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PROSTATE CANCER  
EDUCATION & SUPPORT

# HOTSHEET

October 2007

## CMS PROPOSAL WOULD VIRTUALLY ELIMINATE MEDICARE CLINICAL TRIALS COVERAGE

On July 19, the Centers for Medicare & Medicaid Services (CMS) issued a proposed decision memo that would dramatically alter Medicare coverage for participation in clinical trials. Existing Medicare coverage, established in September 2000, provides automatic coverage for participation in trials that are funded by the federal government or under the review of the U.S. Food and Drug Administration (FDA).

The proposed policy would rescind this automatic or deemed coverage and require that investigators seeking Medicare coverage certify to CMS that the research study meets 13 scientific and technical standards. CMS would then “notify beneficiaries, providers, and practitioners of those research studies that have certified compliance.”

ASCO submitted comments strongly opposing this proposed policy change to CMS on August 8. ASCO firmly believes that the burdensome, duplicative, and impractical certification process will discourage provider participation in clinical research and greatly add to its cost, while providing

*(Continued on page 4)*

## STATINS MAY HAVE NO EFFECT ON PROSTATE CANCER RISK

Statins do not appear to have a clinically significant effect on circulating androgen levels and are therefore unlikely to affect prostate cancer risk through a hormonal mechanism, according to data published in the August issue of *Cancer Epidemiology, Biomarkers & Prevention*.

Recent epidemiologic analyses suggest that in addition to lowering cholesterol, statins might also prevent cancer, but results are inconclusive. Some studies show no protective effect at all, while a recent large cohort study found that men who used statins had a substantially reduced risk for metastatic or aggressive prostate cancer. The reduction in risk was strongly associated with duration of statin use.

“The research our team did may inform the debate over statins and prostate cancer but does not resolve it,” explained lead author Susan Hall, PhD, a research scientist from the New England Research Institutes, in Watertown, Massachusetts. “We did not study prostate cancer as an outcome directly — we studied a hypothesized biologic pathway between statins and prostate cancer.”

*(Continued on page 4)*

## STRESS MANAGEMENT BEFORE PROSTATECTOMY CAN IMPROVE OUTCOME

A new study shows that even a brief pre-surgical stress-management intervention can go a long way in helping men undergoing radical prostatectomy. Reporting at the recent American Society of Clinical Oncology 43rd Annual Meeting, researchers demonstrated that intervention improved quality of life 6 and 12 months after the procedure. “We previously reported on the short-term benefits in reducing mood disturbances before and after surgery,” lead author Lorenzo Cohen, PhD, from the University of Texas MD Anderson Cancer Center noted during his presentation.

In this latest randomized trial, the group looked at 158 men scheduled for radical prostatectomy. Patients were randomly assigned to 1 of 3 groups. Men in the stress-management group were asked to discuss their fears and concerns about the upcoming surgery and were taught diaphragmatic breathing, guided imagery, and adaptive coping skills and were given imaginal exposure to the day of surgery.

Men in the supportive-attention group discussed their fears and concerns about the upcoming surgery and under-

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## FIRST BIOMARKER DISCOVERED THAT PREDICTS PROSTATE CANCER OUTCOME

Mayo Clinic researchers have identified the first immune molecule that appears to play a role in prostate cancer development and in predicting cancer recurrence and progression after surgery. The report on the B7-H3 molecule by Mayo Clinic Cancer Center appears in Cancer Research.

“This discovery will allow physicians to individualize treatment and observation plans for prostate cancer patients,” says Timothy Roth, MD, a Mayo Clinic urology resident and lead author of the study. “Being able to tell a patient his specific risk after surgery, and perhaps even prior to surgery, will be a huge step forward.”

Until now there were no strongly-predictive molecules for prostate cancer. The most notable other prostate biomarkers, prostate-specific antigen (PSA), and prostate-specific membrane antigen (PSMA) are useful to diagnose prostate cancer. However, PSA tends to leave prostate cancer cells and migrate throughout the body, making it a poor target for therapy.

### New research

In this study, Mayo researchers demonstrate that nearly all normal, pre-malignant and cancerous prostate cells have B7-H3 on their surface. Unlike PSA, B7-H3 stays attached to the surface of prostate cancer cells and does not appear to migrate, thus making B7-H3 a particularly attractive target for therapy. The researchers believe B7-H3 kills or paralyzes immune cells that are trying to attack the cancer.

Their findings indicate that B7-H3 may prove useful as a diagnostic, prognostic and even therapeutic tool because it is stably or increasingly displayed by prostate cancers as they develop -- even after initiation of hormone therapy, which is the most common treatment for advanced prostate cancer.

The physician-research team examined tissue from 338 consecutive patients who had cancers confined to the prostate and were treated exclusively with a radical prostatectomy (surgery to remove the prostate) between 1995

and 1998. All tumors and precancerous tissues displayed B7-H3, but patients with the highest levels of B7-H3 within their prostate tumors (19.8 percent) were four times more likely to experience cancer progression compared to those with weak levels of B7-H3 in their tumors. Moderate levels of B7-H3 also correlated with a slightly higher risk of recurrence (35 percent).

“Because B7-H3 is present in all prostate cancer tumors, and marked levels predict recurrence, we are able to forecast with much greater certainty the likelihood of cancer progression, regardless of therapeutic intervention,” says Eugene Kwon, MD, a senior investigator and urologist at Mayo Clinic.

For some patients, a ‘watchful waiting’ clinical approach is sometimes used to manage prostate cancer prior to resorting to therapy to see if the cancer becomes increasingly aggressive. The researchers say that the evaluation of B7-H3 levels in prostate biopsies from patients may soon help to determine which patients may bene-

*(Continued on page 5)*

## FREE CONFERENCE CALL OCT 30: INTIMACY & PROSTATE CANCER

*Supported by a generous contribution from American Medical Systems*

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### **TO PARTICIPATE IN THE CALL:**

On October 30th please dial the toll-free number listed below to listen to, or participate in, the program.

**Date:** Tuesday, October 30th

**Times:** 9pm Eastern, 8pm Central, 7pm Mountain, 6pm Pacific

**Dial in #** (toll free): 1-800-500-0311

## IMPROVED PREDICTION OF PROSTATE CANCER RECURRENCE THROUGH SYSTEMS PATHOLOGY

Aureon Laboratories and their collaborators announced the publication of their 'Systems Pathology' model for predicting PSA recurrence in the Journal of Clinical Investigation (JCI). The article supports the Prostate Px® prognostic test that provides patients and physicians a personalized estimate of their risk for prostate cancer recurrence following removal of the prostate.

The JCI article, available online and in print on July 16th, reviews data obtained in a cohort of 850 men with prostate cancer. Aureon scientists used machine learning tools to develop a model based on clinicopathological variables, histologic tumor characteristics, and cell-type specific protein biomarker quantitation.

The study found that high levels of androgen receptor were associated with a shorter time to PSA recurrence. Aureon's System Pathology approach is the foundation of their technology platform, Prostate Px. Prostate Px, in conjunction with traditional methods of disease analysis, can provide valuable insight when making post-operative therapy decisions.

*Aureon Laboratories, 16 July 2007*



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

**"Hey I got a good joke for you, do you hear about the weight loss pill that was safe, fairly inexpensive, and actually helped you lose weight!? Isn't that joke hilarious!"**

Mark A. Moyad, MD, MPH

University of Michigan Medical Center, Department of Urology

**Bottom Line: Stay away from most heart unhealthy weight loss pills and most other weight loss pills for that matter because most of them promised a lot, deliver little to nothing, and just plain stink (how do you like that for honesty)!**

The FDA approved the over the counter (OTC) sale of orlistat (Xenical®) for weight loss for adults this year. The drug was initially approved in 1999 as a drug to treat obesity at a higher dose than the over the counter version. This form of OTC orlistat is now sold under the name "Alli" and will be indicated for adults age 18-years or older along with a low-calorie, low-fat diet, and exercise.

The drug works by reducing the intestinal absorption of dietary fat. The 60 mg capsule can be ingested up to 3 times a day with each fat-containing meal, but the company also recommends taking a multivitamin in the evening because of the concern with an additional loss of vitamin and mineral absorption. Bowel problems are the most common side effect, which include loose stools, but eating a reduced fat diet could reduce the risk of this side effect. Individuals that have had an organ transplant should not take the OTC medication because of potential drug interactions. Individuals on blood thinning medication or those being treated for diabetes and thyroid disease should also talk to the doctor about whether or not it is safe to take this medication.

This drug has not been without a lot of controversy. When the FDA panel originally agreed to allow the over the counter sale of this drug there was some concern by a number of advocacy groups. This pill as a prescription was not exactly a blockbuster drug and the results for weight loss were not very impressive, and the OTC amount is less than the prescription amount. Also, the side effects associated with this drug were well-known by many

patients. Finally, the cost could be as much as 2 bucks a day! Also, just reducing fat intake is not necessarily healthy, and it seems smarter to eat certain healthy fats as most nutrition experts recommended.

Regardless, this drug has garnered a lot of attention and may help some individuals that need a little help to jumpstart their weight loss program. However, I am simply not impressed overall! A few months ago the blockbuster drug known as "Accomplia" was supposed to be approved but it apparently increased the risk of depression so the FDA is not likely to approve it.

Remember ephedra? It was the primary ingredient in some of the best weight loss dietary supplements but the FDA found that it increased the risk of cardiovascular disease so it was banned! Meridia is not a bad prescription drug and should probably be used more often but it has some blood pressure increasing issues in some patients! Pfizer has a pill but it has not yet gone to the FDA.

What the heck are we supposed to do because carrying a lot of weight with or without prostate cancer is not a good thing!? Well, we will cover this in the next issue, but it seems that fish oil pills in moderation and exercise may potentially help reduce some weight but this is preliminary. Regardless, at least if your doctor approved of one or several fish oil pills daily it seems to be heart healthy.

We will go over the fish oil study in the next issue and other weight loss pill advice and this will force you to read the column again! I know, it is a pathetic attempt to maintain interest in my column, but you got to admit it works quite well!

#### Reference:

-FDA approves orlistat for over-the-counter use, accessed March 9, 2007, <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01557.html> P07-15, 7 February 2007.

**STATINS AND PROSTATE CANCER RISK** *(Continued from page 1)*

“The study results may help inform theories on how statins may protect against prostate cancer by suggesting that any protective pathway, if it exists, is not through androgen suppression, although further studies should be done,” Dr. Hall told Medscape.

To date, there have been no epidemiologic studies that examined the effect of statin drugs on circulating androgen levels. Dr. Hall and colleagues investigated the hypothesis that statin use might reduce serum androgen levels and their carrier protein, sex hormone-binding globulin (SHBG). The researchers evaluated data from the Boston Area Community Health Survey, a population-based, cross-sectional epidemiologic study funded by the National Institutes of Health containing data collected between 2002 and 2005.

There were 1,812 men who met the inclusion criteria for the study, and of this cohort, 237 (12.4%) used statins. The most commonly used statin was atorvastatin (73.4%), followed by simvastatin (16.4%), pravastatin (5.1%), lovastatin (2.7%), fluvastatin (1.9%), and rosuvastatin (1.3%).

As compared with the rest of the cohort, the average statin user was older, had higher body-mass index, and had more comorbidities such as diabetes, hypertension, and cardiovascular disease. They also tended to be using more prescription medications.

The researchers were unable to find a relationship between statin use and serum total testosterone, free testosterone, dehydroepiandrosterone sulfate, luteinizing hormone, and SHBG, which was measured in all study participants. Even though they did initially observe a significant association between statin use and total testosterone, it was not sufficiently robust after they controlled for covariates such as age, body-mass index, time since awakening, and a history of cardiovascular disease and diabetes.

“We found that the effect of statins on total testosterone in our study was small and not significant and could be explained mainly by the presence of other risk factors for low testosterone,” said Dr. Hall. “The most important risk factors in our study were lar-

ger body size, diabetes, and heart disease. In other words, being on statins was a marker for having other risk factors for low testosterone. People with diabetes are more aggressively treated with statins, for example.”

An association between SHBG and statin use was noted, even after covariates were controlled for. SHBG levels in men using statins were 11% lower than those in nonusers. While a direct effect of statins on SHBG metabolism in this study cannot be entirely ruled out, they note that statin trials have not demonstrated any effect on SHBG levels in men with dyslipidemia.

“The public health significance of the study is that it provides some reassurance that statins may not have a large significant impact on serum androgens in community-dwelling men, although further studies should be done,” said Dr. Hall. “Statins are the most commonly used prescription drug in the world, and the use is long-term; the evidence for or against an impact on prostate cancer is still accumulating, and further work needs to be done.”

*Cancer Epidemiol Biomarkers Prev* 2007; 16:1587–1594 (abstract).

*Medscape Medical News*, 16 August 2007

**CMS PROPOSAL**

*(Continued from page 1)*

no tangible benefit. It also will likely result in fewer Medicare beneficiaries participating in clinical trials – compromising the overarching goals of the clinical research policy that CMS reaffirmed in its July 2006 reconsideration announcement.

In large part, the certification process is duplicative of what research institutions already must provide to other Federal agencies and institutional review boards (IRBs). In addition, many of the criteria are unworkable.

ASCO encourages its members to submit comments in opposition to the proposed policy. Comments can be submitted through August 18. (Click on the orange "Comment" link at the top right of the page.) If you have questions about the proposed policy, contact ASCO at <researchpolicy@asco.org> or call (703) 519-2929.

*ASCO Cancer Policy*, 9 August 2007

**STRESS MANAGEMENT**

*(Continued from page 1)*

went a semi-structured interview. This group and the stress-management group met with a clinical psychologist twice before surgery and were given another brief session just prior to their operation and again before they were discharged from hospital.

Men in the usual-care group had no such interventions or meetings with a psychologist. All patients completed psychosocial and quality-of-life measures, which included additional information on distress and intrusive thoughts. These measures were taken at baseline, 6 months, and 12 months.

The researchers controlled for race as well as age, baseline prostate-specific antigen, stage of disease, Gleason score, and baseline measures.

Post hoc analyses revealed significantly higher SF-36 Role Physical (RP) scores for the stress-management group compared with the usual-care patients (86 vs. 63). The comparison between the stress-management patients and the supportive-attention group was less dramatic, but there was benefit for both (86 vs. 73). The researchers reported that mixed model analyses revealed a significant group main effect for SF-36 RP (P = 0.01).

The investigators also reported a group by time effect for general health scores. They showed that by 12 months after surgery the stress-management (74) and the supportive-attention (76) groups both reported higher general health scores than the usual-care group (68). There were no group differences on any of the other outcomes.

“Results suggest that even a brief pre-surgical stress-management intervention is beneficial in terms of improving aspects of quality of life 6 and 12 months after radical prostatectomy,” Dr. Cohen and his team conclude. They suggest that adopting such interventions may well improve outcomes.

Abstract number 5148, presented on June 3, 2007 at the American Society of Clinical Oncology (ASCO) 43rd Annual Meeting in Chicago, IL.

*Medscape Medical News*, 13 July 2007

## RED WINE COMPOUND SHOWN TO PREVENT PROSTATE CANCER

Researchers at the University of Alabama at Birmingham (UAB) have found that nutrients in red wine may help reduce the risk of developing prostate cancer.

The study involved male mice that were fed a plant compound found in red wine called resveratrol, which has shown anti-oxidant and anti-cancer properties. Other sources of resveratrol in the diet include grapes, raspberries, peanuts and blueberries.

In the study resveratrol-fed mice showed an 87 percent reduction in their risk of developing prostate tumors that contained the worst kind of cancer-staging diagnosis. The mice that proved to have the highest cancer-protection effect earned it after seven months of consuming resveratrol in a powdered formula mixed with their food. Other mice in the study, those

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### ATTENTION: MILITARY AND FEDERAL EMPLOYEES



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## B7-H3 BIOMARKER

*(Continued from page 2)*

fit from a watchful waiting strategy versus early aggressive treatment.

The study also points to B7-H3 as a potential therapeutic target for the clinical management of prostate cancer. "It is heavily present on the surface of prostate cancer cells, unlike [prostate-specific antigen] PSA, which is the normal marker of prostate cancer," said Dr. Kwon. "PSA is produced by the cell but then floats away from the cell and is not attached to the membrane. It would misguide the immune system away from the tumor."

In contrast, he continued, "B7-H3 is found on the surface of nearly all tumors cells. Since it has been implicated as a potential inhibitor of the immune system, it can be speculated that by blocking B7-H3, it may be possible to facilitate a potent post-immune response directed against the tumor."

Dr. Kwon and colleagues are continuing their research with the B7-H3, and a number of studies are already ongoing and in the planning stages. These molecules may also lend further insight into how malignant tumors evade the body's immune system.

To understand how B7-H3 affects the immune system, and whether a mutation of B7-H3 is involved in the anti-immune activity, Mayo is planning clinical trials for a number of cancers in late 2008. Researchers are currently developing the necessary therapeutic antibodies to be used in these studies. Investigators expect that clinical laboratory tests for the B7-H3 proteins may become available at Mayo to assist with the assessment of patients with kidney cancer by late 2007 or early 2008, and then for prostate cancer patients shortly thereafter.

This research was supported by The Richard M. Schulze Family Foundation, The Commonwealth Foundation for Cancer Research, The Helen and Martin Kimmel Foundation, and by the National Institutes of Health and the Department of Defense.

*Science Daily, 15 August 2007  
Medscape Medical News, 20 August 2007*

## MORE FREQUENT PROSTATE TESTS DIDN'T REDUCE DEADLY TUMORS

More-frequent screening for prostate cancer didn't reduce the number of tumors of the most deadly type detected between scheduled tests, according to a study that adds to the debate over how frequently men should be examined. Checking patients through a blood test every two years instead of every four failed to lower rates of aggressive prostate cancers, a European study, released yesterday in the *Journal of the National Cancer Institute (NCI)*, found.

The routine blood tests for prostate-specific antigen, or PSA, are controversial because a positive result can lead to unnecessary treatments for people with benign tumors. There will be an estimated 218,890 new cases of prostate cancer in the US this year and 27,050 deaths, according to the NCI, a government agency.

"In most countries where PSA testing is advocated, annual testing is recommended," wrote one of the authors, Monique J. Roobol, of the Erasmus Medical Centre in Rotterdam. "With the present results, it does not seem justified to recommend annual PSA testing except in men at high risk."

While more frequent screening didn't improve detection of the most aggressive forms, the testing found more prostate cancers overall, the researchers found. Over 10 years, the incidence of prostate cancer was 13 percent among men screened every two years, compared with 8.4 percent screened every four years.

The study analyzed data for men older than 55 from medical centers in Gothenburg, Sweden, where 4,202 patients were tested every two years, and in Rotterdam, where 13,301 were screened every four years. Researchers compared the number and characteristics of "interval" prostate cancers -- those diagnosed based on symptoms during the time between screenings.

"Although many of us believe that early detection is saving lives, defini-

*(Continued on page 8)*

## EXTERNAL RADIATION AND BRACHYTHERAPY EFFECTIVE FOR HIGH-RISK PROSTATE CANCER

High tumor control rates over the long term are possible with external beam radiation followed by brachytherapy in high-risk prostate cancer patients, according to researchers.

"These patients have been followed longer than any other treatment group reported in the prostate specific antigen era," lead investigator Dr. Michael Dattoli told Reuters Health.

"Moreover," he added, "the vast majority of the patients in this study group had extreme adverse features so that surgery would not have even been a treatment option -- certainly not a good option."

As described in the August 1st issue of *Cancer* (Vol. 110, pp. 551-5, 2007), Dr. Dattoli of the Dattoli Cancer Center, Sarasota, Florida and colleagues followed 119 intermediate-risk and 124 high-risk patients who had been treated by Dr. Dattoli between 1996 and 1998. All but 39 of the patients had at least one risk factor for extracapsular cancer extension.

Patients received pelvic 3-dimensional conformal external beam radiation followed 2 to 4 weeks later by implantation of palladium-103 seeds.

"Extraprostatic seed placement was routinely performed," and generous brachytherapy margins were used.

The median non-failing patient follow-up period was 9.5 years. Overall, actuarial freedom from biochemical progression at 14 years was 87% in patients with intermediate-risk disease and 72% in those with high-risk disease. "The absolute risk of failure decreased progressively and fell to 1% beyond 6 years after treatment," the team reports.

Despite perceptions that brachytherapy is inappropriate for patients at higher risk for extracapsular cancer extension, said Dattoli, "This series strengthens the rationale that brachytherapy-based treatment may be a desirable modality for such patients."

Incontinence, impotence and bowel problems occurred at low frequencies.

*Reuters Health, 27 Aug 2007*

## DOES USE OF HAIR-LOSS DRUG HINDER PROSTATE CANCER DETECTION?

A popular hair-growth drug may alter the accuracy of prostate cancer screening, say researchers. Propecia® appears to alter PSA levels in middle-aged men, possibly preventing the detection of the disease.

PSA is always present in men, but it tends to become elevated if prostate disorders including cancer develop. Thus, PSA testing has become a routine cancer screening, recommended to begin around age 40, when the risk of prostate cancer begins to increase. However, a recent study has shown that Propecia lowers PSA levels and can thereby interfere with the results of prostate cancer screening.

"For these men, the PSA needs to be corrected, of the detection of prostate cancer may not occur until it is more aggressive," said Anthony D'Amico, MD, lead study author from the Dana-Farber/Brigham and Women's Cancer Center in Boston, Massachusetts. For the study, D'Amico and colleagues looked at 355 men between the ages of 40 and 60, 247 of whom were given a low dose of Propecia for 48 weeks. PSA levels were measured before the study and once every 12 weeks.

By the end of the study, they determined that PSA levels dropped by 40 percent in men in their 40s and by 50 percent in the men in their 50s. Those not taking the drug had an average PSA level increase of 13 percent, relatively normal as PSA levels tend to increase with age.

Interestingly, finasteride, the active ingredient in Propecia, has also been used to treat prostate enlargement, but this is the first study to find that a very low dose of Propecia also impacts the prostate. D'Amico believes that people who take Propecia and other finasteride-containing drugs, such as Proscar® should receive more sensitive tests to detect prostate cancer if their PSA levels show even small increases.

The researchers recommend that men over the age of 40 be sure to inform their doctors if they are taking Propecia, and make sure that their PSA levels are adjusted accordingly.

*ProstateHealthNews, 15 August 2007*

## ANDROGEN DEPRIVATION THERAPY IN PROSTATE CANCER: 3 YEARS SHOULD REMAIN STANDARD

Three years of androgen deprivation therapy (ADT) is currently the standard adjuvant treatment following external-beam radiation for prostate cancer, and it should remain the standard, says Philip Kantoff, MD, from the Dana Farber Cancer Institute, in Boston, MA. He was commenting on a European trial that compared a shorter regimen of 6 months of treatment and failed to show non-inferiority.

The trial was presented at the recent American Society for Clinical Oncology (ASCO) 43rd Annual Meeting, in Chicago, Illinois, by Michel Bolla, MD, from the Centre Hospitalier Regional de Grenoble, in France. It was funded by the European Organization for Research and Treatment of Cancer and designated EORTC 22961.

The trial involved 970 men with locally advanced prostate cancer (median age, 69 years) who had received external-beam radiation therapy (up to 70 Gy) and were then randomized to therapy with a luteinizing hormone-releasing hormone (LHRH) agonist for either 6 months or 3 years.

At a median 5.2-year follow-up, 100 of the 483 patients receiving 6-month therapy had died, compared with 73 of 487 patients on 3-year therapy. An independent data monitoring committee recommended disclosure of results based on an interim analysis showing futility, Dr. Bolla told the meeting. The 5-year overall survival rate was 80.6% for the shorter regimen compared with 85.3% for the longer regimen (hazard ratio [HR], 1.43; 96.4% CI, 1.04 - 1.98). This "failed to prove non-inferiority," he said.

In addition, disease progression (mostly biochemical and/or bone progression) occurred in 159 of the 483 patients receiving 6-month therapy compared with 61/487 patients receiving 3-year treatment. The 5-year clinical progression-free survival rate was 68.9% with the shorter regimen compared with 81.8% on the longer regimen (HR=1.93), and the 5-year biochemical progression-free survival

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FROM THE DOCTOR: COMMENTARY ON SELECTED ARTICLES IN THIS MONTH'S *HOT SHEET*

By Gerald W. Chodak, MD

It is reassuring to see that after so many years of limited research in this disease, prostate cancer research is accelerating rapidly, both clinically and in the laboratory. And yet, the first article in this issue of the *HotSheet* could severely compromise that progress. It is time for all patients to write a letter criticizing the proposed decision by the CMS that may withhold paying for participating in prospective randomized trials. Researchers already struggle to complete good clinical studies in a timely manner; without enough financial support that task will become much more difficult. **Please send that letter!**

Two of the clinical reports this month involve radiation therapy. One extremely important study compared the use of 6 months vs. 3 years of hormone therapy in combination with external beam radiation. It found that the short-term treatment is not good enough. Around the country, the duration of hormone therapy when combined with XRT is very variable; too few patients have been receiving the optimal dose of hormones. All patients scheduled to receive radiation should carefully discuss the hormone regimen with their physician in order to avoid the possibility of under-treatment.

What about over-treatment with radiation?

**ADJUVANT ADT DURATION**

*(Continued from page 6)*

was 58.9% on the shorter regimen compared with 78.3% on the longer regimen (HR=2.29). Both of these findings point to inferiority of the 6-month treatment regimen, Dr. Bolla commented.

The results from this trial are likely to have an impact on clinical practice, says Kevin Kelly, DO, from the Yale Cancer Center, in New Haven, Connecticut. "It really establishes the standard for patients with locally advanced prostate cancer. Some previous reports suggested that 6 months of hormonal treatment might be enough. However, this trial provides some solid evidence that longer androgen deprivation therapy is better."

*Abstract # 5014, presented June 4, 2007 at the 43rd Annual ASCO Meeting*

tion? An uncontrolled study combining external beam radiation with brachytherapy suggests a low recurrence rate from the combination. Lacking, however, is a control group, a comparison to external beam + hormone therapy and validated quality of life surveys. A true assessment of the impact of this therapy requires a prospective, randomized study.

Another prospective study looks at stress intervention for men undergoing RP and indicates there is more to a patient's outcome after surgery than just their survival. The psychological impact of the disease and treatment is currently ignored. This study suggests that a patient's quality of life can be improved by organizing interventions before the treatment even begins. Perhaps physicians will further explore these types of interventions in their clinical practice.

Once again, studies are reported suggesting dietary products may offer a clinical benefit for prostate cancer patients. A Canadian study looked at broccoli and cauliflower ingestion and found it may lower the incidence of aggressive tumors. Another study in mice suggests that ingesting the equivalent of ONE BOTTLE of red wine a day may prevent prostate cancer. And, the value of statins in preventing cancer is again addressed. Sometimes it may seem that this column is overly cautious when articles like this are reviewed. The intent, however, is to point out which findings are scientifically valid and warrants a patient's behavior modification. While it is highly likely that diet and other health interventions do impact on prostate cancer disease, few of these studies lack the proof necessary to tell you what to do. Without a prospective study in humans, we can only hypothesize what should be done. Retrospective studies, even when a number of them seem to show a similar finding, are not proof of benefit. And then there is the multitude of unanswered questions such as how much, at what age to start, how a food is prepared, etc. As for red wine, I wonder what those mouse livers

would look like if their resveratrol came from wine rather than an extract. Another question for wine drinkers; does it matter whether the resveratrol is from Malbec, Cabernet or a Pinot Noir?

Testing for prostate cancer still raises many questions, not only if it should be done but as discussed in this issue, how often? In the United States, supporters of testing recommend doing it annually though proof of benefit is still lacking. The study from Europe found that testing every two years instead of every four might not affect the number of aggressive cancers detected in between the recommended testing interval even though more cancers were detected. The problem may be that aggressive cancers spread so early that by the time currently available tests can detect the cancer, it has already spread beyond the prostate. More frequent testing just finds more non-life threatening cancers. Perhaps the finding of the B7-H3 molecule reported from the Mayo clinic and described here could be the beginning of an ability to define which cancers are not life threatening. For now, however, the best interval that balances finding as many of the life-threatening cancers without causing too much over treatment cannot be defined.

Prostate Px is a relatively new test intended to predict the probability that the PSA will recur or the cancer will progress. Potentially, this information could be useful but at present there are no prospective trials that show if any treatment based on this test will change the long-term outcome. At present, PSA recurrence is not recognized as a suitable outcome so hopefully studies will be forthcoming.

Lastly, a clinically useful report from Boston provided some new information about a medication used to treat hair loss. Since the development of these drugs, clinicians have been aware that treatment of BPH with finasteride and similar drugs will lower PSA. Now we also know that taking it for hair loss has a similar effect and if a PSA is measured, this should be taken into consideration.

**RESVERATROL**

*(Continued from page 5)*

fed resveratrol but still developed a less-serious form of prostate cancer, were 48 percent more likely to have their tumor growth halted or slowed when compared to mice who did not consume the compound.

This study adds to a growing body of evidence that resveratrol consumption through red wine has powerful chemoprevention properties, in addition to its apparent heart-health benefits, said lead study author Coral Lamartiniere, PhD, of UAB's Department of Pharmacology and Toxicology.

"A cancer prevention researcher lives for these days when they can make that kind of finding," Lamartiniere said. "I drink a glass a day every evening because I'm concerned about prostate cancer. It runs in my family."

The amounts used in the UAB mice studies were the equivalent of one person consuming one bottle of red wine per day, which is not advisable. One or two glasses a day (moderate consumption) is medically acceptable.

*PhysOrg.com, 31 August 2007*

**BROCCOLI AND OTHER VEGETABLES LINKED WITH DECREASED RISK OF AGGRESSIVE PROSTATE CANCER**

Eating more cruciferous vegetables like broccoli and cauliflower is associated with a reduced risk of aggressive prostate cancer.

Several studies have demonstrated an association between eating vegetables and a reduced risk of prostate cancer, but study results have not been consistent and many have not investigated the association among patients with aggressive prostate cancer.

Victoria Kirsh, Ph.D., of Cancer Care Ontario in Toronto and colleagues evaluated the possible association in 1,338 prostate cancer patients diagnosed in the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial. Each of the men completed a 137-item food-frequency questionnaire.

They found that eating fruits and vegetables was not associated with decreased prostate cancer risk in general. But greater consumption of dark green and cruciferous vegetables, especially broccoli and cauliflower, was associated with a decreased risk of aggressive prostate cancer.

"Aggressive prostate cancer is biologically virulent and associated with poor prognosis. Therefore, if the association that we observed is ultimately found to be causal, a possible means to reduce the burden of this disease may be primary prevention through increased consumption of broccoli, cauliflower, and possibly spinach," they wrote.

This research was published recently in the Journal of the National Cancer Institute.

*Science Daily, 25 July 2007*

**PSA TESTING INTERVALS**

*(Continued from page 5)*

tive evidence is lacking," wrote E. David Crawford of the University of Colorado Health Sciences Center in Aurora, in an accompanying editorial.

The study's authors "attempted to soothe" concerns that too many cancers would be missed by waiting as long as four years between tests, Crawford wrote. "I am not convinced that their analysis has allayed these fears."

*Bloomberg, 29 August 2007*

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