

Prostate Cancer Support Association of New Mexico



LIFELINE

PCSA Quarterly Newsletter

October 2009 Volume 16, Issue 4

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pcsanm.home.att.net

TIDBITS

IBD

14 September 2009

Cutting daily salt intake to 1,500 mg per day could save the U.S. \$26 bil in medical costs, a study published in the *American Journal of Health Promotion* found. High sodium intake can contribute to high blood pressure. Experts recommend that adults consume no more than 2,300 mg of sodium per day. But the average American gets about 1,000 mg more than that, the study said.

Statins May Protect Prostate Health

Mayo Clinic
26 April 2009

(Our April 2008 newsletter had an article called "The Magic Statins". Now we have more information on statins from the Mayo clinic.)

Statins, drugs widely prescribed to lower cholesterol, may have protective effects on prostate health. This large Mayo Clinic cohort study looked at three different aspects of urological health - prostate cancer, erectile dysfunction, and prostate enlargement. These Mayo Clinic study findings came from data in the Olmsted County Study of Urinary Health Status among Men, a large cohort study of men living in Olmsted County, MN. This study has followed 2447 men ages 40 to 79 from 1990 to the present to assess various urologic outcomes among aging men.

In the first study, researchers followed the 2, 447 men for over 15 years. Of the statin users, 38 (6 percent) were diagnosed with prostate cancer, non-statin users were three times more likely to develop prostate cancer, suggesting statin use may prevent development of prostate cancer.

"In recent years, it has been suggested that statin medications may prevent development of cancer. However, until now, there has been limited evidence to support this theory," says Rodney Breaux, MD, a Mayo Clinic urologic oncology fellow who led the

study. "Our research provides evidence that statin use is associated with a threefold reduced risk of being diagnosed with prostate cancer."

"In the United States, one in six men will develop prostate cancer; however, far more will develop heart disease," says Jeffrey Karnes, MD, Mayo Clinic urologist and senior author on the study. "I tell my patients to take care of their heart - because what's good for the heart is also good for the prostate," says Dr. Karnes.

With this in mind, a second study by Mayo clinic researchers evaluated 1,480 men from the Olmsted County cohort to determine if men who used statins were less likely to develop erectile dysfunction (ED), compared to men who did not use statins. Hyperlipidemia, high cholesterol, and other risk factors for heart disease have been shown to put men at risk for ED.

Overall, statin use was not significantly associated with a decreased risk of developing ED. However, statins were associated with a decreased risk of ED among men >60 years old. Men in this age category using statins were less likely to develop ED, compared to older men who did not use statins.

Additionally, men who took statins for a longer time were more

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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.

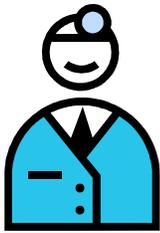
In Memory of

Earl Hathorn
William Showers

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).



**Dr. Lindberg's Report:
Interesting Developments in
Prostate Cancer**

Dr. Peter Lindberg

Lupron®, Zoladex®, and Eligard® as well as the latest drug Abrelix®

all lower testosterone, which frequently produces osteoporosis (thin bones) and causes fractures. Until now Zometa has been used to reverse osteoporosis but is not proven to prevent fractures. A recent article in the *New England Journal of Medicine* reports on a large phase three placebo-controlled trial of denosumab. This antibody blocks growth, function and survival of osteoclast, the cells responsible for bone destruction. Given as an injection once a month, denosumab increased bone density at all measured sites and markedly reduced fractures of the spine. FDA approval is expected in 2010.

A number of trials of vaccines have not been successful or only successful in early small trials. Sipuleucel-T by Dendreon demonstrated a 22% reduction in risk of death compared to a placebo in a 500-man trial reported this year. A patient's plasma is removed, his blood monocytes then cultured with prostatic acid, phosphatase protein, plus GM-CSF and given to the patient as a series of shots. This is not a cure-all. FDA approval may come in 2010.

Leukine, a drug approved to raise white counts in patients who receive chemotherapy, also stimulates production of macrophages, part of the immune system. When combined with ketoconazole (second line hormone therapy) response rates increase from 30% to 70%. At the Cleveland Clinic, Leukine combines with Revlimid (an antiangiogenesis an immune system stimulant) controlled prostate cancer in men not cured by radiation or surgery. The combination was toxic because the Revlimid dose was too large. Using this kind of information, some medical oncologists are using Leukine and other agents to control PSA-only cancer recurrences or even, frankly, metastatic disease. One formula includes IV Cytosan (chemotherapy) plus Leukine shots 3 times a week plus Celebrex 400mg, (the cox-2-inhibitor of arthritis fame), plus or minus Revlimid. Leukine and Revlimid/thalidomide is part of Dr. Bob Leibowitz's antiangiogenic cocktail. Apologies in advance, Bob, if I have misquoted you. Angiogenesis refers to blood vessel growth. Cutting off blood ves-

sel supply to the cancer was the idea of Judith Folkman at Harvard - she should have received the Nobel prize. Avastin, an IV biologic agent, interferes with blood vessel growth and is FDA-approved in colon, breast, and lung cancer. It has been added to Taxotere and thalidomide in a clinical trial at the National Cancer Institute and showed very high cancer control rate of 80%+. A large phase 3 trial of Avastin added to Taxotere is being run nationwide. The new agents Leukine, Revlimid, Avastin and, I am certain, denosumab are all very expensive so therefore not always covered by insurance. The pharmaceutical companies have been helpful in getting these agents for some of our patients.

Finally, remember for high-risk prostate cancer, defined as a PSA of over 20 or Gleason score of 8 or above or a large tumor felt on physical exam, hormones plus radiation therapy is the most proven treatment - the hormone to be given as combined androgen blockade® (not just a shot alone) for 4-6 months and up to 2+ years. The National Cancer Cooperative Network (NCCN) clinical guidelines recommend a radical prostatectomy only in "select cases" of high-risk prostate cancer.



Overweight

*Prostate Cancer Communication
March 2008*

One of the more popular untested alternative medicine theories is that HFCS was created by humans and introduced in the food supply in the 1970s to slightly increase the fructose (55% compared to about 50% in the past) contents of products compared to table sugar (equal fructose and glucose content) and this apparently stimulated more appetite and belly fat accumulation. The problem with this simplistic theory is that it ignores the fact that the U.S. food supply of HFCS content remained mostly unchanged over the past 15 years and that HFCS replaced table sugar for the most part and was not added to table sugar so basically you just substitute an equal number of calories. HFCS and sugar still contain 4 calories per gram of carbohydrate, so regardless of what product is used the caloric contribution is approximately the same. It is time to recognize that the increasing overall caloric intake and decreasing overall physical activity, in general, has the most scientific research as to why there is an obesity epidemic.



Killer Protein Targeted in Search for Prostate Cancer Cure

*Dana-Farber Report
Spring 2009*

Last year, an estimated 186,300 men were diagnosed with prostate cancer in the U.S.

Dana-Farber researchers are working hard to reduce those odds by developing safe and effective therapies. In the laboratory of Jean Zhao, PhD, and her colleagues, a discovery was recently made that may go a long way toward blocking the growth of prostate tumors.

Zhao and her team had previously shown that a molecule called p110alpha was responsible for causing runaway cell mutation in many breast and brain tumors.

But another molecule, p110beta, still lurked in the shadows. No one thought it played a significant role in uncontrolled cell mutation until Zhao's lab took a closer look.

It turns out, this particular molecule may be an even bigger player than p110alpha in some cancers, most notably prostate cancer.

Zhao explains, "We knew that when cells are stimulated with growth signals, the activity of p110alpha rises rapidly and sharply in triggering excess cell growth. We speculate that p110beta may be providing a low-level but steady growth stimulus, and [may become] an important source of cell proliferation signals."

These new findings are based on experiments with mice that were already highly prone to prostate cancer. These mice all developed early prostate cancer by 12 weeks of age.

The researchers "knocked out" p110beta in a separate group of mice. In contrast, the "knockout" mice with no p110beta all remained cancer-free.

The scientists concluded that p110beta becomes a "powerhouse" to drive cell growth in some tumors - a critical breakthrough in determining the way prostate cancer functions.

Now, it is only a matter of time before new drugs that act as p110beta-inhibitors are developed, tested, and brought to patients. Thanks to Zhao's previous work on p110alpha, pharmaceutical companies already have a blueprint in hand to help speed the process along. Which ultimately means faster life-saving interventions for men all across the country.

Local Treatment of Prostate Cancer: A Cause for Celebration?

*Cancer Decisions
23 November, 2008*

Everyone knows that breast sparing surgery is about as effective as radical surgery (mastectomy) for many cases of breast cancer. Could the same sort of sea change in treatment now be taking place in prostate cancer? Could doctors limit their intervention to areas of known malignancy and thereby spare the rest of the prostate gland? And could this be done in a way that spares the nerves that make sexual potency possible, while avoiding the risk of urinary incontinence. Yes on all counts, according to a team of urologists writing in a well-respected cancer journal.

Sexual impotence and urinary incontinence are two major threats to the quality of life of many prostate cancer patients. These things "affect the male self image no less than the loss of a breast does a woman," according to Gary Onik, MD.

Dr. Onik is director of Florida Hospital/Celebration Health's prostate cancer research program. He is the inventor and pioneer of ultrasound guided cryosurgery for both the prostate and the liver. In 2005 he published a textbook titled *The Male Lumpectomy: Focal Therapy for Prostate Cancer*.

Why haven't other doctors thought of simply removing or otherwise destroying just the cancerous tissue in appropriate cases? According to Dr. Onik, "traditional thinking has held that prostate cancer is multifocal and therefore not amenable to a focal treatment approach." But recent literature on the pathology of prostate cancer indicates that up to 25 percent of all prostate cancers are in fact solitary and unilateral. This fact therefore raises the question of whether or not such patients can be identified and treated with a limited "lumpectomy" or focal cancer treatment.

The authors used a method called "focal cryoablation." This is the use of an extreme cold probe to destroy areas of the prostate that were known to be cancerous based on previous staging biopsies. Patients were then followed with prostate specific antigen tests (PSAs) that were obtained every 3

(Continued on page 6)



Urologists Support Baseline PSA Test at Age 40

UsTOO
June 2009

Going against the flow on PSA testing, which has been questioned as a general prostate cancer screen elsewhere, the American Urological Association now recommends that physicians start offering the test to men at age 40. The rationale for an earlier baseline test is that a PSA value above the median at a relatively young age portends an increased risk of prostate cancer, said Peter Carroll, MD, who chaired the AUA panel that developed the recommendation.

After a baseline measurement, subsequent PSA testing should be individualized to a man's risk profile. "The single most important message of this statement is that prostate cancer testing is an individual decision that patients of any age should make in conjunction with their physicians and urologists," said Dr. Carroll, of the University of California San Francisco. "There is no single standard that applies to all men, nor should there be at this time."

"The bottom line about prostate cancer testing is that we cannot counsel patients about next steps for cancer that we do not know exists," he added.

The recommendations were in an update to the AUA Best Practice Statement on PSA testing, originally released in 2000. They were a significant departure from other organizations' recent recommendations on PSA testing.

Correction: In our July 09 Newsletter under Dr. Lindberg's article, we were negligent in not indicating that the "combined androgen blockade" is a registered trademark treatment by Dr. Bob Leibowitz. Dr. Leibowitz is very proud to have pioneered and developed these 3 treatments to fight prostate cancer and in so doing, had them trademarked.

Triple Hormone Blockade® - Triple Androgen Blockade® - Finasteride Maintenance®

Thank you, Dr. Bob, for all your work in this field of prostate cancer and giving thousands of men an extended life.

PCF Funding For Bone Metastasis Research Supports New Drug to Improve Lives of Prostate Cancer Patients

www.medicalnewstoday.com
21 August 2009

Twice-yearly intravenous infusion with denosumab, a new targeted therapy to stop bone loss, increased bone density and prevented spinal fractures in men receiving androgen-deprivation therapy for prostate cancer. The report from an international research study, the first to document reduced fracture risk in men receiving hormone-blocking treatment, was published today in the print edition of the *New England Journal of Medicine (NEJM)*. Both fundamental research on rank ligand (RANKL) in prostate cancer bone metastasis and other molecular factors involved in the denosumab study were supported at Massachusetts General Hospital with funding from the Prostate Cancer Foundation (PCF).

As this study by Smith and colleagues could have an impact on the standard of care for tens of thousands of prostate cancer patients. The study was Phase III trial supporting the application for approval from the Food and Drug Administration (FDA) filed by Amgen Inc., the primary sponsor of the *NEMJ* report.

"Androgen-deprivation therapy is the standard treatment for men with locally advanced, recurrent and metastatic prostate cancer; but many active men develop debilitating bone fractures as a result," outlines Matthew Smith, MD, PhD, of the Massachusetts General Hospital (MGH) Cancer Center, who led the study as part of the Denosumab HALT Prostate Cancer Study Group. "The results of this study should be critically important in improving the quality of life of thousands of prostate cancer survivors."

Denosumab works by targeting rank ligand, a protein that acts as the primary signal to promote bone removal. In many bone loss conditions, RANKL overwhelms the body's natural defense against bone destruction. Denosumab mimics the endogenous effects of osteoprotegerin, a cytokine, which can inhibit the production of osteoclasts.

"At the PCF we led the initial research investments in targets like rank ligand blockade and other molecular factors in prostate cancer bone metastasis that are involved in death and suffering from prostate cancer. We also introduced these molecular concepts from our university funded laboratories to the biotechnology sector in the late 1990s," commented Dr. Jonathan W. Simons, president.

(Continued from page 1)

Statins

protected against developing ED. For example, men who took statins for nine or more years were 64 percent less likely to develop ED, while men who took statins for less than three years had about the same risk of developing ED compared to men who did not take statins.

“Protections of vascular health remains an important concomitant of preserving erectile health. Our data suggest that longer use of statins may result in the lowest risk of erectile dysfunction,” says Ajay Nehra, MD, Mayo Clinic urologist and senior study author. ED is common and prevalence increases with age. At age 40, it affects five to 10 percent of men but this increases to 40 to 60 percent at age 70.

The third study focused on benign prostatic enlargement, or hypertrophy. This condition affects one in four men ages 40 to 50 and almost half of 70-to-80-year old men. The condition is most often diagnosed when men visit their physicians due to urinary problems prompted by prostate enlargement.

Mayo Clinic researchers have found that taking statins may prevent or delay benign prostatic enlargement. Of the 2,447 men studied, 729 (30 percent) were statin users; researchers found that statin users were 63 percent less likely to develop lower urinary tract problems and 57 percent less likely to develop an enlarged prostate.

“Statins have been shown to have anti-inflammatory effects and previous research suggests inflammation may be associated with benign prostate disease,” says Dr. Jennifer St. Sauver, epidemiologist at the Mayo Clinic and study author. “This study suggests that men’s urinary health could be improved by taking statin medications.”

The investigators emphasize that these results are preliminary and that clinical trials are necessary to determine if taking statins might prevent development of these common conditions.



(Continued from page 4)

Local Treatment of Prostate Cancer: A Cause for Celebration?

months for 2 years and then every 6 months thereafter. Forty-eight patients who had at least 2-year follow-

up had this type of focal cryoablation for their cancer. Follow-up has now ranged from 2 to 10 years, with a mean of 4.5 years. At the time of publication of their report in the *Journal of Urologic Oncology*, 45 of the 48 patients (or 94 percent) have stable PSAs with no evidence of cancer. This was so despite the fact that 25 of these patients were considered to be at medium to high risk for recurrence.

Twenty-four patients who had stable PSAs were also routinely biopsied after the treatment; all were negative for cancer. No local recurrences were noted in the areas that were treated with the cold probe. As hoped for, sexual potency was maintained to the satisfaction of the patient in 36 of 40 patients who had been potent preoperatively. Of the 48 patients treated, all had maintained urinary continence.



ACSO GU: Estrogen Patch Looks Promising as Androgen Deprivation Therapy

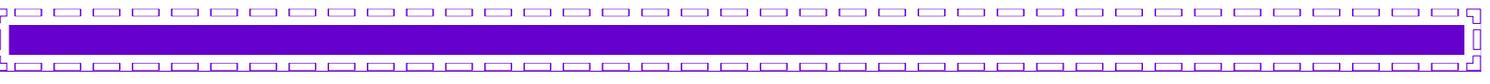
by Charles Bankhead
MedPage Today

Estrogen could make a comeback as hormonal therapy for advanced prostate cancer if interim results from an ongoing clinical trial hold up in further testing.

Transdermal estrogen drove down testosterone and PSA levels to a similar extent as an LHRH analog, Ruth E. Langley, M.D., of the Medical Research Council in London, reported at the Genitourinary Cancers Symposium.

No worrisome adverse events have occurred with the estrogen patches, which could help preserve bone mineral density, unlike conventional androgen deprivation therapy.

“These data demonstrate that estrogen patches produce a similar fall in testosterone to LHRH analogs and concomitant falls in PSA in patients with metastatic and locally advanced prostate cancer,” said Dr. Langley. “The patches have been generally well tolerated.”



National Cancer Institute's Plan to Accelerate Cancer Research Announced

NCI Press Office
20 April 2009

At the 2009 AACR meeting in Denver, CO National Cancer Institute (NCI) Director John E. Niederhuber, MD, announced major details, such as funding more grants, development of a platform for personalized cancer care, and an accelerated cancer genetics program, that will move cancer research forward in this new economic environment. NCI is part of the National Institutes of Health (NIH).

After several years of flat budgets or those that decreased based on rates of medical inflation, NCI received a nearly three percent budget increase this fiscal year. NCI's actions today follow on what President Barack Obama said recently when he announced the Obama-Biden Cancer Plan: "I hope this investment will ignite our imagination once more, spurring new discoveries and breakthroughs in science, in medicine, in energy, to make our economy stronger and our nation more secure and our planet safer for our children."

Among plans to strengthen cancer research discussed by Niederhuber include the following:

- An increase in the NCI payline to fund meritorious research projects
- More grants to 1st-time investigators
- Help to universities to assist and train new faculty investigators
- Develop personalized cancer care encompassing drug development, from discovery of genetic changes to clinical applications for patients
- Start a new network of Physical Science-Oncology Centers to better control cancer.
- Expand the Cancer Genome Atlas to accelerate our understanding of the molecular basis of cancer.

"We must hasten our progress against cancer by conducting exciting new science, which this year's increase in funding, in addition to anticipated funds from the American Recovery and Reinvestment Act (ARRA), will help make possible," said Niederhuber.

Preventing Falls and Injuries

Maureen Dicker, MS FACHE
Health Trends
Volume 14, Issue 1

In the Southwest, we usually enjoy warm weather and don't have to be too concerned with slippery sidewalks. However, falls can happen anywhere, many right inside your own home. According to experts, 30-40 percent of adults 65 and older living at home will fall this year.

Several things increase the risk of a fall:

- If you've fallen once, it's likely you'll fall again.
- People who take four or more medications are likely to fall.
- If you get lightheaded when you stand up, you may be at risk.
- If you have conditions like arthritis, or an old injury that left a limp, you might not walk with a steady gait, which increases the chance of a fall.
- Vision problems can also cause falls.

If you think you're at risk, you should talk about this with your family and your primary care provider. Your provider can review your medications, and suggest an exercise program to improve balance.

Here are some ways for you and your family to take charge of making your home safer:

- Remove loose area rugs, and use non-slip bath mats.
- Make sure stairs have sturdy rails.
- Use a nightlight to light up the path from your bedroom to the bathroom.
- Remove shoes and other items from hallways, stairs, and areas where they might be a trip hazard.
- Store items on lower shelves, making them easier to reach.

It's worth the effort to check your home for fall hazards. Preventing a fall is much easier than spending months recovering from broken bones. A fall safety checklist is available on the Center for Disease Control (CDC) web site at www.cdc.gov/

Wisdom to Live By

Matisse on Accomplishment

"Derive happiness in oneself from a good day's work, from illuminating the fog that surrounds us."

Henri Matisse, painter

Craig on Consistency

"It's not what you do once in a while; it's what you do day in and day out that make the difference."

Jenny Craig, diet guru

PCSA *Lifeline* Newsletter

October 2009

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Chairman's Corner

In a few short months the PCSANM, YOUR ORGANIZATION, will be conducting the FIRST ANNUAL PROSTATE CANCER AWARENESS WALK in Albuquerque. The purpose is to raise both awareness of prostate cancer (PC) and funds for the Association to continue statewide outreach activities. We will be asking for a large number of volunteers to help in the organization of the event and to help on the day it occurs next June. We will also be asking the businesses of New Mexico for donations of money or things like water, ice, soft drinks, etc.

Our "outreach" support includes scheduled local support meetings, speakers who conduct a PC information/awareness program any where in the state, organizational support to towns that want to develop a local PC support program,

and educational materials for statewide distribution. Current funding has severely restricted those activities. It is our goal to raise money to continue to fund and expand those efforts statewide. As our outreach activity expands, so does awareness and successful treatment of PC across the many cultures of New Mexico.

Please visit our website frequently, www.pcsanm.home.att.net, for more information and updates on how YOU can make this WALK a success for the men and their families in New Mexico.

A lighter note:

An 80 year old man went for a pre-marital physical and the doctor asked why he would want to get married. The man replied, "Who said I wanted to?"

Good Health to All,



Robert Wood, Chairman, PCSANM