Prostate Cancer Support Association of New Mexico

LIFELINE

PCSA Quarterly Newsletter

October 2007 Volume 14, Issue 4

Issue Highlights

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pcsanm.home.att.net

TIDBIT

Cancer and Aspirin
Associated Press
April 23, 2007

Taking an adult-strength aspirin daily for at least five years was associated with a 30% percent lower risk of colorectal cancer, a 20 percent lower risk of prostate cancer and a 15 percent lower risk of cancer overall, American Cancer Society researchers reported.

Don't Give Up On Lycopene Yet!

A Digest from Dr. Charles "Snuffy" Myers' new book "Beating Prostate Cancer: Hormonal Therapy and Diet"

Lycopene is a carotenoid and a powerful antioxidant. Unlike other orange-pigmented carotenoids, such as beta carotene, lycopene is colored red. Tomatoes, red watermelon and pink grapefruit are the three riches sources of lycopene and owe their red color to this pigment. Of the carotenoids, lycopene is also the most effective antioxidant.

There are a range of papers that demonstrate lycopene's effect on slowing the growth of metastatic prostate cancer. The three most recent studies are, to my mind, the most significant because they are randomized controlled trials.

The first, by Kucuk, et al., randomized twenty-six men to placebo or to lycopene 30mg a day for three weeks before radical prostatectomy. At the time of surgery, the patients who received lycopene, compared with patients taking the placebo, had smaller tumors, less involvement of surgical margins and/or extra-prostatic tissues with cancer and less diffuse involvement of the prostate by high grade prostatic intraepithelial neoplasia. Their PSAs were also lower.

In the second study, Ansari, et al. randomized 54 patients with metastatic prostate cancer to surgical castration alone or surgical castration plus 2mg twice a day of lycopene. The lycopene dosage was relatively low—a mere 2mg twice a day.

Over a two-year time period, the patients who received lycopene after castration did much better than those who did not: their results suggested that a very modest dose of lycopene can significantly enhance hormonal therapy's ability to control metastatic prostate cancer.

In the third clinical trial, Bowen, et al. randomized patients to a placebo group or a tomato sauce group (which contained enough lycopene to deliver 30mg a day) for three weeks before radical prostatectomy. Bowen found that mean serum PSA levels decreased by 17.5% as a result of lycopene treatment. The number of dying cancer cells was also greater in the samples from patients treated with lycopene.

A diet high in tomato products and thus lycopene is associated with a reduced risk of prostate cancer. Cooking tomatoes significantly improves the ease with which you can absorb lycopene and is associated with the greatest impact on the risk of prostate cancer.

The simplest approach to maximize lycopene intake is to have an

(Continued on page 4)

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In Memory of

Carl Hawk

With Deep Sympathy and Regret,
We List This Name

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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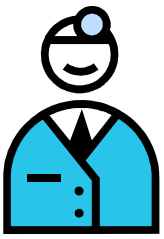
DISCLAIMERS

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



2.1 Is A Very Important Number Or What Is The Best Treatment For This Prostate Cancer???

by Dr. Peter Lindberg

1. In the July 14, 2007, issue of the New England Journal of Medicine was a case presentation of a 54 year-old man with prostate cancer. The patient's cancer Gleason was a 7, PSA of 8.6 and T1C (no lump) a low intermediate risk cancer. The physicians, including radiation oncologists, urologists, and pathologists, agreed the man needed treatment and also that either surgery or radiation therapy was the correct treatment. The PSA had risen 2.2 in the one year before his biopsy. I strongly disagreed with the recommended treatment because of the amount of PSA rise and contacted Dr. Anthony D'Amico from Harvard University. He returned an e-mail and felt that the patient should be treated with 6 months of combined androgen blockage (zoladex + either flutamide or casodex) plus radiation.
2. In the July 8, 2004 NEJM, D'Amico reported the results of radical prostatectomy on 1005 men. Seven years after surgery, 84% of these men had a Gleason score of 6 or less and in 71% no lump could be felt (LOW RISK). A PSA rise of more than 2 in the year before diagnosis gave a 50% chance of cancer recurrence with a 15% chance of death from prostate cancer and a 28% chance of death from any cause. Dr. D'Amico and co-authors make two conclusions. A) Watchful waiting should not be chosen in these men with a 2.1 or greater rise. B) Radical prostatectomy alone is not enough treatment. Therefore men with a 2.1 rise or more should be offered a clinical trial of a radical prostatectomy + another form of therapy.
3. In the Journal of American Medical Association July 2005, a second article reviewed 358 men with prostate cancer treated with radiation alone, showed a high rate of treatment failure if the PSA increased by greater than 2 points in the year before diagnosis. For this PSA rise to be significant the PSA should be done at the same lab and REMEMBER that SEX the night before the test can falsely raise the PSA; also horseback riding, a colonoscopy and even bike-riding can SCARE the HECK out of you.
4. At a session of the American Society of Clinical Oncology, Dr. D'Amico (again) reviewed results of 7700 men from 44 centers around the United States. Low risk men with a PSA of under 10 and a Gleason Score (GS) of 6 (no lump or a small lump (t2a)) had an excellent cure rate with either radiation, seeds, or a radical prostatectomy. Men with a GS of 8 or higher, a large lump or PSA of 20 have a low cure rate with any single form of therapy (radiation alone or a RP alone). Men with two intermediate risk (GS of 7 and PSA of more than 10, for example) have cancers that behave like high risk and should not be treated with a single form of therapy.
5. Now that we can see the effect of a 2.1 rise in PSA, I believe that combination therapy improves survival in patients formerly called low risk as well. A review in the Journal of Clinical Oncology, September 2006, showed a benefit for adding hormones to radiation in men with a 2.1 rise. Radiation plus hormones is the only combination PROVEN to improve survival. Hormones must be done correctly, a program of at least 6 months of Zoladex or Lupron and Casodex. Do not omit the Casodex because the studies proving radiation plus hormones for 6 months were done with both forms of hormone therapy. Based on the work of Leibowitz, however, I add Proscar to the combo and usually treat for one year.

* PSA INCREASE OF MORE THAN 2.1 MEANS HIGHER RISK OF PROSTATE CANCER.
* THE WORSE THE CANCER DOES NOT MEAN THE MORE YOU NEED A RADICAL PROSTATECTOMY.
* Have you heard about the bear and the atheist???

Pectin

A University of Georgia study published in the Aug. issue of the journal *Glycobiology* found that exposing prostate cancer cells to pectin reduced the number of cancer cells up to 40%. The study found that the cells literally self-destructed in a process known as apoptosis. Pectin even killed cells that aren't sensitive to hormone therapy and therefore are difficult to treat with current medications.

Lycopene *(Continued from page 1)*

Eight-ounce glass of tomato or V8 juice every morning with breakfast. For dinner, spaghetti, vegetarian chili or other tomato-based dishes can be used. With this diet, it is easy to eat at least 10 servings of tomatoes a week, a more pleasurable and less expensive way than taking lycopene capsules.

Taxotere For Prostate Cancer Treatment

Digested from PCRI Insights May 2007 Vol 10 #2
Dr. Richard Lam

Taxotere® (docetaxel) is the most active chemotherapy for prostate cancer. In 2004, two randomized prospective studies comparing Taxotere and mitoxantrone, an older chemotherapy agent, clearly demonstrated that Taxotere was superior in three important criteria: overall survival duration, pain control, and quality of life. As a result, the FDA promptly approved Taxotere for the treatment of metastatic hormone-refractory prostate cancer.

Besides its proven activity in metastatic disease, Taxotere is also being studied in the preventative, or adjuvant, setting. Effective treatment against advanced cancer works even better against earlier stages of the same type of cancer. Patients with high-grade prostate cancer may already harbor microscopic metastases. Intuitively, if one wants to improve the cure rate, one must also treat the microscopic disease outside the prostate . To date, the main adjuvant therapy for prostate cancer is hormone blockade.
The idea of using chemotherapy in earlier stage cancer is not unique or new.

Taxotere is administered intravenously. There are two popular schedules: a higher dose administered every three weeks(q3wk) and a lower dose administered weekly (q1wk). The three week dose appears to be more effective in the metastatic disease setting, but some patients are unable to tolerate the increased degree of tiredness that can occur with this regimen.

Before and during Taxotere treatment, signs to look and test for:

1. Corrective anemia (low blood count)
2. White blood-cell count
3. Liver function
4. Maintaining adequate diet
5. Diarrhea control
6. Hair loss
7. Skin texture
8. Fingernail changes
9. Tear duct irritation
10. Numbness in toes and fingers
11. Fluid retention

Overall, Taxotere is well tolerated. Prostate Oncology Specialists published a pilot trial in 2001 evaluating the tolerability of Taxotere in elderly men. The average age of the group was 78 years old. The oldest man was 87. Using the weekly protocol, we found that Taxotere could be tolerated by almost anyone. In that study, 17 out of 20 men completed a full course of therapy. The three men who decided to stop the treatment early did so because of excessive fatigue.

Taxotere has been proven to prolong survival in men with prostate cancer Having another effective tool to fight this disease is much appreciated by the cancer community. However, successful administration of this powerful medicine requires diligent surveillance so that potential complications can be detected and corrected before they become severe.

Diet and Lifestyle—In the Cancer Fight, Eating Well Is The Best Revenge

NewsRx.com, April 26, 2007

We all know that eating fruits, vegetables and soy products provides essential nutrition for a healthy lifestyle, while obesity leads to the opposite. Yet proving the effect of nutrition, or obesity, on cancer is an experimental challenge and a focus for scientists. According to emerging evidence being presented at the 2007 Annual Meeting of the American Association for Cancer Research, eating well might still be one of the most pleasurable ways to prevent cancer and promote good health.

Statins May Offer Protection Against Prostate Cancer

Article from Us TOO July 2007

An analysis of data on lipid use for coronary prevention and prostate cancer occurrence revealed a dose-dependent reduction in prostate cancer risk among statin users compared with non-users, Teemu Murtola, MD, of the University of Tampere School of Public Health in Finland.

The cancer-risk reduction was not seen in men with a history of treatment with other types of cholesterol-lowering drugs, suggesting a possible non-lipid effect of statins on prostate cancer biology and etiology, said Dr. Murtola at the American Urological Association meeting in Anaheim, CA. Physicians should make men on statin therapy for treatment and prevention of cardiovascular disease aware of the possible association between statin use and decreased prostate cancer.

Dr. Murtola presented results from the Finnish Prostate Cancer Screening Trial, conducted from 1996 through 2004. The trial involved more than 23,000 men, and data collected included information on cholesterol drug usage during 1995 through 2004. A total of 6,755 men had a history of statin use, and 934 had used other types of lipid-modifying drugs, primarily fibrates and resins. The overall occurrence rate of prostate cancer was 4% in statin users, a 50% reduction compared with the 8% among non-users. After stratifying statin users into dosage quartiles, Dr. Murtola found a dose-dependent reduction in prostate cancer risk.

Patients in the lowest statin-dose quartile had a 6.2% occurrence rate of prostate cancer, which translated into a relative risk of 0.76 compared with non-users. Patients in the highest statin quartile had a prostate cancer rate of 1.8, or a relative risk of 0.21 compared with non-users ($P<0.001$ for trend across quartiles). Statins' apparent prostate cancer benefit extended to all Gleason grades, and compared with non-users the relative risk ranged from 0.47 for Gleason grade 2 to 6 to 0.55 for Gleason grade 8 to 10.

PSA levels were reduced by all types of cholesterol-modifying drugs, but only statins were associated with a reduced risk of prostate cancer. In fact, the use of fibrates and resins was associated with greater reductions in PSA values compared to untreated patients than statin use was. However total quantity of drug use did not correlate with the impact on PSA levels for any of the lipid-modifying agents.

"The association of decreased PSA among men with hypercholesterolemia should be studied further," said Dr. Murtola. "This association could have implication recommendations regarding the interpretation of serum PSA values."

Vitamins Tied to Cancer

The Associated Press, *Albuquerque Journal*
May 16, 2007

There's more worrisome news about vitamins. Taking too many may increase men's risk of dying from prostate cancer.

The study doesn't settle the issue. But it is the biggest yet to suggest high dose multivitamins may harm the prostate, and the latest chapter in the confusing quest to tell whether taking various vitamins really helps a variety of conditions—or is a waste of money, or worse.

Government scientists turned to a study tracking the diet and health of almost 300,000 men. About a third reported taking a daily multivitamin, and 5% were heavy users, swallowing the pills more than seven times a week.

Within five years of the study's start, 10,241 men had been diagnosed with prostate cancer. Some 1,476 had advanced cancer; 179 died.

Heavy multivitamin users were almost twice as likely to get fatal prostate cancer as men who never took the pills, concludes the study in the Journal of the National Cancer Institute.

Here's the twist, overall, the researchers found no link between multivitamin use and early-stage prostate cancer.

The researchers speculate that perhaps high-dose vitamins had little effect until a tumor appeared, and then could spur its growth.

Possible New Cancer Treatment?

From *Us TOO* June 2007

Researchers at Johns Hopkins have discovered to their surprise that a drug commonly used to treat toe-nail fungus can also block angiogenesis, the growth of new blood vessels commonly seen in cancer. The drug, itraconazole, already is FDA approved which may fast-track it for use as an antiangiogenesis drug.

In mice induced to have excess blood vessel growth, treatment with itraconazole reduced blood vessel growth by 67 percent compared to placebo. "We were surprised, to say the least, that itraconazole popped up as a potential blocker of angiogenesis," says Jun O. Liu, Ph.D., professor of pharmacology. "We couldn't have predicted that an antifungal drug would have such a role."

The researchers worked with cells from human umbilical cords, a rich source of blood vessels, and exposed them to 2,400 existing drugs - including FDA and foreign approved drugs, as well as non-approved drugs that had passed safety trials - to see which ones could stop the cells from dividing.

"The best outcome was to find an already approved drug that worked, and the fact that we did was very satisfying," says Liu, whose study appears online in ACS Chemical Biology.

As an antifungal drug, itraconazole blocks a key enzyme for making fungal cholesterol, causing these primitive life-forms to become fragile and break apart. It turns out that itraconazole can block the same enzyme in blood vessels, but researchers said that his can't be the only mechanism of action because related antifungal drugs had a much lower inhibitory effect.

"Our screening test did show that cholesterol-lowering statins also appear to stop blood vessel growth," Liu say, "so there is likely some important connection between cholesterol and angiogenesis." While the researchers still must tease out exactly how itraconazole works to stop vessel growth, and test it in animals with cancer, they have high hopes for its use.

FYI

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.

High Calcium Levels May Raise Prostate Cancer Risk

From *Us TOO* July 2007

The results of a study published in the *International Journal of Cancer* (Vol.120, pp.2466-72, 2007) indicate there is an association between dietary calcium and the risk of prostate cancer.

It has been suggested that increased consumption of calcium and dairy products raises the risk of prostate cancer, report Dr. Panagiota N. Mitrou, of the National Cancer Institute, Rockville, Maryland, and colleagues.

To further investigate, the researchers used data from the Alpha-Tocopherol, Beta-Carotene (ATBC) Cancer Prevention Study to examine dietary levels of calcium and dairy products and their relationship with prostate cancer risk. The ATBC study included 29,133 Finnish male smokers between age 50 and 69 years old at study enrollment who completed a 276-item food questionnaire to assess the content of their diet.

During 17 years of follow-up, the team identified 1,267 cases of prostate cancer. A total of 27,028 participants had complete data available and were included in the final analysis.

"We found a strong, graded, positive association between calcium intake and total prostate cancer risk," the researchers report. After adjusting for potentially influential variables, the risk of prostate cancer was 63 percent greater for subjects who consumed 2,000 milligrams per day or more of calcium compared with those consuming less than 1,000 milligrams per day, a statistically significant difference.

A positive association was also observed between total dairy intake and prostate cancer risk, but this disappeared after eliminating the influence of calcium. In other words, the positive association between dairy fat and prostate cancer disappeared after calcium was eliminated, the authors note.

They point out that PSA screening has not been widely adopted in Finland. "Therefore, a large proportion of cases in our study were detected as a result of clinical symptoms," Mitrou's team explains. "This lessens the possibility that our results are influenced by detection bias."

New Blood Test For Prostate Cancer Showing Promise

From *Us TOO* June 2007

Testing for a blood protein researchers are calling early prostate cancer antigen EPCA-2 may overcome some of the limitations of current practices. While screening for PSA has been the standard of care for more than 2 decades, it is not specific for prostate cancer and raised concentrations have been linked to other prostate conditions such as benign prostatic hyperplasia and prostatitis. Several groups have been working to identify new biomarkers for prostate cancer, and this latest effort, published in the April issue of *Urology* (Vol. 69, pp.714-20, 2007), shows that EPCA-2 has potential as a new serum-based test.

Approximately 80% of patients undergoing prostate biopsies have negative results, according to a news release about the study. Conversely, about 15% of men with prostate cancer go undetected because their PSA levels are below the cutoff level.

"A blood test based on EPCA-2 may greatly improve our ability to accurately detect prostate cancer early, minimize the number of false positives and lower the number of unnecessary biopsies," senior author Robert Getzenberg, PhD, from the Brady Urological Institute at Johns Hopkins Hospital in Baltimore, MD, told reporters. "In addition, this is the first time we have a test that effectively distinguishes between men with cancer confined to the prostate and those whose disease has spread outside the gland."

The group led by Eddy Leman, PhD, also at Hopkins, measured EPCA-2 levels in 330 patients separated into several groups:

* Men with normal PSA levels and no evidence of disease.
* Men with elevated PSA levels who had negative biopsies
* Men with benign prostatic hypertrophy who did not receive biopsies for prostate cancer
* Men with prostate cancer, but with normal PSA levels
* Men with prostate cancer confined to the prostate
* Men with prostate cancer spreading outside the gland at surgery
* A diverse group of patients with benign conditions of other organs as well as those with other cancer types

In patients with an EPCA-2 cutoff level ≥ 30 ng/mL considered at risk for prostate cancer, EPCA-2 had 92% specificity (95% CI, 85%-96%) for healthy men and those with benign prostatic hyperplasia and 94% sensitivity (95% CI, 93%-99%) for overall prostate cancer. The specificity for PSA in these groups of patients was only 65% (95% CI, 55%-75%).

The investigators report, "The results of our study have shown that EPCA-2 is a novel biomarker associated with prostate cancer that has high sensitivity and specificity and accurately differentiates between men with organ-confined and non-organ-confines disease.

Tidbit

"FDA Finds No Strong Link between Tomatoes and Reduced Cancer Risk" is the title of a July 10, 2007 news release issued by the editors of the Journal of the National Cancer Institute which notes that an FDA "...review found no evidence that tomatoes reduced the risk of lung, colorectal, breast, cervical or endometrial cancer. However, there was very limited evidence for associations between tomato consumption and reduced risk of prostate, ovarian, gastric and pancreatic cancers. Based on this assessment, the FDA decided to allow qualified health claims for a very limited association between tomatoes and these four cancers. Their analysis found no credible evidence that lycopene, either in food or in a dietary supplement, was associated with reduced risk of any of the cancers evaluated…"

How Our Federal Money is Spent (Estimated)

On HIV research - $2.5 billion yearly
On Breast Cancer research - $699 million yearly
On Prostate Cancer research - $390 million yearly
Number of people who died of HIV - 17,011
Number of women who died of breast cancer - 40,000
Number of men who died of prostate cancer - 30,500

Of the total amount allotted to cancer research, less than 5% is spent on prostate cancer.

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October 2007

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Chairman's Corner

The PC Angels have had a very favorable response from the partners of men newly-diagnosed with PC. Our Angles provide very specific information and tremendous emotional support. Additionally, the ladies are holding "Angel's Only" sessions to discuss issues that may be a little sensitive to bring up during the joint meetings. So, not only are the Angels providing support but they are also informed of PC therapies and research.

Rather than publish Angels' names and phone numbers in our newsletter (it has a very wide distribution and is available on our open website) we will have that listing in the Association office. Whenever a lady calls asking to contact an Angel, Joe or Kristie will take the caller's number and tell the caller they will have an Angel returning their call. They will phone an Angel and ask them to contact the caller. I feel this procedure is necessary to protect the Angels from unwanted calls.

As a small non-profit Association, we require the services of a Certified Public Accountant. In an effort to cut our operating expenses to compensate for a reduction in state financial support, I ask if there is a CPA in our reader audience who would offer their services either as a volunteer or at a reduced rate. If you or a CPA friend/acquaintance would like to help us out, please call the office at 254-7784 and talk to Joe Nai.

Carl Hawk, a car buff, illustrator at Sandia Labs and one who gave generously to civic and charitable organizations has died on July 25, 2007. I shall miss Carl and his visits to this PC office extolling his stories and wit.

R Wood

Robert Wood, Chairman, PCSANM