ratios (SMRs) with 95% confidence intervals (CIs) were calculated for different categories of cases.

There were 128 suicides among the 77 439 PCa cases in the NPCR compared with an expected number of 85 (SMR: 1.5; 95% CI, 1.3-1.8). The risk of suicide was not increased for the 22 405 men with PSA-detected T1c tumours (SMR: 1.0; 95% CI, 0.6-1.5), whereas the 22 929 men with locally advanced nonmetastatic tumours (SMR: 2.2; 95% CI, 1.6-2.9) and the 8350 men with distant metastases (SMR: 2.1; 95% CI, 1.2-3.6) had statistically significant increased SMRs for suicide. Potential effects of comorbid medical and psychiatric conditions could not be investigated.

No increased risk of committing suicide was observed among men with PCa diagnosed subsequent to PSA testing, whereas the risk was twice as high among men with locally advanced or metastatic disease, compared with an age-matched male population.

PROSTAC-VF

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better fight the cancer and then re-infusing them.

"So it is a cell-based vaccine," said Kantoff, who worked on both studies. "(Prostvac) is a virus that has been engineered genetically." The viruses are the same cowpox virus that forms the basis of the smallpox vaccine and a bird virus called fowlpox. They are genetically engineered to carry prostate specific antigen or PSA, which is made only by prostate cells. Prostate tumors make excess amounts of PSA and the vaccine is designed to focus the immune system on these out-of-control tumor cells.

Kantoff said he is not sure which vaccine works better. "It's just exciting to think that you can alter the immune system," he said. "To me it is not one versus the other. Both companies are rejoicing in the fact this might work, and the whole field is rejoicing."

Analysts have predicted a prostate cancer vaccine might become $1 billion drug if approved for use among men with early stage disease.

Reuters, 25 January 2010

STRESS OF DIAGNOSIS

(Continued from page 5)

heart attacks and strokes. "There, it was a doubling of risk." The elevated suicide risk was most strongly tied to the period before screening for prostate cancer using the PSA blood test became standard practice in 1993.

She said the risk of having a heart attack appears to be greater than having a stroke, corresponding with a number of studies that have found the stress from a sudden calamity, such as an earthquake, can raise these rates.

"We still see an increased risk for cardiovascular death, which is about 60 percent greater in that first month after diagnosis, but we don't see an increased risk for suicide, which is a positive thing," Mucci said.

"Our study brings one more piece of the puzzle, which is the stress associated with the diagnosis itself," Mucci said. She said the findings suggest more men need counseling and support after a prostate cancer diagnosis.

"That is where we hope our finding can add to clinical practice," she said.

Reuters, 2 February 2010

THE DOCTOR'S NOTE

(Continued from page 7)

they were to receive one of these newer therapies.

The Bottom Line: Patients who receive information about the results of new therapies cannot assume they will get the same result if they are treated with one of them.

The last article of note found that men getting their care at county hospitals were treated differently than those treated at private hospitals. Patients were much more likely to undergo surgery at the county hospitals whereas radiation was more common at private institutions. One wonders why this may be true. Radiation cost more much but also is more profitable. Residents are often involved in the care of men treated at country hospitals and they want to improve their operative skills. Is there a bias at both types of institutions? Are all men getting similar counseling about their options? These are important questions that need to be addressed.

The Bottom Line: Standardized information about all treatment options and outcomes are needed to remove bias and insure that all patients have equal access to care.

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