# Prostate Cancer Support Association of New Mexico

# LIFELINE

**PCSA Quarterly Newsletter**

**April 2008 Volume 15, Issue 2**


## Issue Highlights



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**pcsanm.home.att.net**

## TIDBIT

**Worry**
Worry doesn't help tomorrow's troubles; it ruins today's happiness.
**Author unknown**

**Failure**
If you're not failing every now and again, it's a sign you're not doing anything very innovative.
**Woody Allen,** *director*

**Doubt**
Our doubts are traitors, and makes us lose the good we oft might win, by fearing to attempt
**William Shakespeare,** *playwright*

## Prostate Cancer Patients Pick Treatments That May Diminish the Quality of Life

By James Talcott, MD
*Cancer* Jan 08 Vol 112 No 1

Men with early-stage prostate cancer frequently choose treatments that worsen problems they already have, according to a new study in Cancer.

Researchers from Boston University School of Public Health, Dana-Farber Cancer Institute, Harvard Medical School, Harvard Radiation Oncology Program, and Massachusetts General Hospital found that of 438 men who completed the study, 389 (89%) reported pre-existing urinary, bowel, or sexual problems, yet more than on-third opted for treatments that made them more vulnerable in those areas.

### A High Degree of Mismatch

The 3 most common active treatments for prostate cancer - brachytherapy, external beam radiation therapy, and radical prostatectomy - have been shown to be about equally effective in clinical trials. But each has its own unique set of urinary, bowel, and sexual side effects that need to be taken into consideration when choosing a treatment.

A man with urinary irritation or difficulty passing urine, for example, might be advised against brachytherapy because it can make these symptoms worse. Likewise, men with bowel problems would likely be discouraged from external beam radiation therapy because it can affect the rectum as well as the prostate. Nerve-sparing radical prostatectomy is typically done in an effort to preserve sexual function. In some cases, though, this approach might reduce the chance that a surgeon can remove the entire tumor, so for men who already have erectile dysfunction, the risks of this procedure might outweight any quality-of-life benefits.

The men in the study were recruited from Boston-area multispecialty treatment centers. They answered questions about their urinary, bowel, and sexual function before they underwent treatment.

The researchers then classified the men into 4 groups. The first 2 groups had a urinary, bowel, or sexual problem that would likely make 1 of the 3 most common prostate cancer treatments inappropriate. The inappropriate treatment was more clear-cut for men in Group I than those in Group II. Patients in Group III had problems in several area, but were felt to have at least one "appropriate" treatment option. Men who had problems that would be further aggravated by all of the treatments fell into Group IV.

*(Continued on page 5)*

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## *In Memory of*

Frank "Doug" Barlow
Senator Ben Altamirano
Arthur Nelson
Abel Bazan
James Graham

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).

## PCSA *Lifeline*

A quarterly newsletter addressing issues of prostate cancer

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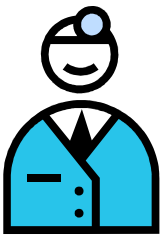
The PCSA of New Mexico gives medical information and support, not medical advice. Please contact your physician for all your medical concerns.



## Do You Have A High Risk For Prostate Cancer?

Doctor's Corner

Four years ago Dr. Anthony D'Amico reported results of prostate cancer treatment in 7750 patients at 44 centers within the United States. The outcome showed that a radical prostatectomy or radiation therapy gave equal excellent cure rates in patients over 60 who were either low risk, or low intermediate risk prostate cancer. Low risk is a PSA of under 10, no lump or a small lump and a Gleason score of 6 or less. Low intermediate risk patients include those men who have a Gleason score of 7 or a larger lump (T2b) or a PSA of more than 10. If 2 of these risk factors are higher than low intermediate risk, this constitutes high intermediate risk prostate cancer. For men with higher risk of returning cancer, surgery or radiation alone showed a number of treatment failures. Dr. D'Amico concluded that higher risk men need combination therapy - hormones plus radiation. This combined therapy has proven to be beneficial in large clinical trials. Hormones added to surgery did not improve results over surgery alone. Radiation added to surgery has not improved survival in clinical trials reported so far.

Since 1997, I have been recommending triple therapy (a la Bob Leibowitz triple). Lupron, or Zoladex, plus Casodex (3 tablets daily, 50 mg each) plus Proscar. Recently I've been using Avodart in place of Proscar. This is all used in addition to some form of radiation, IMRT, or radioactive seeds. I have treated at least 40 men with this therapy. One patient failed; he had extremely high risk cancer, that progressed rapidly and he died despite all treatment. All of the other men are alive with PSA less 1.0. I do continue Proscar or Avodart after completing Lupron-Casodex.

In my practice, the highest risk group of 16 men received the total androgen blockage for at least one year and 3 men received it for 2 or more years ( as in the Bolla trial). A typical example is a man 72 years old at diagnosis in 2000. He had a T-3 tumor (big lump). His PSA had gone from 2 up to 12 in the year of diagnosis. His Gleason score was 5+4. He was on triple therapy for almost 2 years and IMRT at the U. of California in San Francisco by Mack Roach. Now his current PSA in 2007 is 0.13. His testosterone is normal at about 400, and he is fully potent. No urinary problems and minimal anal problems. "Living a normal life." Using the most optimistic prediction of his outcome with a radical prostatectomy his cure rate would have been a 6 out of 10 chance with about a 35% predicted chance of bone cancer at this time. Using the Memorial Sloan Kettering nomogram, radiation plus standard hormonal therapy is predicted to give the same overall result as a radical. With 4 years of median follow-up the other 14 men I have treated with triple therapy plus radiation have no bone metastasis (bone cancer) and all PSA readings are under 1.0.

Since this is not a randomized clinical trial but my experience with a series of patients, I can't prove this is superior to 6 months of Lupron plus Casodex (50mg - D'Amico trial) or 3 years of hormones plus radiation (Bolla trial) but I believe this triple therapy plus radiation is a good treatment choice for high risk and high intermediate risk patients with prostate cancer.

High risk and high intermediate risk are:

1. High risk PSA more that 20 or Gleason score 8 or above or a T-3 lesion.
2. High intermediate risk, any 2 of the following: Gleason score of 7, PSA more than 10, T2b lesion.

There are other situations where triple plus IMRT or seeds would be good, such as a rapidly rising PSA in the year before diagnosis, or extensive bilateral disease of a Gleason score 4+3.

By Dr. Peter Lindberg

## Energy Employees Compensation Resource Center

Karen Martinez has been replaced by Gina Beavers as their new case worker. I have spent a few hours with Gina and she told me that they are still looking for men that may be eligible for the Cancer Chronic Beryllium Disease Program. We have some new brochures at the office and phone numbers. If you feel that you may be eligible for this compensation program, stop by the office and pick up the new materials.

## The Magic Statins

By Mark Moyad, MD, MPH
Jan 08 Us TOO

A clinical study used atorvastatin (Lipitor®) and included 83 individuals (31 women and 52 men) with heart disease compared to a control group of 73 hypertensive subjects not taking statins. Patients were evaluated for 12 months. The average age of the participants was 62 years of age. The statin drug increased vitamin D levels significantly (p=0.003) from an average of 41 nmol/L to 47 nmol/L. Regardless, the majority of these patients still were deficient in vitamin D according to their blood levels despite the increases with the statin drug, so keep that in mind. In addition, levels of total cholesterol (182 to 161 mg/dL), LDL cholesterol (114 to 90 mg/dL) and triglycerides (152 to 117 mg/dL) were significantly reduced, and HDL (39 to 49 mg/dL) significantly (p=0.001) increased on the statin medication. Low doses (10 to 20 mg) as well as higher doses of the statin drug were utilized to achieve appropriate cholesterol numbers for each patient. The control group had no increase in vitamin D.

Let me see if I get this straight! Three of the six statin drugs are now generic so they are getting cheaper in price every day! Statins reduce the risk of cardiovascular disease, and they seem to reduce the risk of dying young from all causes. In addition, there is now increasing evidence that they may improve bone health, brain health, eye health, kidney health, and may reduce the risk of dying from prostate cancer.

Oops, I will and should apologize if it does not do all these amazing things in the future except reduces your risk of dying young from the number 1 killer of men and women in the US (cardiovascular disease)?! So, remind me again why we are not putting every man impacted by prostate cancer on a statin drug?! Oops, that's right, I forgot, because then that would make sense!!

## Post Radical Prostatectomy Treatment of Incontinence

Us TOO Jan 2008

If you have an interest in this topic, stop by the office and pick up a copy of the Us TOO Jan 08 issue. We did not publish it because it is too long.

## Muscadine Grapes Inhibit Prostate Cancer Cells

Cancer Decisions Sept. 9, 2007

Interestingly, muscadine grape skin extract (abbreviated MSKE) does not contain significant amounts of resveratrol, a better know grape skin component which has been shown to prevent the growth of prostate cancer cell cultures. However, just this month, an extract of muscadine grape skins was shown to inhibit the growth of prostate cancer cells in a National Cancer Institute (NCI) laboratory. The results were published in the September 1, 2007, issue of the journal *Cancer Research*.

The team of researchers, led by Jeffrey E. Green, showed that MSKE significantly inhibited the growth of cancerous prostate cells, while leaving normal prostate cells unaffected. It did so via apoptosis, or programmed cell death. By contrast, resveratrol seems to work by blocking the cell cycle, which is the sequence of steps that a cell moves through as it grows and divides. It is thought that both mechanisms are normally used by the body in an attempt to rid itself of cancer.

According to Dr. Green, "These results show that MSKE may have potent anti-tumor activities in the lab that differ from the effects of resveratrol. Further studies of MSKE will be necessary."

One interesting fact is that the scientists tested MSKE in cells that represent the various stages of prostate cancer tumor growth. All stages responded to MSKE, suggesting that the active compounds found in this muscadine extract could inhibit tumor development, even at very early stages.

Muscadine grape skins also contain ellagic acid, malic acid, magnesium, potassium and fiber. According to a report by Penelope Perkins-Veazy of the US Department of Agriculture, "The oxygen radical absorbing capacity (ORAC) of muscadines was found to be very high." On an ounce-by-ounce basis, the grape has about twice the ORAC value of pomegranate juice.

Interestingly, red muscadine wine may be even more healthful than muscadine juice. In a clinical experiment at North Carolina State University, published in the journal *Nutrition* in November 2006, muscadine wine had even greater health benefits than the equivalent juice.

## Treatment That May Diminish Quality

*(Continued from page 1)*

The researchers found a surprising number of mismatched treatments among the study participants, regardless of the clinical complexity of their cases. About 34% of Group I patients received a treatment that might have worsened a pre-existing problem, compared to 37% in Group II and 40% in Group III.

Not surprisingly, choosing a mismatched treatment had negative effects. More men who had bowel problems prior to external beam radiation therapy reported diarrhea, pain with bowel movements, bowel urgency, and rectal bleeding. Patients who had urinary problems prior to brachytherapy were more likely to report painful urination. They also reported more need to urinate at night, though the difference did not reach statistical significance. Nearly all men with sexual dysfunction continued to have trouble in that regard after radical prostatectomy, regardless of whether a nerve-sparing procedure was used.

**Emphasizing Quality-of-Life Concerns**

The authors offer several hypotheses to explain why many men didn't seem to take these problems into account as part of their treatment decision-making. Some men may make decisions hurriedly and base their decisions on anecdotes and misconceptions.

Another explanation is that men might have a hard time talking to their doctors about sensitive issues, making it harder for physicians to determine the extent of any dysfunction.

The authors also note that there are other factors that might legitimately enter into treatment decisions. For example, some men might not consider external beam radiotherapy if radiotherapy centers are not close enough for daily treatments to be practical.

Mark S. Litwin, MD, professor urology at the David Geffen School Medicine at the University of California, Los Angeles (UCLA), and the UCLA School of Public Health and a researcher at UCLA's Jonsson Comprehensive Cancer Center, calls this a "great study that provides real opportunities for quality improvement." He agrees that there's a real need for a standardized pre-consultation questionnaire. "We should use any tool we can to better understand and better inform our patients," says Litwin, who was not involved in the research.

But Litwin sees the problem in a slightly different light: "It's not that men don't tell their doctors about their pre-existing problems, but that they have a skewed perspective of them, and as a result, of their treatment outcomes. We in medicine need to do a better job of sitting down with our patients and explaining how these treatments are going to affect quality of life."

Only around 5% of the men in each group chose "watchful waiting," or "active surveillance," a percentage Litwin and the researchers suggest reflects the tendency in the United States to over-treat prostate cancer in some cases. "We need to lay out the quality-of-life compromises associated with active treatment and help guide patients who should embrace active surveillance," Litwin said.

## Ben Altamirano, Our Benefactor

My guess is that everyone knows that Senator Ben Altamorano has died. But perhaps what all our members do not know is that he was very instrumental in the early days of the organization - fighting to have seed dollars come to the PCSA so that it could develop into a viable prostate cancer support association.

Ben was always working at the round house on our behalf.

The senator was a hard worker in Santa Fe for some 30+ years, funding many worthy programs throughout the state and we shall all miss him as a legislator and friend.

## Tidbit

An ingredient used in cough medicine for more than 50 years could be a powerful new treatment for prostate cancer. Noscapine, a drug derived from opium, has been found to stunt tumor growth and reduce the risk of cancer spreading by up to 65%

## Incontinence After Radical Prostatectomy

Another Man's Story

We all know that each man is different with respect to outcomes and side effects. I would like to recount my experience in order that those who may be contemplating surgery will not come away with the impression that the story in the January Lifeline related an experience common to surgical treatment. It certainly was not in my case.

For about six weeks prior to surgery, I performed Kegel exercises religiously. I did 150 twice a day in five groups of 30 plus 20 counts of holding after each group and followed by a 150 count hold at the end of the series. The squeeze I used is the contraction one would use to stop urination in "mid-stream." During this pre-op period, I walked about three miles every day, took yoga classes, and continued to be active in sports. After surgery, I continued the Kegels (after catheter removal) for about 6 months, and I tried to maintain at least three to four hours between urinating to increase the bladder volume and control.

During the first six weeks after surgery, I did a lot of walking, which was not easy with the catheter. I tried to walk outside a mile in the morning and a mile in the afternoon, but was not always able to complete the mile because of the uncomfortable catheter. During the day, I got up from the chair every hour or so and walked from room to room for as long as I could. Keeping active is a must. From the first day home, I never stayed in bed during normal waking hours.

Prior to surgery, we stocked up on diapers and pads. As it turned out, I never had an incontinence problem at night, but did use an "Always" half-pad during the daytime for about ten days - I have never used them since. Maybe I was a lucky one, but I think the Kegels and physical activities combined with a well-experienced surgeon did the trick. During the daytime, for about six months, I did have some relatively minor "squirts" when experiencing some activities such as coughing, sneezing, moving too quickly, etc.

Now almost six years after surgery, once in a while one of those listed activities will produce a drip or a squirt, and it almost always occurs when holding off too long after the desire to urinate becomes strong. In order to minimize potential incontinence problems, my surgeon recommended to discontinue all consumption of chocolate, caffeine, and alcohol during the first month or so after surgery.

I have never experienced the blitzkrieg pains in the penis, penile tissue sores, irritation in the crotch, or penile shortening or shrinking, as have been reported in other cases.

I did, however, experience excruciating bladder spasms for about two of the three weeks that the catheter was in use. A nurse friend of mine suggested that the spasms were caused, or at least worsened, by citrus juices. I took bladder relaxant pills prescribed by the surgeon, but not until I completely stopped drinking my daily glass of orange juice did the spasms abate.

Prior to surgery, I gave two units of blood as autologous blood donations. The time between the two blood donations and the time between the last donation and date of surgery was at least three weeks in order to allow time for adequate strength to be regained. I took iron tablets during the donation period and up to surgery time, in the amount recommended by my surgeon.

All of my donated blood was returned, one unit in the recovery room and one unit before discharge. I think that was a contributing factor to my quick recovery.

I felt fully recovered in six weeks and, after seven weeks, was back to my full sport regimen without experiencing any symptoms of unusual fatigue or lack of stamina.

I feel strongly that it is of great importance to have a good, positive mental attitude: to treat this as a challenging experience, not one of all-consuming worry. I attribute my quick and satisfactory recovery to good physical and mental conditioning, a well-experienced surgeon, and a supporting and caring wife.

## Cancer-Resistant Mouse Discovered

University of Kentucky

A mouse resistant to cancer, even highly-aggressive types, has been created by researchers at the University of Kentucky. The breakthrough stems from a discovery by UK College of Medicine professor of radiation medicine Vivek Rangnekar and a team of researchers who found a tumor-suppressor gene called "Par-4" in the prostate.

The researchers discovered that the Par-4 gene kills cancer cells, but not normal cells. There are very few molecules that specifically fight against cancer cells, giving it a potentially therapeutic application.

Funded by several grants from the National Institutes of Health, Rangnekar's study is unique in that mice born with this gene are not developing tumors. The mice grow normally and have no defects. In fact, the mice possessing Par-4 actually live a few months longer than the control animals, indicating that they have no toxic side effects.

"We originally discovered Par-4 in the prostate, but it's not limited to the prostate. The gene is expressed in every cell type that we've looked at and it induces the death of a broad range of cancer cells, including of course, cancer cells in the prostate," said Rangnekar. "The interesting part of this study is that this killer gene is selective for killing cancer cells. It will not kill normal cells and there are very, very few selective molecules out there like this."

To further investigate the potential therapeutic benefits of this gene, Rangnekar's team introduced it into the egg of a mouse. That egg was then planted into a surrogate mother.

"The mouse itself does not express a large number of copies of this gene, but the pups do and then their pups start expressing the gene," Rangnekar said. "So, we've been able to transfer this activity to generations of mice."

The implications for humans could be that through bone marrow transplantation, the Par-4 molecule could potentially be used to fight cancer cells in patients without the toxic and damaging side effects of chemotherapy and radiation therapy.

"When a cancer patient goes to the clinic, they undergo chemotherapy or radiation and there are potential side effects associated with these treatments," Rangnekar said. "We got interested in looking for a molecule which will kill cancer cells and not kill normal cells, but also would not be toxic with regard to the production of side effects to the entire organism. We are thinking of this in a holistic approach that not only would get rid of the tumor, but also not harm the organism as a whole. Before this animal study, we published a lot of work indicating that in cell culture, there's no killing of normal cells. This is the proof that it doesn't kill normal cells because the mouse is alive and healthy.

Rangnekar admits there is much more work to be done before this research can be applied to humans, but agrees that is the most logical next step.

"I look at this research from the standpoint of how it can be developed to the benefit of the cancer patient and that's really what keeps us focused all this time," said Rangnekar. "If you look at the pain that cancer patients go through, not just from the disease, but also from the treatment - it's excruciating. If you have someone in your family, like I did, who has gone through that, you know you can see that pain. If you can not only treat the cancer, but also not harm the patient, that's a major breakthrough. That's happening with these animals and I think that's wonderful.

## Compound in Broccoli Could Boost Immune System, Says New Study

A compound found in broccoli and related vegetables may have more health-boosting tricks up its sleeves, according to a new study led by researchers at the University of California, Berkeley.

Veggie fans can already point to some cancer-fighting properties of 3,3'-diindolylmethane (DIM), a chemical produced from the compound indole-3-carbinol when Brassica vegetables such as broccoli, cabbage and kale are chewed and digested. Animal studies have shown that DIM can actually stop the growth of certain cancer cells.

This new study in mice, published online August 20, 2007 in the Journal of Nutritional Biochemistry, shows that DIM may help boost the immune system as well.

"We provide clear evidence that DIM is effective in augmenting the immune response for the mice in the study, and we know that the immune system is important in defending the body against infections of many kinds and cancer," said Leonard Bjeldanes, UC Berkeley professor of toxicology and principal investigator of the study. "This finding bodes well for DIM As a protective agent against major human maladies."

**PCSA *Lifeline* Newsletter**
**April 2008**

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# *Chairman's Corner*

Out of the Winter Doldrums and right into the fires of Tax Season. Will the fun never end? Well, we do have some good news to share. Judy Wood's piece in the January Newsletter is a welcome addition to the publication and highlights the thoughts and concerns of the "other" PC victims. She has written from the heart and from experience. We look forward to more from Judy and the Angels.

There are two recent articles I want to draw to your attention. First, "Doug and his Prostate" can be found at http://www.roblesmar.com/features/dougs_prostate.htm#after_llu. It is much more than a man's story of enduring metastatic PC. Doug is an engineer who uses his analytical skills to chronicle his PC experience with clear descriptions and data from a myriad of treatments, drugs, trials, and doctors from 1977 to the present. For men facing recurring PC, Doug offers a model and hope for their own survival.

And second, log onto www.pcri.org and scroll down to PCRI Insights and open the newsletter. Then open the February 2008 edition and read Dr. Stephen Strum's article. He is a practicing medical oncologist who has specialized in PC for 25 years. In his review of the study of PC for the last 10 years, he covers topics ranging from the conservativeness of the FDA to a PC Prevention Trial studying the effectiveness of finasteride (Proscar®) in preventing PC. His review is both thought provoking and encouraging. I urge everyone to read these two articles.

If you don't have a computer, come to the office, say "Hi" to Joe and Kristie, and use ours.

Robert Wood, Chairman, PCSANM