

Prostate Cancer Support Association of New Mexico



LIFELINE

PCSA Quarterly Newsletter

April 2007 Volume 14, Issue 2

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TIDBIT

Prostate risk tied to lack of son

Men with 3 daughters and no sons were up to 60% more likely to detect prostate cancer, according to a study published in the Journal of the National Cancer Institute. Compared with men who had at least one son, those with only daughters were 40% more likely to detect prostate cancer. The findings increased when a man had 3 or more daughters and no sons. The study suggested that it was possible that having a predominantly female family might encourage a man to undergo a routine health screening to detect cancer.

A Call to Action By Harry Pinchot

Digested from PCRI
Nov. 06 Vol. 9 Issue 4

As part of Western society, we tend to judge a man by his financial success and by what kind of provider he is for his wife and family. As we men age, often a reduced expectation and value is placed on our lives because we are no longer active members of the work force. Many of us accept that thinking.

I submit that a man's life should not be defined by his job and his financial success, but by his deeds and personal accomplishments. Ironically, prostate cancer gives us the opportunity to let down our guard and make friends and share experiences with kind and caring men. The need to share experiences and work together in support groups and Internet discussion groups linked us with men whom we would never have allowed into our lives had it not been for PC. And we can build on those experiences.

We who have been diagnosed with prostate cancer should set a different standard, and we must live and act as more than wounded providers. We must live as men. Gentlemen, I suggest to you that prostate cancer has given each of you an opportunity to gain a unique insight and the ability to

make your mark, your contribution, so that your sons and grandsons will not have to endure PC.

Each of us has his own perspective on life and how to use the time we have been granted. I have chosen to spend my time and effort educating my fellow PC brothers. You may choose a different path, but once again, I implore you to put forth the effort to be part of the solution, not part of the problem. In my opinion, it is unlikely that there will be advancements in the treatment of PC unless we, the patients, cause them to happen.

I challenge you to rise up out of your recliners, shut off your television sets, and not just ask what you can do, but demand that you be allowed to contribute to the demise of this disease. Others who like me do not have the needed education or scientific qualifications can also help their brothers by rallying a call for political action to fund research, so that your sons and your grandsons will not be destined to suffer with PC.

We must wage a war against cancer, just as we did in WWII, in Korea and Vietnam. We have lost far too many husbands, fathers, brothers and sons. "What can I do?" Well, I am here to present an opportunity for each of you.

(Continued on page 7)

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DISCLAIMERS

The PCSA of New Mexico gives medical information and support, not medical advice. Please contact your physician for all your medical concerns.

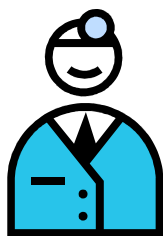
In Memory of

**Herbert R. Briggs
Stanley Jensen**

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).



J.C.O. Article

*Reviewed by
Dr. Peter Lindberg*

Let me report to you about a recent article in the J.C.O. (Journal Clinical Oncologist) from the Southwest Oncology Group reporting on patient survival rates with recurring prostate cancer, who were in initially treated with hormone therapy (Androgen Deprivation - turning off testosterone production).

This clinical trial randomized patients into two categories: Continuous Androgen Deprivation versus Intermittent Androgen Deprivation.

The sad news is the final results of this study on these 1400 men will not be known for a few years.

At this point however, the trial shows that the PSA levels achieved at 7 months predicts survival. If the PSA became undetectable, median survival was 75 months. If a PSA of 0.2 to 4.0 were reached, a median survival of 44 months was the norm. Lastly, for those men who were unable to achieve a PSA below 4.0, they lived an average of only 13 months.

For me, this is saying **hit the cancer as hard as possible, when using hormones as a treatment.** Use Lupron or Zoladex plus Casodex plus proscar to reduce the PSA level as far and as fast as possible.

In my last article I said the goal of hormone treatment should be a PSA reading of less than 0.05. Mark Scholz from the Prostate Cancer Research Institute in Los Angeles (SWOG) study confirms this goal. Dr. Mark Scholz and Dr. Richard Lam have enough experience to state that Avastin or Bevacimide is a powerful addition to the chemotherapy treatment for prostate cancer.

At this time, Taxotere and Avastin are our two best drugs. However, the FDA has not approved Avastin and Bevacimide drugs for PC treatment. Because of non-approval by the FDA, many insurance companies will not pick up the cost.

Urine Test Can Detect Prostate Cancer or Benign Disease

When will the FDA see fit to approve this simple urine test? This new urine test can tell the difference between an enlarged prostate or prostate cancer. This test from Gen-Probe is not approved in the United States but is approved in some European countries and Canada.

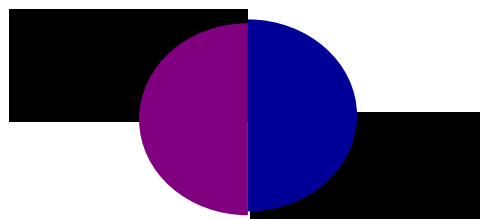
The urine test is different than the PSA test because it detects genetic material—RNA—from prostate cancer gene 3 or PCA3. PCA3 is only found in the prostate and when the cells become cancerous the cells express more PCA3 RNA than normal cells. It is independent of the PSA test and works differently to detect cancer.

PCA3 predicts prostate cancer a sensitivity of 95.7%. PCA3 tests for prostate cancer cells that are shed into the urine. The urine sample is then tested for genetic expression of the PCS3 gene. If the sample is positive for PCA3, then the patient has a very high likelihood of having prostatic cancer.

This test is not designed to replace the current PSA tumor marker but it can do something that the PSA cannot. It can be a separate tool used to determine if cancer does exist. It's not the only test but it can help out in some situations. If a man has a low PSA but wants some extra reassurance without getting a biopsy, this test could be added along with the PSA. Also, it can help men that have a negative biopsy but a rising PSA decide whether they would like a second biopsy.

Urine tests are already used to detect bladder cancers and some kidney cancers so this test could provide the patient and the doctors with more information and better decision-making tools.

Now it is your job and ours—to contact doctors, legislators and whoever, to have the FDA approve the non-invasive PSA3 prostate cancer urine test so that men can avail themselves to have the test if they wish.



Fruit Juices

**Extract from PAACT Vol.22 Number 4
Dec. 06**

By Dr. Mark Moyad

Grapefruit and possibly other fruit juices may impact the metabolism of some of your prescription drugs. Always check with the pharmacist and other health care professionals for the latest and greatest information.

Grapefruit juice and other fruit type juices have the temporary ability to stop an enzyme from working in the intestine and liver that is usually involved in the metabolism of certain drugs. It can take as little as 4-6 ounces of grapefruit juice or eating 1 regular size grapefruit, and the impact can last for as long as 3-7 days. This impact means that the concentration of the drug can run quite high (higher than normal over a long period of time) and this could result in no minor, or major side effects. However, even though grapefruit juice gets a lot of attention, there are other products that should also be mentioned that have this ability to increase prescription drug concentrations. For example, Seville oranges, tangelos, limes and even marmalades made from grapefruit peel may be an issue. It also turns out that recently pomegranate juice has been found to potentially have this same effect (but this needs more research).

So, ALWAYS ASK THE PHARMACIST ABOUT THE LATEST INTERACTIONS OF YOUR MEDICATIONS WITH FRUIT JUICES. Not all prescription drugs have this problem, but some of the more common ones might surprise you and they include:

- Antidepressants (such as Zoloft®...)
- Benzodiazepines for anxiety... (such as Valium®, Halcion®, ...)
- Calcium channel blockers for high blood pressure
- Cholesterol lowering drugs (such as Lipitor®, Zocor®,...)
- Erectile dysfunction drugs (such as Viagra®...)

Cancer Linked to A Common Chemical

By Marla Cone - LA Times

Study Points to Plastic Found in Baby Bottles

Linking prostate cancer to a widespread industrial compound, scientists have found that exposure to a chemical that leaks from plastic causes genetic changes in animals' developing prostate glands, that are precursors of the most common form of cancer in males.

The chemical, bisphenol A or BPA, is used in the manufacture of hard, polycarbonate plastic of baby bottles, microwave cookware and other consumer goods and has been detected in nearly every human body tested.

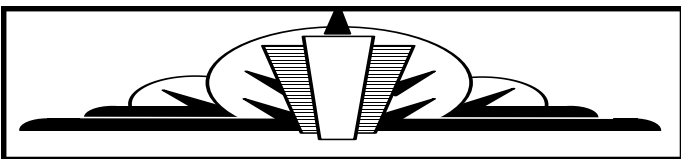
The new study of laboratory rats suggests that prostate cancer, which usually strikes men over 50, may develop when BPA and other estrogen-like, man-made chemicals pass through a pregnant woman's womb and alter the genes of a growing prostate in the fetus. One of every six men develops prostate cancer, a rate that has increased over the last 30 years.

Researchers at the University of Illinois at Chicago and the University of Cincinnati exposed newborn rats to low doses of BPA and found the structure of genes in their prostate cells was permanently altered, a process of reprogramming in early life that promotes cancer in adulthood. One key gene was switched on, producing too much of a cell damaging enzyme that has been detected in cancerous prostate cells but not normal cells.

Also, as the rats aged, they were more likely than unexposed animals to develop pre-cancerous lesions, or cellular damage, in the prostate that have been known for years to lead to prostate cancer in humans.

"The present findings provide the first evidence of a direct link between developmental low-dose bisphenol A... and carcinogenesis of the prostate gland," the research team, led by Drs. Gail Prins and Shuk-Mei Ho, reported in the journal *Cancer Research*.

Exposure to the chemical "may provide a fetal basis for this adult disease" in humans, their report said.



Satraplatin Improves Progression-Free Survival

Satraplatin, an investigative chemotherapy agent, improves progression-free survival among men with hormone-refractory prostate cancer, according to just-released trial results.

Satraplatin is a platinum-based chemotherapy that can be taken orally and used on an outpatient basis. The current phase III trial, referred to as the SPARC trial, included 950 patients. Patients were treated with satraplatin plus prednisone (a steroid) or placebo plus prednisone.

Cancer progression was reduced by 40% among patients treated with satraplatin compared to placebo. Progression-free survival was significantly improved among patients treated with satraplatin.

Satraplatin Improves Progression-Free Survival in Hormone-Refractory Prostate Cancer
CancerConsultants.com | 09.25.2006
Positive Results of Satraplatin Phase 3 Trial
Spectrum Pharmaceuticals, Inc.

Stop the Suffering from Prostate Cancer

Far too often low income men refuse free screenings because they have no access to follow up treatment. Congressman Jim Marshall and the New York State Delegation have recently sponsored the Thomas J. Manton - Prostate Cancer Early Detection and Treatment Act of 2006 in honor of a former member of Congress from New York who passed away this summer from prostate cancer.

This bipartisan legislation which would not only provide federal funding for screenings, but also follow up treatment for those who qualify, mirroring the successful Breast and Cervical Cancer Early Detection Program currently in place at the CDC. Your efforts will help to urge all men regardless of income to be screened and stop the needless emotional and economic drain on our nation caused by prostate cancer. Call your Representative today!

Gene Therapy Study Takes Aim at Prostate Cancer

Researchers at Baylor College of Medicine (BCM) are hoping a new gene therapy that takes a gene called RTVP-1 directly into the prostate tumor will prove effective in preventing recurrence of the disease.

The gene therapy is intended to boost the immune system's ability to attack prostate cancer cells, both in the tumor and other parts of the body, in men who are at high risk of recurrence. Men will receive the therapy by injection approximately one month before undergoing prostatectomy, in the hopes that the drug will shrink or kill the cancer, reducing the chance of recurrence.

Gene Therapy Study Takes Aim at Prostate Cancer by Gracie Gutierrez | Baylor College of Medicine

Once Yearly Osteoporosis Shot Reduces Breaks

An experimental treatment for bone-thinning osteoporosis appears to prevent spine and hip fractures even though it is given only once a year, eliminating the need for a strict daily pill regimen, preliminary data show.

Reclast, given as an annual 15-minute infusion, reduced risk of new spine fractures by 70 percent and hip fractures by 40 percent, according to data supplied by the maker, Novartis Pharmaceuticals Corp.

Once Yearly Osteoporosis Shot Reduces Breaks
Associated Press



Watch-And-Wait Approach to Prostate Cancer Under Question

By Rob Stein | *Washington Post* | 01.06.2007

Study finds that elderly men have 30 percent better chance if they get aggressive therapy — and the debate goes on.

A large new study is challenging the common practice of recommending that elderly men forego treatment for early prostate cancer and instead wait to see whether the malignancy progresses.

The study of more; that 44,000 American men 65 to 85 found that those who chose to aggressively treat their prostate cancer with surgery or radiation were about 30 percent less likely to die than those who waited, indicating that treatment offered a clear advantage.

The research, published in the *Journal of the American Medical Association*, is the first to directly examine what has been conventional wisdom: that many elderly men need not treat early prostate cancer because it tends to grow so slowly that they probably will die of something else first.

“For many years, the thinking has been that observation or ‘watchful waiting’ was the safest option for elderly patients with early prostate cancer,” said Yu-Ning Wong, of the Fox Chase Cancer Center in Philadelphia, who led the study.

The findings prompted debate among specialists, who said the results could have potentially far-reaching implications, because they address one of the central quandaries about prostate cancer and because the disease is so common.

“This debunks the idea that older men do not benefit from treatment,” said Christopher Amling, of the University of Alabama in Birmingham. “This gives support to the idea that active treatment can be beneficial.”

Others experts expressed skepticism, saying the study’s design may have missed another explanation for the lower death rate among men who were

(Continued on page 7)

Dietary Changes May Slow Prostate Cancer Growth

By Anthony J. Brown, MD

Clinical Cancer Research Aug. 1, 2006

Increasing the ratio of omega-3 to omega-6 fatty acids in the diet appears to slow the progression of prostate cancer, according to the results of an animal study.

The so-called Western diet commonly consumed in the US contains mostly omega-6 fatty acids, derived from corn oil and other sources. Omega-3 fatty acids, by contrast, are abundant in cold-water fish, a food source missing in the diets of many Americans.

“Our study showed that altering the fatty acid ratio found in the typical Western diet to include more omega-3 fatty acids and decreasing the amount of omega-6 fatty acids reduced prostate cancer tumor growth rates and PSA levels in mice,” senior author Dr. William J. Aronson, from the University of California, Los Angeles School of Medicine.

Aronson noted that the Western diet usually contains an omega 6 to 3 ratio of about 15 to 1. In the current study, comparison animals received a diet containing a similar ratio, while intervention animals were given a diet with a ratio of about 1 to 1.

Aronson believes that with dietary changes and the use of fish oil supplements, an omega 6 to 3 ratio of 2 to 1 or possibly lower is attainable in prostate cancer patients.

The new study, reported in *Clinical Cancer Research*, involved mice implanted with human prostate cancer cells. Aside from the difference in the omega 6 to 3 ratio, all of the animals received identical 20 percent fat diets.

Tumor growth rates, the final tumor size, and PSA levels were all lower in the intervention group compared with mice given Western diets. Laboratory testing showed that cancer cells grew 22 percent slower in culture dishes containing body fluid from the intervention group. Consumption increase of

(Continued on page 7)



Watch-And-Wait... *(Continued from page 6)*

treated. They probably were healthier in ways that doctors can tell only by examining them in their office, not from looking just at their medical records, which is what the study did.

“There was probably something about these guys that made them more likely to get treated that also made them more likely to survive,” said Mark Litwin, of the David Geffen School of Medicine at UCLA, who co-authored an editorial accompanying the paper.

Wong acknowledged that the study’s design had limitations, making it important that the findings be confirmed by additional research.

But she said she and her colleagues analyzed the data carefully to take into account factors that could have influenced the findings, such as the subjects’ ages and whether they had other health problems.

The widespread use of the prostate-specific antigen, or PSA, screening test to catch prostate cancer early has led to intense debate about how aggressively to treat the disease. Some doctors fear the cancer is being over-treated, particularly in older men, subjecting them to therapies that leave many impotent and incontinent when their cancer would never bother them if left untreated. Autopsies show that most men will develop prostate cancer in their lifetimes but often die of something else.

Dietary Changes... *(Continued from page 6)*

creased omega 3 diet was also associated with an 83% reduction in tumor prostaglandin E (PGE) 2 levels, a chemical known to promote inflammation.

“This is an initial animal-model study that is one of the first to show the impact of diet on lowering an inflammatory response known to promote prostate tumor progression in tumors. More research needs to be done before clinical recommendations can be made, but the finding is significant,” Aronson noted.

“At this point we would not recommend changing fatty acid intake for prostate cancer patients. However, we are conducting a randomized study in men to test if dietary changes affect prostate tissue levels of COX-2 and PGE-2.”

A Call to Action *(Continued from page 1)*

We need earlier access to drugs that are in the pipeline but that have not yet reached final approval. Today, I offer you an opportunity to use your voice for the benefit of your fellow PC brothers. In the U.S. Senate, Senator Brownback has authored a bill, “S-1956,” also known as the “Access, Compassion, Care and Ethics for Seriously Ill Patients Act,” or the “Access Act.”

This pending legislation is a result of a lawsuit filed against the FDA by the Abigail Alliance. As a result of this lawsuit, the D.C. Circuit appeals court ruled that patients with life-threatening diseases have a Constitutional right to seek treatments for which efficacy is not yet established. What’s more, the government cannot interfere unless it proves it has a compelling interest. Judge Judith Rodgers, in writing the majority opinion, wrote, “The prerogative asserted by the FDA to prevent a terminally ill patient from using potentially lifesaving medication to which those in phase II clinical trials have access, impinges upon an individual liberty deeply rooted in our nation’s history and tradition of self preservation.”

Let Your Voice Be Heard!

Tidbits

Calculator crunches numbers to see if you have prostate cancer and/or do you want/need a biopsy

The American Cancer Society is projecting a total PC diagnoses of 234,000 with a death rate of 27,000 for the year 2006.

If you wish to calculate your PC numbers or tell a friend to try out his stats, check out the web page: www.compass.fhcr.org/edrnnci/bin/calculator/main.asp.



Dr. Mark Scholz recommends that prostate cancer patients all get quantitative bone density tests. You need a prescription and a note from your physician to get a QCT bone density test.

PCSA *Lifeline* Newsletter

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Chairman's Corner

What do VP Cheney and I have in common? A blood clot in the lower leg. His was from 65 hours in a plane and mine from knee surgery. This isn't Prostate Cancer news but I feel it should be shared since it is a health issue, so here are a few words of caution: If you are traveling, especially on long flights, be sure to get up and walk every hour or so. If you are having surgery, talk to your doctor about recognizing symptoms from a clot and how to reduce the chances of it happening to you. A blood clot can be fatal!

If any of our readers hear of an organization, men's or lady's, that is looking for a prostate cancer presentation at their meeting, we have speakers and a brand new digital projector ready to go. Please contact Joe Nai, 254-7784, and he will do the rest.

I want to encourage our membership to attend our support meetings at Bear Canyon Senior

Center. It is important in two ways. First, we schedule speakers who bring new and important information about prostate cancer diagnoses, treatments and related health issues for us survivors. Second, we always have one or more newly diagnosed men who bring their wives and are in need of information and support that we, as survivors, can share with them. The input they get from us can help them resolve many unanswered questions about their future.



Robert Wood, Chairman, PCSANM