



PROSTATE CANCER

HOT SHEET

Us Too! INTERNATIONAL **DECEMBER 2001**

New Chairman of The Board Selected

On November 12th the Board of Directors of *Us Too!* INTERNATIONAL officially announced the election of Mr. Lewis Musgrove as Chairman of the Board. Musgrove replaces long-time *Us Too!* Chairman "Hank" Porterfield.

Musgrove is a prostate cancer survivor and long-time prostate cancer activist. He has served as a member of the *Us Too!* Board of Directors, Regional Director (with responsibility for Nevada and Far South California) and/or *Us Too!* Chapter founder/leader for much of the past decade. He has also served as a Board Liaison to the *Us Too!* Advocacy Committee, and is a Founding Member and Director of the California Prostate Cancer Coalition.

Following his retirement, after more than thirty-six years with State Farm Insurance Company, Lew founded the Las Vegas *Us Too!* chapter in 1993. The chapter has grown substantially since that time and now boasts attendance averaging nearly 100 members at each meeting.

Musgrove has served as an invited consumer liaison and lay advocate for the Department of Defense Prostate Research Program for three peer review sessions. He has also served as a peer reviewer for the California Cancer Research Program and for three National Cancer Institute

(continued on page 8)



UNITED WE STAND
September 11, 2001

Us Too! INTERNATIONAL Announces Retirement of its Long-time Chairman

The Board of Directors of *Us Too!* INTERNATIONAL regretfully announced the resignation of its long time Chairman, Henry "Hank" Porterfield who cited the need to devote more time to his various personal business endeavors.

In a memo received by members of the *Us Too!* Board of Directors, Porterfield, indicated that "After 8 rewarding years I ask that you accept my resignation as Chairman of *Us Too!* and as a member of the Board of Directors effective immediately so that you can get on with the important planning for the year 2002."



"Hank was instrumental in making *Us Too!* what it is today", noted John A. Page, Executive Director and CEO. By the mid-1990's Hank was proudly announcing the expansion of *Us Too!* into an organization of more than 500 support group chapters throughout the United States and around the world.

During his tenure, Porterfield oversaw a dramatic shift in how prostate cancer was viewed by both clinicians and the public at large. "Without his dedication and support the thousands of men who

have been helped by *Us Too!* would have been forced to go it alone. We all owe him a great deal" Page continued. "We wish him well in his retirement. I am confident that the organization

will continue the fine works that have been initiated over the past eleven years and that we will continue to build on the legacy that Hank leaves."

Well known within the prostate cancer community, Hank served with great pride as a prostate cancer advocate and patient representative to numerous organizations including: the cooperative groups, CALGB (Cancer

Leukemia Group B), SWOG (Southwest Oncology Group) and RTOG (Radiation Therapy Oncology Group). In addition he has served on several important committees at ASCO (American Society of Clinical Oncology), AACR (American Association of Cancer Research), the DOD (Department of Defense) and the CDC (Centers for Disease Control) and the DCLG (Directors Consumer Liaison Group) of the NCI where he serves as primary liaison to the CARRA program.

PROSTATE CANCER NEWS YOU CAN USE

Us Too! publishes a FREE daily e-mail based news service which provides updates on the latest prostate cancer related news. To subscribe or link to the archives simply visit the *Us Too!* Website: www.ustoo.org

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

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

QUALITY OF LIFE AND PCA TREATMENT
Oct. 22, 2001

New research shows the type of treatment men receive for prostate cancer can have different impacts on their short-term quality of life. Researchers from Wake Forest University School of Medicine measured the health-related quality of life for 90 prostate

cancer patients aged 42 to 79 years. All men were treated with either internal radiation therapy, external radiation therapy, or surgical removal of the prostate gland. They each completed questionnaires about their quality of life before treatment as well as their quality of life up to 12 months after treatment. The questions focused on the patient's cancer symptoms, physical well-being, and functional well-being, including whether or not they had suffered any major side effects of cancer treatments, such as sexual, urinary, or bowel dysfunction. Researchers found a significant decrease in the quality of life in the first month following internal radiation therapy and surgical removal of the prostate gland. They did not see the same decrease following external radiation therapy. The study shows one year after treatment, men in all three treatment groups had returned to the quality of life they experienced before treatment. "We believe this prospective study provides meaningful and clinically relevant information regarding changes in the health related quality of life following treatment for localized prostate cancer," says W. Robert Lee, M.D., from Wake Forest University School of Medicine in Winston-Salem, N.C. Source: International Journal of Radiation Oncology Biology and Physics, 2001;51:614-620

PHASE II STUDY OF THE USE OF MODRENA IN TREATMENT OF ADVANCED PROSTATE CANCER

October 22, 2001

Market News Publishing and Business Wire report that Bioenvision, Inc. has received approval for a Phase II study of the use of Modrenal(R) in treatment of advanced prostate cancer to be conducted at the Massachusetts General Hospital, Boston, Massachusetts. Modrenal(R), is currently approved for the treatment of post-menopausal breast cancer in the United Kingdom. For more information on Bioenvision please visit its website at <http://www.bioenvision.com>

ZOMETA ASSIGNED PRIORITY REVIEW

FaxWatch Inc. / October 23, 2001

The Food and Drug Administration assigned priority review status to Novartis AG's Zometa (zoledronic acid) for the treatment of bone metastases associated with cancer. The designation applies to Zometa's use for the treatment of bone complications in people with breast cancer, multiple myeloma, prostate cancer, lung cancer and other tumor types for which there is no currently approved intravenous bisphosphonate therapy.

WEB PLATFORM FOR NCI RESEARCHERS
HealthNewsDigest.com / October 22, 2001
Ridgefield, CT - Apelon, the world's largest supplier of medical terminology software and

services demonstrated enhanced Web access to the National Cancer Institute's (NCI) "mouse model resources" at a Jackson Laboratory Conference, October 18-21. NCI has accumulated diverse Web-based resources of critical importance to cancer researchers, and it has retained Apelon to help develop a Web platform that enables researchers to find what they need.

RESULTS FROM PHASE I/II TRIAL OF TREATMENT FOR ADVANCED PCA

DataMonitor Healthcare Newswire
October 23, 2001

The Phase I/II trial was conducted at three medical centers under the direction of Dr Eric Small, clinical professor of medicine and urology at the University of California Comprehensive Cancer Center, San Francisco. The Phase I/II study was a dose trial study designed to evaluate the safety and efficacy of CG7870 (formerly CV787), an oncolytic virus engineered to target and destroy prostate cancer cells, in the treatment of patients with advanced hormone refractory prostate cancer and has demonstrated antitumor activity after only a single intravenous injection in patients with advanced hormone refractory prostate cancer, according to Cell Genesys Inc. These data were reported at the European Cancer Conference (ECCO) recently held in Lisbon, Portugal. The virus, which specifically targets cancer cells and not the surrounding tissue, is cleared by the body's immune system after destroying the cancer cells. The 23 patients enrolled to date were divided into eight treatment groups, each of which received one intravenous administration of CG7870 at a progressively higher dose level. Six of the 23 patients demonstrated prostate-specific antigen (PSA) stabilization for at least three months, and three additional patients had PSA reductions of approximately 20% or greater from baseline. No serious or unexpected drug-related toxicities have been observed, and a maximum tolerated dose has not yet been defined. CG7870 is one of three products targeting prostate cancer currently in clinical development at Cell Genesys. CG7870 and GVAX prostate cancer vaccine are being evaluated in advanced prostate cancer, whereas CG7060 is being evaluated in patients with early-stage disease.

SEVERE BLEEDING OBSERVED IN PROSTATE CANCER PATIENT USING PC-SPES HERBAL REMEDY

October 30, 2001

Researchers observed severe bleeding diathesis in a prostate cancer patient after 1 month of unsupervised use of the commercially available nutritional supplement PC-SPES, and they advised that patients should be informed about the

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potential side effects of the compound. PC-SPES contains 8 herbs and is commonly used by patients with prostate cancer, the authors noted. The 62-year-old man had been using 12 capsules of PC-SPES daily (twice the manufacturer's recommended dosage) as well as multivitamins. Physical examination revealed extensive ecchymoses and a computed tomographic scan showed a large retroperitoneal hematoma. "Patients should be counseled that PC-SPES has multiple thrombotic and hemorrhagic side effects, that these potentially harmful complications must be balanced with the antineoplastic effects of PC-SPES, and that unsupervised use of this preparation is not recommended," the authors concluded. (Weinrobe M, Montgomery B. N Engl J Med 2001;345:1213-4.)

WEEKLY DOCETAXEL TREATMENT IN SYMPTOMATIC ANDROGEN-INDEPENDENT PCA PATIENTS SHOWS ACTIVITY

October 30, 2001

New Phase II data support the use of weekly docetaxel in symptomatic androgen-independent prostate cancer patients. None of the subjects had received prior chemotherapy for the prostate cancer or had radiotherapy during the previous month. The treatment cycle was 8 weeks: docetaxel 36 mg/m2 was administered intravenously during a 15- to 30-minute period weekly for 6 weeks; patients were not treated for the remaining 2 weeks. The patients continued the 8-week cycles until progression or unacceptable toxicity. PSA response, defined as a 50% decrease in PSA, as well as other disease and quality-of-life measures also were recorded. Results showed a palliative response in 12 of the patients (48%; 95% CI, 28%-68%). Of the 24 patients who had elevated baseline PSA levels, 11 (46%) exhibited a PSA response (95% CI, 25%-67%), with 6 of these demonstrating a greater than 75% reduction in PSA, and 4 of these 6 a greater than 90% reduction. (Beer TM, et al. Ann Oncol 2001;12:1273-9.)

GERON INITIATES CLINICAL TRIAL USING TELOMERASE IMMUNOTHERAPY

*DataMonitor Healthcare Newswire
October 30, 2001*

This clinical trial, conducted by Dr Vieweg and his collaborators at Duke, takes advantage of the fact that telomerase is abnormally activated in most human cancers but is not expressed in most normal adult cells. Telomerase is detected in over 80% of human tumor samples tested, and is expressed in all major types of cancer, including lung, breast, colon, prostate, cervical, and ovarian cancers and leukemia/lymphomas. Previous research demonstrated that the RNA encoding the catalytic reverse transcriptase protein component of human telomerase (hTERT

RNA), when introduced into dendritic cells, can stimulate the immune system to produce cytotoxic T lymphocytes (CTLs, or killer T cells) capable of recognizing and destroying telomerase-positive cancer cells. "I am excited about testing the potential of using telomerase-based immunotherapy to treat cancer," said Dr Vieweg to the press. "New therapies are urgently needed, especially for patients with metastatic tumors."

MEDAREX'S HUMAN ANTIBODY WELL TOLERATED, ACCORDING TO INTERIM FINDINGS OF PHASE III CLINICAL TRIALS

*DataMonitor Healthcare Newswire
October 30, 2001*

In the initial human clinical trials, 18 patients with metastatic melanoma and 14 patients with hormone refractory prostate cancer received a single 3 mg/kg dose of the antibody. The data indicate that the product was generally well tolerated. Of adverse events reported, more than 97% were mild to moderate. Signs of immunologic activity included tumor necrosis, inflammatory reactions at tumor sites and relief of symptoms. In addition, after receiving a single dose of MDX-010, two patients with prostate cancer experienced a greater than 50% reduction in serum prostate specific antigen (PSA) measurement that lasted from three to six months. "Although these initial single dose trials were designed to test primarily for safety, we are excited that the interim results also showed evidence of anti-tumor activity," said Donald L Drakeman, president and CEO of Medarex.

PHASE II TAXOPREXIN STUDY BEGINS IN PROSTATE CANCER PATIENTS - FOUR U.S. ONCOLOGY CENTERS BEGIN CLINICAL TESTING OF NOVEL FATTY ACID-TARGETED CANCER DRUG

PR Newswire / October 31, 2001

Protarga, Inc. announced a multi-center Phase II clinical study of Taxoprexin DHA-paclitaxel for the treatment of hormone-refractory prostate cancer. Taxoprexin treatment is the first chemotherapy these patients are receiving for their hormone-resistant disease. Dr. Michael Carducci of The Johns Hopkins Oncology Center (Baltimore, MD) is the Principal Investigator for the study. "One of the unique features of Taxoprexin DHA-paclitaxel that makes it an appealing treatment candidate for prostate cancer is that it is sustained in tumors for a long time," said Dr. Carducci. "Given the existing clinical data that taxane therapy may be effective against prostate cancer, this prolonged exposure of tumors to a taxane could be very important in eliminating those cancer cells that presently escape treatment with conventional chemotherapy." The prostate cancer study is part of a multinational Phase II program

designed to evaluate the safety and effectiveness of Taxoprexin DHA-paclitaxel in eight types of cancer and up to a total of 400 patients.

NOVEL ANTICANCER DRUGS SELECTIVELY ACTIVATE APOPTOSIS

NewsRx.com

November 01, 2001

Myriad Genetics, Inc. has discovered a novel drug target for the treatment of a broad range of cancers and has initiated lead optimization with a series of compounds that selectively kill cancer cells. The anticancer target was discovered using Myriad's ProNet proteomics technology to investigate the protein interactions that lead to normal programmed cell death (apoptosis). Preclinical studies have demonstrated strong anticancer activity without harming normal human cell survival. Myriad researchers used cell lines that are not responsive to current chemotherapy drugs. After the addition of MPI-176716, the percentage of cells killed increased in a dose-dependent manner, reaching 98% of prostate cancer cells and 99% of T cell lymphoma cells that were forced into apoptosis. Current cancer therapies are designed to kill cancer cells, however they are not selective in their action. Traditional chemotherapy and radiation therapy kill all rapidly dividing cells, including those that are normal and healthy.

DRUG REDUCES LESIONS THAT PRECEDE PROSTATE CANCER

Medinews.com / November 05, 2001

In clinical trials, the drug toremifene (Acapodene) has demonstrated the ability to eliminate 72% of the lesions that precede prostate cancer and lower the incidence of prostate cancer by 50%. A larger-scale clinical trial is now under way. High-grade premalignant lesions, or prostatic intraepithelial neoplasia (PIN), indicate a high risk of prostate cancer, with 30-50% of men with a high-grade PIN developing cancer within the next three years. Currently, there are no treatments for high-grade PIN. "Acapodene has some very exciting possibilities for the treatment of prostate cancer through an avenue that hasn't been before now—prevention," said John Seigne, M.D., assistant professor of surgery at Moffitt Cancer Center and Research Institute in Tampa (FL, USA) and lead investigator of the study.

AROMATASE INHIBITOR CONFERS NO THERAPEUTIC BENEFIT IN MEN WITH ADVANCED PROSTATE CANCER

November 05, 2001

In testing the use of an aromatase inhibitor for the treatment of patients with advanced

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PCA NEWS YOU CAN USE

(continued from P. 3)

prostate carcinoma, researchers found that the dependence of androgen-insensitive prostate cancer on estrogens for proliferation is not common. Their Phase II trial included 14 men (mean age, 64 years) with prostate cancer refractory to medical or surgical orchiectomy and antiandrogens. Treatment included anastrozole 1 mg daily until disease progression was observed. None of the patients experienced complete or partial objective regression or disease stabilization after 90 days of therapy. A PSA increase of at least 50% was evident in 10 of the patients at a mean 5 weeks from anastrozole initiation. "Aromatase inhibitors may not have a place in the treatment of prostate carcinoma at this stage of the disease," the authors concluded. (Santen R, et al. *Cancer* 2001;92:2095-101.)

87% OF MEN FREE OF PROSTATE CANCER 10 YEARS AFTER BRACHY THERAPY

PR Newswire / November 05, 2001

PRINCETON, N.J. — Amersham Health announced the results of a new long-term study of men with prostate cancer who were treated with the Company's OncoSeed brand of iodine-125 seeds. The data released recently demonstrated disease-free survival rates comparable to those reported for patients undergoing a radical prostatectomy, an invasive surgical procedure. "This further confirms that brachytherapy is poised to assume an increasingly important role in the treatment of this disease as results clearly rival other treatment options, such as radical prostatectomy or external beam radiation." These new results, published by Dr. Peter D. Grimm of the Seattle Prostate Institute, support findings from an earlier 10-year study, published in 1998. This new data concludes that 87% of men will be free of prostate cancer 10 years after receiving brachytherapy treatment with OncoSeed alone. Some patients in the earlier study had received external beam radiotherapy as well as brachytherapy.

'DOUBLE SUICIDE' GENE THERAPY MAY OFFER SAFER TREATMENT FOR PCA

November 08, 2001

A team of U.S. scientists has become one of the first in the world to use a novel form of double "suicide gene" therapy to treat prostate cancer - and it's done so with the help of a common cold virus. The injected adenovirus is used as a vector (transporter) to carry pairs of fused suicide genes directly into the cancer cells. This is followed by administration of two so called "prodrugs," resulting in the secretion within the cancer cells of a toxic

substance - which compels them to commit suicide. Carried out by Professor Jae Ho Kim and colleagues at the Henry Ford Hospital, in Detroit, Michigan, the new technique was developed in the hope that it would achieve "greater levels of targeted cytotoxicity" than single suicide gene therapy.

GENETIC IDENTIFICATION TECHNIQUES YIELD CLUES TO CANCER SUSCEPTIBILITY

November 08, 2001

Human cancer tissue collections and mouse models are bringing scientists closer to identifying genetic markers of human cancer susceptibility that could improve cancer diagnostics, therapeutics, and prevention strategies, according to Allan Balmain, PhD, a leading cancer researcher. A very strong genetic component exists in the development of human cancers, according to Balmain, Barbara Bakar Bass Professor of Cancer Genetics at the Cancer Research Institute, University of California, San Francisco. "The genetic contribution to risk in prostate cancer is probably at least 40% of the entire risk," Dr. Balmain said. "Unfortunately, 99% of genes that cause this kind of risk are unknown at this time."

BIOMIRA INITIATES PHASE II PILOT STUDY OF BLP25 VACCINE

NewsRx.com / November 08, 2001

Biomira Inc. has initiated of a Phase II clinical trial evaluating BLP25 vaccine in patients with prostate cancer. The study is designed to test active specific immunotherapy with BLP25 vaccine as a treatment for patients who have recurrent disease following radical prostatectomy for prostate cancer. The primary endpoint of the trial is to reduce or stabilize prostate-specific antigen (PSA) values in patients with rising PSA post-radical prostatectomy. PSA is believed to be a useful tumor marker that is associated with the presence of prostate cancer, and is used to monitor a patient's recurrence or progression. Immune response and safety will be measured as secondary endpoints. BLP25 is a therapeutic vaccine designed to induce an immune response to cancer cells expressing MUC1. The vaccine incorporates a synthetic 25-amino acid sequence of the MUC1 cancer mucin, encapsulated in a synthetic liposomal delivery system (a fat droplet smaller than a red blood cell). The liposome is intended to enhance recognition of the cancer antigen by the immune system.

BOTANICAL-BASED THERAPY HAS EFFECT SIMILAR TO LOW-DOSE CHEMO

NewsRx.com / November 08, 2001

The combination botanical therapy called PC-SPES has been found to be effective at

affecting measures that indicate prostate cancer activity, according to Sophie Chen, PhD, a leading expert in drug development. "PC-SPES means hope for prostate cancer," said Dr. Chen, associate research professor at New York Medical College in Valhalla and the director of NovaSpes Research Laboratory in Hawthorne, New York. "In fact, PC-SPES is delivering more than hope to prostate cancer patients. The pharmacological action of the mixture involves multiple molecular pathways and can be translated into three factors: (1) anticancer activity, (2) phytoestrogenic activity, (3) immune modulation activity. These activities are demonstrated in the in vitro, animal model and several clinical studies." Dr. Chen spoke at the recent 20th Annual Science Reporters Conference of the American Medical Association in San Francisco. The scientific data include the following findings: suppression of cancer cell proliferation, modulation of cell cycle progression, induction of cancer cell apoptosis, down-regulation of the expression of Bcl-2, Bcl-6, p27, PSA (prostate specific antigens), and AR (androgen receptor). The phytoestrogenic activity is attributed to the high concentration of flavonoids, isoflavonoids, sterols, and terpenes in PC-SPES, and is an important activity against hormone-related cancer such as prostate cancer. Four clinical studies involving 80 androgen-insensitive and 98 androgen-sensitive patients at the Medical School of Harvard University; University of California, San Francisco; Columbia University; and University of Kentucky showed that the response rate is higher among patients who are androgen-sensitive. More than 80% of the patients in this group will respond to PC-SPES. But only 52% or more of the androgen-resistant patients had a greater than 50% decline in PSA, with a median duration period of 2.5 months to 16 weeks, depending on the therapeutic dosage. Among the responded patients, some showed improvement in ultrasounds, bone scans, or other disease measures. The common adverse side effects of PC-SPES are generally mild and are believed to be related to the high concentration of phytoestrogens. They include breast enlargement and tenderness, reduced libido, loose bowel movements or diarrhea, muscle cramps, and hyperallergenicity. Less than 5% of patients develop blood clots, which is of greater concern.

NCI EXPANDS TESTING WITH GENTA INC.

FaxWatch Inc. / November 14, 2001

Genta Inc. expanded its relationship with the National Cancer Institute to include clinical testing of Genta's gene therapy compound Genasense for several different types of cancer. NCI has solicited proposals from

investigators to study Genasense in combination with standard therapies for cancer of the bladder, breast, colon, kidney, lung, ovary, pancreas, prostate and uterus as well as Merkel cell tumor and non-Hodgkin's lymphoma.

LAB TESTS SHOW THAT TINY 'SMART BOMB' CAN INVADE AND KILL CANCER CELLS WITH RADIATION
Associated Press
PAUL RECERAP Science Writer
November 15, 2001

WASHINGTON (AP) - A single atom of radioactive material in a microscopic cage can be injected into the body and act like a cancer "smart bomb," finding, invading and zapping tumor cells, according to laboratory studies that may lead soon to human trials, researchers say. Dr. David A. Scheinberg of Memorial Sloan-Kettering Cancer Center in New York said tests of the smart bomb technique in mice showed that it selectively kills cancer cells and substantially prolongs the life of lab animals with tumors. "You could inject several million of these molecules and they would circulate around, find their targets cells, be taken inside and then kill the cells," said Scheinberg. "These are extraordinarily potent drugs." The actinium-225 eventually becomes harmless and remains in the body, he said. A report on the research appears in the Nov 16 journal Science.

DRUG SHOWN TO SLOW GROWTH OF TUMORS IN MICE
November 15, 2001

A new experimental drug has been found to slow the growth of prostate cancer tumors in laboratory studies conducted at Cedars-Sinai Medical Center. The findings, presented at the AACR-NCI-EORTC International Conference in Miami Beach, Florida, may lead to a new way to treat prostate cancer. The drug, called 2C4, is a monoclonal antibody, or protein that enlists the body's immune system to attack foreign invaders, such as viruses or bacteria. Produced by Genentech, Inc., 2C4 targets HER-2/neu, a protein from the HER kinase family, that controls cell growth. When the HER-2/neu protein is expressed on cancer cells, it can stimulate tumor growth and spread. "Our lab studies show that 2C4 significantly inhibited tumor growth in both hormone dependent prostate cancer, and in that which had become resistant to hormone blocking drugs," said David Agus, MD, research director at the Cedars-Sinai Prostate Cancer Center and senior author of the study. "These laboratory findings have led us to launch the first clinical trial to test the safety and effectiveness of 2C4 in patients with prostate cancer and other forms of the disease." "Our results indicate

that 2C4 is even more effective when added to treatment with chemotherapy, which may mean that treatment with the combination of both drugs may lead to a new way to treat this disease," said Dr. Agus.

STUDY REVEALS HOW GROWTH FACTORS AFFECT HUMAN STEM CELLS
November 15, 2001

Researchers have discovered that a gene previously implicated in a variety of forms of cancer is also a key regulator of neural stem cell proliferation. Understanding how the protein expressed by the gene PTEN promotes the proliferation of neural stem cells could aid efforts to use stem cells in treating neurological disorders. Howard Hughes Medical Institute investigator Hong Wu and colleagues at the UCLA School of Medicine reported on the regulatory role of PTEN in the November 1, 2001, Science Express, the online counterpart of the journal Science. According to Wu, PTEN is the second most frequently deleted tumor suppressor gene, giving rise to human cancers including brain, breast, prostate, and endometrial cancers.

TEA MAY OFFER PROTECTION AGAINST CANCER - EXPERT
Africa News Service
November 13, 2001

You've probably read that green tea appears to protect against cancer. You may even know that its anti-cancer properties are attributed to an abundance of chemicals called polyphenols. But new research may explain, for the first time, how those chemicals fight tumors at a molecular level. Using prostate cancer cell lines, researchers from H. Lee Moffitt Cancer Center in Tampa, Fla., found that polyphenols in green tea, and black and red teas for that matter, target a protein known to protect cancer cells from death. The research, along with several other studies evaluating the anti-tumor properties of food components, was presented in Miami Beach, FL, at an American Association for Cancer Research (AACR) international conference co-sponsored with the National Cancer Institute and the European Organization for Research and Treatment of Cancer.

HORMONES INCREASE PROSTATE CANCER SURVIVAL
Ivanhoe Broadcast News / Nov 06, 2001
News/Broadcast Network / Nov12, 2001

New research shows prostate cancer patients treated with hormone therapy before and during radiation have a higher chance of survival than patients receiving radiation only. A new study presented at the American Society for Therapeutic Radiology and Oncology's (ASTRO) Annual Meeting in San

Francisco reveals the impact timing and location have on the effectiveness of radiation treatment and hormone therapy for prostate cancer. Patients with intermediate and high risk localized prostate cancer who receive radiation therapy to the pelvic area are more likely to survive without progressive disease than patients only receiving radiation to their prostate. The new study on prostate cancer treatment was conducted by the Radiation Therapy Oncology Group, and chaired by Dr. Mack Roach of the University of California at San Francisco. More than 1,300 prostate cancer patients participated in the study. During follow-up after treatment, researchers found patients treated with radiation in the whole pelvic area experienced a higher survival rate than those treated with prostate-only radiation. Findings also show patients treated with hormone therapy before and during radiation had a survival rate of 53 percent compared to a 48 percent survival rate for patients who underwent hormone therapy after radiation. Overall, researchers found patients had the highest survival rate when given hormone therapy before and during whole-pelvic radiation. Lead researcher Roach says, "During the four-year period of this study, patients treated with hormonal therapy followed by whole-pelvic radiation therapy experienced a four-year progression-free survival of 60% compared to 44% when treated with hormonal therapy followed by prostate-only radiation therapy. This represents a greater than one-third reduction in the risk of disease progression. This preliminary analysis clearly demonstrates that whole-pelvic radiation therapy is associated with an improvement in progression-free survival in patients with a significant lymph node involvement. This study proves that there is a real and meaningful biologic interaction between hormonal therapy and radiation and should change the way that many researchers view prostate cancer."



INTERESTED IN CLINICAL TRIALS?

Us Too! has agreements with several clinical trials databases, including VeritasMedicine and HopeLink, as well as links to other NCI and university-based clinical trial sites from the Us Too! website - www.ustoo.org

To learn more about available clinical trials for your prostate cancer situation, including detailed information about the treatment protocol used, and specific contact information for enrollment, simply visit the Us Too! website and click on the appropriate clinical trials banner.

A Vital Part of Recovery Is Denied

The Providence (RI) Journal
 By: Bob Kerr
 October 23, 2001

At the hearing on his third appeal, he asked that the members of the panel introduce themselves. He thought it would be nice to know whom he was talking to.

But a guy sitting to his right who looked a lot like Cal Ripken Jr. told him that wasn't going to happen. There would be no introductions. The people who would decide if he had a legitimate claim to enjoy life to the fullest after cancer surgery would remain nameless.

So he proceeded as he has before. He told the nine nameless panel members seated in a conference room at Blue Cross of Rhode Island, at LaSalle Square in Providence, that the entire process has been difficult and humiliating from the start.

He was given 15 minutes to make his case. And as he took documents from his briefcase and told of things with which he is painfully familiar, he felt he was also speaking for other men who have endured the same life-threatening illness and the same bureaucratic rejection.

He was diagnosed with prostate cancer late last year. At 42, he became part of the more than 10 percent of American men who get the illness. He had to deal with the uncertainties that thousands have faced before him.

Could life be normal again? Would the surgery mean terrible emotional tradeoffs?

The cancer was discovered during his annual physical examination. The reading from his PSA, the blood test that is the primary test for the illness, was high. He was re-tested, with the same results. He was referred to a urologist who performed a biopsy that was inconclusive. A second biopsy was also inconclusive. The uncertainty, he says, was agonizing.

Finally, the biopsy results were sent to Johns Hopkins University in Baltimore, and the grim diagnosis came back.

He underwent surgery in March at Miriam Hospital. He says his family has been wonderful through it all. And it is out of consideration for his family that he asks that his name not be mentioned.

"My wife is a nurse and that's a great advantage," he says. "She's very supportive and very knowledgeable."

His recovery, he says, has been "remarkably unremarkable."

"I was back to work a week sooner than I was supposed to be."

He is a social worker and a therapist in private practice. He knows the hurdles people sometimes have to overcome to get what they need to recover from what ails them.

But he wasn't quite prepared for the surprise that awaited him when he went to buy the medication that he felt was needed for a vital part of his own recovery.

If they talk about it at all, men facing prostate cancer surgery will often talk about the fear of losing sexual potency. It is an obvious concern. Sex is important.

"The first thing you think of - is there going to be anything there at all to work with?" says the man who underwent the surgery.

He assumed Viagra, the drug to restore potency, was covered by Rhode Island Blue Cross. He looked at it as part of the recovery, and he says his doctor told him he should not try to have sex without it.

He went to a CVS drugstore to get it. He found it wasn't covered after all.

He called Blue Cross. He was told he could appeal and he did.

He began with a letter. He included the fact that other insurers, including Blue Cross in other states, cover Viagra for prostate cancer patients.

His doctor also wrote a letter. A friend who is a psychologist did, too.

The letters didn't work. So he moved to the next level of appeal, which is a committee review of his request. He reiterated to the committee the stress that was being created by the refusal, the anxiety created by sexual dysfunction.

"I had two hats on. One was personal. The other was as a health-care advocate, a social worker over the years."

He lost on the second level, too. He said committee members talked about the financial impact of covering Viagra. They

pointed out there were no state mandates requiring it. One said sex was not "essential."

And that brought him before the nameless panel 10 days ago at LaSalle Square for his third try.

He didn't get any information, no firsthand explanation for why the Viagra wasn't covered. And he was asked only one question after he finished his presentation: Was he asking for blanket coverage for Viagra or coverage for just a particular condition?

He was asking for the coverage only as part of the recovery from prostate cancer, he said.

He was told he would be given a decision within a few days. He had not heard at the end of last week.

A call to Blue Cross on Friday was not returned.

It is not a money issue, the man says. He can afford the pills. It is a matter of principle. Viagra should be part of postoperative therapy.

At the last, decidedly low-watt hearing, he asked how things can be changed at Blue Cross.

"Just tell me what I need to do next and I'll do it," he said.

He was told that if he loses on the third level of the appeal process, he can hire a lawyer and take the matter to court. He said he doesn't think he should have to bear the expense of a lawyer to get something that should be a part of his health insurance.

So it would seem, unless Blue Cross of Rhode Island really does believe that sex is not an important part of a full and healthy life. And if that's the case, Blue Cross officials should definitely take out an ad in this newspaper and explain themselves.

EDITORS NOTE: In the U.S., insurance coverage is regulated by both state and federal mandates. **MAKE YOUR OPINION KNOWN TO YOUR LAWMAKERS.** The **FREE** web-based advocacy tool from **Us Too!** (www.ustoo.org) allows you to determine exactly who represents you and facilitates contacting them. All you need to know is your zip code to get started. Do it today!

PROSTATE CANCER NUTRITION NEWS

Lifestyle and Diet Changes Help Prostate Cancer

American Dietetic Association's Annual Meeting / St. Louis MO October 22, 2001

Making dietary changes and exercising on a regular basis may slow the progress of prostate cancer.

Studies from around the world suggest that staying within a healthy weight range and eating more plant-based foods and fewer animal products can possibly delay or prevent the development of prostate cancer.

Evidence is mounting that foods rich in vitamin E and the mineral selenium may dramatically decrease both the incidence of prostate cancer and the risk of dying from it. Men who take those nutritional supplements in certain doses actually suffer less prostate cancer and a lower mortality rate due to prostate cancer. (A major clinical trial on Selenium and Vitamin E - the SELECT Trial is current underway)

Researchers recommend that men increase their intake of these vitamins and minerals through whole foods. Seafood, meat and Brazil nuts are good selenium sources, while vegetable oils, sweet potatoes, avocados, and nuts are rich in vitamin E.

Men who consume higher levels of lycopene, a nutrient found in most tomato products, have also been shown to have a lower risk of prostate cancer.

Life in the Tech Age: SoyMato Slow Down

*By: Wes Stewart
United Press International
November 01, 2001*

One of the unfortunate fates of human males is that if they live long enough, they will get prostate cancer. Early detection can improve the quality of life and in fact bring a new lease on just about everything.

Some scientists are studying and watching closely to see if some significant dietary changes will help them fight prostate cancer. There are two groups in the study: those who are newly diagnosed with prostate cancer, and those whose disease has already metastasized, or spread.

It's long been accepted that diet may help prevent prostate cancer, but now the interest is turning toward how diet may improve the outcome of prostate cancer treatment. What's the magic sauce? Soy and tomato products. Soy contains hormone-like substances shown to slow prostate cancer growth in laboratory animals. What's more, Asian men (and you can imagine the diet) have the lowest rates of prostate cancer in the world.

American men, well, mainly non-vegetable eating manly men, have 10 to 20 times higher the occurrence of prostate cancer. It's no surprise that when Asian men migrate to North America and adopt western lifestyle and eating habits, their risk for prostate cancer increases.

As for the tomatoes, they contain a vast array of phytochemicals, or plant-derived compounds. Of special interest is lycopene, a potent antioxidant which is a substance that may help prevent oxidative damage to cellular DNA. The researchers suspect that men eat at least five servings of tomatoes or tomato products each week over the decades it takes for a prostate tumor to develop, they may experience a 30-to-40-percent lower risk of prostate cancer.

Kind of makes you long for Italian night with soy-meat sauce, eh?

Eating Apples Can Help Prevent Or Slow Down Prostate Cancer

*just-sites.com
November 07, 2001*

The compound quercetin, present in large amounts in apples, may help prevent prostate cancer, according to researchers at the Mayo Clinic, in Rochester, Minnesota.

Research published in the Carcinogenesis journal explained how the compound appears to prevent the changes that make prostate cells cancerous, blocking the cancer-promoting properties of the male hormones.

It also seems to slow the speed at which the cancer spreads and the scientists foresee that quercetin will become a part of cancer treatment in the future.

Quercetin can also be found in large amounts in onions, tomatoes, black tea, garlic, peppers, berries and grapes.



NJ Symposium Held

The New Jersey-New York City region of *Us Too!* INTERNATIONAL held its Fourth Annual Prostate Cancer Symposium - "APPRAISAL OF ALTERNATIVE INTERVENTIONS AND NEW DEVELOPMENTS IN TRADITIONAL TREATMENTS FOR PROSTATE CANCER" on November 3rd at the Westin Hotel in Morristown, New Jersey.

According to symposium coordinator and former *Us Too!* Vice-Chairman / Regional Director Terry Roe three hundred prostate cancer survivors and their spouses attended the all-day program. The program, which was underwritten by an unrestricted educational grant from Aventis Oncology, included:

- **TREATMENT OF PROSTATE CANCER - THE MAGIC BULLET**
Neil Bander, MD
New York-Presbyterian Hospital / Memorial Sloan Kettering Cancer Center
- **PROSTATE CANCER AND DEPRESSION**
Joana Fine, MA, MD
Instructor in Psychiatry
New York University School of Medicine
- **"THE ICEMAN COMETH" - CRYOSURGERY**
Fred Lee, MD
Director - Prostate Cancer
Crittenton Hospital, Rochester, Michigan
- **CHOICES IN HEALING: INTEGRATING THE BEST OF CONVENTIONAL AND COMPLEMENTARY THERAPIES IN PROSTATE CANCER**
Michael Lerner, PhD
President and Founder
Commonweal, Bolinas, California
- **YOGA AND MEDITATION**
Charles Matkin, MS
Haelth, New York, NY
- **SEXUAL DYSFUNCTION**
Andrew McCollough, MD FACS
Director Sexual Health, Fertility
New York University School of Medicine, New York, NY
- **DIETARY SUPPLEMENTS FOR PROSTATE CANCER - WHAT SHOULD I TAKE OR AVOID?**
Mark Moyad, MD
Director of Complementary Medicine
University of Michigan Medical Center, Ann Arbor, MI
- **THE USE OF PROSTASCINT SCAN IN DETECTING RECURRENT PROSTATE CANCER**
Thomas Polascik, MD
Division of Urologic Surgery
Duke University, Durham, NC

(continued on page 8)

NEW CHAIRMAN SELECTED

(continued from P. 1)

SPORE (Specialized Programs of Research Excellence) sessions.

Active and committed to serving the prostate cancer community, Lew also serves on the American Cancer Society Prostate Cancer committee as well as its Leadership Council.

asked me to serve as Chairman of the Board of *Us Too!* INTERNATIONAL. The organization has a history of service to men and their families that is both deep and broad. I am confident that with the unwavering support of the tens of thousands of men we have served, the dedication of our hundreds of active volunteers - including our chapter leaders, committee members and Board of Directors - as well as the talent and expertise of our staff we will continue to expand our activities and influence to an even broader constituency"

NEW JERSEY SYMPOSIUM

(continued from P. 7)

- HEAL THY SELF

Saki Santorelli, EdD
Head of Stress Reduction Clinic
University of Massachusetts

The outstanding presentations prompted a very interesting Q&A period.

The day's events also included book signings by Drs. Lerner and Santorelli. For your convenience, Dr. Santorelli's book "*Heal Thy Self*" is available from *Us Too!* (www.ustoo.org) for \$12 + postage.

A summary of several of the sessions has been written by Mr. Frank Reedy: A traveler on the highway of prostate cancer in NJ. It is available for download from the *Us Too!* website.

Video tapes of the program are available from *Us Too!* (and can be ordered from the *Us Too!* website) at a cost of \$28 per set.

Lew and his lovely wife Sue Ann remain very active within their community of Las Vegas, Nevada, and although his 6 children and 14 grandchildren keep him on the run, Lew still takes time to play handball several times a week.

When asked about his election Musgrove stated "I am honored that my peers have

Ray Perkins Run Held

October 14 was a cool, bright day - a perfect day. Several hundred people, including children, congregate at the Raritan Valley Community College in Branchburg, NJ.

They were there to participate in the Second Annual Run for Prostate Cancer. Earlier this year, the race was renamed The Ray Perkins Memorial Race in honor of well-loved PCa patient activist Ray Perkins who in December 1999 succumb to complications from a procedure intended to help his bone metastasis. The Race is sponsored by the New Jersey-New York City region of *Us Too!* INTERNATIONAL with a grant from AstraZeneca.

Twelve students from the Pingry School volunteered while two sets of twins were pushed by their respective fathers as they both ran a 5K in respectable time. Two physicians were also among the participants, all of whom received special Ray Perkins Race T-shirts.

Ray's widow, who was in attendance at the Race, was overcome. "Seeing the banner with his name so brightly printed - the shirts - the people - really touched my heart" she said.

All funds raised will benefit PCa research, education and outreach.



HAPPY AND
HEALTHY
HOLIDAYS
TO
ALL!!

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