US TOO® PROSTATE CANCER EDUCATION & SUPPORT

HOTSHEET

AUGUST 2012

IMPORTANT ERRORS IN USPSTF REPORT ON PSA TESTING

The US Preventative Services Task Force's (USPSTF's) recent report recommending against routine prostate cancer screening "contained a number of important errors of fact, interpretation, and statistics," according to the authors of an essay published online June 18th in the *Journal of Clinical Oncology*. Perhaps most important, the USPSTF's characterization of the evidence against screening as being of "moderate or high certainty," and thus deserving of its D rating, is a "critical error," suggest the authors, led by Sigrid Carlsson, MD, PhD, from the Memorial-Sloan Kettering Cancer Center in New York City and Göteborg University in Sweden.

The USPSTF did not competently assess the mortality benefit of screening, the authors say, and this error alone casts doubt on their grading of prostate-specific antigen (PSA) testing.

Dr. Carlsson and coauthors, who include academics from the Netherlands and Finland, also say the USPSTF's "blanket rejection" of the PSA test is "unlikely to influence practice." They opine, "PSA testing is not likely to go away and...this is perhaps a good thing," suggesting that the mortality benefit of screening has the potential to redeem the harms caused by the test.

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SIDE EFFECTS PERSIST AFTER PROSTATE CANCER TREATMENT

Men who are treated for prostate cancer may still suffer side effects from treatment up to a decade later, a new study finds. Researchers found that more than 500 men with cancer – including cancers caught through regular screening – ended up with poorer sexual function and more bladder control problems for up to 10 years afterward than men with no cancer diagnosis.

That might sound like a good tradeoff for having your cancer found and treated. But the issue is complicated. Prostate cancer is often slow-growing and may never threaten a man's life. And studies have found no proof that using PSA blood tests to screen men for prostate cancer actually saves lives.

Because of that the USPSTF – advises against routine prostate cancer screening. With the benefits of screening in doubt, that makes the question of treatment side effects even more important.

These latest findings, reported online in the *Journal of Clinical Oncology*, do give men more information on the long-term side effects of prostate cancer treatment – whether it's surgery, radiation or hormone therapy. Up to 10 years after treatment, more than 95 percent of men had some degree of sexual dysfunction, Taylor's team found. And about half had urinary symptoms.

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ONCOLOGISTS REACT TO SCOTUS RULING ON ACA

Although the US Supreme Court's recent decision largely upheld the constitutionality of the Affordable Care Act (ACA), oncologists are already debating its ramifications. Although some applaud the comprehensive cradle-to-grave approach, others have concerns regarding its implementation and effect on the healthcare system.

The wide-ranging legislation has many cancer-specific or cancer-related provisions, notes the American Society of Clinical Oncology (ASCO) in a press statement. These include:

- Preventive screening services such as mammograms and colonoscopies will be provided at no cost to patients.
- Health plans on the individual market must offer essential benefits for treating a serious condition such as cancer.
- Lifetime caps on insurance will be eliminated, allowing repeated courses of therapy.
- Insurance plans will not be able to exclude individuals with cancer or a history of cancer.
- Insurance companies will be prohibited from unfairly revoking coverage when an individual becomes ill.
- Private insurance must cover patients with cancer and other life-threatening conditions whose best option is enrolment in a clinical trial.

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SPURIOUS ELEVATION OF SERUM PSA AFTER CURATIVE TREATMENT FOR PROSTATE CANCER – CLINICAL CONSEQUENCES AND THE ROLE OF HETEROPHILIC ANTIBODIES

Anderson CB, Pyle AL, Woodworth A, Cookson MS, Smith JA Jr, Barocas DA

Prostate Cancer Prostatic Dis 15(2): 182-188, 2012

Background: Various interferences can cause spurious results for common laboratory tests. Although rare, heterophilic antibodies may produce false elevations in PSA that could prompt unnecessary therapy in men previously treated for prostate cancer. The aim of this study was to determine the prevalence of small, spurious PSA elevations, and the role of heterophilic antibodies.

Methods: Phase I: all PSA tests drawn and measured between 27 October 2008 and 26 October 2010 at Vanderbilt University Medical Center were analyzed (N=17,133). Patients who had been treated for prostate cancer with PSA values that changed from undetectable to detectable were evaluated.

Phase II: patients with a detectable PSA ≤0.5 ng/mL measured between 24 October 2010 and 19 January 2011 were studied prospectively (N=1,288). If any patient had a previously undetectable PSA value, their serum was tested for heterophilic antibody interference.

Results: Phase I: 11 men had a spuriously elevated PSA after curative treatment for prostate cancer (0.3%). Mean time to PSA elevation was 3.4±5.5 years, and mean elevation in PSA was 0.33±0.28 ng/mL. Each patient's PSA was undetectable after being repeated, and no patient went on to unnecessary treatment. Phase II: 10 men had a newly detectable PSA, 9 of whom had a history of prostate cancer. Each tested negative for interfering heterophilic antibodies

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HOLD OFF ON RADIATION AFTER PROSTATECTOMY

Instead of proceeding with adjuvant radiation after radical prostatectomy, holding off and employing early salvage radiotherapy (eSRT) when necessary appeared to yield equally good biochemical recurrence (BCR)-free survival rates - and might also limit overtreatment, Italian researchers say.

The findings are from a retrospective study reported online May 16th in *European Urology*.

Dr. Alberto Briganti of San Raffaele University in Milan and colleagues reviewed data on 390 men who had adjuvant radiotherapy (aRT) and 500 who were initially managed with observation only. In that latter group, 225 experienced BCR and underwent eSRT while the PSA was 0.5 ng/mL or less.

At one year, BCR-free survival was 91.4% after aRT and 92.4% after eSRT. At five years the corresponding proportions were 78.4% and 81.4%. Results were similar when patients were stratified according to pT3 substage and surgical margin status, or when the eSRT PSA cut-off was set at 0.3 ng/mL.

The authors say about half of men with pT3 node-negative R0-R1 prostate cancer will experience a BCR. Since half do not experience BCR, the investigators point out that blanket fashion aRT leads to overtreatment and unnecessary exposure to treatment-related toxicity.

Summing up, Dr. Briganti told Reuters Health by email, "We found that timely administration of eSRT is comparable to aRT in improving five-year BCR free survival in the majority of these patients. Therefore, eSRT may not compromise cancer control but significantly reduces overtreatment and side-effects associated with aRT."

They add that prospective randomized data are needed to confirm the findings.

Reuters Health, 27 June 2012

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ERRORS IN USPSTF'S RULING

(Continued from page 1)

The authors, who assert that PSA screening provides a valuable disease-specific mortality benefit, have a prescription for repairing the testing in the US: "Our goal should...be to maximize the benefits of PSA testing and minimize its harms."

The largest active prospective trial of PSA screening is the European Randomized Study of Screening for Prostate Cancer (ERSPC), which is still ongoing. In other words, the trial has only provided interim results (9 years) and has not yet reported at its prespecified main follow-up time. This is highly important because it proves that the USPSTF made "definitive conclusions" based on "incomplete data," say the essay authors.

Furthermore, the authors believe that only the ERSPC and the Göteborg screening trial are of good quality.

The "best trials" available have demonstrated that screening can reduce prostate cancer death by 20% to 44%, referring to data from the ERSPC and Göteborg trials, respectively, say Dr. Carlsson and colleagues. This evidence alone, suggest the authors, challenges the USPSTF's final grade D assessment of PSA testing that "there is moderate or high certainty that this service has no net benefit or that the harms outweigh the benefits."

(Continued on page 8)

META-ANALYSIS BACKS SELENIUM-PROSTATE CANCER LINK

Plasma selenium concentration within a "relatively narrow" range is associated with prostate cancer risk, according to a new systematic review and meta-analysis.

"Our dose-response meta-analysis showed a decreased risk of prostate cancer over a relatively small range of plasma/serum selenium concentrations, which suggests that there is an optimal range of selenium intake and status associated with prostate cancer risk reduction," Dr. Susan J. Fairweather-Tait of Norwich Medical School in Norfolk, UK, one of the study's authors, stated.

Several studies have linked selenium status to prostate cancer risk, Dr. Fairweather-Tait and her colleagues explain, "but the dose response or beneficial range of intake or status associated with the risk reduction has not been established."

To investigate, the researchers looked at 12 studies involving 13,254 participants, including 5,007 with prostate cancer. Their non-linear dose-response meta-analysis found risk of prostate cancer decreased with increases in plasma or serum selenium up to 170 ng/mL, the authors reported online 30 May 2012 in the *American Journal of Clinical Nutrition*. Three "high-quality" studies, which looked at toenail selenium and prostate cancer risk, found risk was reduced with a concentration between 0.85 and 0.94 mcg/g.

"A plasma/serum selenium concentration of 135 ng/mL is associated with a 15% reduction in total prostate cancer risk and a 40% reduction in advanced prostate cancer risk," Dr. Fairweather-Tait told Reuters Health by email. "Further work is required to convert status measures to recommended intakes of selenium; that is the responsibility of risk assessors (e.g., the European Food Safety Authority), and risk managers who devise public health strategies."

Evidence to date suggests there is a U-shaped relationship between selenium status and cancer mortality, she added, "but further data are required on the high intake end of the curve."

Low selenium status is believed to be common in the UK and Europe, given the low concentration of the mineral in the soil. She concluded: "Selenium appears to play a role in modifying the risk of prostate cancer initiation and progression, and when further research has been carried out to clarify dose-response relationships, there may be a therapeutic role for selenium, but for now we recommend that selenium (be) provided by foods rich in selenium, not supplements."

Reuters Health, 29 June 2012

SAVE THE DATES FOR SEPTEMBER PROSTATE CANCER AWARENESS MONTH!

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PERSISTENCE OF SIDE EFFECTS

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Past studies have found such lingering side effects, too. But they have been shorter-term – following men for as far as five years. And they've left some question as to whether the sexual and urinary problems could just be a product of the aging process, rather than prostate cancer treatment, Taylor explained.

These latest findings suggest it's not simply aging that's to blame. Taylor's team had data on men who'd taken part in a large clinical trial on prostate cancer screening. The researchers were able to compare 269 men who'd had prostate cancer detected and treated after screening with 260 men who'd also been screened but remained cancer-free.

When accounting for age, overall health and other factors, men treated for cancer had worse sexual and urinary function for up to 10 years. The same pattern held up among men in the study that weren't screened for prostate cancer and did or didn't get diagnosed and treated.

That all suggests the blame lies with prostate cancer treatment, or possibly the cancer itself to some degree, according to Taylor. "The bottom line is that the (prostate cancer) group was worse off," Taylor said. And that's something men should have in mind when deciding on prostate cancer screening, she and her colleagues say.

Once prostate cancer is detected, men have another big decision. If the cancer is early-stage, they can choose to put off treatment and instead have the cancer monitored to see if it's progressing - what is called "active surveillance." (AS). Or they can go for treatment, with surgery being the usual option for earlier cancer.

"We like to tell men to think of it as one big question," and not consider screening in isolation, Taylor explained. Men should realize that if an early cancer is caught, they'll have to decide on treatment, she said. AS, by definition, is not treatment – but it does mean regular PSA blood tests and periodic biopsies.

She suggested men "get educated" about prostate cancer and make a screening decision based on a careful discussion with their doctors.

Reuters Health, 27 June 2012

REACTION TO SUPREME COURT RULING ON ACA

(Continued from page 1)

The influential American Cancer Society (ACS) applauded the judicial ruling. "The ruling is a victory for people with cancer and their families nationwide, who for decades have been denied health coverage, charged far more than they can afford for lifesaving care and forced to spend their life savings on necessary treatment, simply because they have a pre-existing condition," stated John R Seffrin, PhD, chief executive officer of the ACS and its Action Network (ACS CAN), in a press statement.

However, Medscape Medical News found a mixed reaction among a couple of medical oncologists who were asked for comment.

"My general impression is that this is great news for most cancer patients and for our entire healthcare system. It is, in fact, long overdue," stated Gary H. Lyman, MD, MPH. He is professor of medicine and director of the Comparative Effectiveness and Outcomes Research program at Duke University Cancer Institute, Durham, NC.

Dr. Lyman also said that although the ACA is far from perfect, it contains many features that will protect current and future patients from the inequities in our healthcare system. "Many of the benefits are yet to be realized but hold great promise for all of us and the next generation of Americans," he added.

However, another clinician expressed serious concerns regarding the manner in which ACA will be implemented.

"Healthcare is a precious and valuable commodity: each person has to take responsibility at a high level to ensure that they and their families have it, just like housing and food. The government can and should provide basic care for those unable to pay, but there are major limits to what we can ask government to do and pay for," stated Nicholas J. Vogelzang, MD, from the Comprehensive Cancer Centers of Nevada in Las Vegas, noting that the suggested cradle-to-grave type of coverage will bankrupt our country, as he says it is doing in Spain and Greece.

Refocusing healthcare aims on disease prevention, which is also an ACA premise, may be key. "We need an understanding that good health is earned to a large extent through healthy living that includes diet control, avoiding toxins, exercising, and having regular check-ups," Dr. Vogelzang stated, adding that smoking, for example, should be banned.

Although the ACS is concerned that ACA may limit expansion of quality coverage only to some of the most vulnerable citizens, some oncologists and patients worry about the effect of all-inclusive health insurance. "We hope that ultimately, the decision will ensure access to quality health coverage through Medicaid for all low-income and disabled Americans with cancer or at risk for cancer. For many hard-working Americans who have lost their health insurance because they are too ill to work or who have exhausted their savings, Medicaid coverage will provide critical access to proven preventive services and lifesaving treatments," Dr. Seffrin said.

However, allowing more patients into the system may lead to serious financial and health-related costs, suggested Dr. Vogelzang. "My experience is that such patients are already neglecting their health (for any number of reasons, many of which are not related to cost). Therefore, they often have advanced and neglected cancer, and their entry into the 'system' will initially cause a major cost burden that will hopefully drop in the long term," Dr. Vogelzang said.

"Many of my current patients are very worried that they will see longer wait times, less access to their oncologists, more drug shortages, and more restrictions on the newest most expensive drugs," he added.

Medscape Medical News, 29 June 2012

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

CHAPTER NEWS!

at www.ustoo.org!

FDA APPROVES BECKMAN COULTER'S NEW BLOOD TEST TO IMPROVE PROSTATE CANCER DETECTION

Beckman Coulter, Inc., the leader in prostate cancer diagnostics, announces Premarket Approval (PMA) from the US FDA for the Prostate Health Index (phi), a simple, non-invasive blood test that is 2.5-times more specific in detecting prostate cancer than PSA (prostate-specific antigen) in patients with PSA values in the 4-10 ng/mL range and is proven to reduce the number of prostate biopsies.

Beckman Coulter's new test provides an answer to the current PSA testing controversy, where prostate cancer screening to save lives has been weighed against over-diagnosis and over-treatment. Last month, the US Preventive Services Task Force (USPSTF) issued a statement indicating the need for "a better test and better treatment options."

"Prostate Health Index is a better test because it provides more accurate information physicians and patients need for better decision-making," said William Catalona, MD, director of the Clinical Prostate Cancer Program at Northwestern University in Chicago and founder of the Urological Research Foundation. "Now, patients and physicians wondering what to do with an elevated PSA test result in the 4-10 ng/mL range have a new, non-invasive option. This represents an advance in the science of prostate cancer management."

The phi test is indicated for use in men with a PSA in the range of 4-10 ng/mL. Typically, US physicians recommend that men with a PSA in that range consider a prostate biopsy, however, an elevated PSA may be due to benign conditions other than cancer, which can lead to unnecessary biopsies. Prostate Health Index helps physicians distinguish prostate cancer from benign conditions. The results of phi's multi-center clinical study showed a 31 percent reduction in unnecessary biopsies.

Kevin Slawin, MD, phi researcher and founder of the Vanguard Urologic Institute and the Texas Prostate Center at Memorial Hermann-Texas Medical

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PROSTATEFORUM

DEBUT OF DOCTOR SNUFFY MYERS' NEW BOOK

Prostate Cancer & Diet

The *Prostate Forum* family is delighted to announce the publication of *The New Prostate Cancer Nutrition Book*. A revamped and expanded version of the popular *Eating Your Way To Better Health*, offers an easily adoptable healthy living plan that will help:

- Slow the rate at which prostate cancer grows in current patients
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- Prevent high blood pressure
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- Prevent Alzheimer's disease and
- Prevent colon cancer.

The comprehensive opening segments of *The New Prostate Cancer Nutrition Guide* cover the basics of Dr. Myers's **anti-prostate cancer diet** as well as the ABCs of stocking and running a healthy kitchen. The recipes that followed prostate-healthy diet principles with his wife and sister-in-law's Mediterranean family traditions and the haute California cuisine techniques his daughter learned over the last two decades in restaurants and catering companies of San Francisco and Napa Valley.

As an integral component of **Dr. Myers's prostate cancer growth arrest program**, *The New Prostate Cancer Nutrition Book* is a must-read for any man whether he's interested in prevention, has just been diagnosed, or is facing recurrent or even advanced disease.

In addition to hundreds of recipes you'll find info on:

- Taking Ownership of Your Health
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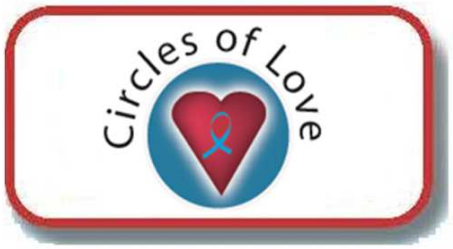
- Customizing Diet
- Salt
- Antioxidants
- Omega-3 Fatty Acids
- Grilling Meat
- Science Behind The Med Diet
- Exercise
- What You Should Eat
- Cooking 101
- Traditional Soy Products

To read the opening chapters, or order your own copy, go to <http://www.prostateforum.com>.

US TOO WANTS TO ANSWER YOUR QUESTIONS!

Dr. Myers would love to provide direct answers to questions posed by Us TOO members. Instead of printing questions answered in the *Prostate Forum*, we'd rather provide readers who subscribe to both publications with fresh content. Questions about imaging, active surveillance, and biochemical relapse would be particularly appreciated right now.

If you have questions, please send them to <Jackie@ustoo.org> or call the Helpline at 800-808-7866.



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

"Almonds to lose weight & lower cholesterol!? You must be nuts!"

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

Editors' note: Us TOO has invited certain physicians and others to provide information and commentary for the *HotSheet* to enrich its content to empower the reader. This column contains the opinions and thoughts of its author and is not necessarily those of Us TOO International.

Bottom Line: Nuts, including almonds have multiple health benefits including making you feel more full and helping you to lose weight!

There are several questions you are probably pondering at the moment. For example, "how many times has Dr Moyad written a column in the Us TOO newsletter as a volunteer?" The answer is only 61 TIMES. Yikes! You must be thinking I am a little nuts! Well, speaking of nuts (how about that smooth as peanut butter segue) let me tell you about the latest study in a nutshell.

What happens when you take 123 overweight and obese individuals and you randomly assign them to eat an almond enriched diet or a nut free diet for 18 freakin months?! Well, this study was recently completed in the US and published in a major medical journal[1] but there is a catch! Women were instructed to consume 1200-1500 kcal per day and men consumed 1500-1800 kcal per day during this time. So, consuming fewer calories was critical to getting good results. Still, the almond group was also instructed to eat 56 almonds per day (every day) as part of this caloric total and for those of you wanting to know… after a few months they were given flavored and even roasted almonds to break up the boredom and improve compliance.

At the end of the study both groups lost over 10 pounds on average (less so from month 6 to 18 because people get bored with diets just like they do with reality television shows), and there was no difference between the almond and the no nut-consuming group. However, more positive cholesterol changes occurred in the almond group including a larger reduction in total cholesterol and triglycerides.

Look I love almonds because they are really high in fiber (~7 grams a day in this study), have no sodium or cholesterol, and are loaded with protein (~12 grams a day in this study), potassium and unsaturated fat (especially monounsaturated)! Just keep in mind that all types of nuts provide some health benefit. In fact, a recent study found that consuming pistachio nuts might actually improve male sexual function! By the way, in case you were wondering who helped fund this latest research on almonds I reviewed in this issue of the newsletter it was the Almond Board of California (what did you expect...the cashew or peanut board??). Now, I wonder who supported that pistachio study? "Hard to tell who initially erected that study!" I apologize...global warming has my mind messed up, and I seem more willing than ever before to go for the really cheap and politically incorrect male sexual jokes lately (similar to what I use to do when I was an 18-year old in high school). Where is my air conditioner or rotating ceiling fan when you need it!? It is so hot in Michigan I am roasting like a Chicken at a KFC restaurant!

Reference

1. Foster GD, Shantz KL, Vander Veur SS, et al. Am J Clin Nutr 27 June 2012 (Epub ahead of print)

US TOO SEEKS BOARD MEMBER APPLICATIONS

Us TOO International, is seeking qualified individuals to serve on its Board of Directors. Members have been diagnosed with prostate cancer, are a member of such a man's family or significant other, or any person involved in or interested in support or treatment of such patients. Other qualifications include familiarity with an Us TOO chapter, ability to think globally, skills or experience deemed beneficial to the work of Us TOO and commitment to Us TOO's purpose and mission.

See details at www.ustoo.org/SeekBoardMembers.asp. Send letters of nomination with a vita or resume to Thomas Kirk, President and CEO, Us TOO International, 5003 Fairview Avenue, Downers Grove, IL 60515 or e-mail tom@ustoo.org.

PROSTATE HEALTH INDEX

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Center added, "Now, with FDA approval in the US, phi can help physicians discriminate between prostate cancer and benign disease while reducing the number of negative prostate biopsies."

Separately, results from a recent health economic study of phi in the US suggests the test may help reduce costs associated with prostate cancer detection.[1]

"The Prostate Health Index is the result of years of collaboration with some of the world's leading prostate cancer researchers and medical institutions who have studied the scientific, clinical and economic benefits of phi," explained John Blackwood, VP of Product Management, Beckman Coulter Diagnostics.

Available from Beckman Coulter in Europe since 2010, phi will be available in the US in the third quarter of 2012 for use on the company's Access 2 and UniCel DxI immunoassay systems.

Reference:

1. Nichol MB, Wu J, Huang J, et al. *BJU Int* 11 November 2011 [Epub]

PRNewswire, 26 June2012

SPURIOUSLY ELEVATED PSA

(Continued from page 2)

when their PSA test was repeated with a heterophilic antibody-blocking reagent.

Conclusions: In a large cohort, we estimate the prevalence of spuriously elevated PSA values in our population to be 0.3%. No patient with a prostate cancer history was subjected to unnecessary diagnostic evaluation or treatment. On prospective evaluation of PSA conversion to low detectable levels, no patient had evidence of interfering heterophilic antibodies. When using PSA for post-treatment surveillance, it is crucial to confirm all concerning values and consider the presence of a spurious elevation in PSA if the value does not correlate with the clinical scenario.

DOCTOR CHODAK'S BOTTOM LINE *(Ref Key: article #, page #, column #)*

Editor: www.prostatevideos.com

Editors' note: Us TOO has invited certain physicians and others to provide information and commentary for the *HotSheet* to enrich its content to empower the reader. This column contains the opinions and thoughts of its author and is not necessarily those of Us TOO International.

a1p1c1 Here we go again – another article that discusses the screening controversy! This time the authors condemn the analysis by the US Task force. Unfortunately, they have produced a biased analysis. Let's analyze their critique. First they condemn the Task Force report because it was based on the 9-year results from the European screening, which is still ongoing stating they made definitive conclusions based on "incomplete data." The Task force was making its recommendation based on the data that currently existed and not on future data that may lead to different conclusions. Should new data appear that would alter their conclusion, then the expectation is that the conclusions will change. BUT, until that occurs, the analysis reflects what we know and do not know TODAY.

They also ignore the problems with many of the trials from the European report, which is not one study but actually many studies with different design and of them only two showed a benefit. This problem cannot be ignored but it does make the entire analysis more challenging. The authors also are critical of using overall mortality rather than prostate cancer mortality. At the end of the day, helping some men avoid dying of prostate cancer so they can die of another disease with little change in their live span isn't really offering a major advantage unless we get to a point where choosing one cause of death over another is worth the high cost in dollars and alterations in a man's quality of life.

As for their solutions including avoiding testing men with little to gain, not treating low risk cancers immediately and referring men to high volume treatment centers to improve outcomes, that might work in Sweden and Finland but it WILL NOT work in the US. Few men and their significant others can live with a diagnosis of cancer without getting therapy, way too many doctors who order the test will continue to do so even in the wrong patients and the business of medicine will keep doctors treating many patients who do not need it and not referring their patients to "centers of excellence."

THE BOTTOM LINE: Lost again in this discussion is what the USPSTF report says and does not say. It says that the benefit of screening is very small and may be outweighed by the harms. Although it recommends against routine screening, it says nothing about an individual man learning the pros and cons and then deciding for himself if testing is appropriate. Critical to this process is much better information so each man can make an informed choice.

a2p1c2 A perfect example of the unappreciated harms of treating this disease is discussed in the article about long-term side effects, something probably few men are told when counseled about treatment. This study found that the quality of life ten years after therapy is significantly worse in men who get radical prostatectomy (RP) or radiation therapy (RT) compared to no treatment. This report is one of the few to analyze results at ten years and it found nearly all the men in the study had some degree of sexual dysfunction and many had urinary problems. One wonders how many prostate cancer patients have been informed about the long-term effects and whether knowing them would impact on what they decided to do. Maybe the only solution as has been discussed before in my column, is to require EVERY man to receive a standardized educational video that describes the pros and cons of each treatment rather than rely on doctors to provide this information. Without adequate information, how can men decide which treatment is best.

THE BOTTOM LINE: RP and RT have adverse effects on men even when evaluated at ten years after therapy. All newly diagnosed men need to know more about the various treatments before choosing one.

a3p1c3 The pros and cons of the ACA are discussed briefly in this month's *HotSheet*. As a clinician who saw too many patients unable to afford health insurance, I personally believe that this bill will do more good than harm for the country. Too many people who get ill either can't get coverage or are rated up when they change jobs and cannot afford to pay for it. Cost is clearly a concern; however, our current system has considerable waste built into it. It is highly likely that improvements and modifications will be made over time.

THE BOTTOM LINE: The ACA will benefit many people in the US but modifications will be needed to address the cost issue and find ways to discourage unhealthy behaviors that lead to many avoidable diseases.

a4p2c2 The article by Anderson and co-workers alerts patients to a potential problem with their PSA test results. Heterophilic antibodies normally are present in many adults and sometimes can react with the reagents used to measure PSA. This can lead to an abnormal result that is not caused by cancer. In this study, about 0.3% of the men with an elevated PSA after curative therapy were found to have a false elevation. This finding has obvious implications for men with this disease. They should be aware of this possibility and not rush to initiate treatment without first confirming that the PSA result is persistent and increasing, otherwise they could end up receiving unnecessary treatment. If it is suspected, alerting the lab performing the PSA test may enable some precautions to be made when the test is repeated.

THE BOTTOM LINE: False PSA elevations due to heterophilic antibodies occur in some men which could lead to unnecessary treatment so repeating an abnormal value before treatment should be encouraged.

a5p2c3 An unresolved question is whether some men benefit from delayed RT following RP. The article by Briganti, et al addresses this question in a retrospective study of almost 900 men. They found that waiting until a biochemical recurrence (BCR) occurred resulted in a similar BCR rate at 5 years compared to men receiving immediate RT. This is an important question because many men who receive post-RP RT would not have developed a recurrence. This means their RT was unnecessary. The problems with this report,

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ERRORS IN USPSTF RULING

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Other critical errors in the USPSTF report include the fact that the USPSTF assessed whether or not PSA testing decreases overall mortality (and not just disease-specific mortality). Only disease-specific mortality is statistically robust in these cancer screening trials, say the essay authors.

Three broad reforms are needed in the US, say the essay authors. "First, avoid PSA tests in men with little to gain. There is no justification for recommending PSA screening in asymptomatic men with a short life expectancy," they write.

Second, do not treat men with low-risk prostate cancers immediately. "A high proportion of men with screen-detected prostate cancer do not need immediate treatment and can be managed by active surveillance," the authors say.

"Third, refer men who do need treatment to high-volume centers." Having more patients treated by high-volume providers "will improve cancer control and decrease complications," the authors conclude.

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DOCTOR CHODAK'S BOTTOM LINE

(Continued from page 7)

however, are that it does not look at survival, it is retrospective and the follow-up is still too short. Only a randomized study can provide a reliable understanding of the impact of delaying RT.

THE BOTTOM LINE: Delaying radiation in men with a risk for recurrence after radical prostatectomy may prove to be a good way to avoid over treating many men, but this will have to be confirmed by a randomized study.

a6p3c2 The meta-analysis on selenium levels in the blood stream and the risk of developing prostate cancer could prove to help some men lower their risk from this disease. The authors also suggest it may result in a lower chance of having advanced disease in case it occurs. The questions not addressed, however, are how much someone needs to take, when it must be started and what is the optimal blood level that should be reached. Also, this study conflicts with two randomized studies that have been done testing whether selenium could prevent the disease and both studies were negative. Thus, the results from this study are questionable. Nevertheless, the authors acknowledge the need for more studies and until done they recommend that selenium-rich foods be taken rather than supplements.

THE BOTTOM LINE: Randomized studies found no benefit from selenium supplements in terms of preventing prostate cancer, so at this time men should be aware that supplements should not be taken in the hope of preventing this disease.

a7p5c1 The FDA has approved a new blood test that may help some men avoid a repeat biopsy. The Prostate Health Index (phi) test combines serum PSA, free PSA and a PSA precursor form to calculate the probability of prostate cancer. If a man has a PSA between 2-10 or 4-10 ng/mL, this test might be one additional test to consider before deciding if a biopsy should be done. At this time, however, it is hard to quantify the impact of this test because the data supporting it were not readily available.

THE BOTTOM LINE: More information is needed to make an adequate assessment of its value of the phi test.

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