



PROSTATE CANCER *HOT SHEET*

Us Too! INTERNATIONAL **JUNE 2002**

HEART WIZARD ORNISH TURNS TO THE PROSTATE

Five years ago Tom McMahon was diagnosed with prostate cancer.

"I got the news and basically withdrew from life," said McMahon, 73, a retired psychotherapist who lives in San Jose, Calif.

Nonetheless, McMahon actively researched possible treatments for his cancer. He talked with numerous men who had tried surgery (to remove the prostate gland) or radiation therapy.

"It seemed every one of them experienced something screwy," McMahon said. He decided to choose what doctors call "watchful waiting": monitoring the tumor size through regular physical exams and testing for prostatic-specific antigen (PSA) in blood tests. The concept is that prostate cancer spreads slowly in many men, while treatments sometimes can result in impotence, incontinence or both.

About a year after diagnosis, McMahon heard about a new study by Dr. Dean Ornish, the Sausalito, Calif.-based physician who has so successfully demonstrated how lifestyle changes (diet, physical activity, relaxation techniques, support groups) can prevent and reverse heart disease.

Ornish and his colleagues at the University of California at San Francisco were recruiting men who chose watchful waiting to see if his program's benefits applied to prostate cancer.

"We didn't have an ethical issue with not treating our experimental group because these men had chosen non-intervention," Ornish said.

For his part, McMahon saw his own perfect fit: "I went to the program to get something. I didn't know what."

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KNOW YOUR SCORE !!

Us Too! INTERNATIONAL AND ENDOCARE TEAM-UP WITH HARLEM GLOBETROTTER LEGEND MEADOWLARK LEMON AND SPORTSCASTER JIM LAMPLEY TO HELP EDUCATE MEN ON THE NEED TO BE "PROSTATE CANCER AWARE"

Know Your SCORE



Harlem Globetrotter Legend Meadowlark Lemon Sportscaster Jim Lampley find that they "Know Their Score"

One of the lasting myths of prostate cancer is that it is an "old man's disease" - not something that an active man in the prime of his life need worry about. Besides, the logic goes, "I don't have any of the symptoms of prostate cancer!"

But ask any one of the thousands of men under 60 who are diagnosed annually and you'll soon learn how wrong that can be.

Experts agree that early detection is the best defense against prostate cancer - and that even acknowledging the deficiencies inherent in current diagnosis, tracking the rate of increase in PSA in conjunction with an annual DRE is the best known method of detecting prostate cancer in its earliest and most treatable stage.

At the Centennial Celebration Annual Meeting of the American Urological Association (AUA)

Us Too! INTERNATIONAL and Endocare unveiled their initial collaborative effort aimed at increasing awareness of prostate cancer and encouraging men to take responsibility for their health and "Know Your Score". This brief but entertaining and informative video/DVD starring Harlem Globetrotter Legend Meadowlark Lemon and well-known ABC/HBO Sportscaster Jim Lampley will help to put prostate cancer onto the radar of men from 35-105 years old!

"Men in their forties and fifties are all too often oblivious about the risk of prostate cancer" said **Us Too! INTERNATIONAL** President and CEO John Page, "One of the goals of this campaign will be to increase awareness of the dangers of remaining uninformed. Establishing a baseline PSA value against which you can measure the rise in blood PSA levels is an important first step to

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PROSTATE CANCER NEWS YOU CAN USE

Us Too! publishes a FREE e-mail based news service which provides updates on the latest prostate cancer related news. To subscribe or link to the archives simply visit the Us Too! Website: www.ustoo.org

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CLA MAY HELPTO INHIBIT PROLIFERATION OF PROSTATE CANCER

In a study published in Cancer Letters, an international scientific journal, researchers at Harvard Medical School have identified molecular components in the dietary supplement conjugated linoleic acid (CLA) as potentially influential in the reduction of colorectal and prostatic cancer cells. A naturally occurring fatty acid found primarily in milk, beef and dairy products, CLA is part of the omega-6 fatty acid family. Its mechanism of action, however, mimics that of omega-3 fatty acids such as fish oil, which have been proven to have significant health benefits. Mounting scientific evidence now suggests that some omega-6 dietary fatty acids, such as CLA, can inhibit tumor growth and proliferation of human cancer cells. (CANCER LETTERS - 03/2802 - volume 177, pages 163 - 172).

NANOBIOTECH MAKES THE DIAGNOSIS

Gazing at an electrical meter, Yi Cui, a graduate student in the Harvard University lab of chemist Charles Lieber, waits for evidence of a remarkable feat in simple, ultrasensitive diagnostics. His target is prostate cancer. His new tool is a microchip bearing 10 silicon wires, each just 10 nanometers (billionths of a meter) wide. These nanowires have been slathered with biological molecules with an affinity for PSA, a protein all too familiar to men of a certain age as the telltale sign of prostate cancer. If the experiment works according to plan, when the PSA molecules bind to the nanowires, there will be a detectable electrical signal.

Cui washes a solution containing prostate cancer proteins over the chip. Immediately, the meter registers subtle changes, indicating not only that the device has detected the protein, but that it detected perhaps as few as three or four molecules, instantly and with minimal sample preparation—a previously unheard-of feat. The implications for diagnostics are enormous. A successful prostate cancer test must distinguish between normal and elevated protein levels. Ultrasensitive sensors like Lieber’s could discern the slightest increase; what’s more, they could do so in cheap, disposable tests that patients could use at home between visits to the doctor. “If I were at risk for a particular cancer, I wouldn’t want to take a chance and wait for some cancer cells to grow wildly out of control over a year because the previous test missed it,” says Lieber. Though this nanowire device is just an experimental prototype, it is at the forefront of a growing effort at labs around the world

to marry nanoelectronics and biology into a new field called nanobiotechnology. This hybrid discipline is producing a variety of tools— from arrays of tiny sensors that can detect specific biological molecules to microscopic systems carved out of silicon that can read individual strands of DNA— capable of providing a new window on biological molecules. (Technology Review 05/01/02)

REPORT: U.S. CANCER DIAGNOSES EXPECTED TO DOUBLE WITHIN 50 YEARS

The number of Americans diagnosed with cancer each year will double within 50 years because more people are living long enough to develop the disease, a new federal report predicts. The good news is that death rates from cancer continue to fall - about 1 percent throughout the late 1990s, according to the annual “report to the nation” released by a host of federal health agencies and the American Cancer Society. The report for the first time adjusts cancer statistics to the 2000 census. Previous reports used 1970 and even some 1940 census information, and the population has changed dramatically in that time. The number of minorities and older people has grown, as well as the share of the population they constitute. Because the risk of cancer rises with age and the over-65 population has ballooned, the cancer burden also is rising and will strain Medicare, experts said. Another problem is that cancer awareness and screening programs are aimed at middle-aged people, and many cancer information services are Internet-based, which is not a good way to reach older people, she said. Adjusting statistics to today’s population also has implications for cancer trends among minorities. For instance, racial differences in cancer death rates are smaller than they appeared when minorities made up a smaller portion of the population. The cancer death rate for blacks from 1992 to 1996 was 31 percent higher than for whites if the 2000 population is used to figure them, but 33 percent higher if 1970 numbers are used, and 36 percent greater if 1940 is used. Other report highlights:

- Nearly 9 million cancer survivors were alive as of 1999; 60 percent were at least 65 years old, and 32 percent at least 75.
- Cancer risk rises with age. The median age at which people develop cancer is 70 for lung cancer, 72 for colorectal cancer, 63 for breast cancer and 69 for PCa.
- Age doesn’t affect relative cancer survival rates, but the type of cancer and its extent, or the stage at which it’s found, play big roles.

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- The report was made by the cancer society, the cancer registry association, the National Cancer Institute, the Centers for Disease Control and Prevention, and the National Institute on Aging. (*CANCER / May 15, 2002*)

CHRONIC PROSTATITIS IMPORTANT CAUSE OF ELEVATED PSA

Chronic prostatitis can cause elevated PSA, but treatment can diminish the chance of negative biopsies, research found. Investigators reviewed the records of 95 men (aged 44-81 years) who had serum PSA >4 ng/ml and who subsequently received a diagnosis of chronic prostatitis. Eligible patients received a 4-week course of antibiotics and a nonsteroidal anti-inflammatory agent. Follow-up PSA was determined within 2 months of treatment in all participants. "The current paradigm for screening and early detection of prostate cancer is based on the common practice of most urologists of proceeding directly to prostate needle biopsy in men with elevated PSA. Our study suggests that chronic prostatitis is also an important cause of elevated PSA and, when identified, its treatment can decrease PSA and, thereby, significantly decrease by almost 50% the number of men with a continuing indication for prostate biopsy," researchers recommended. "This simple algorithmic change appears to improve the specificity of PSA as a diagnostic tool for prostate cancer." (*Bozeman C, et al. J Urol 2002;167:1723-6.*)

INDIVIDUAL LABELING OF BIOPSY CORES HELPS PREDICT INNOCUOUS AND AGGRESSIVE PROSTATE DISEASE

Individual labeling and processing of the biopsy core improves accuracy of prostate biopsy in predicting the final pathological stage after radical prostatectomy in selected patients with T1c prostate cancer who have normal digital rectal examination (DRE) and a moderately elevated PSA, according to new research. Results showed that preoperative PSA, biopsy Gleason score and unilateral versus bilateral involvement were not significant predictors of disease extension in patients with low tumor burden. Researchers found 2 statistically significant predictors of organ-confined disease: percentage of positive cores, and the number and topography of positive sextants. However, while these 2 variables appeared to carry equal weight during the first analysis, a subgroup of patients benefited from the complete topographical information. The subgroups included 52 patients (42%) with a Gleason score of <7, 25-75%

positive biopsies, and 3 positive sextants. "[T]he challenge of developing an accurate staging system for patients with prostate cancer has become critical since screening and early detection have dramatically increased the number of men presenting with earlier stages of the disease," the scientists wrote. "The present data suggest that site-specific labeling of sextant prostate biopsy cores significantly improves the accuracy of preoperative staging, especially in the increasing cohort of patients with well-differentiated tumor and a low PSA level. A larger study with more patients is needed to validate these preliminary conclusions." (*Tombal B, et al. BJU International 2002;89:543-8.*)

CD44v6 SCORE "VALUABLE FOR PROSTATE CANCER PROGNOSIS"

Studies have previously shown that cell surface transmembrane protein CD44, and its variant which contains exon 10 (CD44v6), may be a potential prognostic marker for malignancy among men with prostate cancer confined to the capsule, although scoring of this molecule has remained problematic. The researchers found that the CD44v6 expression of the primary tumours in the metastatic and non-metastatic groups differed significantly, with an inverse correlation between CD44v6 score in the primary tissues and both the pathological stage and degree of progression observed. As CD44v6 scores increased, PSA-free survival also increased. Improved long-term prognosis was observed in non-metastatic patients with a CD44v6 score of 75 or more compared to those with scores below 75, who had a similar prognosis as patients with metastatic disease. Ekici and colleagues conclude, "Routine use of the CD44v6 score for evaluating CD44v6 expression in prostate cancer should be encouraged. Decreased expression of CD44v6 with a score of less than 75 may be clinically useful for determining patients at increased risk for progression and those requiring adjuvant therapy." (*Ekici et al, The Journal of Urology 2002;167:2037-2041*)

OSTEOPOROSIS IN MEN TREATED WITH ANDROGEN DEPRIVATION FOR PROSTATE CANCER IMPORTANT AREA OF STUDY

Osteoporosis is an important and debilitating side effect of androgen deprivation therapy, although researchers don't completely understand precise estimates of its incidence, degree and cost, according to a new study. Researchers recommended that men beginning androgen deprivation therapy should receive calcium and vitamin D, and

maintain a moderate exercise regimen. "The osteoporotic fracture incidence and bone marrow density should be regularly incorporated into studies involving the hormonal treatment of prostate cancer," the authors wrote. (*Ross R. and Small E. J Urol 2002;167:1952-6.*)

CHROMOSOME 8Q GAIN AS A MARKER OF AGGRESSIVE PROSTATE CANCER

The advent of molecular genetic techniques such as comparative genomic hybridisation (CGH) has allowed researchers to study specific genetic aberrations in prostate tumours with the aim of identifying a marker of tumour progression and, therefore, prognosis. In patients unsuitable for curative therapy, hormone deprivation is the standard treatment regime. Researchers suggest that gain of 8q is a late event in prostate cancer carcinogenesis. "It is obvious that aberrations of chromosome 8 are implicated in prostate cancer carcinogenesis and progression,". The team believe that 8q may be a marker of tumour aggressiveness. (*Steiner et al, European Urology 2002;41:167-171*)

HORMONE PROFILE MAY PREDICT PROGNOSIS IN METASTATIC PROSTATE CANCER

It is established that androgen inhibition is a useful treatment strategy for prostate cancer. However, the contribution of pre-treatment plasma testosterone and other sex hormone levels to this disease remains controversial. The team concluded that the hormone levels studied were good prognostic indicators for patients with metastatic prostate cancer under hormonal treatment, irrespective of tumour grading. (*Chen et al, BJU International, 2002;89:710-713*)

FREE/TOTAL PSA RATIO IN WATCHFUL WAITING FOR PROSTATE CANCER

The study authors said, "In general, f/tPSA is lower in malignant than in benign prostates. The pathophysiological reason for this observation is controversial. Nevertheless, the rate and trend of f/tPSA change can be a potentially useful tool that may reflect the biological development or progression of malignancy." (*Do et al, BJU International 2002;89:703-709*)

RESEARCH IDENTIFIES 4 GLEASON SCORE PROGNOSTIC CATEGORIES

The long-term prognosis of prostate cancer on deferred treatment is predicted well by the Gleason score, according to

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TEST YOUR HEALTH & NUTRITION AWARENESS

A Quiz That Counts

1. It's a good idea to get your bone density tested if you're a postmenopausal woman who: a. weighs less than 125 pounds b. weighs more than 150 pounds c. drinks three to four alcoholic beverages a week d. went through menopause late
2. Your risk of a heart attack or stroke starts to climb when your blood pressure is: a. optimal (less than 120 over less than 80) b. normal (120-129 over 80-84) c. high-normal (130-139 over 85-89) d. high (140 or more over 90 or more)
3. A deficiency of which vitamin can masquerade as Alzheimer's disease? a. vitamin A b. vitamin B-12 c. vitamin C d. vitamin D e. vitamin E
4. For American adults, being average weight (about 150 pounds for a woman who is 5'4") raises your risk of which disease the most? a. heart attack b. stroke c. colon cancer d. diabetes e. osteoporosis
5. Which is least likely to lower your risk of prostate cancer? a. eating more low-fat dairy foods b. eating less red meat c. eating spaghetti sauce two to four times a week d. taking vitamin E e. taking selenium
6. Which sign of food poisoning should prompt you to call the doctor as soon as it occurs? a. vomiting b. diarrhea c. bloody diarrhea d. fever e. headache
7. Which is least likely to be a warning sign of a stroke? a. sudden severe headache b. sudden weakness or numbness c. sudden shooting pains in the legs d. sudden difficulty speaking e. sudden dimness or loss of vision
8. If you think you're having a heart attack, you should: a. call 911 immediately b. get to the hospital immediately c. wait ten minutes to see if the symptoms disappear d. take an aspirin and see if the symptoms disappear
9. Numbness in the hands or feet is least likely to be a sign of: a. diabetes b. stroke c. vitamin B-6 deficiency d. vitamin B-12 deficiency
10. Diarrhea can be caused by: a. too much potassium b. too much magnesium c. too little selenium d. too little folate
11. Which doesn't raise the risk of a heart attack? a. high blood pressure b. low HDL ("good") cholesterol c. arthritis d. diabetes e. cigarette smoking
12. Which is least likely to lower your risk of a hip fracture? a. taking a calcium supplement b. taking a daily multivitamin-and-mineral c. eating green leafy vegetables d. losing excess weight e. exercising
13. Men should get a blood test for PSA (prostate specific antigen) to screen for prostate cancer every year starting at what age? a. 20 b. 30 c. 40 d. 50 e. 60
14. Getting too little of which nutrient can lead to high blood pressure? a. potassium b. copper c. zinc d. iron e. chromium
15. Which is most likely to lower your risk of cataracts and macular degeneration? a. carrots b. spinach c. cauliflower d. oranges e. grapes
16. Defrosted or raw poultry should be cooked within: a. a week b. three or four days c. one or two days d. four hours
17. You should get your HDL ("good") and LDL ("bad") cholesterol checked at least every five years starting at age: a. 20 b. 30 c. 40 d. 50 e. 60
18. If a bout of food poisoning gives you diarrhea or vomiting, which of these symptoms is a sign that you're becoming dehydrated? a. faintness b. rapid heart rate c. dizziness after standing up suddenly d. failure to urinate for 24 hours e. any of the above
19. Which is least likely to be a sign of diabetes? a. recurring gum, skin, or bladder infections b. joint pain c. blurred vision d. cuts or bruises that are slow to heal e. frequent urination
20. Too much of which vitamin can weaken bones? a. vitamin A b. vitamin B-6 c. vitamin C d. vitamin K
21. If you're over 50, which of these vitamins should you make sure to get from a supplement or fortified food? a. vitamin A b. vitamin B-6 c. vitamin B-12 d. vitamin C e. vitamin E
22. Which is the most reliable sign of insulin resistance? a. high LDL ("bad") cholesterol b. high triglycerides (at least 150) c. excess weight d. carbohydrate craving
23. Constipation can be caused by: a. too much zinc b. too little calcium c. too much iron d. too little magnesium
24. Which is least likely to be a sign of a heart attack? a. chest pain b. shortness of breath c. headache d. jaw pain e. nausea
25. Which nutrient may help prevent diabetes? a. calcium b. magnesium c. potassium d. phosphorus e. selenium
26. Which is least likely to cause food poisoning? a. cold cuts b. raw sprouts c. Caesar salad dressing d. shrimp e. brie cheese
27. If someone shows signs of a stroke that disappear after a few minutes, you should: a. wait 15 minutes to see if the signs return b. advise them to tell their doctor at the next visit c. call a doctor immediately d. call 911
28. A roasted chicken is thoroughly cooked when: a. the thigh reaches an internal temperature of 180 deg F b. the juices run clear c. the leg moves easily in its socket d. any of the above
29. Regular aerobic exercise is least likely to lower the risk of: a. colon cancer b. diabetes c. stroke d. gallstones e. prostate cancer
30. Which is least likely to lower your risk of diabetes? a. exercise b. taking vitamin E c. losing excess weight d. eating whole instead of refined grains
31. If you're over 40 (women) or 60 (men), you steadily lose muscle unless you: a. do aerobic exercise at least three days a week b. do strength-training exercise at least twice a week c. increase your protein intake d. all of the above
32. To avoid food poisoning from E. coli O157:H7, cook ground beef until: a. the internal temperature reaches 160 deg F b. the juices run clear c. it's no longer pink in the center d. any of the above
33. Which is least likely to lower your blood pressure? a. eating lower-sodium foods b. eating more fruits and vegetables c. exercising d. losing excess weight e. taking a calcium supplement
34. Which is a reliable sign of hypertension (high blood pressure)? a. frequent headaches b. blurred vision c. flushing d. inability to handle stress e. none of the above

35. Eating less red meat is least likely to cut the risk of: a. breast cancer b. colon cancer c. non-Hodgkin's lymphoma d. prostate cancer

36. If you have insulin resistance, which is least likely to help? a. a low-calorie diet b. a low-fat diet c. a Mediterranean diet d. an Atkins-type diet e. exercise

37. Which is least likely to help curb arthritis? a. vitamin B-6 b. vitamin C c. vitamin D d. glucosamine e. chondroitin

38. Folic acid is least likely to prevent: a. birth defects b. heart disease c. stroke d. prostate cancer e. colon cancer

39. The surest way to get enough vitamin D is to: a. eat more dairy foods b. eat more fortified cereals c. eat more fish d. take a multivitamin e. spend more time outdoors

40. Being overweight is least likely to raise the risk of which cancer? a. breast b. colon c. endometrium d. esophagus e. prostate

(Answers on Page 6)

ORNISH DIET FOR PCA

(continued from P. 1)

Entering the Ornish program, McMahon's PSA reading was nearly 10; 4 or less is normal. PSA doesn't itself indicate cancer but heightened activity in the prostate. McMahon's doctor found a palpable tumor by a digital rectal exam and confirmed it with ultrasound images.

McMahon fervently followed the program, which most famously requires a diet high in vegetables, fruits and grains and low in any sorts of fat (less than 10 percent of daily calories). He takes a walk every morning either around a lake or in a park, losing himself in the "awesomeness of creation." He cooks low-fat meals for his wife, who works at a local health club.

Each Thursday, he takes a train to San Francisco, then "long-hikes" the city to catch a ferry to Ornish's Preventive Medicine Research Center in Sausalito for workouts, support therapy and cooking/eating classes.

Last May McMahon returned home from an extended trip to Europe with one of his two sons. He went to see his doctor for a routine ultrasound.

The news was good, very good. "The doctor said, 'I cannot find any evidence

that you have a tumor,'" recalled McMahon, whose PSA has fallen to 7. "I got re-examined in February this year. The doctor said the same thing. He couldn't find any trace."

In April, Ornish presented the one-year data from the study of 84 men at the International Scientific Conference on Complementary, Alternative and Integrative Medicine Research at Harvard University. The findings show a potential new option for men worried about prostate health - provided they can follow Ornish's guidelines for diet (soy products replace dairy, no alcohol), exercise (three hours of aerobic workouts each week), meditation and relaxation techniques (a daily hour) and weekly support group meetings.

Patients such as McMahon, who closely adhered to the program (defined as following the program 88 percent of the time), decreased PSA readings by 9 percent in the year. Those men in the experimental group who had great trouble adhering (less than 58 percent of the time) observed increases averaging 6 percent. Men who were evaluated as "medium adherers" experienced no change in PSA.

Individuals in the control group, including seven men who received conventional treatment because their conditions worsened, scored significantly higher PSAs than did members in the experimental group.

"The results are very much like the cardiac studies when I first started doing them 25 years ago," Ornish said. "There is a strong correlation between adherence and positive results."

Some urologists have criticized the study. They say 9 percent decreases are not impressive, that a 50 percent decline would catch their attention. "You don't need PSA to go down" Ornish said. "You just need it not to go up."

Ornish has heard similar criticism before when he first introduced his ideas about reversing heart disease.

The criticism won't stop him from completing four years of following each study participant. He emphasized that reversing heart disease and now, perhaps, prostate cancer "takes bigger changes than most people are recommending or doing."

(Chicago Tribune / May 5, 2002).

RE-READING LESSONS: SEEKING A SECOND VIEW

(washingtonpost.com - 04/23/02)

According to a 1999 study by researchers at Johns Hopkins University, about 1.4 percent of tissue samples — roughly 30,000 a year in the United States — are misread so completely that their resulting pathology reports would have led to inappropriate medical care. Most of the cases involve cancer. The best protection is a second analysis of the biopsied cells, a process that requires the glass slide with the patient's cells to be shipped to a second pathologist. Seeking a true second opinion — not just another care recommendation based on the original pathologist's reading — generally costs between \$100 and \$200. It may be covered by insurance and should take only a matter of days. The treating doctor or the lab that performed the initial biopsy can usually recommend an outside expert to review the findings. Even at hospitals where suspect results are routinely reviewed by more than one doctor, experts advise getting an outside opinion if life-changing care is at stake. Findcancerexperts.com, an independent nonprofit Web site recommended by Johns Hopkins pathologists, guides patients through the process and offers, free of charge, the names and contact information for up to three pathologists. Pathologists urge a second look for any reading that falls in the following categories:

Bad News A cancer diagnosis or any reading that dictates surgery or a major change in treatment approach ought to be supported by a second analysis.

Uncertain News If doctors have doubts about the presence of cancer or the pathology, that should trigger caution.

Late News A pathology report that takes a long time to prepare may be a red flag and could suggest that the sample is especially difficult to analyze.

Surprising News A diagnosis that is radically different from what the treating physician expects deserves a second opinion. The pathology results should fit with other medical evidence.

Rare News Rare cancers such as lymphomas, soft tissue tumors and brain tumors merit a second opinion simply because most pathologists see very few cases of these, according to Barry Shmookler, the Maryland pathologist who set up findcancerexperts.com.

Nutrition & Health Quiz

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1. a (weighs less than 125 pounds). Postmenopausal women who weigh less than 12 pounds have a higher risk of hip fractures than those who weigh more. It's also worth getting a bone density test if you are 65 or older, smoke cigarettes, have fractured a bone as an adult, or have a family history of bone fractures.
2. b (normal). Your risk of a heart attack or stroke is elevated even when your blood pressure is "normal" or "high-normal." And normal means that the upper number is 120 to 129 or the lower number is 80 to 84. "High" blood pressure means that doctors consider treating it with drugs.
3. b (vitamin B-12). A B-12 deficiency can cause irreversible nerve damage and dementia. Anyone with unexplained memory loss should get a blood test for vitamin B-12. If it's less than 300 picograms per milliliter (pg/mL), a blood test for methylmalonic acid and homocysteine can nail a B-12 deficiency.
4. d (diabetes). The average American woman (5'4" and 152 pounds) is overweight and has twice the risk of diabetes compared to a 5'4" woman of optimal weight (128 pounds). While being overweight raises the risk of heart disease, stroke, and colon cancer, it raises the risk of diabetes the most. The average man (5'9" and 180 pounds) should weigh closer to 150 pounds.
5. a (eating more low-fat dairy foods). Low-fat dairy may reduce blood pressure and the risk of osteoporosis, but it doesn't protect the prostate. In fact, men who consume at least 2,000 mg a day of calcium (from food or supplements) may have a higher risk of prostate cancer.
6. c (bloody diarrhea). It could be a sign of an E. coli O157:H7 infection, which can lead to kidney failure and death. Other reasons to call the doctor: a fever that lasts more than 24 hours, diarrhea that lasts more than three days (which could cause dehydration and lead to kidney failure); and fever, headache, and stiff neck (when all three occur together, it could signal a Listeria infection).
7. c (sudden shooting pains in the legs). It's worth learning the signs of a stroke. Clot-dissolving drugs can curb the damage, but only if they reach the clot within three hours. Since doctors have to do a CAT scan and set up an intravenous line first, it's critical to get to the hospital immediately. Other warning signs of a stroke: difficulty understanding speech; unexplained dizziness, unsteadiness, or sudden falls; double vision; drowsiness; nausea; or vomiting.
8. a (call 911 immediately). Don't wait longer than five minutes to call. New clot-busting drugs can save lives and minimize damage to the heart, but only one in five heart attack victims get to the hospital fast enough for the drugs to work. Emergency medical workers can give oxygen and medications (including aspirin) or re-start the heart on the way to the hospital, so you're better off in an ambulance than a car.
9. c (vitamin B-6 deficiency). Numbness can be a sign of stroke (if it comes on suddenly). It can also signal diabetes or a vitamin B-12 deficiency (both can cause irreversible nerve damage). Too much vitamin B-6 can cause numbness, burning, tingling, or shooting pains, but fortunately they're reversible. The highest level of B-6 that's safe (the Upper Tolerable Intake Level, or UL) is 100 mg a day—that's 50 times what you'd get in most multivitamins.
10. b (too much magnesium). The highest level of magnesium that's likely to be safe, the Upper Tolerable Intake Level (UL), is 350 milligrams a day. But that only applies to magnesium that's been added to foods, supplements, or drugs. The magnesium that occurs naturally in foods is safe at any level. Too much added magnesium can cause diarrhea. The recommended intake of magnesium (the Daily Value, or DV) from all sources is 400 mg a day.
11. c (arthritis). A diabetic has the same risk of a heart attack as someone with heart disease. Low HDL means under 40 (men) or under 50 (women).
12. d (losing excess weight). There are lots of reasons to shed those pounds, but protecting your bones isn't one of them. Weight-bearing exercise and calcium should help lower your risk of a hip fracture. Ditto for the vitamin D and vitamin K in your multi (if your multi is one of the many that have little or no vitamin K, make sure you eat plenty of K-rich vegetables like spinach, collards, and romaine lettuce).
13. d (age 50 - *Us Too!* recommends beginning at 45). Start getting your PSA checked at age 45 if you are African-American or have a father or brother who was diagnosed with prostate cancer in his 40s or 50s.
14. a (potassium). Too little can raise blood pressure. Good sources of potassium include fruits, vegetables, milk, & yogurt.
15. b (spinach). Leafy greens like spinach, collards, kale, and romaine lettuce (the darker the better) are rich in lutein, a carotenoid that may protect eyes.
16. c (one or two days). You can wait four or five days to cook beef and pork, but it's best to cook fish, poultry, or ground poultry—as well as any ground meat—within two days. And always defrost meat, poultry, and fish in the fridge, not at room temperature.
17. a (age 20). You'll need a fasting blood sample to get a good read on your HDL and LDL. If your HDL is too low or your LDL is too high, you'll need more frequent tests.
18. e (any of the above). Dehydration can lead to kidney failure. To prevent it, your doctor may give you intravenous fluids.
19. b (joint pain). Other signs of diabetes include tingling or numbness in the hands or feet, frequent infections of any kind, fatigue, unexplained weight loss, irritability, unusual thirst, or extreme hunger.
20. a (vitamin A). Women who consume too much vitamin A (more than about 6,500 IU a day over an extended period of time) have a greater risk of fracture. (There are no data on men yet.) That applies only to the retinol or retinyl palmitate form of vitamin A, which is found in animal foods (like milk, liver, and butter). Beta-carotene, which the body converts to vitamin A, doesn't weaken bones. Supplements and fortified foods (like cereals) may contain beta-carotene, retinol, or a mixture of both.
21. c (vitamin B-12). Many older people don't have enough stomach acid to extract the B-12 that's bound to protein in foods. To play it safe, get your B-12 from a supplement or a fortified food (like cereal) if you're over age 50. While as little as 2.4 micrograms (mcg) a day may be enough, you'll probably get 6 mcg from most multis. That's fine.
22. b (high triglycerides). A high LDL ("bad") cholesterol means a higher risk of heart disease. But you have insulin resistance—also called "the metabolic syndrome" or "syndrome X"—if you have

- at least three of these five symptoms: high triglycerides, high blood pressure, high fasting blood sugar, low HDL, and a waist measurement of at least 35 inches (women) or 40 inches (men). Being overweight with a smaller waist is not a risk factor.
23. c (too much iron). The highest level of iron that's likely to be safe, the Upper Tolerable Intake Level (UL), is 45 mg a day. Getting more-which would be almost impossible without taking supplements or eating highly fortified foods-can cause constipation, nausea, and diarrhea.
24. c (headache). Chest pain (or pressure, fullness, or squeezing) is the most common sign of a heart attack. But shortness of breath, nausea or vomiting, and back or jaw pain are also common, especially in women. Other signs: stomach, arm, or neck pain, breaking out in a cold sweat, and lightheadedness.
25. b (magnesium). The evidence is still incomplete, but some studies suggest that people who consume more magnesium (and more fiber) have a lower risk of diabetes. Good sources include whole grains, beans, and leafy green vegetables.
26. d (shrimp). Unless you eat your shrimp raw, it should be safer than uncooked or unheated foods that have time to grow bacteria (soft cheeses, sprouts, ready-to-eat cold cuts, or smoked salmon). Foods that could be made with raw or undercooked eggs (like homemade or some restaurants' mayonnaise, eggnog, Caesar salad dressing, ice cream, mousse, meringue, or Bearnaise or Hollandaise sauce) are also a risk.
27. d (call 911). If someone had crushing chest pain (a sign of a heart attack) that lasted only a few minutes, you'd call 911. A transient ischemic attack (TIA) is no different. Like a heart attack or stroke, it's an emergency because the symptoms may not have gone away as much as you think, may come back, or may lead to a stroke.
28. d (any of the above). Salmonella and other bacteria are killed when poultry reaches 160 deg. If you're cooking a whole chicken, all of its meat should be at least 160 deg F when the thigh reaches 180 deg F. At that point the juices run clear and the leg moves easily in its socket.
29. e (prostate cancer). While men who exercise have no lower risk of prostate cancer, they do have a lower risk of benign enlarged prostate. Exercise can also improve sleep, prevent diverticular disease, strengthen bones, and protect the heart.
30. b (taking vitamin E). Losing excess weight and exercising (even if you don't lose weight) are the best ways to lower your risk of diabetes. Substituting whole-grain breads and cereals for refined grains may also help.
31. b (do strength-training at least twice a week). Only strength-training can prevent muscle loss as you age, and it may only take 20 minutes two or three times a week. Strength-training means contracting your muscles against a heavy load. You can lift weights, use a resistance machine, or do simple exercises like push-ups. And don't forget to do aerobic exercise like brisk walking for at least half an hour most days of the week. It can reduce the risk of heart disease, diabetes, stroke, some cancers, and more.
32. a (the internal temperature reaches 160 deg F). E. coli is destroyed at 160 deg F. Using your eyes isn't good enough. Studies suggest that the bacteria may still survive when the pink color disappears and the juices run clear.
33. e (taking a calcium supplement). In a landmark study, eating more low-fat dairy products helped lower blood pressure, but it's not clear whether protein, calcium, magnesium, or something else in those foods mattered. Calcium supplements do not consistently lower blood pressure.
34. e (none of the above). High blood pressure has no reliable symptoms. Although some people get headaches or blurred vision, the only way to tell if your blood pressure is high is by getting it checked.
35. a (breast cancer). In some studies, people who eat more red meat have a higher risk of colon or prostate cancer or non-Hodgkin's lymphoma, but no solid link has turned up between meat and breast cancer.
36. b (a low-fat diet). Exercise and losing excess weight are the keys to reversing insulin resistance-also known as "the metabolic syndrome" or "syndrome X." Low-fat diets are high in carbohydrates, which could make insulin resistance worse. An Atkins-type diet (high-fat, high-protein) might help curb insulin resistance, but its saturated fat could raise your (already high) risk of heart disease. Your best bet is a low-calorie, Mediterranean diet that substitutes fruits, vegetables, and unsaturated fats (from oils, nuts, and salad dressing) for other fats and some carbs.
37. a (vitamin B-6). Both glucosamine (1,500 mg a day) and chondroitin (1,200 mg a day) seem to curb arthritis symptoms. Studies are under way to see if both together work better than either one alone. Preliminary studies suggest that arthritis progresses more quickly in people who consume less vitamin C and in people with low blood levels of vitamin D.
38. d (prostate cancer). The B-vitamin folic acid reduces the risk of spina bifida and other neural tube birth defects. It may also prevent heart disease and stroke (by lowering blood levels of homocysteine). Some studies suggest that folic acid may reduce the risk of colon cancer, especially in moderate and heavy drinkers.
39. d (take a multivitamin). Only milk, fatty fish (like salmon, halibut, and catfish), and a few brands of yogurt, hot cereal, and margarine have substantial amounts of vitamin D. And you'd have to eat them every day to reach the 400 IU you'll get from most multivitamins (400 IU is the Daily Value). To reach 600 IU a day-the amount recommended for people over 70-you might need a separate vitamin D supplement (unless there's vitamin D in your calcium supplement). North of the line running roughly through Los Angeles, Dallas, and Atlanta, the sun's ultraviolet light is too weak to make vitamin D from late fall thru early spring.
40. e (prostate). The risk of endometrial cancer rises only in women who are markedly overweight, but the risk of breast, colon, and esophageal cancers appears higher in people who are just mildly overweight.

HOW'D YOU DO? - Don't feel bad if you got half the questions wrong. That was par for the course among people who tested the test for us. Look at it this way: Had you gotten them all correct, you wouldn't have learned anything.

31-40 Phew! You probably finish your taxes on January 1.

21-30 You nailed it. Dust off the refrigerator magnet.

11-20 Nice. We're not kidding.

0-10 Try again. We'll drop by next Saturday for a pop quiz.

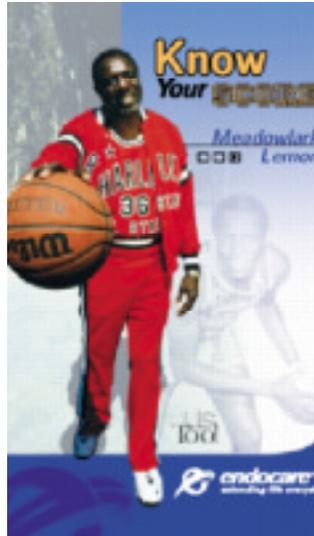
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new research that recommends the use of 4 prognostic categories of prostate cancer. The researchers recommended using 4 prognostic categories of prostate cancer: Gleason score 4-5, 6, 7 and 8-10. "(T)he Gleason score was a strong prognostic factor in prostate cancer when evaluated by cancer-specific survival in patients with obstructive voiding symptoms, and prostate cancer treated with TURP and subsequent deferred treatment," the scientists concluded. (Egevad L, et al. *BJU International* 2002;89:538-42.)

CLUSTERIN GENE A TARGET FOR MULTIMODAL TREATMENT STRATEGIES
Therapies targeting clusterin gene expression could be used in multimodal strategies designed for curing androgen-independent prostate cancer. Key points reported in this study include: *The upregulation of antiapoptotic genes is a hallmark of androgen withdrawal in prostate cancer and leads to androgen independence *In prostate cancer patients who received neoadjuvant hormone therapy and withdrawal before surgery, clusterin expression increased by almost 20 times *Targeting clusterin expression may be one way to augment standard therapies designed for treating advanced prostate cancer. (*The Prostate*, March 2002;50(30:179-188).

UNIVERSITY OF ILLINOIS AT CHICAGO TESTS PROSTATE CANCER VACCINE
A University of Illinois at Chicago researcher has developed and is now clinically testing a vaccine that boosts the body's own immune system in an effort

to cure prostate cancer. The trial, sponsored by the National Cancer Institute, will assess the effectiveness of the vaccine, created in the laboratory of Dr. David Peace, assistant professor of medicine, after five years of intensive research. The vaccine includes a fragment of PSA. Peace will determine whether PSA can also be used therapeutically - to help the immune system target prostate cancer cells for destruction. For more information about UIC, visit www.uic.edu (*A Scribe Newswire University of Illinois at Chicago - April 22, 2002*)



The video/DVD will be distributed free of charge through physicians as well as directly to the public through a number of channels. In addition, *Us Too!* chapters will receive a copy along with information on how individuals in their community can request their free copy.

"Meadowlark Lemon and Jim Lampley are excellent spokesmen for this campaign," said Page. "Everyone loves the Globetrotters and Meadowlark is undoubtedly ingrained in countless positive memories for guys 35-55 who growing up in the 60's and



KNOW YOUR SCORE

(continued from P. 1)

catching prostate cancer early. We have been very fortunate to be able to work with Endocare on this project. As we expand the initiatives we are confident the effort will draw a broad alliance of organizations and sponsors who share of vision of bring the word to men and their families."



70's." For more information log onto the *Us Too!* website (www.ustoo.org) or call the *Us Too!* office and tell them you want to "Know Your Score"

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