



PROSTATE CANCER *HOT SHEET*

Us Too! INTERNATIONAL

JULY 2002

INTO THE LIGHT SURVIVORS' GROUPS AND RESEARCHERS RAISING AWARENESS OF PROSTATE CANCER

By Susannah Rosenblatt
WINSTON-SALEM (NC) JOURNAL

What a man doesn't know could hurt him.

When it comes to prostate cancer, the No. 1 nonskin cancer among men, ignorance can be deadly. That's why so many survivors are working to push this stigmatized and misunderstood disease into the public consciousness.

Robert Anderson is the president of the Prostate Cancer Coalition of North Carolina (PCCNC) and a six-year prostate cancer survivor. "So many men still react in the way I did and go into total denial," Anderson said.

Anderson will tell you that the disease's threat is a real one: Prostate cancer will kill 30,200 men this year, about 1,000 of those in North Carolina.

The prostate is a little knot of muscle and gland behind the rectum. It produces semen and pushes it out of the urethra during orgasm. Prostate cancer is most often found in men over 55; the average age of diagnosis is 70. The National Prostate Cancer Coalition recommends that men start testing around age 45.

North Carolina has one of the highest rates of prostate cancer in the country, said Dr. Craig Hall, an associate professor of urology and medicine-hematology/oncology at Wake Forest University Baptist Medical Center. Black men are even more at risk, with a 60 percent higher incidence of the disease.

Doctors check for prostate cancer two ways. One is the digital rectal exam (DRE)

in which a doctor feels the prostate for irregularities from the rectum. The other method is a blood test for prostate-specific antigen, a substance made by the prostate and found in the blood. Levels of PSA between two and four are a warning signal for cancer.

There is no definitive evidence of how high is too high for PSAs, Hall said.

"At age 50, with a PSA of 4.2, you could already have incurable prostate cancer," he said. "A lot of urologists appreciate this, and a lot of family doctors don't."

There has been debate about the recommended frequency of PSA testing; Hall says that annual testing is the safest route. Age and general health are other key factors in determining a man's risk; the danger also multiplies with each relative with prostate cancer.

ASHAMED TO TALK ABOUT IT

With prostate cancer being diagnosed in 200,000 men this year, some find it hard to understand why many men remain uninformed.

"People don't want to talk about it," said George Vincent, a prostate-cancer survivor and a member of Us Too!, a prostate-cancer support group. "It's mostly a sexual thing."

Men fear the impotence and incontinence that can result from the different treatments.

"Men take better care of their cars, and boats, and other toys than they do their own bodies," said Bard Lindeman, a survivor and member of the Georgia Prostate Cancer coalition. He remembers a friend saying, "You know they told me I had prostate cancer, and I said, 'I've got a prostate?'"

Dr. Andrew Griffin is a urologist at

(continued on page 6)

INSTEAD OF RECEIVING, DADS EVERYWHERE WERE GIVING ON FATHER'S DAY AWARENESS IS KEY IN BATTLING PROSTATE CANCER

A new survey by *Us Too!* INTERNATIONAL shows that men who currently have or previously had prostate cancer are passing along to their sons the wisdom they have gained from battling this disease. Of the men surveyed, 83 percent say they have discussed the need for check-ups with their sons.

"It is heartening to learn that fathers who have dealt with prostate cancer are sharing their knowledge with their sons," said John Page, President and CEO of *Us Too!* INTERNATIONAL. "We are encouraging men to start a new Father's Day tradition. On Father's Day each year, dads can give a real gift to their sons: Explaining that a family history of prostate cancer puts them at significantly higher risk for the disease, but that regular screenings can catch potential problems early and dramatically increase their chances for successful treatment - *and survival.*"

Unfortunately, the survey also showed that many men who have been treated for prostate cancer have a false sense of security. While most of the men surveyed know that early detection is key to survival, the study also shows these same patients do not always realize that prostate cancer can return even if they think they have been cured.

Of the men surveyed who have had prostate cancer, 54 percent were told that they had been "cured". The survey also showed that 75 percent

(continued on page 7)

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

News items contained in Us Too! publications are obtained from various news sources and edited for inclusion. Where available, a point-of-contact is provided.

All references to persons, companies, products or services are provided for information only, and are not endorsements. Readers should conduct their own research into any person, company, product or service, and consult with their loved ones and personal physician before deciding upon any course of action.

THE Us Too! PROSTATE CANCER HOT SHEET IS MADE POSSIBLE BY AN UNRESTRICTED EDUCATION GRANT FROM



THE INFORMATION AND OPINIONS EXPRESSED IN THIS PUBLICATION ARE NOT ENDORSEMENTS OR RECOMMENDATIONS FOR ANY MEDICAL TREATMENT, PRODUCT, SERVICE OR COURSE OF ACTION BY Us Too! INTERNATIONAL, INC., ITS OFFICERS AND DIRECTORS, OR THE EDITORS OF THIS PUBLICATION. FOR MEDICAL, LEGAL OR OTHER ADVICE, PLEASE CONSULT PROFESSIONAL(S) OF YOUR CHOICE.

Us Too! HEADQUARTERS STAFF
 JOHN A. PAGE, FHIMSS, PRESIDENT / CEO
 JACQUELINE KONIECZKA, OFFICE MANAGER
 MARY BETH MICCUCI, CHAPTERS COORDINATOR
 DOROTHY WIENCEK, PATIENT INFORMATION COORDINATOR
 5003 FAIRVIEW AVENUE
 DOWNERS GROVE, IL 60515
 PHONE: (630) 795-1002 / FAX: (630) 795-1602

Us Too! BOARD OF DIRECTORS:
 LEWIS MUSGROVE, CHAIRMAN
 RUSS GOULD, VICE CHAIRMAN
 JOHN DEBOER, FOUNDER AND SECRETARY
 REMBERT R. STOKES, TREASURER
 JOHN A. PAGE, FHIMSS, PRESIDENT / CEO

DIRECTORS:
 RONALD W. FABRICK, DDS
 JO ANN HARDY
 ROBERT HUSTEAD, MD
 JIM KIEFERT, EdD
 DON LYNAM, PhD
 DANIEL M. MOORE, JR.
 DANNY PARKER, PhD
 HARRY PINCHOT
 JOE PIPER
 JAMAL RASHEED
 CHARLES SELDEN



Us Too! INTERNATIONAL, INC.
 IS INCORPORATED IN THE STATE OF ILLINOIS
 AND RECOGNIZED AS A 501(C)(3)
 NOT-FOR-PROFIT CHARITABLE CORPORATION.
 DONATIONS / GIFTS TO Us Too! ARE TAX DEDUCTIBLE.
 COPYRIGHT 2002, Us Too! INTERNATIONAL, INC.

PC-SPES MANUFACTURER CLOSES ITS DOORS

PC-SPES, a prostate cancer herbal therapy comprised of saw palmetto and seven Chinese herbs, is believed to hold antitumor, antiviral, and immunoenhancing qualities. The manufacturer of the herbal treatment, BotanicLab, is claiming that the financial burden of lawsuits and a national recall of the product is forcing it to shut down.

NURSES CALL FOR IMPROVEMENT IN PROSTATE CANCER TREATMENT

The survey of more than 200 nurses with a special interest in urology found that treatment regimes involving side effects such as hot flashes have a negative impact on patients' quality of life. Half of those who responded to the survey said that the side effects of prostate cancer treatment diminishes patient outlook towards the disease prognosis. Although the majority of respondents believed that their patients were satisfied with their treatment, some said that they complained about "painful regimens". Almost all of the nurses said that they and their patients would be interested in new prostate cancer treatment regimes that produce lower levels of side effects. Patient comfort, said the nurses, must have a high priority when treating patients with prostate cancer. "Everyday there are advances being made that help make treatment regimens less painful or more tolerable," said Jean Lewis, president of the Society of Urologic Nurses and Associates. "Pain and side effects may be major issues for some prostate cancer patients, and it is important that healthcare providers and patients work together to determine which treatment regimen offers the most comfort," she added.

VITAMIN E IDENTIFIED AS POSSIBLE PROSTATE CANCER TREATMENT

A team from Rochester University in New York say the vitamin interferes with both the prostate-specific antigen (PSA) chemical and the androgen receptor, which play a central role in the development of the disease. In the laboratory, vitamin E exposure led to a 25 to 50 per cent reduction in the number of cancer cells and, under certain conditions, killed about 90 per cent of malignant cells. Currently, many of the drugs used to treat prostate cancer work by inhibiting the production of testosterone or are "anti-androgens" that prevent the hormone from binding

to the androgen receptor, thereby stopping the receptor from contributing to cell growth. The new research suggests a different way of disabling the receptor. Dr Yeh and her team believe that one day, instead of cutting off a man's testosterone supply to stop the androgen receptor supporting prostate cancer cells, doctors will be able to disable the receptor itself. The researchers warn that there are different types of vitamin E and that they vary in their effectiveness when treating prostate cancer. The type found to be effective in the laboratory was vitamin E succinate. The team also caution that until more is known about the mechanism by which the vitamin provides its protective role it will be difficult to develop new treatments that mimic its effect. "This is exciting and quite promising, but until we do further studies in people, we can't really recommend that every man take vitamin E to prevent the disease," said Dr Edward Messing, a co-author of the study. However, some studies in people have already shown that vitamin E may help prevent prostate cancer. In a study of 29,000 men in Finland, those who took vitamin E had about one-third fewer cases of prostate cancer than those who received no vitamin supplementation. Dr Yeh and her team believe that a new treatment for the disease may be found by mixing vitamin E with traditional anti-androgen drugs. In the future, Dr Yeh plans to study the effects of vitamin E in prostate cancer patients and Dr Messing is involved in a large trial that will test whether vitamin E or selenium alone, or in combination, can prevent prostate cancer.

MALE CANCER ON INCREASE

Prostate cancer is set to become the most common cancer in men within the next three years, experts have said. The Institute of Cancer Research said new figures show that cases of the disease have been rising steadily since 1971 and if trends continue it will overtake lung cancer before 2006. Despite this, the disease receives a fraction of the total spent on cancer research in the UK. The institute has called for more funding to help pay for research.

MEN "UNWILLING" TO DISCUSS CANCER
 Women are more than twice as likely as men to call its nurses for general advice about cancer. A breakdown of calls made to Cancer Research UK information

(continued on page 5)

NEWS FROM ASCO

ATRASENTAN MAY HELP HORMONE-REFRACTORY PROSTATE CANCER PATIENTS

Phase II data presented suggested that use of atrasentan (ABT-627), a selective endothelin-A receptor antagonist tested may improve survival in men with advanced prostate cancer that has spread beyond the prostate gland. Men who fully adhered to the protocol and received Atrasentan experienced a median survival benefit of approximately three months compared to those who received placebo. Atrasentan is currently under further investigation in two large, multinational Phase III clinical trials.

STATINS DON'T PROTECT AGAINST BREAST/PROSTATE CANCER

Scientists at Boston University School of Medicine and other institutions assessed the possible links between statin use and breast and prostate cancer risk as part of the Case-Control Surveillance Study of Drugs and Serious Illnesses. They found no evidence of a protective effect of statin use against development of either malignancy.

ENCOURAGING LONG TERM SURVIVAL DATA IN PHASE II TRIAL OF GVAX PROSTATE CANCER VACCINE

Cell Genesys reported encouraging long term survival data from a Phase II multicenter clinical trial of GVAX prostate cancer vaccine which demonstrates a dose-dependent trend toward prolonged survival in patients with hormone refractory prostate cancer metastatic to bone. The results compare favorably to the reported median survival of seven to 11 months for hormone refractory prostate cancer patients with bone metastases who are treated with chemotherapy.

PANZEM SHOWS ANTICANCER ACTIVITY IN ADVANCED PCA PATIENTS

EntreMed, presented clinical evidence that its drug candidate Panzem demonstrated anticancer activity with disease stabilization and declining prostate-specific antigen (PSA) levels in some hormone refractory prostate cancer patients that participated in a Phase II trial. Clinical investigators also reported that Panzem, taken orally as a capsule, was safe and well tolerated and demonstrated signs of inhibiting blood vessel growth associated with the disease.

PSA LEVELS, CLINICAL PROGRESSION STABILIZE AFTER VACCINE TREATMENT

Researchers report stabilized PSA levels

and reduced clinical progression in prostate cancer patients following treatment with two cancer vaccines. Therion Biologics' PSA-based Prostavac vaccines, vaccinia and fowlpox, were used in a "prime-boost" protocol in stage D0 prostate cancer patients, who have rising PSA levels but no evidence of metastases. At 24 months post-treatment, 53% of patients treated with varying sequential vaccinations of Prostavac remained stable (PSA progression free) for 6 months or more. Additionally 78% of all patients who received the Therion vaccines remained free of metastatic prostate cancer.

NEWS FROM AUA

NEW DATA SHOWS CRYOSURGERY PRODUCES 92 PERCENT DISEASE FREE RATES AS PRIMARY TREATMENT FOR PROSTATE CANCER.

Endocare Inc announced that seven-year follow-up data from a peer-reviewed, retrospective study demonstrated that cryoablation as a first-line treatment for prostate cancer can be equally or more effective than brachytherapy, without the potentially toxic side effects of radioactive seeds. The study showed disease-free survival rates for low, medium and high risk patients were 92 percent, 89 percent and 89 percent respectively, as measured using the ASTRO definition. In an additional study three-year prospective data measuring patients' quality of life before targeted cryoablation as well as at regular intervals after the procedure showed for the first time that sexual function often returns after cryoablation. The data demonstrated that 47 percent of men who were sexually active before the procedure ultimately resumed having intercourse within the three year period - a trend comparable to the reported 50 percent of men that undergo brachytherapy whose sexual function returns over time.

BICALUTAMIDE REDUCES RISK OF PROSTATE CANCER PROGRESSION REGARDLESS OF DISEASE STAGE, LYMPH NODE STATUS, STUDY SHOWS

Prostate cancer drug bicalutamide (Casodex) may significantly reduce the risk of disease progression regardless of disease stage or lymph node status, according to new findings. Results from an overall analysis showed bicalutamide therapy was associated with a 42% reduction in the risk of disease progression compared with placebo. In a new study, researchers found that compared with

standard care alone, 150 mg of bicalutamide lowered the risk of disease progression by 71% in patients whose cancer had spread to the lymph nodes. Among patients whose cancer had not spread to the lymph nodes, or whose lymph node status was unknown, bicalutamide lowered the risk of disease progression by 41% and 40%, respectively. Data also revealed that bicalutamide significantly reduced the risk of PSA level progression regardless of disease stage or grade.

MEASURING cPSA MORE ACCURATELY DETECTS PROSTATE CANCER THAN TRADITIONAL PSA

Data supports the use of the complexed PSA (cPSA) test for detecting prostate cancer. Measuring cPSA - PSA bound to other proteins - was shown to be more accurate for detecting prostate cancer than the widely used total PSA (tPSA) test. The specificity of the cPSA test was 67 percent greater (19.6 percent vs 11.7 percent) than that of the tPSA test. A separate study demonstrated that for cutoff values of 2.5 ng/mL for tPSA and 2.2 ng/mL for cPSA among men with a tPSA ranging from 2.0 to 4.0 ng/mL, the specificity of the cPSA test was again more specific than that of the tPSA (34.6 percent vs 20.6 percent).

PSA LESS RELIABLE IN HISPANIC THAN IN WHITE POPULATIONS

Researchers at Columbia University have called for the introduction of a different "cut-off" point when interpreting PSAD data taken from Hispanics. Doctors involved in the study explained that, among Caucasian men, there is a cut-off point above which readings of PSAD levels have a 40 per cent likelihood of being associated with malignant forms of the disease. However, the study has suggested that the cut-off point is less reliable when testing Hispanic individuals.

NEW DRUG DELIVERY WORKS AGAINST PROSTATE CANCER

A new way to deliver a tried-and-true treatment shows promising results against prostate cancer. The drug, injected under the skin and released over a month's time, helps reduce testosterone levels, limiting growth of the tumor and minimizing side effects, researchers said. The drug Eligard is injected under the skin, where it becomes a biodegradable implant that gradually releases the medication over 30 days.

“WHEN CANCER SPREADS TO BONE”

Healthology.com

Gabriel N. Hortobagyi, MD, FACP

Though there are many different types of cancer cells, which can originate in any area of the body, they all have one very important characteristic in common. Unlike normal cells, cancer cells do not know when to die. And as they grow in numbers, they spread to other tissues and organs. One area of the body that is particularly receptive to spreading cancer cells is the bone.

Bone is a rich repository of substances that enhance the growth of tumor cells. When cancer reaches the bone, a vicious cycle begins. The tumor cell produces substances that enhance the destruction of normal bone. In turn, the destruction of normal bone ends up in the release of substances that encourage the growth of cancer cells.

Below, three experts in the area of skeletal complications of cancer offer an introduction to this insidious and deadly cycle.

Dr. Hortobagyi, what exactly are skeletal complications in cancer?

GABRIEL N. HORTOBAGYI, MD: Skeletal complications are complications that develop when cancers of different origin spread to bone. The weakening bone can produce a number of symptoms and problems related to the condition of the patient.

Can you explain the difference between primary bone cancer and metastatic bone cancer? Which is more common?

PAUL MATTHEW, MD: Primary bone cancer refers to a tumor that originated in the bone whereas the metastatic bone cancer refers to cancer that originated in another organ, and spread or metastasized to bone. Metastatic cancer, or “secondary bone cancer”, is much more common, originating from common cancers such as lung cancer, breast and prostate cancer.

What are your first considerations when someone has cancer that has

spread to the bone?

NORA JANJAN, MD: Well they cause significant problems. Patients can have a lot of pain due to complications from bony metastases. In those cases, we have three very important things to consider. First of all, we need to relieve the patient’s suffering and we do that with pain medication. It’s very important that the patient doesn’t waste energy on pain when they could use that energy to fight the cancer.

The second thing we do is address the problem itself. We determine whether or not surgery is needed to stabilize the bone, or radiation therapy, a localized treatment to make that bone stronger in that location. And third, we have to realize that when cancer moves to the bone, it means we’re seeing a spread of the cancer. So systemic therapies have to be used to treat the cancer as it goes throughout the whole system.

How are metastatic bone cancers classified?

NORA JANJAN, MD: They can be what we call “lytic”, which means that they eat away at the bone. They cause a hole in the bone and weaken it. Or they can be “blastic”, and that means that they make the bone very dense. When you look on an X-ray they look very thick. In either case, the bone metastases can cause similar symptoms. And oftentimes we see a mixed reaction, where you have a little bit of both of the types of cancer involving the bone that we’ve talked about — the lytic and the blastic together.

Dr. Hortobagyi, what symptoms and signs do your patients experience when they have the skeletal complications of cancer?

GABRIEL N. HORTOBAGYI, MD: When cancer cells develop in bone or spread to bone, they weaken its normal structure and can produce a variety of symptoms. Number one is pain. They can produce fractures. They can produce symptoms related to abnormalities in calcium concentration in the blood stream. They can produce compression of nerves in the spinal cord. All of these are referred to as skeletal complications. Some are more serious than others, but all contribute

to disability and compromised well-being for these patients.

Can you expand on the impaired mobility?

GABRIEL N. HORTOBAGYI, MD: Impaired mobility occurs for a variety of reasons. Pain itself can cause impaired mobility. If you know that every time you make a certain movement, it causes pain, you will stop making that movement. If you develop a fracture — and common fractures occur in hips, spine, vertebrae and ribs — all these areas can cause impaired mobility. These are very important complications that reduce the quality of life of patients.

PAUL MATTHEW, MD: Another important complication is the strategic advantage that some cancers enjoy as a result of spread to bone. Clearly there must be a unique relationship that these cancers, such as prostate cancer, have with what we refer to as the “microenvironment”, the bone. So there is something about the bone microenvironment that allows the cancer cells to flourish and proliferate. Research has shown that targeting the bone specifically might alter the natural history of the disease. Not just improve quality of life, but perhaps quantity.

Dr. Janjan, how are primary and metastatic bone cancers diagnosed?

NORA JANJAN, MD: Patients with primary bone cancer come in with symptoms of pain and a biopsy will be performed to determine a diagnosis. Oftentimes we can diagnose spread of prostate or breast cancer to the bones through X-rays, and in that case we don’t necessarily have to biopsy that again. It’s very important for patients to understand the potential areas of spread for the cancer and to alert their physicians when they know there is something new because early diagnosis is always our best way of handling things.

What about bone scans, MRIs or simple blood tests?

NORA JANJAN, MD: Simple blood tests sometimes will alert us that the cancer has either recurred or has spread because there are blood tests that will become elevated if the cancer continues

to grow. But that doesn't alert us to bone specifically.

So if a patient has a symptom in a specific site, we might do an X-ray of that site to evaluate it. Bone scans, or MRIs, are very sensitive. The diagnostic tool depends on the site that's involved.

Dr. Matthew, what are the goals when treating patients with skeletal complications of cancer?

PAUL MATTHEW, MD: Relief of symptoms and preserving function are two of the most obvious, immediate needs. Cancer is, by virtue of its behavior, uniquely dependent on the bone microenvironment for its growth and proliferation. But I think that there are opportunities for altering the natural history of the cancer as well, for example with bisphosphonates and other drugs in development.

Dr. Hortobagyi, can you explain why bisphosphonates are helpful in the treatment of skeletal complications of cancer?

GABRIEL N. HORTOBAGYI, MD: What bisphosphonates do very effectively is to interfere with the excessive activity of the type of bone cells that destroy normal bone. And by doing that, they restore, to some extent, the balance or the equilibrium between the two types of bone cells. There are some types of bisphosphonates that may have some direct effect over cancer cells themselves, although that is still under investigation.

Any final thoughts?

NORA JANJAN, MD: I think patients should realize that cancer is now often being considered a chronic disease. There are many patients who have cancer for a long time and they're able to function and continue their life. It's our hope with these new treatments for metastatic disease involving bone that we can relieve symptoms like pain, prevent them from having other symptoms caused by the cancer, and help them maintain and continue their life as well as possible.

SOURCE: Healthology / healthology.com

NEWS YOU CAN USE

(continued from Page 2)

nurses between 1999 and 2001 shows that men made an average of 2,531 calls each year, while 5,617 were made by women. Women were also responsible for 45 per cent of calls about prostate cancer and 40 per cent of calls about testicular cancer. Cancer Research UK's psychological oncology group, which is based at the University of Sussex, says the findings highlight a common communication problem between the sexes. Group director Professor Lesley Fallowfield said, "Feelings can be quite hard for men to discuss, particularly if it's about things like male cancers which are threatening to their masculinity and manhood. "There's also a cultural expectation that big boys don't cry' and many men do not actually ask about things that trouble them - even if it's anonymously and over a phone line. So we have to find new ways of reaching them because sharing concerns can be a real help," she added.

MRI-BASED PSAD AND PSAT MAY EFFECTIVELY SEPARATE BPH FROM PROSTATE CANCER AND REDUCE NEEDLESS PROSTATE BIOPSY

Using MRI-based PSA density of the prostate (PSAD) and the prostatic transitional zone (PSAT) may improve the differentiation of benign prostatic hypertrophy (BPH) and prostate cancer, data reveal. Researchers determined the total prostate and prostate transitional zone volumes with axial, T-2 weighted fast spin echo magnetic resonance imaging of the prostate. (Mueller-Lisse U, et al. J Comput Assist Tomogr 2002;26:432-37.)

MEASURING PSA VELOCITY MAY AID PROSTATE CANCER RISK ASSESSMENT

A link between prostate-specific antigen velocity (PSAV) and subsequent risk of prostate cancer development may assist risk evaluation of men with lower prostate-specific antigen (PSA) levels, new findings reveal. When the PSAV was 0.1 ng/mL per year or greater compared with a PSAV of less than 0.1 ng/mL per year, the relative risk of prostate cancer was increased more than six-fold. At 10 years, when the PSAV was less than 0.1 ng/mL per year, the probability of not developing prostate cancer was 97.1 percent. If the PSAV was greater than 0.1 ng/mL per year, the probability of not developing prostate cancer was 35.2 percent at 10 years. At fewer than five years after the baseline PSAV determination, survival curves began to

differ. "The measure of PSAV at PSA levels between 2.0 and 4.0 ng/mL may be useful in the identification of men at higher risk of prostate cancer who would benefit from additional evaluation," the authors concluded. Their study appears in the June edition of Urology.

ASTRO STUDY FINDS RACE IS NOT A FACTOR IN WHETHER PATIENTS WITH PROSTATE CANCER WILL BE CURED USING RADIOACTIVE IMPLANTS

Race is not an independent predictor of whether a patient with clinically localized prostate cancer will be cured using permanent radioactive implants, according to a new study published in the June 2002 issue of the International Journal of Radiation Oncology, Biology and Physics, the official journal of the Washington-based American Society for Therapeutic Radiology and Oncology. No difference in biochemical freedom from recurrence could be ascertained between the white American and African American cohorts at five years.

5-YEAR FORECAST: ONCOLOGY BEDS, PATIENT MIX TO GROW

Oncology diagnoses will increase as much as 9% between 2001-2006, forcing hospitals to closely reevaluate and reallocate the proper mix of beds, care and service they provide their communities, according to analyses of public and proprietary healthcare utilization and claims data. In an analysis of new Health Profiles Cancer data in Solucient's eSachs, a healthcare business planning tool, U.S. hospitals can expect national 5-year growth rates exceeding 9% in prostate cancer diagnoses.

CLA MAY HELPTO INHIBIT PROLIFERATION OF PROSTATE CANCER

In a study published in Cancer Letters 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 prostate 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 suggests that some omega-6 dietary fatty acids, such as CLA, can inhibit tumor growth and proliferation of human cancer cells.

INTO THE LIGHT

(continued from P. 1)

Lyndhurst Urological Associates. He credits high-profile cases, such as former senator Bob Dole's struggles with prostate cancer, with opening the door for men to discuss it.

Vincent was diagnosed with the disease six years ago. He underwent a radical prostatectomy in which the prostate is entirely removed. "I knew right away I wanted surgery," he said. "With radiation, if they go in there and supposedly kill the cancer, it can come back, like a forest fire.

"If they take it out, I may get another type of cancer, but I won't get prostate cancer." He and his wife discussed the impact of the surgery on their relationship. "We were 65 and 63 at the time," he said. "Sex was the least of our worries."

Men undergoing surgery are at risk for permanent impotence or incontinence even though doctors can at times attempt to spare the nerves that control erection. The way Vincent sees it, "If you're dead, you can't have sex."

Radiation therapy can kill cancer cells, externally or internally, by implanting radioactive seeds in the tumor. Hormone therapy helps prevent the cancer's growth in other areas of the body by lowering testosterone levels.

Some men are able to combat the disease with watchful waiting — simply monitoring the cancer's growth. Dr. Hall said that for localized prostate cancer, there is "no unequivocal scientific proof that one treatment is more effective than another. The patient's preference is most important."

TAKING A STAND

According to the PCCNC, 75 percent of prostate cancer deaths are preventable. Anderson is committed to doing something about it.

Six years ago, Anderson was still in his job at IBM when prostate cancer changed his life.

"I was laying awake one night, thinking 'What's really important to me now?'" he said. "As I continued to battle this disease, I needed to understand as much

about it as I could for its own sake. But really, I could help a lot of people, counsel men newly diagnosed, do a lot that needed to be done."

Anderson was eager to do more for men like him. He quit his job to head the PCCNC last March.

"I realized I needed to reprioritize things," he said. "We need to do more, raise more money in research. People need to pay more attention to it. We need to attract more young, aggressive scientists to this."

Hall says that strides have been made.

"In this field of research, I feel like we lag behind breast cancer by about 10 years," he said. "But we're catching up."

PCCNC's current effort is the "50 in 5" campaign to halve the number of prostate-cancer deaths in North Carolina over the next five years. They plan to accomplish this by raising awareness of the disease, establishing early detection resources and providing top-notch care.

THE CUTTING EDGE

Scientists are learning more about the disease through a variety of nationwide clinical trials involving tens of thousands of participants. The National Cancer Institute's largest-ever prostate-cancer prevention trial, SELECT, will help determine whether Selenium and Vitamin E help prevent the disease. These two antioxidants counteract cancer-causing toxins, or "free radicals."

Diet may also play an important preventative role. Recent studies have shown that fruits and vegetables are an excellent source of antioxidants, and digestion of saturated fats produces free radicals. Tomatoes are especially effective, containing high levels of the potent antioxidant lycopene.

"We know there's such a difference in (prostate cancer levels among) the Asian population," Griffin said. "A low-fat diet can have a tremendous impact."

The three-year-old Prostate Cancer Center of Excellence Research at WFUBMC is currently investigating 12 different active clinical trials.

IN THIS TOGETHER

"The day a man is diagnosed with prostate cancer is the loneliest day of his life," Anderson said.

That's why Griffin helped found the Forsyth County chapter of Us Too! nearly 10 years ago. "Being part of this group is itself a coping mechanism," Griffin said. "Groups handle psychosocial issues much better than patients who are alone."

Us Too! is a national support group for men and their wives or partners. It features speakers covering various aspects of the disease, from watchful waiting to improving post-cancer sex life.

The monthly meetings attract about 70 people from the region who often break into small groups to share health concerns.

Survivor Bill Shelton has been on board since the group's inception.

"As you discuss the disease with other people, you know they're in the same circumstances, you know if what you're going through is normal," he said. "You gain inner strength from people. "Strength in numbers."

This kind of open communication — man to man, but also between men, their wives and their families — can ease coping with the disease's effects.

"I was the worst example," Anderson said of his reaction to his diagnosis. "When I was diagnosed, I got all the books I could find, locked myself in a room and didn't talk to anybody. That was my approach to the disease. I don't think that's the right thing for anybody to do."

Every year, Us Too! and area hospitals host a free prostate-cancer screening for men in September around the time of Prostate Cancer Awareness Week.

Griffin emphasized the importance of getting checked. "The benefits of early detection are tremendous," he said. "It offers us so many options for treatment as opposed to diagnosis in the later stages."

This article appeared in the June 17th issue of the WINSTON-SALEM JOURNAL • Susannah Rosenblatt can be reached at 727-7284 or at srosenblatt@wsjournal.com.

NEW Us Too! SURVEY

(continued from P. 1)

of men who had undergone radical prostatectomy think it is unlikely that cancer could return, and for men that have undergone radiation treatment, 64 percent also think it is unlikely that cancer could return. Overall, more than one-fourth of those surveyed (26 percent) were “surprised to hear” that prostate cancer can return after successful treatment.

These findings highlight a distinct misperception about the possible return of prostate cancer, as the 10-year clinical recurrence rates following radical prostatectomy and radiation therapy have been reported to be as high as 31 percent and 44 percent, respectively.

“There seems to be a false sense of security among many men who have been ‘successfully treated’ for prostate cancer. Many men are devastated when they find they have a recurrence. They can’t understand how they can have prostate cancer again - even without a prostate gland! Better communication between doctors and patients about the risk of recurrence – and the need for continued vigilance – can help men understand that they may be at higher risk than they think for prostate cancer recurrence. But as with initial diagnosis, if the problem is caught early, chances for a successful treatment of the recurrence increase,” said Page.

Men can help their sons increase their odds of survival. By simply talking with their sons about the disease - if no time other than on Father’s Day each year - they can help their sons take responsibility for their health. Regular screenings are particularly important because men with prostate cancer - primary and recurrence - often have no symptoms. It is recommended that men aged 40 and older should talk with their health care professional about having a prostate screening every year. Men who are at high risk for prostate cancer (black men or men who have a history of prostate cancer in close family members) should consider beginning these tests earlier.

Fathers passing along their wisdom about prostate cancer to their sons. Now that is a tradition we can all live better with passing on!

KEY FINDINGS

Men with Prostate Cancer Know In Theory That the Cancer Can Return, but Generally Do Not Expect It for Themselves.

- A majority of respondents (71%) know that even after successful treatment, prostate cancer can return.
- Virtually every respondent (96%) is aware patients have to be tested and monitored yearly after treatment.
- Despite this, respondents being treated for prostate cancer or who have been in the past are more apt to think they have been/ will be cured for good (46%) than that it may return (38%). In addition, among men who are not being treated currently, a slight majority was informed that after treatment they were cured (54%).
- Most respondents (72%) claim that prior to the survey they were aware that prostate cancer can return even if the prostate is removed.
- However, when asked the likelihood of cancer returning after either surgery or radiation treatment, most say it is unlikely the cancer will come back (54% and 40% respectively). Another 20%-24% are unsure.

Respondents Are Fairly Open about Discussing the Risks of Prostate Cancer with Their Sons.

- Most men with sons over age 30 have discussed the risks of prostate cancer with them (82% or 58% of all respondents).

Urologists Are the “Most Used and Best Sources” of Information.

- Almost half of men who knew cancer can return after surgery heard it from a specialist (45%). *
- A large majority say that a specialist is the best source of

information (65%). *

- If the doctor who originally diagnosed their cancer is a urologist, respondents were less likely to seek a second opinion.

** It can be assumed that the specialist referred to by respondents as the most used and best source of information is a urologist since most respondents were first diagnosed by a urologist or saw one for a second opinion.*

PROSTATE CANCER INCIDENCE

Most of the men surveyed (72%) currently have prostate cancer, and most of them (65%) for the first time.

Interestingly, though the percentages are small, men who did not get a second opinion are twice as likely to be dealing with a recurrence of the prostate cancer than those who got a second opinion.

	Got 2nd Opinion	Did Not
Currently have a recurrence	6%	11%

FAMILY HISTORY

Most respondents (79%) do not have a family history of prostate cancer. However, 1 in 5 (19%) does, primarily with their father (12% in total or 62% of men with a family history).

Most men with a family history of prostate cancer never discussed the risks of prostate cancer with family members (81%).

However, their behavior is more open with their own family. The vast majority of respondents with sons have discussed the need for check-ups with them (82% of men with sons age 30 and older or 58% of total).

RESEARCH APPROACH

Background / Objectives

The overall purpose of the study is determine how aware and knowledgeable prostate cancer patients/survivors are about the possibility of recurrence.

Methodology

The study was conducted via telephone May 22 - June 2, 2002 by International Communications Research / ICR which handled all phases of the study. A list of men who had indicated through a prior survey that they had “prostate problems” was purchased and used for the study. To qualify, the respondents currently have prostate cancer or have had it in the past 5 years.

A total of 500 surveys were completed.

NEW TEST TO IDENTIFY AGGRESSIVE PROSTATE CANCERS

A new way of measuring the aggressiveness of prostate cancer could someday cut in half the number of men with the disease who have their prostates surgically removed.

Whether a man with prostate cancer needs a prostatectomy often hinges on what's called his Gleason score, a test that grades the tumor based on its appearance under a microscope. The Gleason score, which has been used for decades, determines how advanced the cancer is, grading the malignancy on a score of 2 to 10. If the score is 6 or higher, the doctor is likely to perform a prostatectomy, removing the entire gland. However, the Gleason system does not reflect how aggressively the tumours have been growing, or metastasising. For this reason, patients with identical Gleason scores can have different mortality risks.

A prostatectomy is done to save lives, but it is an unpleasant experience because one of the possible adverse effects is impotence.

But researchers at the University of Minnesota, where Dr. Donald F. Gleason first developed the test, have come up with a new test that could single out those who would benefit from a prostatectomy from those who wouldn't necessarily need the operation.

The new test determines how aggressively

the cancer is growing and spreading through the body. Its assessment is based not on the appearance of cancer cells but on their biochemistry, Gleason says. It is actually two interlocked tests, measuring levels of two molecules produced by the cancer cells.

"One is an enzyme called cathepsin B," says the study's lead author, Akhouri A. Sinha, a professor of genetics, cell biology and development at the University of Minnesota Cancer Center. "It is produced in every solid tumor and has the ability to dissolve connective tissue, which stimulates spread of the cancer throughout the body.

"I have also looked at an inhibitor of cathepsin B, stefin A. What we have done is to take the ratio of cathepsin B to stefin A. If the ratio of cathepsin B to stefin A is high, the cancer is likely to grow and spread aggressively. This provides an excellent test to predict the progression of the cancer," he adds.

Sinha and his colleagues at the university and the Minneapolis Veterans Affairs Medical Center ran the test on 97 men whose prostate cancers graded 6 or higher on the Gleason test. They found an excellent correlation between the ratio of the two molecules and the progression of the disease, with differences among men whose Gleason scores were identical.

One existing way to judge a prostate cancer is to measure levels of prostate-specific antigen, PSA. If those levels rise after the prostate is removed, the chance of a recurrence is high. The new test

predicted such recurrences before PSA levels rose, Sinha says.

What he sees in the future is use of the new test for all men with prostate cancer. "You can take a small biopsy and do the test in the hospital," he says. "Any competent clinical laboratory can do it."

And, more important, he adds, "If 100 men are diagnosed with a Gleason score 6, now all the prostates come out. Our projection is that 50 to 52 percent of them should not have a prostatectomy, because they do not have aggressive tumors. They can play golf and enjoy their lives. The others should have their prostate cancers treated very aggressively, because the tumors are likely to return in less than five years."

But the newly reported study is just the first step toward that future, Sinha says. "What we need to do now is a prospective study to correlate results with biopsy data. We are hoping that someone will want to do it, and we will help to set it up."

Discussions about such a study have already begun with researchers at another institute, Sinha says.

Gleason, who is an emeritus professor of pathology at Minnesota, is listed among the authors of the study, which is published in the 6/2002 issue of the journal *Cancer*. But he cheerfully admits that "I was lucky to have my name attached to it."

Retired for several years, he acknowledges that the Gleason test "made me famous. It is in use all over the world".

CONTRIBUTE TODAY

***Us Too!* INTERNATIONAL is a charitable volunteer driven organization funded by donations from individuals, memorial gifts, and grants from agencies, medical professionals, pharmaceutical and other companies. Contribute today!**

Name: _____ Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____ eMail: _____

Please accept my enclosed tax-deductible donation to *Us Too!* a not-for-profit 501(c)(3) organization.

Amount ___\$25 ___\$50 ___\$75 ___\$100 Other: \$ _____ Check #

Visa/Master Card # _____ Expiration Date: /

Signature _____

***Us Too!* INTERNATIONAL, Inc., 5003 Fairview Ave., Downers Grove, IL 60515**