Prostate Cancer Support Association of New Mexico

LIFELINE

PCSA Quarterly Newsletter

July 2008 Volume 15, Issue 3

Issue Highlights

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pcsanm.home.att.net

TIDBIT

IBD
Apr 7, 08

Drinking 8 glasses of water daily does not mean better health for the typical person, says a new Univ. of Penn. study that contradicts a recommendation advanced by many experts. The study looked at 4 health benefits attributed to drinking 8 glasses of water daily: better toxin excretion, improved skin tone, reduced appetite and fewer headaches. It found no scientific basis for those claims.

Health Insurers Quit Covering Hospitals' Medical Foul-ups

By Peter Benesh
IBD 14 Apr 08

You've no doubt had the experience of paying for car repairs that were done wrong. Not only did you pay for the faulty repair, you also paid to fix the error.

Health insurers have faced the same problem, paying for medical mistakes and the consequences of those mistakes.

Led by the federal government, they're putting an end to the practice, refusing to pay for a range of medical errors.

The initiative came from the Centers for Medicare & Medicaid Services (CMS), the agency that runs Medicare and Medicaid.

As of Oct. 1, Medicare will no longer pay for events that shouldn't happen. These include operating on the wrong patient or wrong body part, performing the wrong procedure and leaving items inside the body.

Medicare also will not pay for blood-type errors and several kind of hospital-acquired infections, especially those associated with catheter placement.

Hospitals and insurers are not cozy. A recent study for PR firm Davies Public Affairs found that major insurers, including United-Health Group, Cigna, and WellPoint, got more negative than positive marks from hospital executives.

Yet you won't find many folks in health care publicly opposed to the CMS plan - not even the hospitals.

Hospital industry response has been low-key, say Dijuana Lewis, president and chief executive of insurer WellPoint's Comprehensive Health Solutions Business Unit.

"Nobody would be proud of errors or want them publicized," Lewis said.

And there's no shortage of errors. A study released in early April by research firm HealthGrades says 1.12 million Medicare patients suffered "safety incidents" in 41 million hospitalizations between 2004 and 2006. Those incidents cost taxpayers nearly $9 billion.

Until CMS acted, everybody talked about medical errors but nobody did anything about them.

Dr. Stephen Newman said, "We want payers to steer patients to our hospitals and doctors."

CMS will begin implementing its nonpayment policy on Oct. 1, phasing in the program for 6,000 hospitals in 14 states.

Funtleyder said, "We're reaching the point of serious cost constraints in health care. It's self-evident that medical errors cost the system unnecessarily. I never understood why anybody paid for them."

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In Memory of

Robert J. Rasmussen
Filo Sedillo
Gerald Ross
George William "Bill" Stuckman

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*

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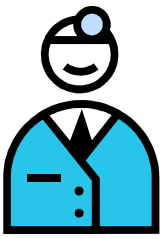
DISCLAIMERS

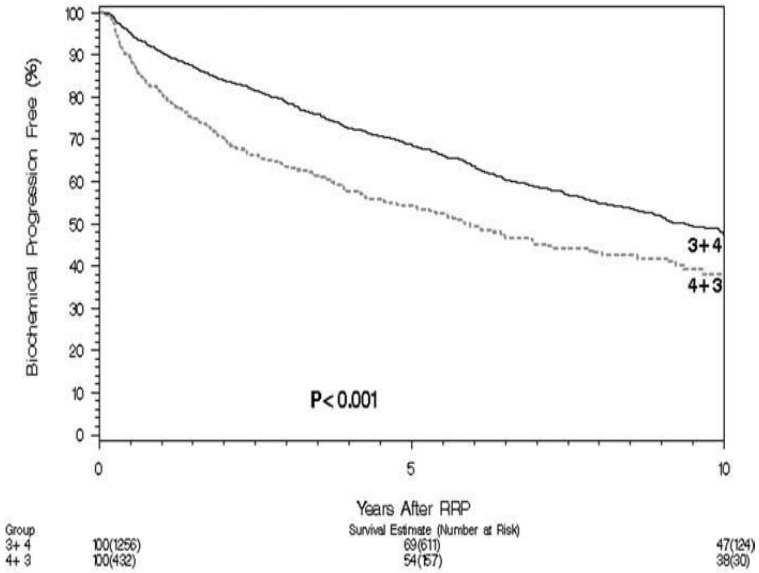
The PCSA of New Mexico gives medical information and support, not medical advice. Please contact your physician for all your medical concerns.



Dr. Lindberg's Report

Dr. Peter Lindberg

(1) There is no proof that the 10 year cure rate of prostate cancer differs between radical prostatectomy (RP) and radiation therapy. Recently a urologist suggested that after 10 years there are hardly any cases where the cancer returns if the patient had a radical prostatectomy, whereas he suspects a lot of patients will continue to have late failures after radiation if it were the only treatment used. This graph published in the Journal of Urology 2006 from the Mayo Clinic shows the continuing failure rate after a radical and there is no leveling off. Mack Roach, U. of California, San Francisco, states that late failure can occur with all methods of primary treatment.



A study of 1201 survivors of men treated at many MAJOR centers, including Memorial Sloan Kettering in New York, Cleveland Clinic, etc. MD Anderson reviews quality of life comparing radical, radiation, and brachytherapy (seeds).

The results contradict what I have heard academic urologists claim, the incontinence rate is in the 2-4% range after a radical prostatectomy. However, at the Memorial Anderson Cleveland Clinic, their patient survey showed a 14% urine leakage at more than once a day. This showed up when checked at the 2-year follow-up mark. At the 2-year mark, 20% still wore pads.

Using RP with nerve sparing, the sexual score decreased by about 50%. Before any surgery, 17% of men had poor erections but at the 2-year follow-up, up to 64% of the men reported that erections were not firm enough for intercourse. With radioactive seeds, 36% had poor erections before any treatment and this increased to 56% at the 2-year follow-up. With seeds, 10% had urine leakage more than once a day and 8% used pads. The worst sexual score was reported with surgery that did not save the nerves and with radiation plus hormone therapy (a sexual score of about 20%). These probably represent the most advanced cancer cases. However, there may be continued improvement in the radiation-hormone group after 2 years with further recovery of testosterone. This information and these studies need to be considered and the treatment selected that best fits the particular patient.

(2) Robotic surgery (RS) is proven to be better than standard open radical prostatectomy. This is NOT TRUE. In the May 10th report from the Journal of Clinical Oncology, 2700 men were compared for outcomes between open surgical radical prostatectomy with men who had robotic or laparoscopic surgery. These were men whose records were reviewed through Medicare claims. The results showed a need for "salvage therapy" in 27.8% of men treated with the robotic or laparoscopic surgery whereas in the men undergoing the standard radical, only 9.1% were required further treatment because the first treatment failed. Robotic surgery is heavily advertised but there is no proof of better urine control and it may be worse at the one-year follow-up. Also, there is no proof that sexual function may be better with one of the treatments over the other. I have discussed this with Eric Klein of the Cleveland Clinic, Ferdinand Bianco at Memorial Sloan Kettering, and read Patrick Walsh's comment in the Journal of Urology. The resulting outcome depends on the doctor's surgical skill, not on the robotic equipment. Also, results for 1500 patients are not as favorable as reported in the first 250. Potency rates, the ability to have an erection, are 70% at best, the same as claimed by Walsh for his surgery. Read further on quality of life outcomes.

(Continued on page 7)

Blocking Protein Kills Prostate Cancer Cells, Inhibits Tumor Growth, Jefferson Scientists Find

Thomas Jefferson University
Feb 28, 08

Researchers at Jefferson's Kimmel Cancer Center in Philadelphia have shown that they can effectively kill prostate cancer cells in both the laboratory and in experimental animal models by blocking a signaling protein that is key to the cancer's growth. The work proves that the protein, Stat5, is both vital to prostate cancer cell maintenance and that it is a viable target for drug therapy.

The scientists, led by Marja Nevalainen, M.D., Ph.D., associate professor of Cancer Biology at Jefferson Medical College of Thomas Jefferson University, wanted to prove that Stat5 was indeed necessary for prostate cancer cells to be viable. They blocked the protein's expression and function in several ways, including siRNA inhibition, antisense inhibition, and adenoviral gene delivery of an inhibitory form of Stat5. All of these techniques killed the prostate cancer cells in cell culture. The researchers also showed when they transplanted such cancerous tissue into mice and blocked Stat5 expression, prostate tumors failed to grow.

"This provides the proof of principle that Stat5 is a therapeutic target protein for prostate cancer, and may be specifically useful for advanced prostate cancer, where there are no effective therapies," Dr. Nevalainen says. "These results are very reproducible." She and her team report their findings March 1, 2008 in the journal Clinical Cancer Research.

Hormone-resistant prostate cancer is especially dangerous. Men with primary prostate cancer usually have either surgery or radiation, whereas subsequent disease is frequently treated by hormone therapy. But if the cancer recurs again, years later, it can be more aggressive and typically fails to respond to hormone treatment, often leaving few treatment options.

The findings, Dr. Nevalainen notes, are particularly relevant because her team worked with urologists to get human prostate cancer tissue specimens from surgeries, putting them into cell tissue cultures. That way, she says, the hypothesis could be tested in real human prostate cancer tissue specimens.

While she and her team continue to work on establishing Stat5 as a therapeutic target for hormone-resistant prostate cancer, they are also testing whether or not blocking Stat5 can make prostate cancer cells more sensitive to other treatments, such as radiation and chemotherapy. Another next step in the work, Dr. Nevalainen says, is to find pharmacological agents that inhibit the protein.

In work reported recently in Cancer Research, Dr. Nevalainen and her co-workers showed that Stat5 is turned on in nearly all recurrent prostate cancer that are resistant to hormone therapy. In addition, the researchers also showed that the convergence of Stat5 and androgen receptor could be responsible for making such prostate cancers especially dangerous.

Is There a Heart Attack in Your Future?

Associated Press
Nov 6, 07

What are the chances that you will get heart disease, or Alzheimer's? Or that you'll get fat? New genetic tests will soon be available to offer people answers to these questions and more, assessing their risk for a range of conditions based on a sample of saliva. One such test is set to be announced Tuesday by Navigenics Inc. of Redwood Shores, Calif. Called Health Compass, the test will be available starting early next year and will be offered directly to consumers via the Internet - circumventing the traditional doctor-patient relationship. Results, which will be posted on a website that customers access with a password, will tell consumers their risk for more than 20 conditions, including diabetes, obesity, prostate cancer, and glaucoma.

New Prostate Cancer Treatment Promises Almost No Side-Effects

CityNews
Nov 12, 07

A new development now approved for use by Health Canada is bringing so much hope where it may not have existed before. It's called High Intensity Focused Ultrasound and involves targeting the cancer cells with ultrasound waves and burning them off while leaving unaffected areas of the prostate alone. Those cells will then be excreted in urine over a two week period - leaving you cancer-free.

The technique has the added bonus of not carrying with it the serious side-effects of the alternatives. It involves using two separate machines to accomplish the same thing. One is called the Sonoblate 500, the other is known as Ablatherm. Both work the same way. The procedure takes about 2-3 hours and requires wearing a catheter for a week after it's done. But you can return to normal activity almost immediately.

Doctors are excited by the procedure because it's remained so consistently effective. "I can say with the five-year data that we have now, it's comparable to other treatments," contends urologist Dr. Jack Barkin.

Claude Zorzi had the procedure done in August and claims it's far better than the alternatives. "I was completely comfortable," he assures. "I had no need to take any pain medication whatsoever ... I feel really good."

But the treatment does have one downside - the effect on your wallet. It currently costs an eye-opening $22,000 because it's not covered by OHIP (Ontario Health Insurance Plan). Zorzi believes that's a loophole the government should close because the cost of so many people getting sick or dying from prostate cancer is far more expensive. "Hopefully this will be offered as an option for patients here in Canada. I'd like to say soon, but we know how government works."

There is a way you can get the treatment at no charge. A clinical trial is underway in the city to continue studying the procedure. To take part, go to http://www.can-amhifu.com/ or call **1-877-787-5906.**

When Herbs and Prescriptions Drugs Don't Mix

Johns Hopkins Health Alerts
Apr 8, 08

Herbal Supplement 1 - Ginkgo

Ginkgo inhibits the action of platelets in the blood, thus interfering with blood coagulation. Don't use ginkgo if you are taking the blood thinner warfarin (Coumadin) or antiplatelet drugs such as clopidogrel (Plavix). Ginkgo may lower blood sugar, so don't use it if you are already taking drugs for diabetes.

Herbal Supplement 2 - Garlic

Chemical compounds in garlic may inhibit blood clotting. Don't use garlic supplements if you are already taking anticoagulants or antiplatelet drugs. Garlic can also interfere with the action of the antiviral drug saquinavir (Invirase), which is used to treat HIV infection.

Herbal Supplement 3 - Licorice Root

Taking large amounts of licorice may cause high blood pressure and retention of water and salt. It can also deplete potassium in the body, leading to abnormal heart rhythms or symptoms of weakness or fatigue. Licorice would have the tendency to counteract the effect of some diuretics (water pills), drugs that are commonly prescribed for heart disease and high blood pressure.

Herbal Supplement 4 - Kava

Kava appears to be toxic to the liver, so it is advisable to avoid kava altogether.

Herbal Supplement 5 - Asian Ginseng

Asian ginseng may lower your blood sugar. Don't use it if you are already taking diabetes drugs to lower you blood sugar. Asian ginseng may also inhibit blood clotting. Don't use ginseng if you are already taking anticoagulants or antiplatelet drugs.

Herbal Supplement 6 - St. John's Wort

The problem of St. John's wort interfering with the metabolism of many drugs is probably the best defined of all herbal interactions with other drugs. St. John's wort can interact with a variety of prescription drugs, either increasing or decreasing their effect. These drugs include the antiviral drug Invirase, the anti-rejection drug cyclosporine, the cardiac drug digoxin, the blood thinner Coumadin, antidepressants, and some cancer medications.

Statins May Help Radiotherapy in Prostate Cancer

Robert W. Griffith, MD
HealthandAge.com

I've often discussed the many good things that statins seem to do. A paper presented at the recent American Society for Therapeutic Radiology and Oncology Meeting adds a new benefit to the list. The senior author was Dr. Zelefsky from the Memorial Sloan-Kettering Cancer Center, New York. His team studied 871 men with stage T1 to T3 prostate cancer treated with radiotherapy. As many as 19% (168) were taking a statin drug at the time of diagnosis and treatment; none of them discontinued the statin, which was being taken to control LDL-cholesterol levels.

Five and ten-year survival rates were as follows: with statin, 91% and 76%; without statin, 81% and 66%, respectively. The differences between with-statin and no-statin were significant. Further, there was a trend towards a lower number of metastases in the men taking statins.

This is an interesting and provocative finding. It may be that statins act as a radio-desensitizer. However, other participants at the meeting said they did not regard the findings as sufficiently strong to encourage men to take statins unless there was another good medical reason.

Vitamin E Won't Help, May Hurt, Cancer Study Says

The Seattle Times
Feb 29, 08

Years of popping vitamins offer no protection from lung cancer, and taking vitamin E at high doses for along time may even elevate the risk, according to a new study led by researchers in Seattle. The researchers from the University of Washington and elsewhere tracked 77,719 Puget Sound-area adults age 55 to 76 for an average of four years to see whether multivitamins, vitamin C, vitamin E and folate reduced their odds of getting lung cancer, the leading cancer killer in the United States. The answer was no, regardless of how many vitamins they had taken during the previous 10 years. The findings join growing evidence discounting the benefits of taking vitamins and minerals through pills instead of through food.

Viagra And the Herbal Look-A-Likes

The word has been out for some time now that if you are taking medications for blood pressure and heart problems, erectile drugs may not be for you.

The ED knock-off drug business last year was at the $400 million sales level. That is an upside for some. The downside is that although no deaths have been reported, the reported numbers in emergency room visits have increased by an overwhelming margin/percentage. Men are at the hospitals with symptoms of heart attacks and strokes.

What does all this say to us men? "Sex is great! - But don't take any ED pills without your doctors OK!"

Tech May Ease Pain of Procedure

IBD
Mar 31, 08

Doctors are looking at more comfortable ways to screen for colorectal cancer. The traditional colonoscopy is often uncomfortable, as a probe gets pushed through the colon. One new method still in development uses a robot, a self-propelling probe that grips the colon's sides using a sticky film called a mucoadhesive. With the probe pulling itself rather that getting pushed, there's less discomfort. Other methods on the market include a stool DNA test and a virtual colonoscopy, which involves a CT scan and air pumped into the colon to stretch it.

One Company All But Has A Lock On Robotic Surgery Equipment

by Kevin Harlin
IBD Mar 31, 08

Surgeons are supposed to have firm hands and steely nerves. Da Vinci has both.

Da Vinci, as in the Da Vinci System, is a robot.

Its four or six arms can get into tight spaces better than human doctors, who control the action from a console not far away. This science-fiction surgery is performed daily in hundreds of hospitals in the U.S. and globally.

The Da Vinci's maker says the robots deliver better results with less blood loss and trauma. Even demanding cancer procedures that typically involve major open surgery can be done with small invasive incisions.

Since 2000, Intuitive (maker of Da Vinci) has won Food and Drug Administration approvals for eight broad categories of surgeries, including some cardiac procedures, urological surgeries and gynecologic surgeries.

"They're the only one with the technical abilities and the FDA approvals," said Eli Kammerman, medical device analyst with Cowen & Co.

Robotic surgery isn't heading toward the autonomous humanoid surgical droids of "Star Wars." And no need to worry about any Hal 9000-style neurosis.

This robo-doc is little more than a collection of arms, set up next to an operating table. The human surgeon is typically at a console in the operating room. The machine allows small robotic arms to cut and slice in confined spaces within the human body more precisely than human hands can.

The doctor has a clear view of the action on monitors. Some of the later models boost high-definition screens.

The equipment costs between $1.1 million and $1.65 million, depending on the features and number of surgical arms.

Last year, the Da Vincis did about 85,000 surgeries, up 74% from 2006. It's gained the most traction so far in gynecological surgeries - such as hysterectomies - and urology procedures.

The FDA granted the first approval for use in the U.S. - for general laparoscopic procedures - in 2000. In 2005, the device won its most recent federal nod, for pediatric surgical procedures.

Prostate operations remain the most common procedure - accounting for about 55,000 of the 85,000 done last year.

2008 Prostate Cancer Conference

Los Angeles, CA
Sept. 6-7, 2008

I know that there have been some of our members who have attended this conference in the past. So for those who might be interested, here is a short run-down. Some of the key-note speakers: Mark Moyad, Duke Bahn, Stephen Strum, Mark Scholz, and Charles Myers. A few of the topics are: monitoring prostate cancer without immediate treatment, diet for stopping cancer growth, and new discoveries in the prostate cancer research arena.

We have some brochures in our office. If you would like a copy, please come by. You can also call 310-743-2117 or visit their website at http://www.PCRI.org .

(Continued from page 3)

Dr. Lindberg's Report

(3) Proscar reduces the risk of developing prostate cancer by about 25% and should be considered in men with a strong family history of prostate cancer. In the Proscar Cancer Prevention Trial, there were increased numbers of higher risk Gleason Score cancers, all in the first year of taking Proscar. This seems to be due to shrinkage of the prostate, allowing the cancer to be more easily identified and therefore making needle biopsy more accurate. Proscar blocks only one of the 2 forms of the enzyme that are elevated in the higher Gleason score patients. Avodart, which is being studied in a new prevention trial, blocks both forms of this enzyme that causes testosterone to convert into dihydrotestosterone that drives cancer cell growth. I do not believe Proscar or Avodart will increase PC development. For further information, see the PCR Insights May 2008 article by Steve Strum. I have used Proscar as part of a combined total androgen blockade to treat local and advanced prostate cancer with excellent results.

If you have questions, comments, or criticisms (I hate criticisms), please e-mail me at peter.lindberg@lpnt.net. My office phone is 505-662-3450 in Los Alamos.

PCSA *Lifeline* Newsletter
July 2008
Prostate Cancer Support Association
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Chairman's Corner

SEX!

Now that I have your attention, I want to pass on information that should be helpful to both our men and their mates.

In the May 2008 edition of the Us TOO HotSheet, you can find an article by Dr. Joan Baldwin Peters entitled "Outer-Course Vs. Inter-Course." It is a very readable and informative study of men's and women's knowledge of sexual behavior and the ramifications of that knowledge on both sexual and intimate contact following PC therapy.

I encourage you to read the study; just go to http://www.ustoo.org/, look on the right side under "Helpful Resources" for the HotSheet and find the May 2008 issue or come by the PC office and pick up a copy.

At our office, Joe Nai has available for check-out nine books directly related to sexual activity. Joe may not by competing with Dr. Ruth, the sex therapist, but he does have a good collection of literature that can put a lot of questions about our sexuality/intimacy to bed.

Along the same line of couples dealing with PC, I want to invite our lady readers to contact the office with any of their questions about prostate cancer and to meet/join with our PC Angels.

R Wood

Robert Wood, Chairman, PCSANM