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**Us TOO**<sup>®</sup>  
PROSTATE CANCER  
EDUCATION & SUPPORT

# HOTSHEET

November 2007

## US TOO RECEIVES 4-STAR RATING FOR 3<sup>RD</sup> YEAR IN A ROW

Charity Navigator, America's largest independent evaluator of charities, has given Us TOO International a 4-star rating for the third consecutive year.



Four out of a possible four stars, the rating reflects Us TOO's

ability to efficiently manage and grow its finances.

"Only 9% of charities rated by Charity Navigator received at least 3 consecutive 4-star ratings, indicating that Us TOO International outperforms most charities in America in its efforts to operate in the most fiscally responsible way possible," states Trent Stamp, President of Charity Navigator, in a letter dated September 27<sup>th</sup>.

"As the nonprofit sector continues to grow at an unprecedented pace, savvy donors are demanding more accountability, transparency and quantifiable results from the charities they choose to support with their hard-earned dollars," says Stamp. "The 'exceptional' designation from Charity Navigator differentiates Us TOO International

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## GLEASON SCORE PREDICTS A WORSE PROSTATE CANCER OUTCOME

Patients with prostate cancer having a Gleason score of 7 at biopsy and tertiary grade 5 disease may be at a higher risk for PSA failure, and this risk is comparable with those having Gleason scores of 8 to 10, researchers report. The study, which appears in the October 3<sup>rd</sup> issue of *JAMA* (Vol. 298, pp. 1533-8, 2007), found a significant association between time to recurrence and the presence of tertiary grade 5 in men with Gleason score 7 prostate cancer.

In 2005, the International Society of Urologic Pathology held a consensus conference to address some of the more controversial issues surrounding the Gleason scoring system. Recommendations for Gleason tertiary grade 5 varied, depending on the source of the specimen, the study authors explain. For specimens derived from radical prostatectomy specimens, the recommendation was to report primary and secondary Gleason patterns, with a comment as to the tertiary pattern. Needle biopsy samples should have a final Gleason score derived from the sum of the most prevalent pattern and the highest grade pattern.

However, evidence was insufficient to support these recommendations, based

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## NEW STUDY REFUTES BELIEF THAT BLACK MEN HAVE MORE AGGRESSIVE PROSTATE CANCER

Lead investigator Akhouri Sinha, a professor of genetics, cell biology, and development and research scientist at the Minneapolis VA Medical Center, said the belief that black men's tumors are more aggressive is based on studies that failed to match patients properly and used only indirect means to measure tumor aggressiveness.

In previous studies of prostate tumors, those in black patients tended to be larger and at a more advanced stage, and black men had higher blood levels of prostate specific antigen (PSA), a substance produced by the prostate that, at high levels, points to the possibility of prostate cancer. But all these criteria are interrelated and could be the result of delayed diagnosis or medical care, Sinha said.

"Previous studies showing differences in prostate cancers among races require re-evaluation because inconsistent criteria were used in selection of patients," he said. "Our data shows that for patients receiving similar treatment, African-American patients are not following up with their doctors as opposed to Caucasians, and this difference is highly significant. Also,

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## US TOO REACHES OUT TO FEDERAL EMPLOYEES AND MILITARY

Each fall and winter, national and state Combined Federal Campaigns (CFC) invite eligible charities to attend health fairs at local Federal offices, plants and military bases to introduce themselves to their employees. Us TOO applied for and became eligible to participate in CFC October 2006.

All federal employees, including military personnel, are able to complete pledge cards to make donations to their charities of choice through payroll deductions. They learn of the charities at their workplace fairs, of which Us TOO has attended six events so far this year.

Us TOO wants to recognize and thank the local Us TOO chapter support group volunteers who attended these events to talk about Us TOO's mission and services, and distribute our patient educational materials!

The events and volunteers for programs held this year include:

- **Sept 17** – John D. Dingell VA Medical Center CFC Agency Fair, Detroit, Michigan – Jim Oakley and Ron Ciotti, Us TOO Beaumont Urology PC Support Group Chapter

- **Sept 25** – Detroit Postal Agency Fair, Detroit Michigan – Jerry Hardy, Us TOO Livonia Chapter
- **Oct 3** – King County Public Sector Employee Campaign, Seattle, WA – Jack Hudspeth, Us TOO Tacoma PC Support Group Chapter, and Jim Kiefert, Us TOO Mid Columbia PC Support Group and Us TOO Olympia PC Support Group Chapters
- **Oct 3** – Iowa Bi-State CFC Kick-off Event, Rock Island Arsenal – Bill Palos, Us TOO Greater Quad Cities PC Support Group Chapter
- **Oct 11** – Detroit Post Office – Jerry Hardy, Us TOO Livonia Chapter
- **Oct 12** – PA West CFC Kickoff, Boyers, PA – Kay Lowmaster, MSW, LSW, Us TOO Hillman Cancer Center Chapter

Thanks for your assistance!

Please share Us TOO's CFC number within your chapter, family and network of friends who either serve in the military, work for the post office or other Federal agency:

**CFC# 11614**



Photo at left:

Us TOO volunteers Jack Hudspeth and Jim Kiefert (shown here) talk to prospective donors at King County Public Sector Employee Campaign in Seattle, WA.

(Photo by Jack Hudspeth)

## US TOO'S 4-STAR RATING FROM CHARITY NAVIGATOR

(Continued from page 1)

from its peers and demonstrates to the public it is worthy of their trust."

You may view Us TOO's full rating report, and look up other charities' scores, on the Charity Navigator website at <www.charitynavigator.org>.

## SIMPLE NOMOGRAM PREDICTS LIFE EXPECTANCY FOR PROSTATE CANCER

A simple nomogram using age and comorbidity predicts 10-year life expectancy in prostate cancer patients who are considering radical prostatectomy (RP) or radiotherapy (RT), according to a new report.

Candidates for definitive therapy for prostate cancer should have a life expectancy of at least 10 years, the authors suggest, but life expectancy estimation is difficult.

Dr. Pierre I. Karakiewicz from the University of Montreal and colleagues devised a tool for prediction of 10-year life expectancy after RP or external beam RT in a large, population-based cohort of prostate cancer patients who did not receive any secondary treatment.

The overall 10-year survival probability was 81.1% after RP and 30.4% after external beam RT, the authors report in the August 20th issue of the *Journal of Clinical Oncology (J Clin Oncol Vol. 25, pp. 3576-81, 2007)*.

Each 1-year increase in age was associated with a 10% increase in overall mortality during 10 years of follow-up, and each 1-unit increase in Charlson comorbidity index was associated with a 40% increase in overall mortality. External beam RT was associated with 6.6-fold higher mortality compared with RP.

The nomogram based on age and comorbidity demonstrated 84.3% accuracy in predicting the individual probability of 10-year life expectancy after either RP or definitive external beam RT, the researchers note.

“Our nomogram represents an accurate, user friendly, contemporary, and highly generalizable model for predicting 10-year life expectancy in candidates for definitive prostate cancer therapy,” Dr. Karakiewicz and associates conclude. “It is simpler and more accurate than its alternatives.

“The impact of predictions for large cohorts can be identified based on suggested cutoffs,” they add. Conversely, individual predictions can be used for clinical counseling.”

*Reuters Health, 4 Sept 2007*

## DOC MOYAD’S WHAT WORKS & WHAT IS WORTHLESS COLUMN ALSO KNOWN AS “NO BOGUS SCIENCE” COLUMN

“Ginseng, the American kind, may actually help reduce fatigue in some cancer patients-hey that is kind of groovy (by the way, groovy is a 1970s term that means hip or neat or awesome to some older/middle-age folks like me)!”

Mark A. Moyad, MD, MPH

University of Michigan Medical Center, Department of Urology

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**Bottom Line: American ginseng (also known as “panax quinquefolius”) at 1000-2000 mg per day may actually help reduce fatigue in some cancer patients. Finally, an herbal product that may actually live up to its hype!**

Herbal products in my opinion carry more hype than the USC, Florida, or Notre Dame football teams put together if you know what I mean. Remember Saw Palmetto or black cohosh!? However, once in a University of Michigan Blue Moon you have to give credit where credit is due my friends and this herbal product impressed the heck out of me, so let’s review the study, which has yet to be published.

Fatigue has become one of the most common side effects of cancer treatment, especially for those receiving chemotherapy, hormone suppressive therapy and other types of treatment including radiation therapy. The choices for reducing fatigue include: weight lifting, and a variety of over the counter and prescription drugs that come with all sorts of catches and not much research. However, there may be another cost-effective treatment.

Laboratory studies have suggested that American ginseng may reduce fatigue, but it needed to be tested in a well-done clinical trial. Researchers decided to test 3 doses of ginseng (750 mg, 1,000 mg, or 2,000 mg per day) compared to placebo for a period of 8 weeks. The ginseng and placebo were given in 2 divided doses a day to equal the total amount per day. For example, in the 2,000 mg per day group, a total of 1,000 mg was given at two different times of the day.<sup>1</sup>

Patients with a life expectancy of at least 6 months and a history of cancer-related fatigue for about 1 month were

eligible for this randomized trial. Patients were not allowed in this study if they had use ginseng before, used steroid medication for a long period of time or had cancer in their brain tissue. Patients were evaluated at the beginning of the study (baseline), 4 weeks and at 8 weeks. Researchers used a variety of measures to determine if ginseng worked better than placebo including:

- The Brief Fatigue Inventory (BFI)
- Vitality subscale of the SF-36
- Several analogue scales of perceived benefit

A total of 282 patients (that’s right-an unusually high number for a dietary supplement trial which makes this trial wonderfully unique), which included approximately 69 to 72 patients per study group were enrolled in the study from October 21, 2005 to July 5, 2006. There were no significant side effects between the different groups of the study (including placebo), and an equal number of patients dropped out of the trial in each group.

The preliminary results were truly a big surprise that may have immediate application in patients with fatigue, especially from cancer or perhaps due to other scenarios. Does this study prove that ginseng works?

Not necessarily, but to be honest if this were a prescription medication with such a low rate of side effects, I believe it would be discussed with patients immediately. I think the authors summarized the results of this study the best by saying “This randomized pilot trial provided data to suggest that American Ginseng doses of 1,000-2,000 mg per day may be effective for alleviating cancer related fatigue. Therefore, further study of American

*(Continued on page 8)*

## **BLACKS DON'T HAVE MORE AGGRESSIVE CANCER**

*(continued from Page 1)*

Caucasian patients are four times as likely to receive additional treatment after prostatectomy (RP). Cancer does not discriminate on the basis of race, religion, national origin, or caste system, like people do. Invasiveness of prostate cancer is not race-dependent.”

According to Sinha, what is needed is a comparison of the innate aggressiveness of tumors that have been matched by criteria relevant to a diagnosis of cancer as well as treatment after RP.

Drawing on the resources of the Minneapolis Veterans Affairs Medical Center, Sinha selected preserved slices of tumors from 130 surgery patients. From these he was able to match 25 black and 25 white patients according to age, Gleason grade (a pathologist's measure of how advanced a prostate tumor is), clinical stage of the tumors and PSA levels before RP.

To determine how aggressive tumors were, Sinha measured the levels of an enzyme that is essential for destroying membranes that keep cells in place. Called cathepsin B, the enzyme, if unchecked, carves out an “escape route” by which cancer cells can spread. He also measured the levels of a substance, known as stefin A, that inhibits cathepsin B. The ratio of the two substances in slices of prostate tumors gives a measure of how invasive, or aggressive, the tumors are. The most aggressive ones are characterized by a high ratio of cathepsin B to stefin A.

Results showed that the ratios were not significantly different in tumors of

black and white men, all of whom had Gleason score 6 or 7 tumors, indicating moderate risk. The average ratios were 1.78 in black men and 1.59 in white men for Gleason score 6 tumors, and 1.49 in black men and 1.35 in white men of Gleason score 7 tumors. All these ratios were higher than the average ratio in control tissue taken from men with benign prostatic hyperplasia, a common, noncancerous enlargement of the gland.

Sinha said that previous studies had found differences between black men compared to white men and men of other races in terms of prostate cancer incidence, death rate, tumor volume, age, Gleason score and PSA levels. But other factors, such as level of medical care, economic status, access to medical care and nutrition undoubtedly contributed to those differences.

“Our selection of patients, who received equal medical care at the Minneapolis Veterans Affairs Medical Center, minimized differences in prostate cancer of African-American and Caucasian patients,” he said.

Furthermore, previous studies did not include [enzymes like cathepsin B] as a factor to distinguish between African-American and Caucasian men, and, therefore, did not provide clues as to the biological basis of invasiveness and progression of prostate cancer.”

Sinha stressed that his results must be confirmed by more expansive studies.

*Science Daily, 18 September 2007*

## **MICRONUTRIENT BENEFIT FOR PROSTATE CANCER RULED OUT**

The European Prospective Investigation into Cancer and Nutrition study found that none of the 10 micronutrients analyzed prevented prostate cancer, according to Timothy Key, D.Phil., of Oxford University and colleagues.

But men with high plasma levels of lycopene or all of the carotenoids taken together had a lower risk of being diagnosed with advanced cancer, Dr. Key and colleagues, reported in the September issue of the American Journal of Clinical Nutrition.

The bottom line, concluded Dr. Key

and colleagues in the European Prospective Investigation into Cancer and Nutrition, is that none of the studies to date -- including several randomized controlled trials -- have demonstrated that micronutrients “have any clear effect on prostate cancer risk.”

The study enrolled 137,001 men in eight European countries, whose blood was taken at baseline. After an average follow-up of six years, 966 new cases of prostate cancer were diagnosed among the study participants.

*(Continued on page 6)*

## **CHEMOHORMONAL THERAPY BEFORE SURGERY FEASIBLE FOR SOME PROSTATE CANCERS**

Long-term follow-up of patients with non-metastatic, high-risk prostate cancer shows that neoadjuvant chemohormonal taxane-based therapy is effective when given before radical retropubic prostatectomy, Italian researchers report. Dr. Giovanni Betto of the University of Padua and co-investigators say that this approach has been advocated before surgery to reduce local and systemic disease recurrence.

The researchers studied 22 patients who underwent neoadjuvant therapy combining docetaxel, a luteinizing hormone-releasing hormone analogue and estramustine. All prostate specific antigen values decreased by more than 90% after hormonal therapy. There was also a significant reduction following chemotherapy, Dr. Betto's group reports in the August issue of *BJU International* (*BJU Int* Vol. 100, pp. 274-80, 2007).

Of the 20 patients who completed the study, 3 had a complete response, 16 had a partial response and 1 patient, who had a sarcomatoid tumor, experienced progression. Of the 19 patients who had non-nerve-sparing radical retropubic prostatectomy, there were no major complications. Pathological assessment showed that 1 patient had no tumor and 6 had a substantial response.

The overall predicted rate of organ-confined disease was 8%, using the latest version of the Kattan nomogram. However, the researchers found that 58% of the patients had organ-confined disease. At a median follow-up of almost 4.5 years, 8 of the patients (42%) were disease free. After 5 years, 85% of the men with organ-confined disease were still disease-free.

“In conclusion,” say the investigators, “taxane-based neoadjuvant chemohormonal treatment before radical retropubic prostatectomy is feasible and active against the primary tumor in patients with high-risk prostate cancer.”

*Reuters Health, 5 Sept 2007*

## FINASTERIDE (PROSCAR®) ASSOCIATED WITH BOOST IN DETECTION OF HIGH-GRADE PROSTATE CANCER

The increase in high-grade prostate cancer seen among men taking finasteride (Proscar) is probably caused by increased detection, two groups of researchers said.

Although a seven-year study reported in 2003 showed that finasteride reduced the occurrence of prostate cancer by 24.8% compared with placebo, it also showed that finasteride patients had a significant increase in Gleason scores of 7 or higher lesions. Now researchers have reported online in the *Journal of the National Cancer Institute* that the high-grade lesions found, which alarmed many physicians and patients, were mainly a result of better detection among finasteride patients. Both studies used data from the original study, expanded to include several hundred participants whose outcome status wasn't known at the time of the original report.

According to M. Scott Lucia, MD, of the University of Colorado Health Sciences Center, and colleagues, degenerative hormonal changes in high-grade biopsies were equivalent in each group, but prostate volumes were significantly smaller (at  $P < 0.001$ ) in the finasteride group -- 25.1 cc versus 34.4 cc. The smaller volume would make detection of high-grade tumor cells more likely on biopsy, Dr. Lucia and colleagues said.

Also, they noted that among finasteride patients who had a prostatectomy during the study, the rate of high-grade disease -- which was significantly elevated at biopsy compared to those taking placebo -- was equivalent to placebo when tumors were graded after surgery.

Although it's not possible to rule out the possibility that finasteride induces high-grade tumors, Dr. Lucia and colleagues said, their results "suggest that high-grade cancer was detected earlier and was less extensive in the finasteride group than in the placebo group."

A similar conclusion was reached by Peter Gann, MD, ScD, of the University of Illinois at Chicago, IL, and colleagues with Merck, which makes the drug. Dr. Gann and colleagues performed an "observational re-analysis" of the data from the original study,

asking whether the likelihood of detection of high-grade disease at biopsy varied depending on the size of the gland. In fact, they said, a logistic model based on the placebo group showed that the likelihood of finding high-grade cancer decreased as volume increased.

Specifically, for each increase of 10 cc, the chance of detecting high-grade cancer by biopsy fell by 19% with an odds ratio of 0.81. On the basis of the model, Dr. Gann and colleagues said 239 high-grade lesions would be expected among the finasteride patients -- not significantly different from the 243 that were observed. When prostate volume was used as a covariate, the odds ratio for high-grade cancer in the finasteride group, compared to placebo, fell from a significant 1.27 to a non-significant 1.03, they found.

Both groups of researchers cautioned that their conclusions are based on post hoc analyses of the data, and should be evaluated carefully. Dr. Gann and colleagues said their findings "must be interpreted cautiously and (do) not allow us to recommend definitive changes in clinical practice." Nevertheless, the studies taken together seem to show that the increased rate of high-grade cancer "is not likely to be clinically relevant," commented Gerald Andriole, MD, of Washington University School of Medicine in St. Louis, and colleagues in an accompanying editorial.

He noted that despite the "impressive" drop in cancer occurrence among finasteride patients, the drug "has not been embraced in clinical practice." That was largely the result of disquiet about the possibility that the drug was somehow inducing high-grade cancer, they said -- a worry that still can't be completely dispelled despite the "substantial reassurance" provided by the two new studies.

Dr. Andriole and colleagues suggested that the results of a study of a sister drug to finasteride -- dutasteride -- are due in the next few years and should provide better information on the safety of this class of medications.

*MedPageToday.com, 13 September 2007*

## FATS, MEAT UNLIKELY TO IMPACT PROSTATE CANCER RISK

In an email to Reuters, principal investigator Dr. Laurence Kolonel and first author Song-Yi Park of the University of Hawaii, Honolulu, said: "Although diet is likely to influence prostate cancer risk, the intake of total and saturated fat do not appear to be important contributors. However, because high intake of fat can lead to obesity as well as other cancers, the consumption of high fat foods should be limited."

Fat and meat in the diet as potential risk factors for prostate cancer have been the focus of numerous studies, but the results have been inconsistent, the study team notes in a report of their study published in the September 15, 2007 issue of the *International Journal of Cancer*. Some studies have found a positive relationship between prostate cancer and diets high in fat and meat, while others have not.

Kolonel, Park, and their colleagues looked for ties between prostate cancer risk and the consumption of different fats (including total, saturated, monounsaturated, and polyunsaturated fat, and n-3 and n-6 fatty acids), cholesterol, meat (including total, red, processed and poultry), fish and fats from meat in 82,483 men enrolled in a study of diet and cancer. The men were age 45 or older at enrollment between 1993 and 1996 and they resided in Hawaii or Los Angeles, CA.

During 8 years of follow-up, 4,404 men developed prostate cancer, including 1,278 advanced tumors. Intake of the different types of fat and meat showed no association with overall prostate cancer risk or with advanced tumors. "Furthermore, we found little evidence of any relation of fat and meat intake with prostate cancer risk within any of the four racial/ethnic groups (African American, Japanese Americans, Latinos and Whites)," they point out. There was a suggestion of a "weak protective effect" of n-3 fatty acid consumption on prostate cancer that was limited to Latinos and Whites.

Overall, "our findings did not support any association between intake of fat, fatty acids, cholesterol, or various meats and prostate cancer risk."

*http://news.yahoo.com, 4 October 2007*

**NO MICRONUTRIENT BENEFIT** (Continued from page 4)

Researchers identified 1,064 matched controls who had not developed cancer, and compared plasma levels of the 10 micronutrients --  $\alpha$ -carotene,  $\beta$ -carotene, lycopene, lutein, zeaxanthin,  $\beta$ -cryptoxanthin, canthaxanthin, retinol,  $\alpha$ -tocopherol, and  $\beta$ -tocopherol.

But a conditional logistic regression analysis, adjusted for smoking, alcohol intake, body mass index, marital status, physical activity, and education level, failed to find significant associations between any of the nutrients and prostate cancer risk, the researchers said.

On the other hand, for lycopene and the sum of the carotenoids taken together there was "evidence of heterogeneity" between the associations with risk of either localized or advanced disease. Neither was associated with the risk of localized disease but both were inversely associated with the risk

of advanced disease, the researchers found.

Because lycopene is a carotenoid, the association between disease and the sum of the carotenoids is likely driven by lycopene, the researchers said.

But the finding is not clear evidence of a health benefit, the researchers said.

The association could be based on "a protective effect, an association of dietary choice with delayed detection of prostate cancer, reverse causality, or other factors," they said.

By "reverse causality," Dr. Key and colleagues said, they mean that the advanced cancer might have been present -- but subclinical -- at the time blood was collected and might have influenced plasma concentrations of the nutrients in some way.

MedPageToday.com, 7 September 2007

**STRESS LEVELS UNAFFECTED BY ACTIVE SURVEILLANCE OF PROSTATE CANCER**

In men with localized prostate cancer, active surveillance of their condition does not appear to increase their levels of psychological stress any more than undergoing immediate radical treatment does, according to UK researchers at the University College London.

As lead investigator Dr. Katrina L. Whitaker told Reuters Health, "our study found that men on active surveillance were no more likely to have anxiety and depression than those who were receiving, or had received, immediate treatment, supporting the acceptability of active surveillance as an approach for managing localized prostate cancer. The paper was published in the September issue of *BJU International* (*BJU Int* Vol. 100, pp. 540-3, 2007). Dr. Whitaker's last name at the time was Burnet.

To determine if active surveillance increases psychological stress, Dr. Whitaker, at University College London, and colleagues evaluated 329 men with localized disease. One hundred were on active surveillance, 81 were currently receiving radiotherapy plus neoadjuvant hormone therapy, and 148 had previously received radical radiotherapy.

Overall, 16% met criteria for anxiety and 6% met criteria for depression. Analysis showed that higher anxiety scores were significantly associated with being younger and with a longer interval since diagnosis. Depression was also significantly associated with a longer interval since diagnosis. However, anxiety and depression were not significantly associated with management by active surveillance.

The researchers point out that other measures of coping and quality of life might also be important. However, they conclude that close monitoring "was not associated with greater psychological distress than more immediate treatment for prostate cancer."

Reuters Health, 28 September 2007



Above: SEA Blue campaign poster



Above: SEA Blue window cling

**US TOO SEA BLUE WINDOW CLING GIVEAWAY POPULAR WITH WEB VISITORS**

During the month of September 2007, 80 people ordered more than 800 free Us TOO SEA Blue prostate cancer awareness campaign window clings for Prostate Cancer Awareness Month!

You might be asking yourself, what is a Window Cling? Window clings stick to any glass surface and remove easily. They are adhesive-free stickers for windows, glass, mirrors, car windows, kitchen tiles, porcelain, and jars. Leave your prostate cancer awareness window clings up all year, or remove and store them for re-use next year.

Us TOO distributed posters and window clings of the new *SEA Blue* Prostate Cancer Awareness Campaign to all Us TOO support group chapters to help increase awareness in local communities about Us TOO and prostate cancer, and patient education and support needs.

For more information about the *SEA Blue* Campaign and to obtain more free awareness posters or window clings, please visit <www.usfoo.org/seablue.asp>.

Special thanks to sponsor **American Medical Systems** for supporting this offer!

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

By Gerald W. Chodak, MD

An overriding theme for this month's *HotSheet* is *risk*; the risk of getting prostate cancer, the risk of having aggressive cancer, the risk of getting fatigue depression or anxiety while on therapy and the risk of dying based on non-cancer health status.

Starting with risk, an interesting report about cancer in Caucasians vs. African-Americans revisits the question whether the disease is truly worse in African-Americans, or as a group, they tend to receive less care. This University of Minnesota study supports the belief from other reports that the disease is not significantly different between the two ethnic groups.

This is somewhat comforting for African-Americans in that it means that as long as they are appropriately followed and treated, they can achieve

the same outcomes as Caucasian men.

Another report about the risk of disease is presented in a new analysis of the finasteride (Proscar®) chemoprevention trial. This study found that taking the drug once a day for 7 years reduced the risk of developing prostate cancer. Unfortunately, a paradoxical effect was found; a greater percentage of the cancers detected in the treatment group had more aggressive cancers.

Consequently, few doctors have recommended that the drug be used for preventing the disease. This report re-analyzed the results from that study and concluded that the reason for finding more cancers is not because the drug made the cancers worse but rather because the drug decreased the size of the gland making it easier to find the more aggressive cancers.

This is an intriguing analysis, but it does not resolve the controversy. There is, however, another study in place that hopefully will shed more light on this issue and help determine if indeed a way to prevent prostate cancer has been identified.

Diet is again addressed in an article from Hawaii and Europe. Do meat and fatty foods and the intake of certain micronutrients impact on the diagnosis of prostate cancer? The Hawaiian article says no for meats and fatty foods and the European study only found that lycopene might be protective.

These findings agree with some and conflict with other previously published studies. Unfortunately, it is the same old, same old problem. Neither study is prospective in which men are randomized to one diet or another. As has been written so often before, no valid conclusions can be made from these types of analyses. Nevertheless, avoiding a lot of meat and fatty food intake has so many other health advantages because we would all do well to limit these foods.

Important information about survival following surgery or radiation based on other illnesses is provided in a re-

port from the University of Montreal. When men are considering which treatment to choose for their prostate cancer, the choice should be greatly influenced by each man's overall health. If a man has only a small chance of living for ten years because he has a number of other illnesses, aggressive therapy is less likely to be worthwhile. This information should be discussed carefully with every patient as part of his overall consultation regarding the choice of therapy.

An interesting report from England addresses the psychological impact of undergoing various treatments. Throughout the world, physicians have become increasingly concerned about over-treating prostate cancer since detection has improved and many men are being diagnosed with non-life threatening cancers. Watchful waiting and careful monitoring will be appropriate for many men but what about the psychological impact. Will it cause excessive anxiety and possible depression knowing that a cancer is present and not being aggressively treated?

This report analyzed men with psychological testing and found that watchful waiting was no more stressful than other treatments. A formal study will be required to determine if similar results would be found for US patients who might be a bit more anxious than their British counterparts.

Two other treatment-related reports have a similar limitation. The report on focal therapy of prostate cancer using cryotherapy is uncontrolled and lacks long-term follow-up. The danger in such an approach is that prostate cancer usually occurs in more than one area of the prostate and often the small lesions may be the aggressive ones. On the other hand, so many of the cancers currently being detected probably do not need any therapy. So, is focal therapy a good business decision or a way to optimize therapy while minimizing side effects? Only proper studies will answer this impor-

## GLEASON SCORE

(Continued from page 1)

on time to recurrence after definitive therapy in patients with localized or locally advanced disease.

The study included 2,370 men with clinical tumor category 1c to 3b, node-negative and nonmetastatic adenocarcinoma of the prostate, who received treatment between 1989 and 2005 at a Harvard-affiliated hospital. Treatment consisted of surgery or radiation therapy with or without hormonal therapy, and Gleason scores were assigned to the prostate needle biopsy specimens.

Researchers used Cox regression to assess if there was a significant association between the presence or absence of tertiary grade 5 in men with Gleason score 7 disease and time to recurrence vs. Gleason score 5 to 6, or 8 to 10 disease. The analyses were adjusted for known prognostic factors that included PSA level, patient age, tumor category, and type of therapy.

They found that patients with Gleason score 7 and tertiary grade 5 disease had a median time to PSA failure of 5 years. This was significantly shorter than the 6.7 years to PSA failure of men with Gleason score 7 without

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**DOC MOYAD'S COLUMN**

*(Continued from page 3)*

Ginseng in cancer survivors appears warranted.”

This is exciting, and it should be further mentioned that this trial was conducted at a variety of well-known and objective academic centers including the Mayo Clinic in Rochester, MN, which makes the results that much more impressive in my opinion.

However, I have to believe that just because the researchers did not find a side effect does not mean they do not occur. For example, previous studies of ginseng have shown that it can be a blood thinner or it may significantly reduce blood sugar levels, so I would still be careful before running out to buy this product without talking to your favorite doctor first and foremost.

**Reference:**

1. Barton DL, Soori GS, Bauer B, et al.: A pilot, multi-dose, placebo-controlled evaluation of American ginseng (panax quinquefolius) to improve cancer-related fatigue: NCCTG trial NO3CA. *J Clin Oncol* 25(18S Part I of II), page 493S, abstract 9001, 2007.

**GLEASON SCORE**

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tertiary grade 5. For the other groups, time to PSA failure was 5.1 years for men with a Gleason score of 8 to 10 and 15.4 years for men with a Gleason score of 6 or less.

One implication of this study would be to standardize reporting by pathologists, explained Dr. Patel. “If tertiary grade 5 is seen on biopsy, it should be included in the Gleason score,” he said.

There is also no consensus on how to treat patients with Gleason 7 cancer because there are several options available to the patient. However, Dr. Patel believes if a patient has Gleason 7 with tertiary grade 5 disease, the clinician may want to use more aggressive treatment. “For example, if a patient was getting a radical prostatectomy, adjuvant therapy may also be warranted,” he said.

Because of the similar time to recurrence, the management of patients with Gleason score 7 and tertiary grade 5 disease “could include treatments that are the current standards of care for men with Gleason 8 to 10 prostate cancer,” the study authors write.

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**FROM THE DOCTOR**

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tant question.

Similarly, the question about the role of early chemotherapy in some men with non-metastatic disease is looked at in an uncontrolled report from Italy. This small pilot suggests but does not prove that early chemotherapy could help men with more aggressive cancers when given prior to surgery. A much larger controlled study currently is underway in the US, which hopefully will determine if combined therapy will improve the outcome of higher risk patients treated by surgery.

And lastly, Dr. Moyad has reported on a study, which allegedly is well designed - a prospective randomized trial to determine if ginseng will improve fatigue levels of men treated for cancer. This paper will have to be carefully scrutinized when it is finally published, but it does have the ingredients to potentially support its use or at least warrant a larger trial.

Importantly, these are the kinds of studies we need to make progress in treating and managing this disease.

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