



# PROSTATE CANCER HOT SHEET

**Us Too! INTERNATIONAL** **SEPTEMBER 2002**

## REPORT FROM THE 93<sup>RD</sup> ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR)

**William H. ("Bill") Blair, Chairman  
Scientific Advisory Panel  
Us Too! INTERNATIONAL**

This year I had the opportunity to attend both the AACR and ASCO (American Society Of Clinical Oncology) meetings with support from Us Too! International. I will report on the AACR with this communication and the ASCO meeting at a later date. The AACR was held in San Francisco on April 6-10. Over 15,000 attended with over 5700 scientific presentations, and 27 Symposia. The last time I attended the AACR and presented a paper on lung cancer, there were less than 3,000 attendees and 2700 presentations. That was seven years ago. A major increase in cancer research is evident.

The overall theme of the meeting was on translational research, ie, from the laboratory (bench), to the cancer patient (bedside), and back to the laboratory for refinement. This approach should considerably reduce the time from discovery to application. Also the word "synergy" is now being utilized to describe the enhancement of outcome by combining unrelated approaches to the treatment of cancer.

There were many presentations on the use of phytochemicals (plant products) to combat cancer. Also, it appears that the goals of cancer research have somewhat changed. The term "cancer cure" is less used and "long term survival" embraced. The concept of manipulating cancer from

an acute life threatening disease to a chronic state is being given more consideration. I believe realism has set in with the research community that could result in a more rational and less toxic approach to cancer treatment.

My goals for attending the meeting were twofold: to evaluate new scientific data that relates to prostate cancer, and to translate the data for our understanding. This is a most difficult task! Hundreds of new acronyms (words formed from initials) are being utilized by the research community to describe the complexities of cancer data. In order for us to take advantage of the new findings we will need to master the language that is currently in use.

The AACR meeting covered research on all types of cancer, but what was most encouraging is that prostate cancer is getting more attention than in previous years. I tried to attend approximately 200 presentations per day (times 4 days). Believe me, my brain became full in a short time! It will take several months to report on the most significant findings. Why is it important to attend and relate new scientific findings for prostate cancer survivors? This meeting represents research efforts from many new scientists and unfortunately some of the presentations will not be published and may require several more years before we become aware of the research. It lets us get in on the ground floor!

Cancer is a disease of "seed" (cancer cell), and "soil" (environment around cancer cell). Both must be taken into account when trying to understand and develop effective treatment of cancer. In the near past it was postulated that the seed was of paramount importance in cancer, but we now know better. For a tumor to increase in size over 2 mm. (the size of a pinhead) it must recruit blood vessels from the surrounding tissue (soil) to bring in

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## DIETARY CHANGE MAY PREVENT MOST SERIOUS FORM OF PROSTATE CANCER

A fat-laden diet and high calcium consumption are both well-known suspected risk factors for prostate cancer. However, new findings from the Fred Hutchinson Cancer Research Center suggest that fat and calcium themselves may not cause prostate cancer, as previously thought, but instead may fuel its progression from localized to advanced disease.

While high intake of dietary fat and calcium is associated with an increased risk of clinically significant, advanced prostate cancer, it has no apparent impact on risk of early-stage disease, according to findings by Alan Kristal, Dr.P.H., and colleagues in Fred Hutchinson's Public Health Sciences Division. Results of this population-based, case-control study appear today in *Cancer Epidemiology, Biomarkers and Prevention*, a journal of the American Association for Cancer Research. The National Cancer Institute and Fred Hutchinson funded the research.

"Our findings clearly show decreased risk for late-stage disease in men with diets that are low in fat and moderate in calcium, perhaps because these diets slow progression of prostate cancer into more aggressive disease. For men diagnosed with early-stage prostate cancer, this finding could be important because it suggests that moderating fat and calcium consumption may reduce the risk of cancer recurrence following treatment," said Kristal, a member of Fred Hutchinson's Cancer Prevention Research Program. While previous studies have examined similar dietary factors on overall prostate-cancer risk, few studies have looked specifically at risk comparing early with advanced disease.

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**BYU STUDY FINDS PROGNOSIS IS WORSE FOR PCA PATIENTS IN THEIR 40s**  
 Prostate cancer's deadly grip is worse for men in their 40s even though the disease is still considered rare in anyone younger than 50, according to a Utah-led study. The findings raise more questions than answers, the authors say, because race and tumor stage made little difference in the poorer prognosis. "It may be that younger men diagnosed with prostate cancer have a more difficult time adjusting to their diagnosis psychologically," says the study authors, Ray Merrill and Justin Bird, researchers at the Provo-based Brigham Young University. Yet the BYU team, part of the College of Health and Human Performance, says more research is needed to discover exactly why prostate-cancer prognosis is worse in the 40-49 age group compared with the 50-79 group. Men 80 years and older, like the younger group, also had a poorer prospect of recovery. The study appears in a recent issue of the journal Cancer Causes and Control. Data was gathered from nearly 300,000 prostate-cancer patients in five U.S. states (Utah, Connecticut, Hawaii, Iowa and New Mexico) and in four major cities (Atlanta, Detroit, San Francisco and Seattle). Possibly "sexual potency may be a more important concern for men of younger ages, and this may deter them from selecting treatment, influence their treatment choice or delay initiation of treatment," the study says. The disease signals an uncontrolled malignant growth of cells in the gland located just below the male bladder.

area, physician offices, consultation rooms, a library, and a group meeting room. "It will be very interactive and easy to maneuver," said Butz. "For example, if a patient wants to talk to a physician, he can use the software to talk to a urologist or a radiation oncologist and then ask the physician questions, which the program will answer.

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**MUTATION FOUND TO CAUSE PCA**  
*The Jerusalem Post*

Researchers at Tel Aviv's Ichilov Hospital have discovered the first genetic mutation that causes prostate cancer in Ashkenazi men. Found in 4 percent of all Jews of European origin, the defective gene apparently dates back to a single ancient Jewish ancestor who passed it down to his male and female descendants. Dr. Avi Orr-Urtreger, director of the genetics department at Ichilov, headed a team that included also scientists at Hadassah-University Hospital in Jerusalem's Ein Kerem and Carmel Hospital in Haifa. Their findings, which they called a breakthrough, were rushed to publication in the current Internet edition of the American Journal of Human Genetics; the print edition will appear in October. Orr-Urtreger said that more than 90 percent of prostate cancer cases are not hereditary, but due to environmental effects. But the genetic influence of the newly discovered mutation is significantly more common, for example, than the much-publicized genetic defects in the BRCA gene that causes breast cancer and ovarian cancer. The prostate-cancer mutation involves the RNASEL gene, whose task is to protect the body from prostate cancer. The gene lacks four chemical "letters" from the normal code, causing the lack of a vital protein. The team took DNA samples from patients who were diagnosed at the three hospitals for prostate cancer between 1991 and 1997.

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**UK RESEARCHERS STUDY BENEFITS OF SOY DIET IN CANCER PREVENTION**

Prostate cancer is the second most common cancer in UK men, according to Cancer Research UK, with over 21,700 new cases reported each year. The lifetime risk for being diagnosed with the disease is 1 in 14. Prostate cancer and its resultant mortality rates tend to be much higher in Western countries than in the East. Researchers believe this may be partly due to the different kinds of food consumed around the world. Previous studies have suggested that the high amounts of soy in the diets of people from countries such as China and Japan may protect them against the disease. Lead

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**TEMPLE AND FOX CHASE DEVELOPING INTERACTIVE PROGRAM TO ASSIST PROSTATE CANCER PATIENTS**

To empower patients facing these difficult and complex decisions, Temple University's College of Engineering and the Fox Chase Cancer Center (FCCC), armed with a joint two-year, \$200,000 grant from the National Cancer Institute, are developing an interactive, computer-based program to provide comprehensive information to men diagnosed with prostate cancer. The program, called Prostate Interactive Educational System (PIES), will present relevant disease and treatment information that is tailored to the patient's information-seeking preference. The program is being designed by Dr. Brian Butz, professor of electrical and computer engineering at Temple, and Dr. Michael A. Diefenbach, health psychologist and associate member of the division of population science at FCCC. The PIES program will be modeled as a "virtual" health center consisting of a number of rooms, including a reception

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researcher Professor Ian Rowland explained, "People in Western countries, like here in Northern Ireland, do not eat much soy at all - so we could be missing out on a protective effect." He says the link between high soy consumption and low prostate cancer mortality is backed up by studies using animals fed high-soy diets and by laboratory research using prostate cancer cells treated with compounds extracted from soy beans. "Now what we need is evidence that soy can help to prevent the onset of prostate cancer, or slow its progression, in humans," he said. "This is the primary aim of the new research project." The study will be carried out in conjunction with Belfast City Hospital, and all men attending for prostate biopsies will be invited to take part. The participants will be required to consume milk drinks containing soy compounds over a four-month period. Researchers will then carry out biological tests and measurements to see whether the soy-rich diet has any beneficial effects. Prof Rowland said prostate cancer was catching up with lung cancer in Northern Ireland. "Both incidence and mortality are increasing. That is why investigating new ways to prevent or minimise the effects of the disease is so crucial," he said. .

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**HIGH-DOSE INTENSITY MODULATED RADIATION THERAPY FOR PCA**  
*Int J Radiat Oncol Biol Phys*  
 2002 Aug 1;53(5):1111-6

These data demonstrate the feasibility of high-dose IMRT in a large number of patients. Acute and late rectal toxicities seem to be significantly reduced compared with what has been observed with conventional three-dimensional conformal radiotherapy techniques. Short-term PSA control rates seem to be at least comparable to those achieved with three-dimensional conformal radiotherapy at similar dose levels. Based on this favorable risk:benefit ratio, IMRT has become a standard mode of conformal treatment delivery for patients with localized prostate cancer.

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**VISUALIZATION OF PCA w/11C-CHOLINE POSITRON EMISSION TOMOGRAPHY.**  
*Eur Urol* 2002 Jul;42(1):18-23

Carbon-11-choline is avidly taken up in prostate cancer, both primary tumor and lymph node metastases, in the virtual absence of urinary radioactivity. These results confirm the early results obtained by others and permit further clinical research on the value of CHOL PET as a metabolic imaging technique in areas where conventional imaging have a limited sensitivity.

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**RADICAL RADIATION FOR LOCALIZED PCA: LOCAL PERSISTENCE OF DISEASE RESULTS IN A LATE METASTASES**  
*Journal of Clinical Oncology, Vol 20, Issue 15 (August), 2002: 3199-3205*

Patients with locally persistent prostate cancer are at greater risk of distant metastases (DM). The higher initial hazard of DM is consistent either with an increased likelihood of subclinical micrometastases before treatment or with posttreatment tumor embolization. The prolonged time to appearance of DM in locally failing patients and the increasing hazard of DM over time is most consistent with a late wave of metastases from a locally persistent tumor.

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**MAJOR PRIVATE INSURERS AGREE TO PAY FOR CRYOSURGERY**

In July Anthem Blue Cross and Blue Shield (BC/BS) of Connecticut joined five other large Blue Cross/Blue Shield Plans in developing positive coverage policies specific to cryosurgery of the prostate. BC/BS Plans in California, New Jersey, Pennsylvania, North Carolina and Nebraska have adopted formal coverage policies for cryoablation surgery for prostate cancer. These six BC/BS Plans now join four of the largest private insurers in the U.S. that have also published reimbursement codes for the treatment. Over the past 12 to 24 months, United Healthcare, AETNA/USHC, PacifiCare/Secure Horizons, and Humana have established coverage for the procedure. The above plans constitute health coverage for more than 75 million Americans. Thousands of men diagnosed with prostate cancer are not covered under Medicare, making private insurance coverage especially important as younger and lower risk patients are selecting cryosurgery.

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**SCIENTISTS DEVELOP UNIQUE TRACKING SYSTEM THAT SEEKS OUT METASTASES**  
*Nature Medicine - August 1, 2002*

Researchers at the University of California Los Angeles (UCLA) Jonsson Cancer Center and in the department of urology have demonstrated for the first time that they can locate difficult-to-detect prostate cancer metastases in laboratory models, a discovery that could lead to safer and more effective gene-based treatments for advanced prostate cancer. UCLA researchers engineered a virus that can identify prostate cancer cells based on the prostate-specific antigen (PSA) protein expressed only in prostate cells. Using the substance that makes fireflies glow, scientists showed through high-tech imaging that the prostate-targeted virus

made prostate cancer cells appear as "hot spots," both in primary tumors and in distant metastases that were still too small to cause symptoms or appear on conventional detection scans. The next step, researchers said, will be to attach gene-based therapies to the virus, which would act as a vehicle to deliver the toxic treatment directly to the prostate cancer cells and, hopefully, kill them.

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**PROSTATE FOLLOW-UP**  
*The Lancet - August 2002*

Receiving hormone therapy after radiation treatment for prostate cancer may increase survival rates, researchers have found - the results of a study of 415 men with advanced prostate cancer. The patients were chosen randomly to receive either the radiation treatment by itself or radiation treatment followed by three years of goserelin, a synthetic version of a hormone that suppresses the male hormone involved in prostate cancer. After five years, the men who received goserelin with the radiation treatment had a 74 percent cancer-free survival rate. The men who received only radiation treatments had a 40 percent survival rate. The study suggests that men with advanced prostate cancer may wish to consult with their physician about getting the hormone therapy as well as the radiation treatments.

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**NEW PREDICTIVE MARKER FOUND - AS PCA PROGRESSES, PROTEIN SOARS**  
*Journal of Clinical Investigation - August 1, 2002*

Absent in normal prostate and colon epithelial cells, but found in large amounts in prostate, colon and other tumor cells, it is called huntingtin interacting protein or HIP1. The protein has never before been associated with any type of cancer. Results of research on HIP1's relationship to human prostate and colon cancer showed that when researchers created a mutant version of HIP1 by knocking off one segment of the protein, the result was massive cell death. If scientists can discover the functional relationship between HIP1 and cancer, Ross believes it should be possible to develop agents that could kill prostate and colon tumor cells without harming the normal epithelial cells lining the inside of these organs.

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**QUALITY OF LIFE FOR PCA PATIENTS**  
 Researchers have found that androgen-deprived men who have had a radical prostatectomy have a poorer quality of life than men who are not androgen-deprived. Androgen. In the study reported in the (continued on page 8)

## DIET MAY PREVENT PCA

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“As more and more men are diagnosed with early stage disease due to the widespread use of the PSA (prostate-specific antigen) screening test, it becomes increasingly important to consider how dietary or lifestyle changes could decrease their risk of cancer recurrence,” said Kristal, also an associate professor of epidemiology at the University of Washington School of Public Health and Community Medicine. Kristal and colleagues found that men who ate lower-fat diets, with fat accounting for no more than 30 percent of their daily calorie intake, had half the risk of late-stage cancer than men who consumed more fat. However, there were no associations of fat intake with early-stage disease.

Saturated fats (found in meat and dairy fat) and monounsaturated fats (found in certain oils, such as olive and peanut) were associated with an increased risk of advanced prostate cancer. Polyunsaturated fats (found in certain oils, such as safflower and canola) were not. Consumption of omega-3 fatty acids (found in fatty fish such as salmon and mackerel) also did not have an impact on overall prostate-cancer risk, contrary to experimental studies in cell cultures that have suggested there may be a protective effect.

One reason that low-fat diets could reduce the risk of prostate cancer is because they reduce blood levels of circulating male hormones such as testosterone. Growth of the prostate, and perhaps growth of prostate cancer, is fueled by male hormones.

The researchers also found the risk of advanced prostate cancer was 112 percent higher - more than double - among men who consumed the most calcium (more than 1,200 mg per day, equivalent to four or more glasses of milk) as compared to those who got the least (fewer than 500 mg). It didn't matter whether the calcium came from food or supplements. “For regional/distant disease, there were consistent trends for increased, independent risks from both dietary and supplemental calcium,” the researchers wrote. The mechanism underlying the effect of calcium on prostate-cancer risk isn't clear, although there are relatively consistent findings from previous

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## COPING WITH INCONTINENCE

*The Record - July 16, 2002  
Bergen County, NJ*

Incontinence is an uncomfortable subject to talk about. Most patients hesitate to bring the subject up with their physician and may even try to hide it. However, it is a major health problem that can lead to disability, loss of independence, isolation, and is the leading cause of nursing home admissions.

Although not necessarily a result of aging, the National Institute on Aging estimates that that at least one in 10 people over the age of 65 suffers from incontinence. Unfortunately, it usually cannot be cured, but it can be treated and managed with new products and new techniques that will lessen the inconvenience and discomfort.

The first step in management is identifying your specific form of incontinence.

- \* **Stress incontinence** Most common in women, this occurs when stress is placed on the bladder by laughing, coughing, sneezing, exercising, or lifting.
  - \* **Urge incontinence** More common with men, this occurs when you cannot hold your urine long enough to reach a toilet. It can be a sign of diabetes, dementia, Parkinson's, an enlarged prostate, or an early warning of bladder cancer.
  - \* **Overflow incontinence** Occurs when a small amount leaks from a bladder that is not fully emptied.
  - \* **Functional incontinence** Occurs when, because of physical limitations or disabilities, you cannot get to the bathroom in time.
- No matter how serious the problem, the first line of treatment begins with the least invasive procedures.
- \* **Behavioral techniques** Exercises and training to improve bladder control and help avoid premature urination include Kegel exercises to strengthen the pelvic floor muscles,

biofeedback to teach control of the musculature, and bladder training to gradually lengthen the time between trips to the bathroom.

- \* **Special clothing** Absorbent undergarments and pads that can be worn daily and changed when needed help maintain personal hygiene.
- \* **Drug therapy** Medications to relax the bladder or tighten the musculature are an option for women with urge incontinence. Side effects include dry mouth, constipation, and blurred vision. For men with an enlarged prostate, there are drugs to improve urine flow, reduce blockages, and shrink the prostate
- \* **Surgical procedures** The bladder can be repositioned, weakened muscles can be supported, and blockages removed. For women, a flexible tube (catheter) can be inserted that will collect urine in a container. For men, an external collecting device is an option.

- \* **Special devices** Electronic devices can be implanted to send pulses to the bladder and to muscles that control urinary function. Other implants include an artificial urinary sphincter.



### General advice:

- \* Avoid caffeine; it irritates the bladder.
- \* Drink lots of water to prevent bladder infection.
- \* Urinate by schedule - every two hours or so.
- \* Don't smoke. Smoke is a bladder irritant and smoker's cough will cause accidents. Stop drinking a few hours before bedtime.

### For more information:

National Association for Continence  
(800) 252-3337  
www.nafc.org

Simon Foundation for Continence,  
(800) 237- 4666  
www.simonfoundation.org

## REPORT FROM AACR

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nutrients. With an increase in blood vessels tumors continue to grow and invade surrounding tissue, metastasize to distant sites, and become a hazard to life.

Research often starts with an in vitro approach. In vitro means "under glass", virtually without the original soil. We may see interesting results in this artificial environment, but in reality this may not reflect the in vivo (in life) situation. There is no blood supply as in living tissue, and many of the nutrients are dissimilar to the host. In vitro is a starting point for many initial research projects. If positive results are observed in vitro, the research often proceeds to in vivo whereby tumor cells are grown in a host animal (animal model). An example of this is the human prostate cancer LNCaP. This tumor was isolated from a metastatic (distant) lymph node and can be propagated in vitro or in vivo utilizing nude mice. Nude mice do not have a fully functional immune system, so they will not reject the foreign human tumor. In this situation, in vivo, there is a soil that is not exactly like the original host (human). With positive experimental results in vivo the development of a new therapy, drug, etc. we may move up to clinical trials whereby efficacy (effectiveness), and safety are determined. This can take years to accomplish. So, when you read about new findings or discoveries it is important to know at which level the data is being reported: in vitro, in vivo, or human clinical trials.

What has really advanced prostate cancer research is that there several human tumor models, ie., LNCaP, CW 22, Du 145, PC-3, LuCAP, etc., that can be studied both in vitro and in vivo. This has opened the door to a much better understanding of prostate cancer. Also, there is much more scientific interest and research effort on prostate cancer. Not many years ago less than 1% of research presentations at the AACR were on prostate cancer. My estimate at this year's meeting was that about 20% of the research papers were on prostate cancer - a major advance.

So much for the introduction! I am still translating the findings of the AACR meeting, so I will have to continually update you while I work at translating the data. Subject headings will include: clinical trials, phytochemicals, antiangiogenesis, biomarkers, cell signaling, radiation, bone metastases, Cox-2 inhibitors, metronomic therapy,

immunotherapy., etc. I will refer to the data as in vitro, in vivo, or human clinical trials.

1. **Green Tea** (*Camellia Sinsensis*) is produced from an evergreen shrub of the Theaceae family. Green tea contains polyphenols (a kind of chemical that - at least in theory - may protect against some common health problems and possibly certain effects of aging) that have demonstrated anticancer activity in vitro and in vivo. There were five presentations on green tea, four in favor (useful) and one clinical study that did not demonstrate useful anticancer activity. I will report on the clinical trial first. This was a phase 2 trial with 48 participants at 22 different sites (institutions) around the country. The patients were asymptomatic with a rising PSA while on hormone blockade (presumed androgen independent). They were required to stop their antiandrogen (such as Flutamide, Casodex), but stayed on LHRH agonist Lupron, or Zoladex. They were given 6 grams of Lipton green tea to imbibe orally on a daily basis. A 50% decline (clinical response) of PSA was observed in only 4% of those studied. The levels of serum and urine polyphenols were not measured, so in my opinion the trial was of limited value. In four other papers - in vitro studies - EGCG extract from green tea induced Apoptosis (programmed cell death) in LNCaP human prostate cancer cells by decreasing the tumor cell survival oncoprotein bcl-2. In another presentation green tea inhibited COX-2 in androgen insensitive PC-3 and LNCaP-R human tumors. COX-2 is thought to stimulate tumor growth and blood vessel formation. Also green tea inhibited in vitro VEGF (vascular endothelial growth factor) which is secreted by tumors to stimulate the growth of blood vessels. An additional presentation found that green tea without caffeine was much less effective. Caffeine alone did not inhibit prostate cancer in vitro. This appears to be a case of synergy between two unrelated elements to induce an ideal effect, ie. tumor inhibition. There are many scientific publications relating to the efficacy of green tea in inhibiting prostate cancer. Overall we may conclude that green tea is safe to imbibe, but we need further studies on humans to determine its usefulness in the management of prostate cancer. This would be a good subject for a patient directed clinical trial with

evaluation of serum and urinary levels of tea polyphenols and serum PSA.

2. **Endocrinology** There were numerous papers of special interest to prostate cancer patients. First a paper on the effect of B-Estradiol on androgen dependent and independent prostate cancer. This was an in vivo study. B-Estradiol administered to androgen dependent tumors caused a decrease in PSA, but no decrease in tumor growth. B-Estradiol given to androgen independent tumors resulted in a marked decrease in tumor growth with a accompanying, concomitant decrease in PSA. This research may explain why the administration of estrogens caused a decrease in growth of prostate cancer in some patients with no effect on others. Another very interesting study looked at the effect of androgen withdrawal on normal human prostates. This was an in vitro study. With androgen removal the explants (whole pieces of tissue bathed in artificial media) decreased in size compared to explants exposed to androgens. The androgen used in this study was synthetic testosterone. Exposure to high doses of androgens caused a decrease in growth. Interestingly, those explants deprived of androgens first decreased in size and then grew very rapidly. This study may serve as a very useful model to study the confusing results on patients with long term androgen deprivation. This research suggests that high levels of testosterone may inhibit the normal prostate gland and that removal of testosterone could result in rapid cell growth, a situation which may be seen with prostate cancer. An additional paper on the use of Raloxifen a SERM (selective estrogen receptor modifier) resulted in dramatic cell death by apoptosis in three androgen independent human cell lines, PC-3, PC-3M, and Du-145. This is very exciting since at the present time there are very few treatment options for androgen independent prostate cancer.

3. **Bone metastasis** A study on the bisphosphonate, Zometa has shown that it causes release of Cytochrome-C in prostate cancer cells and induces cell death by apoptosis. This is a most welcome finding for those of us with skeletal metastasis. This was an in vitro study. Another very exciting paper was on the use of Doxycycline, an antibiotic in reducing tumor burden in

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the skeleton with breast cancer. A 70% reduction of tumor was observed. This was an in vivo study with breast cancer but we should pay close attention to breast cancer research since many similarities exist. The use of Zometa, in my opinion, is one of the most important improvements in the clinical treatment of skeletal metastasis and may in the near future be used as a preventative of this dreaded condition. The addition of Doxycycline, an antibiotic, may enhance treatment outcomes.

4. **PC SPES** There were 6 papers on PC SPES (an herbal mixture which was permanently removed from the market earlier this year). The first was presented from an organization known as Rational Therapeutics with collaboration of Palacky University in the Czech Republic. Lots of PC SPES produced between 1996 to 2001 were evaluated. They observed that lots produced from 1996 to 1999 contained trace amounts of Indomethacin, and Diethylstilbesterol (DES). In subsequent lots both Indomethacin and DES declined but from 1999 to 2001 lots contained significant amounts of Warfarin. Their recommendation was that hematological monitoring appears to be advisable. Two papers presented data that PC SPES suppresses alpha and beta Tubulin so it may inhibit the effect of Paclitaxel which stabilizes microtubules. Microtubules are the skeletal structure of cells. Both stabilization or inhibition may aid in tumor inhibition but trying to do both at the same time would be counterproductive. Another paper compared PC SPES to Equigard which is a dissimilar mixture of herbs and found it downregulated both PSA

and androgen receptor as well as increased prostate cancer cell death by apoptosis. This was an in vitro study. A paper was presented that one of the elements in PC SPES, Baicalin (Scutelleria) suppresses prostate cancer cells. Finally, a component identified as Ordinin which induces growth inhibition in a wide variety of human cancer cells including prostate cancer was isolated from PC SPES. Overall it appears that the scientific

**NEWS YOU CAN USE**

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journal Cancer, androgen-deprived men reported more concerns regarding body image, less energy, more worries about cancer and dying, perceptions of their psychological well being, perceptions of their general health and activity index. In addition, the majority of androgen-deprived men (69 percent) reported they had no days of feeling a sexual drive compared to only 29 percent of nonandrogen-deprived men. Researchers from the Univ of Massachusetts and Mass General Hospital note that a possible explanation for the lower quality of life reports is men who had a recurrence of their prostate cancer might have reported lower quality of life because of the cancer itself, rather than the effects of androgen deprivation. Researchers add androgen-deprived men were less likely than nonandrogen-deprived men to report they were told, at the time of the initial prostate surgery, that all the cancer had been removed by the surgical procedure (73 vs. 94 percent). Those men currently being treated with androgen deprivation were more likely to have received radiation therapy in addition to surgery (36 percent vs. 13 percent). Approximately 16 percent of androgen-deprived men reported receiving radiation therapy within 6 months of their surgery compared to 19 percent who received radiation therapy later. However, researchers say nonandrogen-deprived subjects were twice as likely not to know their PSA, or prostate-specific antigen, levels compared with those who were androgen-deprived (33 vs. 15 percent).

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**PROSTATE CANCER PATIENTS  
 BENEFIT FROM INCREASED  
 RADIATION DOSE**

*International Journal of Radiation Oncology, Biology and Physics - 08/02*  
 Increasing the amount of radiation certain prostate cancer patients receive can improve their chances of a cure. The study is a scheduled analysis of a randomized radiotherapy dose escalation trial undertaken between 1993 and 1998. At a 60-month follow-up, researchers found that intermediate-to-high risk patients

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**"LIVING WITH PROSTATE CANCER:  
 KNOW YOUR OPTIONS"**

**September 20, 2002, 12:30 - 1:30pm ET**

ABOUT THE PROGRAM:  
 This is an opportunity for patients in your community living with prostate cancer to learn more about the latest treatment options available to them. The program will look at the surgical techniques, radiology treatments, hormone therapy and new developments that are making a difference in men's lives.

WHO SHOULD ATTEND:  
 Patients living with PCa and their caregivers

PANEL:  
 Sam D. Graham, Jr., MD  
 Clinical Professor of Surgery (Urology)  
 Medical College of Virginia  
 Virginia Commonwealth University  
 Richmond, VA  
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 Urologist TBA  
 Virginia Urology Center  
 Richmond, VA

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community is quite interested in the effects of herbal mixtures on inhibiting cancer growth.

The above very brief observations illustrate some of the exciting data presented at the AACR. I believe what we see unfolding at this meeting points to what will happen in clinical (applied) medicine in the near future. I will continue to review my notes and observations made at the AACR with further reporting

**MAKING LOVE AGAIN:  
DISCOVERING TRUE  
INTIMACY WHILE LIVING  
WITH IMPOTENCE**

For most couples, sexual relations is a key part of intimacy. So, when impotence or other sexual dysfunction enters the picture, how can couples keep from drifting apart? As familiar ways of sharing and communicating flounder, both partners usually feel lost and alone as they struggle—separately and together—to redefine their relationship.

Virginia and Keith Laken’s ideal marriage of 25-plus years was threatened when their old ways of communicating and making love began to fail when Keith faced prostate surgery at age 49. In *Making Love Again: Hope for Couples Facing Loss of Sexual Intimacy* (©2002, \$24.95 HC, [www.anthillpress.com](http://www.anthillpress.com)), the Lakens share openly and honestly their years of fears and relief, tears and laughter, shutting down and opening up, and dealing with it all together.

Since impotence affects more than 30 million men—and their partners—in the United States each year, the problem of couples needing to redefine their intimate connections is far-reaching. Additionally, when female dysfunction statistics are combined with those for male impotence, the results indicate that HALF of all men and women between 40 and 70 years of age are affected! Whether the sexual dysfunction is temporary or permanent, and no matter if the cause is diabetes, prostate cancer, an injury, psychological problems, or the side effects of medication, affected couples must learn anew how to communicate on many levels.

The compelling personal account of the Lakens’ struggles with impotence can help anyone trying to understand this condition’s affect on much more than just a couple’s love life. “Anger, discouragement, low self-esteem—they’re all part of the emotional free-for-all caused by sexual dysfunction, which can wreak havoc on more than just a couple’s bedroom morale,” point out the editors of *Health* magazine in their May 2002 issue. The Lakens take a frank look at how his

prostate surgery affected their relationship—and how they coped—from both sides of the bed.”

In their book, Virginia and Keith lay bare their personal thoughts and feelings on both the physiological and psychological challenges they faced. Readers follow the Lakens’ journey from the frightening diagnosis and the decision to have surgery through the weeks of recovery. Later there is experimenting with new ways to satisfy one another sexually, and Keith’s struggle to redefine him-self as a man both at home and at work. Their poignant story is made all the more real through many of their actual journal entries shared throughout the book.

Virginia and Keith say they are now more focused and intentional about making love, wanting each and every experience to be as interesting and exciting as possible. Today they follow three simple dictums—be supportive, never stop making love, and keep talking.

*Making Love Again* proves that it is possible to break free of one’s preconceived ideas about intimacy and sex. The Lakens hope others will learn from their experience that to overcome impotency couples should continue to make love—in whatever form that lovemaking may take.

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Four important focus points for those dealing with sexual dysfunction:

1. Accept your partner’s fears, even despair, about impotence as normal, not just “male vanity.” For most, sex is an essential component of the overall quality of life. Tell your soul mate that his loss is a loss to you as well.
2. Communicate. Silence is damaging. Candidly sharing information is enormously beneficial and an essential part of the healing process.
3. Recognize the need to treat the mind as well as the body. Seek help from support groups & mental health experts.
4. Be careful not to misjudge and under-estimate the stress of the

moment. Emotional states can swing from high to low unexpectedly, especially during the first year of recovery. Attempts at dealing with the situation with humor in the early stages of recovery can often backfire.

**DIET MAY PREVENT PCA**  
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studies suggesting that dairy products or calcium-supplement intake are associated with risk. Some scientists hypothesize that a high intake of calcium may suppress blood levels of the active form of vitamin D, a hormone that may protect against prostate cancer by preventing the development of cancerous cells.

The only dietary risk factor that appeared to carry equal weight among men with both early and advanced prostate cancer was the amount of total calories consumed, regardless of fat. Men who ingested the most calories each day more than doubled their risk of localized prostate cancer (a 115 percent increased risk) and nearly doubled their risk of advanced prostate cancer (a 96 percent increased risk) compared to men who ate the fewest. “Our interpretation of these results is that high energy intake increases prostate cancer risk overall, while high dietary fat and calcium intakes increase the risk of more clinically significant, advanced stages of the disease,” the researchers wrote. One important implication of this research, Kristal said, is that men who have been diagnosed with early-stage prostate cancer may benefit from a diet low in fat and calories.

Specific recommendations for calcium consumption are more complex, because calcium also helps prevent osteoporosis and colon cancer. The U.S. Recommended Daily Intake of calcium for men over age 50 is 1,200 mg. While the most well-known dietary sources of calcium include milk, dairy products, salmon and dark, leafy greens, men - particularly those taking calcium supplements - also should be aware of the additional calcium content in fortified foods, from cereals to juices. A small bowl of fortified cereal, for example, can contain up to 1,000 mg of calcium. “Men diagnosed with early-stage prostate cancer may wish to moderate their calcium intake, though the optimal level is simply not known,” Kristal said. “Much more research is needed on factors that may prevent cancer recurrence in men treated for early-stage disease.”

## PCA LOSES A STRONG VOICE *Roy Nixon*

It is with great sadness that we record the passing of Roy Nixon who founded one of the first PCa Support groups in England. The occasion is made even sadder by his young age. Although first diagnosed with metastatic PCa at age 45, he survived for over a decade, through a combination of conventional and alternative means.

Throughout that period, he worked tirelessly both to raise awareness on a national level and to develop a network of PCa support groups throughout the North of England. He provided one-on-one support and advice to thousands of men, to whom Roy's very survival served as an inspiration.

Roy's profession as a Probation Officer made him well suited to helping men in adversity and few were his equal in this, his great endeavor. So, while we could all wish that Roy could have had more time to continue his great work, we must rejoice in the knowledge that so much of his life was devoted to the most noble of pursuits - that of helping others. In this, of course, Roy's wife, Glenys was his equal in compassion and determination, for which we send our heartfelt thanks. You were a great team.

"Roy Nixon. What a splendid man - it was a privilege to know and work with you!"

### **Roy Bradbrook**

Us Too! Regional Director / Liaison to the U.K.

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It has been my honour and great privilege to have known Roy for the past three years, whilst I have been Patron of the Association. In a very short time, I realised that Roy was a man of immensely strong character, a very sympathetic man, with a powerful drive and total dedication, to the welfare of other cancer sufferers. Roy's dedication was unquestionably detrimental to his own health but at no time did he complain, nor did he cease to work tirelessly for the cause.

Roy guided me through the politics of the Association and helped me in medical matters, that have become so much a part of my crusade. Roy was always there to advise and make suggestions, to improve my various awareness programmes. I and all those who work so hard in the support associations will desperately miss Roy's

wisdom, his drive, his determination and above all we sadly miss a true and loyal friend. Likewise all those people who Roy has helped and unquestionably saved so many lives, will be so deeply saddened by his premature departure.

### **Major Ronald Ferguson**

Father to Sarah Ferguson / Dutchess of York  
Patron - PCa Support Association  
Patron - PCa Support Assoc - North of England  
Patron - PCaSO PCa Support Organisation

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"Beacons" provide guidance, hope and inspiration, to all who may be lost in darkness or despair. Roy was surely a Beacon in our world. Yet never did he bask in his own light. It has been a unique privilege and honour, having Roy as my mentor, co-worker and above all, a really true and dependable friend.

Surviving 12 years, with advanced prostate cancer, that same determination allowed him to overcome many other adversities that seemed intent on impeding his vision of a better world for prostate cancer patients. In all those years, aided by his wife Glenys, his knowledge of our disease grew. We should be grateful to him that he chose to devote this knowledge, his time and effort to helping countless patients and families, putting everyone before himself. With great dignity and understanding, he embraced and practised the ethos "Caring is Sharing" with all who sought help. He has been a constant source of kind and considerate support, to countless patients and families helping them to dispel the greatest enemy, "Fear of the Unknown."

His survival became a source of inspiration and hope to all and will always remain so, for future generations. Roy was a man of dedication, high integrity and was greatly respected by the medical profession, which in turn brought credibility to his work.

As the UK Director for *Us Too!*, he broadened our knowledge, ensuring we had access to the latest information. Roy was instrumental in forming the group in the North West of England, the largest in the UK. He was the co founder of the Coalition against Prostate Cancer, which was instrumental in bringing fundamental changes to the UK's prostate cancer health policy. Indeed, our world has been enriched by his presence and many ventures bear his hallmark of success.

What better tribute to Roy, than his own words, from an article he wrote in 1995. "Dealing with cancer has left me a much more rounded person and happier for it. As well as pain, there has been a great deal of joy and for me it has been a time of

opportunity. My life is now completely different. I have reached a decision that for me, life before death is a reality"

Let everyone benefit from the Roy's legacy.

### **David G Rowlands**

Chairman PCaSO - PCa Support Org.

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## NEWS YOU CAN USE

(continued from page 6)

benefited from an 8 Gy dose increase, but also suffered more side effects than earlier analyses had revealed. The original study was designed to compare the efficacy of 70 versus 78 Gy in controlling prostate cancer. A total of 305 Stage T1-T3 patients were entered into the trial and, of these, 301 were assessable at a 60-month follow-up. The distribution of patients by randomization arm and stage, Gleason score and pretreatment PSA level was even. The primary end point was freedom from failure (FFF), including biochemical failure, which was defined as three rises in PSA level. The FFF rate for the 70 and 78 Gy arms at six years was 64 percent and 70 percent, respectively. Dose escalation to 78 Gy preferentially benefited those with a pretreatment PSA greater than 10 ng/mL; the FFF rate was 62 percent for the 78 Gy arm versus 43 percent for those who received 70 Gy. For patients with a pretreatment PSA of less than 10 ng/mL, no significant dose response was found, with an average six-year FFF rate of about 75 percent. The side effects as a consequence of dose escalation were not insignificant. Although side effects related to dose were not observed in a previous preliminary report of this trial, the current report demonstrates that the incidence of rectal side effects was significantly greater in the 78 Gy group. The Grade 2 or higher toxicity rate at six years was 26 percent for the 78 Gy arm, and 12 percent for the 70 Gy arm. Grade 2 or higher bladder complications were similar at 10 percent. "It is now clear that patients at intermediate-to-high risk should be targeted for dose escalation," said Alan Pollack, M.D., Ph.D., Chairman of Radiation Oncology at Fox Chase Cancer Center and lead author of the study. "With regard to the side effects patients experienced, it is important to note that the radiation therapy techniques used in the original trial several years ago are antiquated compared to the methods in use today. Using conformal or IMRT techniques from the beginning of treatment and minimizing exposure of the bladder and rectum appropriately should dramatically reduce side effects."