

Prostate Cancer Support Association of New Mexico



LIFELINE

PCSA Quarterly Newsletter

January 2009 Volume 16, Issue 1

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Check out our **NEW** webpage for latest info and newsletters.
pcsanm.home.att.net

TIDBIT

Extra Belly Fat Doubles Death Risk

Carrying extra fat around the waist could increase the risk of dying early, even if the person's weight is normal, according to a study published in the *New England Journal of Medicine*. Each extra 2 inches raised the chance of early death by 13-17%. Men with waists exceeding 47 inches had a doubled rate of death versus those with waists slimmer than 31.5 inches, the study said.

Nine Tips For Picking A Radiation Oncologist To Treat Your Prostate Cancer

October 24, 2008
By Matthew Katz, MD

External beam radiation treatment and surgery can be equally effective in the curative treatment of prostate cancer. External beam therapy differs from surgery and brachytherapy in two key ways: it's noninvasive and it requires multiple treatments over a period of several weeks.

In my opinion, it's worth meeting with a radiation oncologist if only to hear about this treatment option.

1. *Get a doctor, not a technogeek* - Doctor means "teacher" in Latin; your radiation oncologist should be able to communicate well in plain language. It's highly technical, specialized field but your doctor shouldn't make you feel like (s)he's from outer space and speaking in Klingon.

Overall, the human element of cancer care should be more important to your doctor than the technical elements of radiation treatment. (S)he should be more focused on **you** than on the latest, "cutting edge" technology. Don't get me wrong; modern treatment techniques do matter. But empathy, communication skills, and good judgment are more important characteristics in my doctor than whether (s)he's a technophile with a CyberKnife.

2. *Experience - with perspective -*

Find out if (s)he is board certified. You don't need to see a pure prostate cancer specialist to get excellent care; community-based radiation oncologists with an interest in prostate cancer can also provide top quality treatment. There have been new technical advances over the past decade, and (s)he should be up to date on the latest techniques and relevant research.

Prostate cancer expertise isn't enough. Your doctor should be able to discuss how prostate cancer fits into your overall health, as sometimes other health conditions may play a role in treatment decisions and the risk of side effects. Make sure you feel (s)he is accounting for your personal preferences and health concerns rather than suffering from tunnel vision.

3. *Collaborative* - Even if the doctor has tons of experience, avoid the ones with "Me hammer, you nail" syndrome. (S)he should help you obtain the information you need to make decisions for your health and peace of mind. You should feel comfortable asking questions and shouldn't feel pressured to make a decision. You should feel it's a dialogue.

(S)he should be curious in learning more about you and your priorities throughout the decision-making process. If (s)he can't make you

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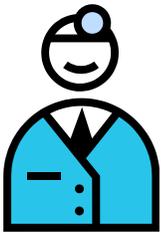
In Memory of

Jim "Andy" Sanchez
Harold "Andy" Anderson

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: Miscellaneous News and Opinions in Prostate Cancer

Dr. Peter Lindberg

1. The SELECT study halted after initial data review. An early analysis has shown that selenium and vitamin E supplement, taken either together or alone, did not show any benefit in prevention of prostate cancer. 35,000 men were enrolled in the study since 2001. Men were assigned to selenium and vitamin E, selenium and a placebo, vitamin E and a placebo, or placebos alone. This was reported in HemOncToday, November 10, 2008.
2. Thalidomide, recently approved to treat a malignancy multiple myeloma, has been studied in prostate cancer at the National Cancer Institute. In an earlier trial thalidomide, added to taxotere chemotherapy, markedly improved cancer control. This was a "phase two trial" of around 100 men. I believe the results have been ignored by the academic community. Thalidomide had been added to avastin-2 agents that interfere with new blood vessel growth (antiangiogenesis). Combined with taxotere, 52 of 58 men with hormone refractory prostate cancer had a reduction of PSA by more than 50%. Also from NCI, Dr. Figg has presented data showing that adding thalidomide to hormone treatment in men whose surgery or radiation has failed them prolongs the time off hormones when giving hormone treatment on an intermittent basis. A lower dose of thalidomide than is currently used may provide the same benefit with fewer side effects. At our national American Society of Clinical Oncology meeting June 2008 in Chicago, a major academic authority advised against doing studies to confirm this preliminary trial (after praising this study). It seems the thalidomide date will be ignored - AGAIN.
3. On a more hopeful note, the recent November 2008 publication of *PCRI Insights* highlights the report of Dr. Paul Song from the John Wayne Center in West Hills, California. Men who have radiation therapy for initial therapy of prostate cancer but show failure with a persistently rising PSA may be candidates for high-dose rate brachytherapy (temporary) seed catheter treatment with iridium 192 source. The potential advantage is to spare the ure-

thra, the tube that runs from the bladder through the penis and so decrease complications. Dr. Song is now enrolling patients in his study. The usual options in this situation are hormone therapy, freezing, or a "salvage radical prostatectomy." There are lots of complications with the radical and should only be performed in an institution with LOTS of experience like Memorial Sloan Kettering in New York City. Dr. Duke Bahn in Ventura, California has a great deal of experience doing cryotherapy as "salvage." The high-dose rate brachytherapy may offer another option for an attempt for a cure. Dr. Song requires repeat biopsy of the prostate plus extensive testing to be certain that the cancer is most likely to be only in the prostate.

4. Finally the vaccine trial GVAX plus taxotere has been closed and does not seem to offer any benefit over taxotere alone.

Vasectomy and Risk of Prostate Cancer

The Prostate Monitor
By William Ware, PhD

The weight of evidence shows no association between a vasectomy and the risk of prostate cancer. However, there has been concern that a risk might exist in subgroups such as men with a family history of prostate cancer, men who undergo the procedure at a younger age, or the risk might develop over a longer period than studied. A recent study addresses these issues. Approximately 1000 men diagnosed with prostate cancer were matched with over 900 controls. The prevalence of vasectomy was similar in the cases and controls (36.2% and 36.1%) and thus no association was found. In addition there was no association between prostate cancer and age at vasectomy, years elapsed since the procedure, or the calendar year of the vasectomy. It was concluded that prostate cancer is not an issue associated with having a vasectomy.

Understanding Pharmacogenomics

CancerNet
September 22, 2008

The field of pharmacogenomics, also called pharmacogenetics, studies how our inherited genes affect the way we respond to drugs. The way our bodies process and handle drugs can make these drugs more or less effective, or more or less safe. A drug may respond differently in one person than another. Also, some people may experience severe side effects from a drug, while others do not.

Pharmacogenomics now has limited use in the treatment of people with cancer, but its growth may lead to the development of more tests that doctors may give patients before starting a drug therapy.

Many drugs that treat cancer are not fully active in the form in which they are given. They need to be “turned on,” or activated, by enzymes (proteins that speed up chemical reactions in the body) to help treat the cancer. Each person inherits variations in these enzymes that affect how fast or slow these drugs are converted. If a person’s genes are “slow metabolizers,” or slow to break down the drug, then the body doesn’t make enough active form of the drug, and the treatment may not work as well.

Genetic testing is already used to help predict whether some cancers are more likely to develop in people. For example, women with a variation in the BRCA1 or BRCA2 gene are at greater risk of developing breast and ovarian cancer, and men with BRCA1 and BRCA2 mutations are at increased risk of breast and prostate cancer. The results of these genetic tests may prompt some people to have additional cancer screenings.

Pharmacogenomics offers important benefits, including:

Improving patient safety. It is estimated that severe drug reactions cause over 2 million hospitalizations each year. Pharmacogenetic testing may help identify patients who are likely to experience dangerous reactions to drugs beforehand, thereby improving patient safety and saving lives.

Improving health care costs and efficiency. The time and resources that doctors and patients spend on finding appropriate medications and doses is likely to decrease as pharmacogenetic tests are developed.

Pharmacogenomics may lead to “personalized medicine” because it has the potential to offer cancer therapy that is individually tailored to a person or a group of people based on their genetic makeup.

Although pharmacogenomics holds promise in helping to predict the results of drug therapy, other variables may influence how a person reacts to a drug, such as age, gender, disease severity, lifestyle habits (diet, smoking, alcohol consumption), other medications a person is taking, and environmental factors, such as exposure to pollution and toxins.

Challenges to pharmacogenomics

There are some challenges in the development and practical use of pharmacogenomics. Many doctors now do not widely practice pharmacogenomics when treating patients since the field is still new. Pharmacogenetic testing is also expensive, and insurance plans may not cover the costs of available tests. Researchers are working to develop more efficient and less expensive testing methods.

Pharmacogenetic testing in practice

Here are some examples of where pharmacogenomic testing is now in use in treating people with cancer.

Colorectal cancer. Irinotecan is a type of chemotherapy commonly used for the treatment of colorectal cancer. In some people, genetic variations cause a shortage of the UGT1A1 enzyme, which is responsible for the body’s metabolism (breakdown) of irinotecan. Higher levels of irinotecan remain in the body in people with lower levels of this enzyme, which leads to severe and potentially life-threatening side effects. Doctors may use a pharmacogenomic test, called the UGT1A1 test, to see which patients have this genetic variation, and can prescribe a lower dose of irinotecan for patients with the genetic variation.

Acute lymphoblastic leukemia (ALL). Doctors also use pharmacogenomic testing for children with acute lymphoblastic leukemia (ALL). Genetic variations in an enzyme called thiopurine methyltransferase (TPMT) are found in about 10% of

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Vitamin E And Selenium Do Not Prevent Prostate Cancer; Use of The Supplements Stopped In Large-Scale Study

Medscape
October 29, 2008

The SELECT (Selenium and Vitamin E Cancer Prevention Trial) prostate cancer prevention study is instructing its 35,000-plus participants to stop taking the 2 nutritional supplements because of an apparent lack of benefit and a possibility of harm.

“The Data and Safety Monitoring Committee made the decision to stop use of the supplements, but not to stop the trial. We will follow participants for 3 more years to determine if there is any benefit or any harm,” said Larry Baker, MD, chairman of the Southwest Oncology Group, which coordinated the trial, and professor of medicine at University of Michigan Medical School in Ann Arbor, MI.

The Data and Safety Monitoring Committee said that “the data could not exclude a small chance that the study supplements might have effects later in the men’s lives.” However, the antioxidants selenium and vitamin E, taken alone or together for an average of 5 years, did not prevent prostate cancer, according to the committee. “We went back to the biologists, and they said 8 months was sufficient to see benefit,” Dr. Baker explained.

The data from SELECT also show 2 trends that were of concern, but not statistically significant: in men taking only vitamin E, there were slightly more cases of prostate cancer; and, in men taking only selenium, there were slightly more cases of diabetes. Both findings could be due to chance.

Dr. Baker said that results to date speak for themselves, and that SELECT is a much larger trial than previous trials that suggested benefit. “This is the definitive study and anyone who argues that is ignoring the facts.”

The Pomegranate Craze

Chicago Tribune
October 21, 2008

Pomegranate, a once obscure fruit from the Middle East, has reached superstar status in the health-food arena. Makers of pomegranate products say

that’s a good thing because pomegranate juice has been shown in medical studies to decrease cholesterol levels, slow the progression of prostate cancer and help alleviate the narrowing of arteries. But there’s another side to the spike in pomegranate consumption that has some medical professionals worried. The fruit’s potent mix of antioxidants has been shown to interfere with a range of drugs, including cholesterol medications such as Crestor and Lipitor. It also may interfere with some high-blood-pressure medications, causing an unsafe drop in blood pressure. That’s enough for Nicole Gattas, a professor at the St. Louis College of Pharmacy, to steer patients away from it. “I do not recommend this product at this time,” Gattas said. “And I do recommend people talk to their pharmacist or physician prior to starting it.”



Study Investigates Anti-Frailty Pill For Seniors

www.MedicalNewsToday.com
November 5, 2008

Researchers at the University of Virginia Health System report that a daily single oral dose of an investigational drug, MK-677, increased muscle mass in the arms and legs of healthy older adults without serious side effects.

Published in the November 4, 2008 issue of *Annals of Internal Medicine*, the study showed that levels of growth hormone (GH) and of insulin-like growth factor I (IGF-I) in seniors who took MK-677 increased to those found in healthy young adults. The drug restored 20 percent of muscle mass loss associated with normal aging.

“Our study opens the door to the possibility of developing treatments that avert the frailty of aging,” explains Dr. Michael O. Thorner, a nationally recognized researcher of growth hormone regulation and a professor of internal medicine and neurosurgery at UVA.

The study drug, MK-677, mimics the action of ghrelin, a peptide that stimulates the growth hormone secretagogue receptor (GHSR). Drug developers are focusing on GHSR because it plays an important role in the regulation of growth hormone and appetite. They think it may prove to be an excellent treatment target for metabolic disorders such as those related to body weight and body composition.



(continued from page 1)

Tips for Picking an Oncologist

comfortable that you're getting a balanced perspective comparing external beam radiation to other treatment options, move on.

4. *Confident* - Your doctor should be assertive and can comfortably discuss management of any possible treatment-related side effects. (S)he should be comprehensive in explaining prognosis, treatment options, possible side effects, and the risk/benefits of external beam radiation. That said, avoid anyone who is overly confident. No technologic advances can guarantee either a cure of the complete absence of radiation-related side effects.

5. *Accessible and involved* - External beam radiation treatment is a multi-week treatment, and you may have questions that come up before, during, or afterwards. Your doctor should be available and willing to address any questions or concerns.

6. *Meet the team* - Radiation oncology is a collaborative endeavor between the doctor and other health care professionals. This includes your radiation oncology nurse (who will help you and your family with supportive care and possible side effects), your radiation therapists (who will help you settle into your treatments each day), and your medical dosimetrist and medical physicist (who use sophisticated computers and their expertise to help your doctor develop the technical aspects of your treatment plan). Communication is essential among everyone involved in the planning and delivery of your treatment.

7. *Cleanliness is next to goodliness* - Unlike going to a surgeon, a radiation oncologist's office and the treatment area are often essentially one. It doesn't have to look like the latest issue of *Interior Design* magazine, but cleanliness and organization are important.

8. *Who does (s)he work for?* - Make sure your doctor doesn't have any conflicts of interest that concern you. If you're offered a clinical trial or treatment with a "cutting edge" technology, make sure you ask all the questions you need to feel comfortable with that doctor and that technology. If you feel the doctor is biased, and seems to be favoring a less standard approach, do some homework or consider another opin-

ion before moving ahead - "trust but verify." If you aren't convinced that the doctor is acting in your best interests, it's time to move on.

9. *Location, location, location* - Distance can be a constraining factor logistically or financially since multiple radiation treatments are given over a period of several weeks. If you're referred to a radiation oncologist, make sure you're comfortable with both the doctor, and the travel time needed for treatment.

These tips are not comprehensive but give you some idea of some issues to keep in mind. Take the time to explore all your treatment options as well as active surveillance to determine what is best for you. Consider reviewing it with your primary care physician as well.

There's always some uncertainty, regardless of whether you opt for external beam radiation, brachytherapy, surgery, or active surveillance. However, you need to find a doctor who you trust to act in your best interests. Careful consideration and research should help you feel more confident that you've made the right choice.

(Continued from page 4)

...Pharmacogenomics

these children. TPMT is responsible for the metabolism of chemotherapy that is used to treat ALL. To avoid severe side effects, children with lower levels of TPMT are treated with lower doses of these drugs. **Fluorouracil (5-FU, Adrucil) chemotherapy.** This drug is used to treat several types of cancer, including colorectal, breast, stomach, and pancreatic cancers. A genetic variation in some people causes them to have lower levels of the enzyme called dihydropyrimidine dehydrogenase (DPD), which helps the body metabolize 5-FU. Doctors may use a pharmacogenomic test to detect this variation in patients and to lower the dose of the drug to avoid serious side effects in these patients.

Question your doctor!

5 Steps To Help You Avoid Common Drug Side Effects

Johns Hopkins Medicine
November 25, 2008

A study linking drug side effects and emergency room admissions found that a large number of Americans - as many as 700,000 annually - land in the hospital for taking medication. The good news is that it can be avoided.

A common culprit is the blood thinner warfarin (Coumadin); two others are insulin (for diabetes) and digoxin (a heart drug). Another medication that ranks high in causing adverse drug events is the antibiotic amoxicillin.

Steps for Safety - Should you avoid these medications? Not at all. Taken properly, these medications seldom cause serious side effects, but you must be informed about your medications - know how to take them and what sorts of adverse reactions can occur.

1. **Ask your doctor about side effects.** What are the most common adverse effects of your medications? How can you recognize them? What can you do to prevent them? What should you do if a side effect occurs?

2. **Take your medications as directed.** Even if you are only slightly unsure about the right way to take your medicine, ask your doctor or pharmacist to explain the instructions again.

3. **Always keep follow-up appointments.** If you are supposed to return to the doctor regularly for physical examinations or blood tests to check your response to the drug, make sure you go.

4. **Inform others about your risk.** Make sure family, friends, and coworkers know that you're at risk for a serious adverse drug event, and make sure they know what to do if one happens. Also consider wearing a medical alert bracelet or carrying a medication card in your wallet.

5. **Make sure you really need to take the drug.** At least once a year, bring all your medication bottles to your doctor's office - it's known as a brown-bag visit. Your doctor will evaluate whether any of your medications are unnecessary, redundant, or interact with each other.

For more information or for free health alerts by e-mail, please go to the Johns Hopkins website at <http://www.johnshopkinshealthalerts.com>

More Evidence Links Green Tea to Heart Health

Mayo Clinic Health Letter
Vol 26 No 12, Dec 2008

If you treat yourself to a daily cup of green tea, go ahead and pour a second cup - it may be just what your heart desires.

A small study in the June 2008 *European Journal of Cardiovascular Prevention & Rehabilitation* provides further evidence that green tea consumption improves blood flow and the function of endothelial cells. These critical cells line the inside of blood vessels, including the arteries. Part of their job is to help the arteries relax, making them more elastic so that blood can flow through with ease.

On three separate occasions, researchers gave study participants 15 ounces of either green tea or diluted caffeine. Endothelial function was measured just prior to having the drink and then every 30, 90, and 120 minutes after swallowing it. A significant increase in endothelial function - meaning ease of blood flow - was noted within the first 30 minutes of consuming green tea. No such increase occurred after drinking diluted caffeine.

Although the study is small and limited in scope, Mayo Clinic experts say the findings add to interest in green tea's potential health benefits. When it comes to the cardiovascular system, a healthy endothelial lining is an advantage in avoiding blood vessel blockages. Impaired function of the endothelial lining is associated with atherosclerosis and increased risk of cardiovascular disease.

Gene found Activated in 70% of Prostate Cancer Cases

PR Newswire
October 24, 2008

A gene has been found activated in 70% of prostate cancer tumors, the same gene that has been discovered activated in a majority of breast cancer cases, report scientists at the George Washington University Medical Center led by Dr. Patricia Berg, who discovered and cloned the gene, and Dr. Arnold Schwartz. Berg is Professor of Molecular Biology and Biochemistry and directs a laboratory at George Washington University Medical Center in Washington, DC, and Schwartz is Professor Pathology and practicing clinician at GWUMC.

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Chairman's Corner

Have you noticed lately that we are seeing and hearing the words "prostate cancer" more frequently? It appears that it is no longer a taboo subject to bring before the public.

Your Board of Directors here at PCSANM has started an effort to increase public awareness of prostate cancer in New Mexico. Our plan is to enlist the support of individuals in the news media and medical community in a public education and awareness campaign. Our goal is to promote education and information about prostate cancer.

Once again we are asking our readers for support. If you are in the news media, med-

ical field or know someone who could assist us in this effort, please contact Joe Nai at 254-7784.

A personal note to our readers, both ladies and gentlemen. I am still recovering from shingles that started in July 2008. If you have had chicken pox, you are most likely carrying a virus that can cause shingles, a very serious, painful, and potentially persistent experience. More information is available on Google. I strongly suggest contacting your doctor to ask about a shingles vaccination.

Good Health to All,



Robert Wood, Chairman, PCSANM