

Prostate Cancer Support Association of New Mexico



LIFELINE

PCSA Quarterly Newsletter

April 2009 Volume 16, Issue 2

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TIDBITS

Eisenhower On Responsibility,
The search for a scapegoat is the easiest of all hunting expeditions.
Dwight Eisenhower, 34th U.S. president

Mulcahy On Education,
An important mark of a good leader (is) to know you don't know it all and never will.
Anne Mulcahy, Xerox chief executive

What The Heck Has Been Going On In My World - Part 21

By Mark A. Moyad, MD, MPH
PAACT

Dec 08, Vol 24 #4

What the heck is going on with the Provenge® vaccine from Dendreon that is supposed to treat prostate cancer?!? Is it going to get approved by the FDA?

Bottom Line: Provenge® appears to be working in the latest clinical trial, but we will not know until later in 2009 whether it is working well enough to be approved by the FDA! Stay tuned because I am incredibly excited about this product.

Goji Juice is expensive and healthy, but whether or not it is any better than other cheap fruit and vegetable juices remains to be determined.

Bottom Line: Goji juice can now be found at all sorts of grocery and health food stores around the country. It can be very expensive to drink just 4 ounces a day. Some individuals and companies have made all sorts of health claims with this product, but the clinical research does not support these claims.

Every year another expensive and exotic fruit or vegetable juice seems to be marketed that makes all sorts of health claims that are not supported by even moderate clinical research. So, anytime a clinical study of any kind is performed in this area, there should be some excitement. Goji (*Lycium*

varbarum) is a ripe fruit that has been consumed in Asian countries for several centuries and apparently has also been used as an apparent preventive medicine against numerous conditions. Most of the clinical studies of Goji have been completed in China. Therefore, several researchers wanted to do a preliminary clinical trial of Goji juice in the U.S. A total of 16 participants received approximately 4 ounces of Goji juice per day for 14 consecutive days, compared to 18 individuals that received a placebo beverage. A subjective wellbeing questionnaire that rated answers from 0 to 5 was utilized. The mean age was 30 to 32 years, and the placebo group appeared to be unhealthier when compared to the Goji juice group, at the beginning of the study. Goji juice drinkers reported that they had a significant increase in a variety of subjective areas compared to the placebo beverage drinkers including: energy, athletic performance, sleep, happiness and other parameters, and a reduced amount of fatigue and stress. Other important measurements including cardiovascular health, such as: body weight, pulse, and blood pressure showed no difference with the Goji juice compared to the placebo beverage.

(continued on page 6)



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PCSA Lifeline

A quarterly newsletter addressing issues of prostate cancer

Months Published

January
April
July
October

PUBLISHER

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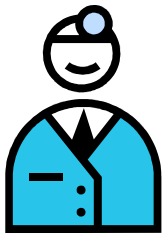
In Memory of

John Phillips
Bob Wonder
Luther Fitch
Robert Livingston
Juan Montoya

With Deep Sympathy and
Regret,
We List These Names

PC SUPPORT GROUP MEETINGS

Support Meetings are usually held on the first and third Saturday of each month at 12:30 PM. We meet at the Bear Canyon Senior Center, located at 4645 Pitt NE (on Eubank go one block north from Montgomery - Right (East) on Lagrima De Oro - Left (North) on Pitt to Senior Center).



Dr. Lindberg's Report: Conversations With Leaders - High Risk Prostate Cancer

Dr. Peter Lindberg

High risk prostate cancer is prostate cancer that has not obviously spread to other parts of the body such as Bone BUT has a high risk of not being cured by standard therapy. Recently a patient came to me for a second opinion about the best treatment for his prostate cancer. His bone scan and CT scans are normal. The patient had mostly decided to have a radical prostatectomy to remove the tumor. His Gleason score is 4+4 in eleven out of 12 biopsy cores, a PSA of 6 and no lumps felt on rectal exam. The NCCN (National Comprehensive Cancer Network of major cancer hospitals) recommends for this high risk prostate cancer, 2 years of hormone therapy plus radiation. A radical prostatectomy is recommended if only a few biopsy cores contain cancer.

These guidelines were agreed to based on the best medical evidence by a panel of expert urologists including Dr. Patrick Walsh, radiation oncologists, and medical oncologists who specialize in prostate cancer.

Because of the conflict between the New Mexico urologist and the national guidelines, I decided to contact a number of doctors who I believe are national leaders in cancer therapy. Dr. Anthony D'Amico at Harvard, a radiation cancer doctor, strongly recommends hormones plus radiation therapy. Dr. Deborah Kuban at MD Anderson, a radiation oncologist, agrees that radiation plus hormones is standard therapy, but she surprised me when she said that more people were recommending surgery.

At our national prostate cancer meeting in Orlando on February 26, in a conversation with Eric Klein, head of Urology at the Cleveland Clinic, I presented the patient's case. Dr. Klein made a strong case for a radical prostatectomy. Surgery allows inspection of this area and removal of pelvic lymph nodes if needed. This would help determine further treatment and give us a better idea of the long-term outlook. In this case, the nerves would be cut and this 60-year old man will probably never have an erection again. Also it is highly likely the man will also need radiation therapy and hormones. Dr.

D'Amico has referred me to an article in the journal *Cancer* that show that 2 forms of treatment - hormones and radiation - is as good as 3 forms of treatment - a radical prostatectomy, radiation, and hormones. I have treated sixteen men with high risk prostate cancer with radiation plus hormones - Casodex 150mg, Proscar, and Lupron (the Dr. Bob Leibowitz's method). With an average 5 years and 9 months of follow up, one of my patients has died and a second was not cured. The other fourteen are doing well with PSA below 1.0. However, this case and my discussions have opened my mind to the possible benefit of surgery in the high risk prostate cancer patient.



New Prostate Cancer Test Gets Go-Ahead

Yahoo! News
February 11, 2009

Researchers have made the first steps towards devising a urine test for detecting prostate cancer, according to a paper released on Wednesday by the British journal *Nature*.

A chemical fingerprint called sarcosine can be found in high levels in the urine of men with aggressive cancer of the prostate, providing a potential biomarker of the disease.

Concentrations of sarcosine were high in 79% of samples with metastatic prostate cancer and in 42% of the samples of early-stage cancer, the team found.

The tell-tale metabolite is a better indicator of advancing disease than a standard blood test, the prostate-specific antigen (PSA) assay, according to the research, headed by Arul Chinnaiyan of the University of Michigan, Medical School.

The findings have to be confirmed and calibrated independently before the urine test is accepted as a diagnostic tool.

The discovery of sarcosine could also open up new pathways for attacking the disease.

By simply adding sarcosine to cultures, the scientists turned benign prostate cells into malignant ones, which suggests the molecule plays an important role in unleashing invasive tumors.

Prostate cancer is the sixth most common form of malign tumors among men, after cancer of the lung, stomach, liver, colo-rectum and esophagus, according to the World Health Organization (WHO).



Sexual Health Update With Dr. Israel Barken of PCREF

By Dr. Israel Barken
Prostate Cancer Communication
December 2008

It has been ten years since Viagra®, the magic blue pill, started a sexual revolution for men. Viagra® gave men confidence in their sexuality, enabling them to achieve erections on demand. Ten years ago at a PCREF support group meeting, men and their wives discussed Viagra® and the new male sexual confidence. Women felt that researchers should also pay some attention to female sexual needs as they get older. They felt that if only male sexuality was improved, then older women would see their long-term marriages and intimate relationships seriously challenged. The question that was asked repeatedly was, “When are we going to have a pill for women?” There is no magic pill for women yet, but there is recent and ongoing research, so this may change soon.

Hollywood makes sex look easy and glamorous for the young and healthy. For older women and men, particularly for couples who deal with prostate cancer, the story is different. While a lot of advances have been made in the field of sexual health for men, there is still a gap in our attention to women’s needs. Unfortunately, we are not there yet, but the advances that we are making in this field are encouraging. Recently, Dr. Anita Clayton from the University of Virginia and Dr. Irwin Goldstein from the San Diego Sexual Medicine Center, reported on current research; Testosterone Gel and a pill that reduces serotonin action in the brain, which could help women regain their sexual desire.

In a nutshell, here is some basic information about sexual function that every man should understand. Despite advances in sexual medicine, there is one underlying challenge that makes the issue of male sexual dysfunction difficult to resolve. Erectile dysfunction is caused by changes in the small blood vessels of the penis. Being inactive and overweight affects large portions of the population causing vascular problems which lead to heart disease, diabetes and hypertension, due to plaque in the arteries. Since the arteries in the penis are about a quarter of the diameter of the coronary arteries, when plaque builds up, these tiny arteries become clogged even

faster than the larger arteries of the heart. So, since the disease process in the arteries of the penis and the heart vessels are the same, cardiac problems are just around the corner for men with erectile dysfunction. New guidelines in 2006 advised physicians to consider a man with erectile dysfunction and no cardiac symptoms as a cardiac patient until proven otherwise.

In conclusion, just taking Viagra® is not enough to restore sexual health. Men and women have to take better care of their general health by avoiding overeating and under-exercising if they want to maintain the health of their blood vessels. Reaching and maintaining a low BMI (body-mass index) while doing both aerobic and weight-bearing exercise consistently, several times a week - throughout the mature years, needs to be at the forefront of your routine. Prostate cancer patients, in particular, are the ones who have to strive hard to avoid the prediction that they may die, not from prostate cancer, but from heart disease. Dr. Irwin Goldstein, the director of Sexual Medicine in San Diego at Alvarado Hospital, said it well, “Men have got a canary in their pants. The penis functions as a gauge for detecting impending heart problems.” Paying close attention to improving overall health, and making small life-style changes in diet, exercise, and stress reduction will also help achieve longer and happier sex life.



Calcium Is A Cancer Protector

By Lindsey Tanner
The Associated Press/Albuquerque Journal
February 24, 2009

A study in nearly half a million older men and women bolsters evidence that diets rich in calcium may help protect against some cancers.

Because of its huge size - 492,810 people and more than 50,000 types of cancers - the new study presents powerful evidence favoring the idea that calcium may somehow keep cells from becoming cancerous.

The study was run jointly by the National Institutes of Health and AARP.

National Cancer Institute researcher Yikyung Park, the study’s lead author, called the results strong but said more studies are needed to confirm the findings.



PSA Tests

Mayo Clinic
January 2009

The latest developments

Prostate-specific antigen (PSA) is a substance produced in the prostate gland. Normally, a small amount of PSA enters the bloodstream. If a higher amount is found, or more importantly, if PSA levels rise abruptly or too quickly over time, it may indicate a prostate problem.

Common diseases of the prostate that could increase PSA include prostate enlargement (benign prostate hyperplasia, or BPH), prostatitis and prostate cancer. A PSA test can't diagnose cancer, but it can help indicate the need for further testing, such as a prostate biopsy.

According to a study in the April 2006 issue of the *Journal of the National Cancer Institute*, the general probability of cancer rises as PSA levels rise. For example, a PSA of 0 to 1 nanograms per milliliter of blood (ng/mL) represents an 11 percent risk of cancer. A PSA level of 1 to 2 ng/mL represents a 20 percent risk, a PSA level of 2 to 4 ng/mL represents a 26 to 30 percent risk and a PSA over 4 ng/mL represents a risk of over 40 percent. Note that there's no "safe" PSA level, rather a range of risk across all levels.

The problem is the numbers aren't specific. They don't differentiate the minority of men who have cancer from the majority who don't. Nor do they differentiate between cancers that are fast- or slow-growing. Most prostate cancers are considered slow growing.

For older men, a slow-growing cancer may cause few if any symptoms and may not shorten life span, even without treatment. Add to that such factors as age or BPH, which can raise your PSA level independent of cancer, and the equation becomes even more confusing. In addition, different laboratories may use different methods and thus could have varying normal ranges. Fortunately, refinements in how the PSA test is interpreted allow doctors to better determine those who need further testing from those who probably don't.

Fine-tuning

In addition to adjustments such as an age-graded scale – that can account for PSA variation in men as they age – refinements of PSA testing include:

- *PSA velocity* – This charts the change of PSA levels over time. PSA levels tend to increase more quickly in men who have prostate cancer than in men who have BPH. For men with PSA levels of 4ng/mL or below, a rise in PSA of around 0.4ng/mL or more in a year may indicate the need for further evaluation. For men with PSA levels above 4 ng/mL, a rise of around 0.75 ng/mL may indicate additional follow-up, or even a prostate biopsy.

Velocity testing is a reason why annual or more frequent PSA measurements are important. It allows detection of subtle changes in PSA, which can lead to earlier intervention if cancer is present. Studies suggest that men who have frequently checked PSA have better outcomes if they do develop cancer.

- *PSA doubling time* – Similar to PSA velocity, the test looks at how long it takes for PSA levels to double. The risk of prostate cancer is particularly acute when PSA levels double within less than 18 months.

- *PSA density* – Using ultrasound imaging, your doctor determines the size of your prostate gland. Then, your PSA level is divided by your prostate size. This test helps adjust for the fact that larger prostates produce more PSA and smaller prostates produce less.

- *Free versus total PSA* – This divides PSA in your bloodstream into two types. "Bound" PSA is attached to certain blood proteins and "free" PSA isn't. Prostate cancer is more likely to produce bound PSA. A lower percentage of free PSA in comparison to bound indicates an increased likelihood of cancer.

Bottom line?

Annual PSA testing in conjunction with a digital rectal exam remains your best option for detecting prostate cancer early.

Cough Remedy May Fight Cancer

IBD

December 22, 2008

A common cough medicine ingredient may help battle prostate cancer, says a study in the journal *Anticancer Research*. Noscapine, a non-addictive derivative of opium, cut tumor growth in mice by 60% and limited the spread of tumors by 65% without causing harmful side-effects. Researchers say drug makers haven't developed noscapine as a cancer treatment because it's a naturally occurring substance that can't be patented, so that limits a firm's ability to recoup its investment. But off-label prescriptions of noscapine for cancer treatment are on the rise.

(continued from page 1)

What The Heck Is Going On? (Cont.) Korean Red Ginseng (KRG) may help some men get better erections.

Bottom Line: You can't get Viagra® over the counter or find it very cheap, but some men may benefit from taking a fairly cheap herbal product know as Korean Red Ginseng (KRG).

Most guidelines for the treatment of erectile dysfunction (ED) don't support the use of any over the counter supplements including Korean Red Ginseng (KRG); however, numerous randomized trials that weren't published in English weren't used in these evaluations of KRG. So, several researchers performed a complete review of all the published randomized clinical trials of KRG, including the ones that were published in other languages besides English. These researchers searched over 20 electronic databases with no language restrictions. Only randomized clinical studies of KRG were considered for this review. A total of 7 randomized trials were found. A significant benefit was found for men with a variety of types of ED compared to placebo. The optimal dosage was not able to be determined, but the effective dose range was 600-1000 mg three time a day (total of 1800 to 3000 mg/day). More rigorous clinical studies are being done right now on this product. Stay tuned!

Prostate Cancer: Measles Virus May Be Effective Treatment

*Medical News Today
January 22, 2009*

A new study appearing in *The Prostate* has found that certain measles virus vaccine strain derivatives, including a strain known as MV-CEA, may prove to be an effective treatment for patients with advanced prostate cancer. The findings show that this type of treatment, called virotherapy, can effectively infect, replicate in and kill prostate cancer cells.

The median survival time of MV-CEA-treated mice in the study almost doubled compared to the controls, and complete tumor regression was observed in one-fifth of treated animals.

“Based on our preclinical results as well as the safety of measles derivatives in clinical trials against other tumor types, these viral strains could represent excellent candidates for clinical testing against advanced prostate cancer, including androgen resistant tumors,” says Evanthia Galanis, M.D., of the Mayo Clinic, senior author of the study. The study was supported by the Mayo Clinic Specialized Program of Research Excellence (SPORE) in prostate cancer.

These oncolytic strains of the measles virus represent a novel class of therapeutic agents against cancer, demonstrate no cross-resistance with existing treatment approaches, and can therefore be combined with conventional treatment methods.

Because primary tumor sites are easily accessible in prostate cancer, locally recurrent disease represents a promising target for virotherapy approaches. The virotherapy agent can easily be applied directly to the prostate tumor via ultrasound-guided needle injections and close monitoring of therapy can be achieved by non-invasive techniques including ultrasound and MRI.

The measles vaccine strains also have an excellent safety record with millions of vaccine doses having been safely administered in over 40 years of use. Repeated measurements of the marker CEA (carcinoembryonic antigen, produced when the virus replicates) following MV-CEA treatment can be performed via a simple blood test, and can potentially allow for optimization of dosing as well as the tailoring of individualized treatment. To date, no significant toxicity from MV-CEA treatment of patients with other tumor types has been observed.

Prior studies have demonstrated the therapeutic potency of MV-Edm derivatives against a variety of preclinical animal models including ovarian cancer, glioblastoma multiforme, breast cancer, multiple myeloma, lymphoma and hepatocellular carcinoma.

The promising results prompted the rapid translation of engineered MV-Edm strains in three clinical trials that are currently active. In the ovarian cancer trial, the furthest advanced; evidence of biologic activity has been noted in refractory ovarian cancer patients.

The results have set the foundation for additional studies.

Losing and Finding and Prostate Cancer

By Rev. Don Shank, M.Div. Oncology Chaplain
Us TOO Provena Saint Joseph Hospital, Elgin, Ill.
October 2008

Most of us males found our sexual identity in sexual experiences in our teen years and beyond.

It became one of those intimate experiences that bonded us with and too our spouses. It brought enhancement to your marriage, meaning to our lives, and fulfillment to our existence.

But then came Prostate Cancer and as a result of many medical interventions, “sex went south”. For some it was only a temporary interruption, for others it was of a more permanent nature.

So what was left? Can life still be worth living without fulfilling sexual experiences? Truly something has been lost!

But even in our best and most fulfilling sexual experiences many males came to realize that while sex brought intimacy, one could and did not have sex without intimacy!

Just as it is possible to have sex without love, it is also possible to have love without sex!

To some men that may seem “far fetched”, but more and more we come to realize that there is truly a life, a very good life, even without sex, as millions of men and women have discovered.

From our inception, we yearn for love. To love and to be loved is one of our most basic human needs.

Our relationships, as partners, is to build on patterns of interaction. But mostly our relationships are built on love. We can grow in our love for one another, and we can grow out of love for one another. We soon discover that relationships can stagnate and that true love, deep and lasting love and intimacy, is a whole lot more than “good sex” or even the absence of sex. It is the result of years and years of the giving of ourselves, in trust and forbearance, in the opening of our inner being to our spouses, and ultimately to be bonded spiritually with our mates.

But to love and be loved is more complicated than just say “I love you”. The key to fulfilling life and a good marriage or relationship is this: Are you willing to invest the time, and energy and emotions it requires to be both giving and forgiving! Giving and forgiving are intricate parts of any meaningful relationship. The joy of giving and being forgiven are among life’s most fulfilling moments. It is in

such an act of giving that we discover intimacy, a deep bonding that transcends the physical and unites us with our partners, and ultimately that intimacy can lead to the deepest of all intimacies.

Intimacy can be physical, and that can be and for many of us has been “out of this world”. But intimacy can transcend the physical, it can open for us a “new world” of connectedness with our partner as we enter into a “new arena of being”. Being deprived of sex, can be for some, a most devastating experience. Some have “worked their way through” that time. To discover a deeper and more intimate relationship with their partner. Others have not been able to make that transition and it has left them with anger and depression.

All of life as well as the aging process itself, is being able to adjust from what “once was” to “what is now”.

It is my prayer for each one of us who are cancer survivors that we will have discovered in this cancer journey that while we have been forced into a “new masculinity”, we may well discover a new and deeper understanding of the meaning of intimacy with our partner, and hopefully, also with our God.

Bone Care With Prostate Cancer

Osteoporosis: the disease that causes bones to become weak and break. You may have osteoporosis and not know it.

Some causes that contribute to bone loss are; smoking, alcohol abuse, low-calcium diet, lack of exercise, radiation treatment, and the use of hormonal prescriptions – just to name a few.

Are you at bone-loss risk?? May be you had better be tested.

The techniques for measuring bone density are: spine and hip, finger, heel, wrist, and hand. Perhaps the best of the lot is the spine and hip test (dx, a dual energy x-ray absorptiometry).

Now that you have had the test, what are the parameters?

- Normal - BMD (bone mineral density) falls between -1 and +1 SD (standard deviation) of a “young normal” adult
 - Low bone mass – BMD falls to between -1 and -2.5 SD of a “young normal” adult
 - Osteoporosis – BMD falls to -2.5 SD or more below that of a “young normal” adult
-

PCSA *Lifeline* Newsletter

April 2009

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Chairman's Corner

Yesterday I got the dreaded quarterly phone call from Joe Nai, "Bob, I need your column for the newsletter." And since Joe and Kristie handle the content and editorial parts of the newsletter, I'm left on my own for a subject. Please bear with me as I want to share a personal experience that I feel is appropriate to us as mentors of our kids and grandkids.

Our grandson, Michael, left UNM a year before completing his degree and recently decided to return and finish his guitar major. Cindy, my wife, and I invited him to live with us while he did his final coursework. What a wonderful experience it has been, for the three of us! Not only are we able to connect with him on a daily basis and learn of the trials and tribulations of his generation that are shaping his future as well as impacting ours but he is learning what has shaped our attitudes and behaviors that im-

pact him at this time. For example, being fiscally conservative. How's that for timing? There is also the matter of oral family history. How often have you thought of the wonderful stories you heard from parents and grandparents about their lives as they were growing up? Many of them are warm and fuzzy, like a new puppy. So here's my point. Before it is lost forever, make time to connect with your kids and grandkids and talk to them about the good ol' days. In years to come they will cherish those stories. There is also a very practical side for engaging them. Many, like Michael, are computer whiz kids and can provide local on-call technical support that we can understand.

Good Health to All,



Robert Wood, Chairman, PCSANM