Prostate Cancer Support Association of New Mexico

LIFELINE

PCSA Quarterly Newsletter

July 2009 Volume 16, Issue 3

Issue Highlights

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pcsanm.home.att.net

TIDBITS

IBD
30 March 2009

Twain On Sharing

To get the full value of joy, you must have somebody to divide it with.
Mark Twain, author

Jefferson On Purpose

It is neither wealth nor splendor, but tranquility and occupation, which give happiness
Thomas Jefferson, third U.S. president

Drug Called Ipilimumab

Oregon Health & Science University
2 June 2008

In a multi-site study, Oregon Health & Science University Cancer Institute researchers have found that a drug called Ipilimumab, also known as MDX-010, works to stimulate the body's own immune system to fight prostate cancer. The drug was found to be effective in study participants with a serious type of prostate cancer - one where the tumor has spread and was resistant to hormonal treatment and, in some cases, also to chemotherapy.

Darryl Pape was one of 19 participants in the Oregon Health & Science University Cancer Institute trial.

Pape, a very religious man, was looking for a miracle. He found one when he was eligible for a clinical trial testing the effectiveness of Ipilimumab, at the OHSU Cancer Institute. After the first infusion of the drug, Pape said he could feel it working. After the second infusion, he said his symptoms went away.

Not everyone has the same response, and Pape did suffer some side effects. But one year later, Pape is in complete remission.

Tomasz Beer, M.D., a member of the OHSU Cancer Institute, will be giving the oral presentation on this research Monday, June 2, at 11:30 am during the annual American Society of Clinical Oncology in Chicago.

"From what we have seen, this shows that the immune system can be useful to treat prostate cancer. Results show that in some patients, the immune system can be successfully harnessed to cause cancer regressions, and that is both exciting and encouraging," said Beer, the Grover C. Bagby Endowed Chair for Cancer Research, director of the Prostate Cancer Research Program at the OHSU Cancer Institute, associate professor of medicine (hematology/medical oncology), OHSU School of Medicine.

It was confirmed that seven or 21 percent, of the 33 study participants had PSA declines of 50 percent.

The secret to how the drug works lies in a complex set if interactions in the immune system. The immune system is designed to attach foreign invaders such as viruses and bacteria, sending out a barrage of T-cells to destroy it through inflammation or direct killing. The immune system is also thought to play a role in surveillance for the detection and elimination of altered cells of the body, such as cancer cells. Whether a cancer progresses or not depends, in part, on the ability of the cancer to evade the immune response. One way in which cancer cells can evade the immune system to take advantage of natural controls of the immune response that

(Continued on page 6)

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In Memory of

Oliver "Ollie" Frei
Stanley Thevenet
Chester Brooke
Dr. Frank Hindsley
Elias Bereza

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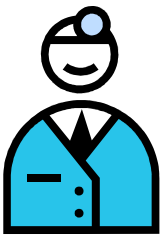
The PCSA of New Mexico gives medical information and support, not medical advice. Please contact your physician for all your medical concerns.



Dr. Lindberg's Report: Proscar - Wonder Drug Ignored

Dr. Peter Lindberg

This and other important news from the 2009 American Society of Clinical Oncology as interpreted by Peter Lindberg, Medical Oncologist. In a previously reported study of prostate cancer prevention, 18,882 men were randomized to proscar or a placebo. Men entering the study had a PSA of less than 3.1 and were 55 years of age or older. Prostate cancer risk was reduced by 24.8%. One concern was that proscar might increase the chance of increasing the Gleason score from 7 to 10. However, we think that since proscar shrinks the prostate, it is easier to find cancer. More importantly, in all the men in the study who had a radical prostatectomy as their treatment by checking and examining the removed prostate gland, the true rate of high grade disease was REDUCED by 27%. IE there was an upgrading at the time of surgery in the placebo group.

I believe that any man who is getting frequent PSA tests because of concern and a family history should consider proscar or avodart. In the recent avodart trial (all men had to get a prostate biopsy to enter, unlike the proscar trial) showed a 23% reduction in prostate cancer compared to the control group and NO RISK of higher grade cancer. Side effects are very low (miniscule).

In my treatment of men who have prostate cancer, when I use combined androgen blockage I always include proscar or avodart and keep men on proscar (finasteride) indefinitely. These drugs block conversion of testosterone to dihydrotestosterone (DHT). So a man can have normal levels of testosterone and still block cancer growth. DHT is 10 times stronger than testosterone in making cancer cells grow!! This approach has been reported in the peer reviewed journal *The Oncologist* 2001 referring to studies done by Drs. Strum and Scholz and by Dr. "Bob" Leibowitz. It was also reported by Steve Tucker at ASCO in March 2004. Proscar maintenance after aggressive combined hormone treatment allows a man to be on hormone therapy for 2 years or longer compared to 8 months reported in other studies. At the ASCO meeting in 2009, J. H. Hayes of Harvard Medical School reported on men with low to low intermediate risk prostate cancer and who had enlarged glands but also had pre-existing serious heart disease. If they were given a Lupron shot to "shrink" the prostate, about 4 years later these men in a followup study had a higher rate of death from all causes.

David Crawford of the University of Colorado reviewed data from the Health Alliance Plan of HFHS (Henry Ford Health System) between 1997 and 2004 of men at least 40 years old and with at least a 4-year followup and with an initial PSA between 1.5 and 4.0. 7.9% of the men were diagnosed with prostate cancer after 4 years compared to 0.5% with an initial PSA less than 1.5.

Abiraterone has a high response rate of 80% in men never treated with chemotherapy. But Abiraterone is still 3 years from approval. A new drug MDV3100, a much more potent blocker of adrenal androgens, will not have results available until approximately 2014.

Dr. Carducci shows that risk factors are additive. If, before a radical, a man has a PSA of 20 at the time of diagnosis, an increase of more than 2.0 in one year's time , a Gleason score of 4+3 or greater, or a stage of T2C or greater, the death rate with these risks are: 1 risk is 19%, 2 risks are 33%, 3 risks -are 53%, 4 risks are 80%. With high risk prostate cancer patients, I believe we can do a lot better with Triple Androgen Blockade® ala Leibowitz program and IMRT.

NEXT time - the latest on how long hormones should be given with radiation and WHY.

What Works...And *What Doesn't Work*

Consumer Reports onHealth

I know...this is a prostate cancer newsletter but maybe we should consider other parts of the body as well.

Works - Speed up weight loss by sniffing. Research shows that smell may influence your sense of fullness more than the amount of food you eat.

To accelerate your weight loss:

- Smell your food.
- Chew it slowly to appreciate the flavor and texture.
- Eat hot foods while they are hot to maximize the aroma vapors.

Celebrex and Lipitor Studied for Use in Prostate Cancer

By Dr. Israel Barken
Prostate Cancer Communication
December 2008

The FDA-approved drugs Celebrex® and Lipitor® used respectively for arthritis pain and lowering one's cholesterol, are being tested by investigators at The Cancer Institute of New Jersey (CINJ) to see if they hold any promise in slowing or stopping the growth of prostate cancer when combined. CINJ is a center of excellence of UMDNJ-Robert Wood Johnson Medical School.

Recent studies have shown that Celebrex® and Lipitor® individually have effects on blocking a protein complex known as nuclear factor kappa B (NFkB). NFkB plays a large role in the body's immune system and in many cases can cause tumor cells to grow. By combining these drugs, scientists hope to prevent tumor cells from growing and make them more sensitive to cancer killing drugs.

CINJ is the sponsor of the trial, and the study will be offered through CINJ and its Flagship hospital Robert Wood Johnson University Hospital. Patients enrolled in the trial will be given a prescription to have the drugs filled.

Susan Goodin, PharmD, FCCP, BCOP, associate director of clinical trials and therapeutics at CINJ and professor of medicine at UMDNJ-Robert Wood Johnson Medical School, is the lead investigator of the trial. "Understanding the mechanism for tumor activation and growth may allow for targeting more specific tumor pathways for prostate cancer. And by focusing on drugs that already have FDA approval, we can potentially bring targeted therapies to patients faster than if we were testing a brand new compound or drug," she noted.

Selected patients will undergo various testing before and during treatment, including blood work to detect prostate specific antigen (PSA) levels and CT or bone scans. For six months, participants will take both drugs by mouth daily. Following that period, patients will have their PSA levels assessed every three months for the next two years.

Patients at or above age 18 with a diagnosis of prostate cancer and rising PSA levels but have no evidence of prostate cancer on CT or bone scans are eligible to take part in the trial, although other criteria must be met. The study is part of the CINJ Oncology Group (CINJOG), which is comprised of physicians throughout New Jersey from the CINJ Network of hospitals. For additional information on how to participate, individuals should call 732-235-7251.

Forget About Ginkgo Supplements to Aid Memory

May Clinic
March 2009

Does the popular medicinal herb ginkgo (*Ginkgo biloba*) prevent dementia? Apparently not, according to results from the Ginkgo Evaluation of Memory (GEM) study published in the Nov. 19, 2008, issue of the *Journal of the American Medical Association*.

Participants were randomly assigned to two groups. One group took 120 milligrams (mg) of ginkgo extract twice daily, and the other group took identical-looking tablets with no active ingredients.

Although ginkgo supplements are commonly promoted as useful for enhancing and preserving memory, the GEM findings indicated otherwise. The rates of dementia or Alzheimer's disease were the same in both groups. And, there was no evidence that taking ginkgo supplements reduced progression of dementia among those who had mild cognitive impairment at the start of the study.

Mayo Clinic doctors say that the GEM study findings are quite clear-cut. Although smaller studies in the past have suggested memory benefits from ginkgo use, the GEM study along with other recent studies delivers a hard blow to the concept of ginkgo supplements preventing dementia. Instead of spending your money on supplements, it might make more sense to spend it on a good book and a good pair of athletic shoes, since being mentally active and physically fit has known benefits for the brain.

New Cancer-Killing Compound Developed From Salad Plant

Medical News Today
15 October 2008

Researchers at the University of Washington have updated a traditional Chinese medicine to create a compound that is more than 1,200 times more specific in killing certain kinds of cancer cells than currently available drugs, heralding the possibility of a more effective chemotherapy drug with minimal side effects.

The new compound puts a novel twist on the common anti-malarial drug artemisinin, which is derived from the sweet wormwood plant (Artemisia annua L). Sweet wormwood has been used in herbal Chinese medicine for at least 2,000 years, and is eaten in salads in some Asian countries.

The scientists attached a chemical homing device to artemisinin that targets the drug selectively to cancer cells, sparing healthy cells. The results were published online Oct. 5 in the journal *Cancer Letters*.

"The compound is like a special agent planting a bomb inside the cell," said Tomikazu Sasaki, chemistry professor at UW and senior author of the study.

In the study, the UW researchers tested their artemisinin-based compound on human leukemia cells. It was highly selective at killing the cancer cells. The researchers also have preliminary results showing that the compound is similarly selective and effective for human breast and prostate cancer cells, and that it effectively and safely kills breast cancer in rats, Sasaki said.

Cancer drug designers are faced with the unique challenge that cancer cells develop from our own normal cells, meaning that most ways to poison cancer cells also kill healthy cells. Most available chemotherapies are very toxic, destroying one normal cell for every five to 10 cancer cells killed, Sasaki said. This is why chemotherapy's side effects are so devastating, he said.

The compound Sasaki and his colleagues developed kills 12,000 cancer cells for every healthy cell, meaning it could be turned into a drug with minimal side effects. A cancer drug with low side effects would be more effective than currently available drugs, since it could be safely taken in higher amounts.

New Drug Agent Knocks Out Multiple Enzymes in Cancer Pathway

University of Illinois at Urbana-Champaign
26 March 2009

A team of 24 researchers from the U.S., Europe, Taiwan, and Japan and led by University of Illinois scientists has engineered a new anti-cancer agent that is about 200 times more active in killing tumor cells than similar drugs used in recent clinical trials.

The study appears this week in the *Journal of the American Chemical Society.*

The new agent belongs to a class of drugs called bisphosphonates. These compounds were originally developed to treat osteoporosis and other bone diseases, but were recently found to also have potent anti-cancer and immune boosting properties.

Drug developers have tried for years to design drugs to inhibit cell survival pathways in tumor cells, focusing on a protein called Ras since nearly a third of all human cancers involve a mutation in the Ras gene that causes cell signaling to go awry. These efforts have met with limited success.

Bisphosphonates act on other enzymes, called FPPS and GGPPS, which are upstream of Ras in the cell survival pathway. Inhibiting these enzymes appears to be a more effective strategy for killing cancer cells.

When used in combination with hormone therapy in a recent clinical trial, the bisphosphonate drug zoledronate significantly reduced the recurrence of breast cancer in pre-menopausal women with estrogen-receptor-positive breast cancer. Similar results were reported previously for hormone-refractory prostate cancer.

But zoledronate quickly binds to bone, reducing its efficacy in other tissues.

"We're trying to develop bisphosphonates that will be very active but won't bind to the bone, because if they bind to the bone they're not going to go to breast, lung or other tissues," said University of Illinois chemistry professor Eric Oldfield who led the study.

Blood Protein May Hold Key to Stopping Tumor Growth in Cancer Patients

Wake Forest University Baptist Medical Center
1 April 2009

A recent discovery by researchers at Wake Forest University School of Medicine could clear the way for a new drug that inhibits tumor growth in cancer patients and could potentially help in the healing of wounds.

The discovery stems from a study, recently published in the *Proceedings of the National Academy of Sciences* of the United State of America, in which researchers looked at angiogenesis - the body's formation of new blood vessels from existing blood vessels - and how some blood proteins are involved in that process and affect blood vessel growth.

Researchers found that a protein called ferritin binds to and cripples the ability of another blood protein, called HKa, to shut down blood vessel growth. Because new blood vessels supply a steady stream of nutrients and oxygen that are essential for tumor growth, researchers found that the binding of the two proteins actually assists in new blood vessel formation by removing HKa's influence and therefore promotes tumor growth.

The finding led researchers to the hypothesis that if they can somehow prevent the binding of ferritin and HKa, it will allow HKa to prevent new blood vessel growth and therefore block the growth of tumors.

The finding also has possible implications for wound care. In order to heal, wounds need blood vessel growth. It is therefore possible that by increasing the binding of ferritin to HKa, one could increase the rate at which a serious wound heals.

"It's been know for along time that levels of ferritin are increased in people with tumors, but it's never been understood why that happens," said Suzy V. Torti, Ph.D., the study's lead investigator, an associate professor of biochemistry and an expert in iron biology at the School of Medicine.

Holmes on Attitude
To be 70 years young is more hopeful than to be 40 years old.
Oliver Wendell Holmes Sr., *physician*

(Continued from page 1)

Drug Called Ipilimumab

act to dial down, or down regulate, the strength of the response and allow the tumor to grow.

Scientists have discovered that an important mechanism for down regulation is mediated by a molecule called CTLA-4. The T-cells are initially activated by other immune cells, called dendritic cells, which display the foreign, or cancerous, antigens to the T-cells and instruct them to be active. After this initial activation, CTLA-4 appears on the surface of the T-cells, and when CTLA-4 interacts with the dendritic cells, the next set of signals are to turn the response down, or even off. CTLA-4 is part of a regulatory mechanism that normally protect the body from immune overreactions, but when it is expressed in the presence of mutant cancer cells the result is tumor evasion of the immune response. Ipilimumab is an antibody that blocks CTLA-4, releasing this safety brake, and allowing the immune response to have stronger anti-tumor effect.

"Men in Blue"

By Pamela Blue
Dedicated to my Husband, Daniel Blue "I Love You"

This is so crazy, we are so blue,
To see what prostate cancer has done to you.
It could have been prevented
If only they would have seen,
How early detection meant everything.
PSA monitoring was all that was needed,
To save your life and give it such meaning.
With all the knowledge and technology
Comes such debate,
To screen or not to screen is their question
That can seal a man's fate.
Don't be mislead by those with unknowing roles.
Be wary of their motives and take control.
Your life is pecial, so do what it takes,
To be healthy for you and your family's sake.
Do not be in our position.
Please, please listen.

New Model Suggests Role of Low Vitamin D in Cancer Development

University of California - San Diego
22 May 2009

Are you ingesting 2000 IUs daily of vitamin D3? In studying the preventative effects of vitamin D, researchers at the Moores Cancer Center at the University of California, San Diego, have proposed a new model of cancer development that hinges on a loss of cancer cells' ability to stick together. The model, dubbed DINOMIT, differs substantially from the current model of cancer development, which suggests genetic mutations as the earliest driving forces behind cancer.

"The first event in cancer is loss of communication among cells due to, among other things, low vitamin D and calcium levels," said epidemiologist Cedric Garland, DrPH, professor of family and preventive medicine at the UC San Diego School of Medicine, who led the work. "In this new model, we propose that this loss may play a key role in cancer by disrupting the communication between cells that is essential to healthy cell turnover, allowing more aggressive cancer cells to take over."

Reporting online May 22, 2009 in the *Annals of Epidemiology,* Garland suggests that such cellular disruption could account for the earliest stages of many cancers. He said that previous theories linking vitamin D to certain cancers have been tested and confirmed in more than 200 epidemiological studies, and understanding of its physiological basis stems from more than 2,500 laboratory studies.

"Competition and natural selection among disjoined cells within a tissue compartment, such as might occur in the breast's terminal ductal lobular unit, for example, are the engine of cancer," Garland said. "The DINOMIT model provides new avenues for preventing and improving the success of cancer treatment."

(Continued from page 3)

What Works...And *What Doesn't Work*

Doesn't work - ... but skip the Vinegar Pills. There's *no* good evidence that apple-cider vinegar supplements marketed for weight loss work.

Doesn't work - Cutting calories at breakfast to lose weight. People who skip breakfast to save calories actually *increase* their risk of weight gain. Studies have found that people who habitually missed the morning meal were four times more likely to be obese.

Works - Eat apricots, tomatoes and watermelon to prevent cancer...

Doesn't work - ...but don't waste your money on shark's cartilage. This fishy remedy doesn't work for treating cancer, and it can cost $1,000 a year.

Works - Lift depression with St. John's Wort. A recent study found it helped relieve depression *just as well* as prescription *Paxil.* More in *Consumer Reports on Health*.

Works - Tame blood pressure with meditation. Studies show that meditating regularly can *lower blood pressure* and *reduce the need for medication...*

Doesn't work - ...but ignore nutritional supplements of fiber and garlic - they *don't* lower blood pressure.

Works - Relieve low back pain with good posture. Stand with your back against a wall. Feet should be shoulder-width apart, 3 to 6 inches from the wall. Arms should be by your sides. Press your head, shoulders, and back against the wall. Draw in your lower abdomen, pushing your belly button toward your spine to take the arch out of your back. Keeping your back as straight as possible, use your elbows to push away from the wall.

Works - Protect your eyesight with a supplement called *Ocuvite PreserVision*...it reduced macular degeneration by 25 percent!

Works - Ease arthritis pain with glucosamine pills... Some studies have shown that this dietary supplement maybe able to reduce pain and stiffness as effectively as commonly used over-the-counter and prescription pain relievers.

Works - Take the "ache" out of a sore shoulder. Bring your arm across your body and press gently with the opposite arm either above or below the elbow.

Works - Aspirin works to reduce your risk of heart attack...

Doesn't work - ...but adding Plavix doesn't. The maker of *Plavix* claims that adding *Plavix* to aspirin helps prevent heart attack and stroke. But for most people at increased risk, that combination seems to provide *no greater protection* than aspirin alone. And, it may increase the risk of harmful bleeding.

Works - Ease diarrhea, bladder infections, and food allergies with yogurt containing "friendly" intestinal bacteria called "probiotics."

PCSA *Lifeline* Newsletter
July 2009
Prostate Cancer Support Association
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Chairman's Corner

A recent phone conversation with a man just diagnosed with PC set me to thinking about the vast amounts of information, data, and study results specific to PC and the related therapies. The gentleman was well-versed in statistics and the design of studies. He pointed out a number of issues in the data he reviewed in an effort to make a sound, scientific-based decision about his therapy options.

I agreed with him that there is nothing definitive in the current PC literature as to which therapy option is best for either the newby or the man facing a doubling PSA. There are just too many variables in this type of research. However, a careful review of the studies will provide insights to the effectiveness and risks of different therapies. These insights will provide you with questions to ask your doctor and raise at our support meetings.

A lighter note:
My wife hinted that for her upcoming birthday, she would like something bright, shiny and that goes from 0 to 150 in 3 seconds.

I bought her a bathroom scale.

That's when the fight began!

Good Health to All,

R Wood

Robert Wood, Chairman, PCSANM