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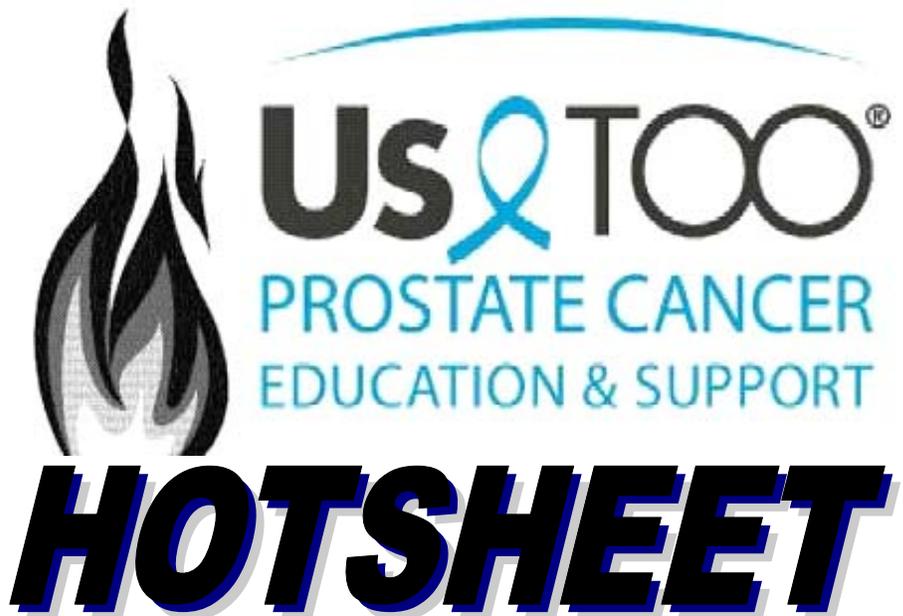
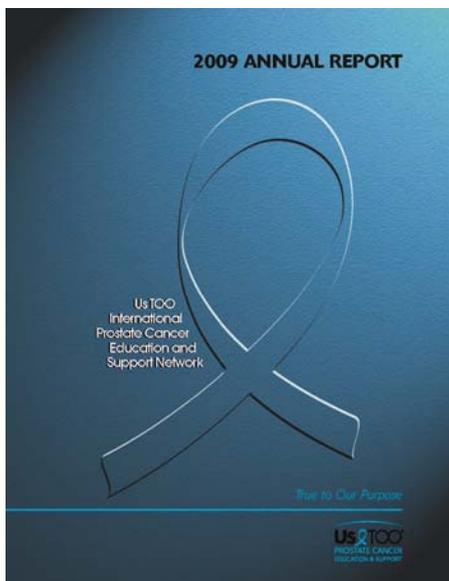
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US TOO 2009 ANNUAL REPORT NOW AVAILABLE

True to Our Purpose is the theme of Us TOO International's 2009 Annual Report, which is now available online on the Us TOO web site.

The many colorful photos tell the story of our accomplishments, and those of all the volunteers who support others along their prostate cancer journey. Celebrate our successes and learn about new programming, resources, chapters, partnerships, donors, and finances. Share this information with your chapter members, your friends and your healthcare providers.

Read the 2009 annual report online at <www.ustoo.org>.



HOTSHEET

MARCH 2011

FOCUSING ON THE STRESS OF PROSTATE CANCER

Helping men cope with the stress of prostate cancer surgery before radical prostatectomy (RP) may speed up both their physical and psychological recovery, new research suggests.

The study, published in the journal *Psychosomatic Medicine*, showed that stress management did more than just ease a man's anxiety about RP. Men who performed the simple stress relief exercises had a stronger immune response in the days after the operation.

"It's showing that something as brief as a few sessions of stress management can change the postoperative biological functioning," said Lorenzo Cohen, professor and director of the integrative medicine program at MD Anderson Cancer Center in Houston, TX. "These results speak to the fact that you can get someone more immunologically competent even with something that is very brief."

Researchers at MD Anderson studied the effect of stress management techniques as part of a study of 159 men with early-stage prostate cancer. All of the men were scheduled for RP, which is the surgical removal of the prostate gland. The surgery is highly successful at eliminating the cancer but takes a physical and mental toll, often leaving men impotent and incontinent for weeks, months or longer.

GENE TEST MAY HELP SPOT LETHAL PROSTATE TUMORS

Prostate tumors with a distinctive four-gene "signature" are far more lethal than others, laying the groundwork for a test to predict which tumors need aggressive treatment, US researchers stated. Tests of this four-gene signature method alone accurately identified 83 percent of deadly prostate tumors from tissue samples taken in a national health study.

When they combined this method with a standard test of a prostate tumor's aggressiveness, the team accurately identified more than 90 percent of tumors that later killed patients.

"This would have 92 percent accuracy relative to what we currently have, which is at best 75 percent accuracy," said Dr. Ronald DePinho of Dana-Farber's Belfer Institute for Applied Cancer Science in Massachusetts.

"There is no question this will influence the practical management of these cases," DePinho, whose study appears in the 2 February online issue of the journal *Nature*, said in telephone interview. He said such a test would spare many men from unnecessary treatment for cancers that might never have killed them.

"The vast majority of prostate cancers would not become life-threatening, even if left untreated. But because we can't accurately forecast which are likely to

(Continued on page 8)

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FIRST FIVE-YEAR OUTCOMES PUBLISHED ON CYBERKNIFE RADIOSURGERY FOR PROSTATE CANCER

Study Demonstrates Long-Term Efficacy of Five-Day Course of CyberKnife Prostate Treatment

Accuray Incorporated, a global leader in the field of radiosurgery, announced today the first published five-year outcomes on low risk prostate cancer patients treated with the CyberKnife® Robotic Radiosurgery System. The multi-center study, published in the 10 January 2011 issue of *Radiation Oncology*, found that 93 percent of patients had no recurrence of their cancer at a median follow-up of five years, a rate that compares favorably to results obtained with other treatment modalities, including surgery and conventional radiation therapy.

The study, "Stereotactic Body Radiotherapy for Low-Risk Prostate Cancer: Five-Year Outcomes," combined data from 41 patients treated at Stanford University in Stanford, Calif. and Naples Community Hospital in Naples, FL. with a median follow-up of five years. The paper represents the longest published study to date on the use of CyberKnife radiosurgery, also referred to as stereotactic body radiotherapy (SBRT), as a treatment approach for clinically localized, low-risk prostate cancer. In addition to demonstrating high five-year disease-free survival rates, the study also found generally low levels of urinary and rectal toxicity following the five-day course of treatment, concluding that CyberKnife radiosurgery can achieve high rates of disease control while sparing critical structures, thereby minimizing undesirable side effects typically associated with prostate cancer treatments and preserving patients' quality of life.

"As a non-invasive treatment option completed in just five visits, stereotactic radiotherapy with the CyberKnife System offers patients the benefits of more rapid recovery, reduced travel costs and less time off work, allowing them to return to their normal, daily routines almost immediately as compared with the standard nine-week course of radiotherapy," said Christopher King, MD, a study author who is now an Associate Professor of Radiation Oncology and Urology at the UCLA School of Medicine.

"In addition, because CyberKnife radiosurgery costs less than conventional radiation and avoids the anesthesia and hospital stay associated with surgery, our national health care system benefits from reduced health care costs."

The past 12 months have seen the publication and presentation of numerous shorter term CyberKnife prostate radiosurgery experiences demonstrating encouraging outcomes. This paper supports these outcomes within a long-term follow-up study. Additional this month, the Accuray sponsored multi-center homogeneous prostate study for low and intermediate risk patients, led by the team at the Swedish Cancer Center in Seattle, accrued the final of 294 patients, providing a broad foundation for future long-term multi-center results.

"The publication of five-year clinical outcomes represents a significant milestone for CyberKnife radiosurgery and is important news for physicians to consider when determining the best course of treatment for prostate cancer patients," said Euan S. Thomson, Ph.D., president and CEO of Accuray. "We look forward to this study and other multi-center studies providing additional long-term quality support of CyberKnife prostate radiosurgery outcomes."

To see a patient education video about how prostate cancer is treated with the CyberKnife System, go to www.accuray.com/videos/prostate_radiosurgery.aspx?video=Accuray_Prostate.

About the CyberKnife® System

The CyberKnife Robotic Radiosurgery System is the world's only robotic radiosurgery system designed to treat tumors anywhere in the body non-invasively. Using continual image guidance technology and computer controlled robotic mobility, the CyberKnife System automatically tracks, detects and corrects for tumor and patient movement in real-time throughout the treatment. This enables the CyberKnife System to deliver high-dose radiation with pinpoint precision, which minimizes damage to surrounding healthy tissue and eliminates the need for invasive head or body stabilization frames.

Accuray news release, 11 January 2011

ACCEPTANCE AND DURABILITY OF SURVEILLANCE AS A MANAGEMENT CHOICE IN MEN WITH SCREEN-DETECTED, LOW-RISK PROSTATE CANCER: IMPROVED OUTCOMES WITH STRINGENT ENROLLMENT CRITERIA

Miocinovic R, Jones JS, Pujara AC, Klein EA, Stephenson AJ

Urology 24 January 2011

Published online ahead of print

Objective: To analyze the acceptance rate and durability of active surveillance (AS) among contemporary men with low-risk prostate cancer managed at a large, US academic institution.

Methods: Patients with low-risk parameters on initial and repeat biopsy were offered AS regardless of age. Regular clinical evaluation and repeat prostate biopsy were recommended every 1-2 years, and intervention was recommended based on adverse clinical and pathologic parameters on follow-up. Acceptance rate of AS, freedom from intervention, and freedom from recommended intervention were measured.

Results and Limitations: Of 202 low-risk patients, 86 (43%) chose immediate treatment and 116 (57%) underwent repeat biopsy for consideration of AS. Intervention was recommended after initial repeat biopsy in 27 (23%) men because of higher-risk features, leaving a total of 89 men on AS. Over a median follow-up of 33 months, 16 men were ultimately treated and 8 were recommended to undergo treatment because of adverse clinical features on subsequent evaluations. Of the men on AS, the 3-year freedom from intervention and freedom from recommended intervention was 87% (95% confidence interval [CI], 78-93) and 93% (95% CI, 85-97), respectively.

Conclusions: Acceptance of AS (57%) in low-risk patients in this series is substantially higher than previous reports, and approximately one-third of these patients are ultimately managed by surveillance using stringent criteria. The risk of reclassification to a more aggressive cancer over short-term follow-up in appropriately selected patients is low.

LONG-TERM SURVIVAL AFTER RADICAL PROSTATECTOMY VERSUS EXTERNAL-BEAM RADIOTHERAPY FOR PATIENTS WITH HIGH-RISK PROSTATE CANCER

SA Boorjian, RJ Karnes, R Viterbo, et al

Cancer 10 January 2011

Published online ahead of Print

Background: The long-term survival of patients with high-risk prostate cancer was compared after radical prostatectomy (RRP) and after external beam radiation therapy (EBRT) with or without adjuvant androgen-deprivation therapy (ADT).

Methods: In total, 1238 patients underwent RRP, and 609 patients received with EBRT (344 received EBRT plus ADT, and 265 received EBRT alone) between 1988 and 2004 who had a pre-treatment PSA level ≥ 20 ng/mL, a biopsy Gleason score between 8 and 10, or clinical tumor classification $\geq T3$. The median follow-up was 10.2 years, 6.0 years, and 7.2 years after RRP, EBRT plus ADT, and EBRT alone, respectively. The impact of treatment modality on systemic progression, cancer-specific survival, and overall survival was evaluated using multivariate Cox proportional hazard regression analysis and a competing risk-regression model.

Results: The 10-year cancer-specific survival rate was 92%, 92%, and 88% after RRP, EBRT plus ADT, and EBRT alone, respectively ($P=0.06$). After adjustment for case mix, no significant differences in the risks of systemic progression (hazard ratio [HR], 0.78; $P=0.23$) or prostate cancer death (HR, 1.14; $P=0.61$) were observed between patients who received EBRT plus ADT and patients who underwent RRP. The risk of all-cause mortality, however, was greater after EBRT plus ADT than after RRP (HR, 1.60; $P=0.0002$).

Conclusions: RRP alone and EBRT plus ADT provided similar long-term cancer control for patients with high-risk prostate cancer. The authors concluded that continued investigation into the differing impact of treatments on quality-of-life and non-cancer mortality will be necessary to determine the optimal management approach for these patients.

MULTIDISCIPLINARY VERSUS ONE ON ONE SETTING: A QUALITATIVE STUDY OF CLINICIANS' PERCEPTIONS OF THEIR RELATIONSHIP WITH PATIENTS WITH PROSTATE CANCER

Bellardita L, Donegani S, Spatuzzi AL, Valdagni R

J Oncol Pract 7: e1-e5, 2011

Purpose: Previous studies indicate that a multidisciplinary approach could be suitable for dealing with the complex issues faced by physicians in the management of prostate cancer; however, few studies have investigated clinicians' perceptions of multidisciplinary care. Our aim was to evaluate clinicians' perceptions of the patient-clinician relationship in a multidisciplinary context, and to compare this with physicians' perceptions of providing care independently.

Methods: A qualitative observational study was performed in 2009. Three radiation oncologists, three urologists, three medical oncologists and one psychologist from the multidisciplinary clinic (MDC) team at the Prostate Program of Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy, were interviewed to assess their perceptions of their relationship with the patient.

Results: Clinicians reported that the MDC has advantages regarding providing patients with more accurate information and acquiring information from patients, but a clear preference for a multidisciplinary setting did not emerge. Clinicians reported that in one-on-one examinations (1) they feel more comfortable listening to the patient and more able to manage communication, and that (2) the process of building trust is easier.

Conclusion: Clinicians appear to recognize the value of the MDC in terms of effective communication with patients but feel that other aspects of relationship building are hindered in a multidisciplinary setting. Organizational and teamwork issues need to be addressed to optimize the implementation of a multidisciplinary approach.

PROSTATE CANCER SUPPORT GROUPS, HEALTH LITERACY AND CONSUMERISM: ARE COMMUNITY-BASED VOLUNTEERS RE-DEFINING OLDER MEN'S HEALTH?

Oliffe JL, Bottorff JL, McKenzie MM, Hislop TG, Gerbrandt JS, Oglov V

Health (London) 22 December 2010; e-pub ahead of print

In this article we describe the connections between prostate cancer support groups (PCSGs) and men's health literacy and consumer orientation to health care services. The study findings are drawn from participant observations conducted at 16 PCSGs in British Columbia, Canada and 54 individual interviews that focused on men's experiences of attending group meetings.

Men's communication and interactions at PCSGs provide important insights for how men talk about and conceptualize health and illness. For example, biomedical language often predominated at group meetings, and men used numbers and measures to engage with risk discourses in linking prostate cancer markers to various treatment options and morbidity and mortality rates. Many groups afforded opportunities for men to interact with health care providers as a means to better understand the language and logic of prostate cancer management.

The health literacy skills fostered at PCSGs along with specific group-informed strategies could be mobilized in the men's subsequent clinical consultations. Consumer discourses and strategies to contest power relations with health care professionals underpinned many men's search for prostate cancer information and their commitment to assisting other men. Key were patients' rights, and perhaps responsibility, to compare diverse health products and services in making decisions across the entire trajectory of their prostate cancer.

Overall, the study findings reveal PCSGs as having the capacity to contest as well as align with medical expertise and services facilitating men's transition from patient to informed health care consumers. The processes through which this occurs may direct the design of older men's health promotion programs.

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<ul style="list-style-type: none"> See Us TOO 2009 Annual Report, "True To Our Purpose" Us TOO Names New Board Officers, Another Member for 2011 View speaker videos, slides, pics from Us TOO 2010 Summit, Symposium Understanding Diagnostic Testing Webinar Archive Now Available Michelle Beckwith, Mrs. American Spirit Illinois 2011, supports PCa awareness & Us TOO Watch and listen to new Us TOO TV, radio PSAs From the President & CEO 	<ul style="list-style-type: none"> Calendar of Events Make a Donation <ul style="list-style-type: none"> Memorial Gifts Tribute Gifts Planned Gifts Donate On-line Now Volunteer Raise Awareness: Events and Materials Join us on Facebook Join us on YouTube Follow us on Twitter Start a New Support Group Chapter Become a Board Member Corporate Supporters Advocacy <ul style="list-style-type: none"> Sign petition for Medicare coverage of FDA-approved PCa treatments 	<ul style="list-style-type: none"> Find a Support Group Chapter Near You Online Communities: <ul style="list-style-type: none"> Us TOO Inspire Community Prostate Pointers Wiki: Prostate Cancer & Intimacy Wiki: Radical Prostatectomy & Post Surgical Issues Support for Companions & Families Support for Gay Men Annual Edward C. Kaps Hope Award for outstanding chapter support group leaders 	<ul style="list-style-type: none"> Overview & Statistics Early Detection Newly Diagnosed Treatment Options Post-Treatment Issues Experienced a Relapse Advanced Disease Clinical Trials & Studies <ul style="list-style-type: none"> New Prostate Cancer Trials & Studies <ul style="list-style-type: none"> Participate in new NCI, social research studies Emerging Treatments Special News for African American Men 	<ul style="list-style-type: none"> Monthly Newsletter: The HotSheet Prostate Cancer NEWS You Can Use Chapter News Free Us TOO Publications <ul style="list-style-type: none"> Newly diagnosed Advanced disease or recurrence Awareness materials Webinars/Video Archives Books Wiki's Chapter Leader Resources Media Room Other Links Visit Our Store: For education and awareness materials New Us TOO resources: <ul style="list-style-type: none"> Post-surgery guide to sexual health & confidence

Recent additions to the Us TOO website include:

- Us TOO 2009 Annual Report, "True To Our Purpose"
- Us TOO 2009 tax return and audit report
- Meet the new 2011 Board of Directors & Officers
- Prostate Cancer Roundtable Announces Updated National Policy Agenda
- Meet the 2010 Edward C. Kaps Hope Award winners
- Read the monthly letter from Us TOO President & CEO
- Latest issues of HotSheet & the Us TOO Chapter NEWS
- Read the new *HotSheet Burning Issues Supplement* on "A Systems Pathology Approach to Post-Surgical Patients with Anxiety"
- View videos from all presentations at Us TOO Summit and Symposium event, held August 2010

ROLE OF PROSTATE SPECIFIC ANTIGEN (PSA) AND IMMEDIATE CONFIRMATORY BIOPSY IN PREDICTING PROGRESSION DURING ACTIVE SURVEILLANCE FOR LOW RISK PROSTATE CANCER

Adamy A, Yee DS, Matsushita K, et al
J Urol 185(2): 477-82, 2011

We evaluated predictors of progression after starting active surveillance, especially the role of prostate specific antigen (PSA) and immediate confirmatory prostate biopsy.

A total of 238 men with prostate cancer met active surveillance eligibility criteria and were analyzed for progression with time. Cox proportional hazards regression was used to evaluate predictors of progression. Progression was evaluated using 2 definitions, including no longer meeting 1) full and 2) modified criteria, excluding PSA greater than 10 ng/ml as a criterion.

Using full criteria 61 patients progressed during followup. The 2 and 5-year progression-free probability was 80% and 60%, respectively. With PSA included in progression criteria, PSA at confirmatory biopsy (HR 1.29, 95% CI 1.14-1.46, $p < 0.0005$) and positive confirmatory biopsy (HR 1.75, 95% CI 1.01-3.04, $p = 0.047$) were independent predictors of progression. Of the 61 cases 34 failed due to increased PSA, including only 5 with subsequent progression by biopsy criteria. When PSA was excluded from progression criteria, only 32 cases progressed, and 2 and 5-year progression-free probability was 91% and 76%, respectively. Using modified criteria as an end point positive confirmatory biopsy was the only independent predictor of progression (HR 3.16, 95% CI 1.41-7.09, $p = 0.005$).

Active surveillance is feasible in patients with low risk prostate cancer and most patients show little evidence of progression within 5 years. There is no clear justification for treating patients in whom PSA increases above 10 ng/mL in the absence of other indications of tumor progression. Patients considering active surveillance should undergo confirmatory biopsy to better assess the risk of progression.

AFRICAN AMERICANS STILL HAVE HIGHER CANCER FATALITY RATE

Fewer African Americans are dying from cancer, but compared with white Americans their length of survival is shorter and the fatality rate is still far higher, according to a report released in early February.

The conclusions were part of a new American Cancer Society report on African-Americans and cancer.

While there are many reasons for the racial disparity, the main cause is that a larger proportion of African Americans are poor, American Cancer Society chief medical officer Otis Brawley stated.

“African Americans are disproportionately represented in lower socioeconomic groups,” he said. “People with lower socioeconomic status have higher cancer death rates.”

Tim Byers, a doctor from the Colorado School of Public health, published research in 2008 that shows the link between socioeconomic status and cancer. For those of lower classes diagnosed with cancer, there was a 35 percent

greater likelihood that they will die.

The most common form of cancer among African American males is prostate cancer at 40 percent of cases, 15 percent have lung cancer and 9 percent colon and rectal cancer.

For African-American women, breast cancer is the most common, with lung cancer second with 13 percent, and 11 percent colon and rectal cancer.

Compared to whites, death rates were 32 percent higher among African-American men and 16 percent higher among African-American women in 2007, the last year measured.

The study said that the reduction in smoking-related cancer was due to the fact that the percentage of African-American men smoking has fallen faster than their white counterparts.

There are expected to be 168,900 new cancer cases and 65,540 cancer deaths among African Americans in 2011, the study said.

Reuters, 1 February 2011

THE BENEFITS OF TIMELY INTERVENTION WITH ZOLEDRONIC ACID IN PATIENTS WITH METASTATIC PROSTATE CANCER TO BONES: A RETROSPECTIVE STUDY OF THE US VETERANS AFFAIRS POPULATION

Velde NV, Wu EQ, Guo A, Lu M, Yu AP, Sharma H, Liu J, Fan CP, Shi L
Prostate Cancer Prostatic Dis 21 December 2010; e-pub ahead of print

To examine the effect of timely zoledronic acid (ZA) treatment on clinical outcomes and health care utilization in patients with bone-metastatic prostate cancer. Patients with prostate cancer and bone metastasis were identified in a Veterans Affairs database (01/2002-09/2009). Eligible patients had no documented skeletal-related events (SREs) before the index date (that is, the first bone metastasis diagnosis date).

Patients who received early ZA treatment, defined as having a ZA infusion after the index date and before any recorded SREs, were matched 1:1 on propensity score to patients not treated with bisphosphonates (BPs). Risks of SREs, hospitalization and death during the 6-month post-index period were compared between matched cohorts using Kaplan-

Meier analyses.

Baseline characteristics were well balanced between the matched cohorts ($n=73$ per group). Six-month SRE-free survival and hospitalization-free survival were higher in patients receiving timely ZA than patients without BP treatment (91.7 versus 71.5%, $P < 0.01$; 80.5 versus 66.3%, $P=0.05$, respectively). 6-month mortality risk was significantly lower in patients treated with ZA versus those without BP treatment (4.3 versus 13.8%, $P=0.04$).

Timely ZA intervention in bone-metastatic prostate cancer patients was associated with significant reductions in 6-month risks of SREs, hospitalization and mortality, as compared with no BP treatment.

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. The columns by Drs. Chodak, Moyad and Myers contain the opinions and thoughts of its author and is not necessarily those of Us TOO International.

ASK DOCTOR SNUFFY MYERS

It has recently come to my attention that supplementing with vitamin B12 may cause an increase in the risk of prostate cancer. I had successful HIFU in 2007 and use B12 to combat my peripheral neuropathy. Is this problematic?

While I am not impressed with the data associating B12 intake and prostate cancer, it is also long been true that many patients and physicians over-use this vitamin. It is clear that vitamin B12 deficiency does exist. Fortunately, there is a blood test to detect this.

If you have vitamin B12 deficiency, you need to know that this deficiency is rarely caused by nutritional inadequacy. In fact, this is generally limited to those on a strict vegan diet and is especially a problem with children. This is one of the reasons I now discourage a vegan diet in my patients.

A more common cause is a disease called pernicious anemia. These patients lack a protein in their intestines that is needed to absorb vitamin B12. Oral supplementation is of little use in this setting and these patients are best treated with vitamin B12 shots.

With this background, you can see why I think there is little rationale behind oral vitamin B12 supplementation unless you are a vegan. I find that many patients are taking large doses of vitamin B12 without any rational basis behind it. I would include its use to treat peripheral neuropathy unless you had a blood test showing you were deficient. Even in that case, the existence of pernicious anemia should be ruled out because oral B12 would be useless.

So, my bottom line is that while I am not impressed with the role of B12 in prostate cancer, I am also very doubtful that B12 will help your neuropathy.

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

"Why did the prestigious Institute of Medicine (IOM) barely change vitamin D daily requirements?"

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

Bottom Line: The new vitamin D requirements are 600 IU daily, and up to 800 IU daily for those 71 years or older if you are not physically active or have declining kidney function that impacts vitamin D metabolism. Yawn city!

College and pro football is over! Let my depression set in! What am I suppose to do when football is over (apart from spend more time with my family – politically correct statement alert)! Read a book? Work in the frozen garden? Watch another rerun of a bad reality show ("your husband/wife is a cheater!")? Wait for another politician or professional athlete to get caught in some sordid love affair that makes the cover of every magazine (that could take at least a week or two)?

In the meantime, let's talk health and wellness. How about those new vitamin D suggested intakes from the Institute of Medicine (IOM)?! Basically, the IOM (collaboration between Canada and the US governments and independent non-profit experts) had a committee of 14 scientists review 1000 studies on 25 different health outcomes with vitamin D.¹ Most outside "experts" (not on the IOM) predicted for the past few years that this meeting would result in major changes in vitamin D recommendations and that folks would need to take 2000 IU or more per day just to stay healthy! And, the survey says – "WRONG! WRONG! WRONG!" THIS DID NOT HAPPEN! We waited 13 years for this? What a yawner! There is still a lack of convincing data on the overall health benefits of taking too much calcium and vitamin D. For example, too much calcium from supplements could increase the amount of calcium in the blood and urine that could cause calcification of the arteries or even a kidney stone and constipation. And, too much vitamin D can basically do the same thing. So, the IOM basically found the calcium and

vitamin D data convincing for primarily for bone health, and basically recommended about 1200 mg per day TOTAL (diet + supplements = 1200mg total). And, for most individuals a slight increase in daily vitamin D to 600 IU was recommended, and 800 IU for higher risk individuals. However, in reality this was a very tiny change from the past because 600 IU per day had already been recommended by the IOM for older individuals. The bottom line is that calcium and vitamin D doses have been over hyped for years! We have tried to make that as clear as mud in past columns. There is no question that they play an important role in individuals on androgen deprivation treatment (ADT) to maintain bone health but we have recommended on average getting 1200 mg total of calcium per day and 800-1000 IU of vitamin D. And, the vitamin D test for those at high-risk of bone fracture, but for others we have even over hyped the vitamin D test. Otherwise, we need to all relax and realize that vitamin D can do some things, but it is not the saving grace that so many folks have suggested! I find it interesting that if you like to eat fish high in omega-3s, exercise outside regularly, keep a low cholesterol level, and maintain a healthy weight... well on average your vitamin D level increases significantly before you even supplement with a pill. Hmmm, so is it the vitamin D that is making people more healthy, or is it the fact that healthy people are more likely to have a higher amount of vitamin D (which basically would make vitamin D a medical marker of healthy behavior!)? What do you think my friends (rhetorical but thought provoking question, of course)?

Reference:

1. <www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D.aspx>



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DOCTOR CHODAK'S BOTTOM LINE (Ref Key: Article #, page #, column #)**Author:** *Winning The Battle Against Prostate Cancer, 2011*

a3p1c3: "To Treat or Not To Treat: That is the Question" might be an appropriate title for this month's *HotSheet* because of several articles on this topic. First, considerable media attention was given to an article about using four genes to identify potentially dangerous treatment and spare the remainder from undergoing treatment. This could be an extremely important finding that might truly have a huge impact on managing men with early stage disease. The authors acknowledge that more work is needed before its true benefit can be assessed.

The Bottom Line: Until more information is available, our enthusiasm for this new finding must remain tempered. We need to understand how many men are really helped by this test beyond other measures currently being used. If it holds up, it could be very valuable for sparing many men from unnecessary treatment.

a9p5c1: For those men with low risk disease who want to consider active surveillance now, the key question is when to stop that approach and undergo definitive therapy. As this approach has evolved, some doctors combine an increase in PSA to greater than 10 ng/mL, the upgrading to a higher Gleason score, specific changes in the amount of cancer on repeat biopsy or changes in the digital exam when deciding if active surveillance should be continued. The study looking at usefulness of the PSA found that PSA was not a good way to identify progression because too many men get treated without being in danger. Most men with a rise to greater than 10 ng/mL do not simultaneously have other indicators consistent with progression.

The Bottom Line: This study adds useful information and may begin to provide some reassurance to men with a rising PSA but no other indications that the cancer is getting worse. Clearly longer follow-up is needed but an increasing number of studies are providing support for active surveillance as a reasonable option for men with low risk disease and using PSA may result in many men getting unnecessary treatment.

a4p2c2: For those with low risk disease that do not want active surveillance, which of the many options would provide the best survival and quality of life re-

mains an unanswered question. Among the newer options is stereotactic external radiation using the CyberKnife system. Part of its appeal is the much shorter duration of treatment than IMRT but what can patients be told about the results? A new report provides the first five-year look in a small group of men with low risk disease treated at two institutions. The authors claim that the biochemical disease free survival rates are similar to those seen for other treatments in this short time span. Does this study show that this treatment is an equivalent to other options? The answer is no, not yet.

First, five years of treating low risk disease is not very meaningful. Ten and fifteen year results are really needed. Even if results are similar at five years, that does not mean they will remain similar with longer follow-up. Also, regardless whether biochemical control is similar at five years, the real issue is whether the survival is better than no treatment at all. Furthermore, this type of analysis is not a valid way to say that the biochemical failure rates are really similar. There are simply too many biases to know if that is true. Also, the authors provide some bowel and urinary function results but nothing is reported about sexual function even though it was measured. The question is why were they omitted?

The Bottom Line: Stereotactic radiation using the CyberKnife system is an exciting new treatment that MAY prove to be a good alternative for treating low risk disease but much more information is needed before men can be told if that is true. We look forward to larger patient series and much longer follow-up.

a6p3c2: For men diagnosed with high-risk cancer who do need to be treated, an unanswered question is whether surgery will give better results than external radiation combined with hormone therapy. An uncontrolled, retrospective study attempts to address this question. The authors found no difference in the chances of dying from prostate cancer at ten years but overall survival was lower in the men getting the radiation and hormone treatment. From this study we need to ask whether it is possible to conclude that surgery is a better therapy for high-risk disease and unfortunately, no conclusions are possible. As has been

discussed so many times before with this type of study, there are just too many potential biases to know if the findings are correct. For example, little information is provided about the overall health of the two treatment groups. Were the radiated patients less healthy and was that part of the reason why they did not have surgery. We also know very little about the way men were selected to receive hormone therapy or how long it was given. Lastly, it is not necessarily reasonable to combine men with extracapsular disease along with those who have a high Gleason score when comparing these treatments.

The Bottom Line: The only way to find out whether surgery is a better treatment than radiation therapy combined with external beam radiation for high-risk prostate cancer is to do a prospective, randomized study and until then both remain reasonable options.

a2p1c2: Anyone who has undergone surgery realizes that it causes tremendous stress and anxiety. An interesting preliminary study attempted to determine if a stress management program could help men recover from this operation. Using very simple measurements of immune function, those getting the stress management program appeared to be doing better than those not getting the intervention. The authors acknowledge that much more information is needed to know if there is any true benefit from these types of interventions.

The Bottom Line: Additional information will be awaited to see if stress reduction can benefit men undergoing radical prostatectomy but at this time, no conclusions are possible.

a11p5c2: The last study focuses on men with bone metastases and the importance of bone protective therapy. The authors looked at the odds of getting a skeletal related event, being hospitalized or dying from prostate cancer. Those men getting treated with zoledronic acid had better results. This is not new information but it should alert men with bone metastases to the need to discuss bone protective therapy with their doctor.

The Bottom Line: A bone protective therapy should be discussed with every man with bone metastases.

GENE TEST AND LETHAL PROSTATE TUMORS *(Continued from page 1)*

spread and which aren't, there is a tendency to unnecessarily subject many men to draconian interventions," he said in a statement. Currently, he said, about 48 men must be treated for prostate cancer to save one life, and the main forms of prostate cancer treatment – surgery and radiation therapy – can cause impotence and incontinence.

"This will clearly shift the numbers of individuals that are treated," DePinho said. To find genes that drive the aggressiveness of prostate tumors, DePinho said, his team "ping-ponged" between mouse and human studies. They started out with mice that lack a working copy of the Pten gene, which is involved with cell growth. These mice develop tumors, but the tumors do not spread.

They examined which genes kept those tumors from spreading and found one called Smad4 that acts as a brake to cancer growth. Blocking this gene in mice that also lacked a working copy of Pten seemed to flip a growth switch. Mice without working copies of both genes developed fast-growing tumors spreading to the lymph nodes and beyond.

Once they had narrowed down what kept the cancers from growing, DePinho's team conducted a series of experiments to find genes that were key to driving this growth. They found two: SPP1 and CyclinD1. Both genes play a role in cell division and both work closely with Smad4.

They tested this four-gene signature in human prostate tumor samples taken from the Physicians' Health Study, a 30-year study of US physicians. They found this four-gene signature was more accurate in predicting the ultimate course of the illness than a conventional test called a Gleason score, in which tumor cells are examined under a microscope.

DePinho said the results will make a big impact on how men are tested and treated for prostate cancer. Dana-Farber has licensed the technology to Metamark Genetics Inc, a Massachusetts-based company that will commercialize the test.

"The goal is to do this within about a year or maybe a bit longer than that," said DePinho, who has a stake in the company.

Reuters, 2 February 2011

STRESS OF PROSTATE CANCER

(Continued from page 1)

A third of the men in the study received routine care. Another group was given "supportive care," meaning they had access to psychologists one to two weeks before surgery and afterwards. But a third group received stress management training. Men met with a psychologist for support but also learned deep breathing and guided-imagery techniques to help cope with the stress of surgery. They were led through a mental imagery exercise so they understood everything that would be happening to them as they were taken into surgery and recovery. They also were given booster sessions the morning of the RP and two days after the surgery as well as a guide and audiotapes so they could practice on their own.

Two days after surgery, the men who had received stress management had a measurably stronger immune response, based on higher levels of natural killer cell function and circulating pro-inflammatory cytokines. More research is needed to determine if this boost has a meaningful effect on post-RP recovery.

The New York Times, 1 February 2011

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