

# Prostate Cancer Support Association of New Mexico



## LIFELINE

PCSA Quarterly Newsletter

January 2010 Volume 17, Issue 1

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### TIDBITS

**Ferguson** on Progress  
"It's not so much that we're afraid of change or so in love with the old ways, but its that place in between that we fear....It's like being between trapezes. It's Linus when his blanket is in the dryer. There's nothing to hold on to."  
*Marilyn Ferguson, author*

### New Hope for Men with Prostate Cancer

*Prostate Cancer Foundation*

Prostate cancer may have finally met its match. The turn of events is due largely to the Prostate Cancer Foundation, a 16-year-old charity that has pioneered new ways to speed up treatments and the search for a cure.

In celebrating their 75th anniversary, *Fortune* magazine named the Prostate Cancer Foundations their first-ever charity partner. *Fortune* wrote that the Prostate Cancer Foundation has managed to "dramatically fight the disease, spur innovative research, attract new people to the field, get a myriad of drugs into clinical trials, and, dare we say, speed up science."

"Some people think prostate cancer can't be cured," says Jonathan W. Simmons, MD, the Prostate Cancer Foundation's President and Chief Executive Officer. "The truth is that it can. The key question is: *How Fast?*"

That is why the Prostate Cancer Foundation has launched "The National Campaign to Cure Prostate Cancer" to give new hope to men fighting the disease.

### Lifesaving Strategies

As part of this national campaign, the Prostate Cancer Foundation is focusing on four groundbreaking approaches.

**First**, raising money for the fight. "Money is the lifeblood of research."

**Second**, investing every dollar *strategically*. To speed up cancer research and reduce red tape.

**Third**, coordinating the research

to speed up results. For example, the Prostate Cancer Foundation's annual Scientific Retreat brings together the brightest minds in prostate cancer research, breaking down traditional barriers between institutions and achieving lifesaving progress.

**Fourth**, educating men and their families. The Prostate Cancer Foundation helps save lives by giving patients the tools and information they need to make the right decisions regarding treatment options.

### AUA Releases Statement Clarifying Prostate Cancer Testing Recommendations

*November 2, 2009*

The American Urological Association (AUA) is aware of recent news reports disparaging prostate cancer testing. We are concerned that these reports are causing significant confusion for patients and we wish to clarify our recommendations on prostate cancer testing with the prostate-specific antigen (PSA) test and digital rectal exam (DRE). The AUA strongly supports early prostate cancer detection and feels it is in a man's best interest to consider being tested for prostate cancer.

Prostate cancer is most treatable when caught early. Men ages 40 and older should be offered a baseline PSA test and DRE for early detection and risk assessment. The future risk of prostate cancer is closely related to a man's PSA score; men who are

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**FOUNDER Rae Shipp**  
CEO Joseph Nai

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### PCSA Lifeline

A quarterly newsletter addressing issues of prostate cancer

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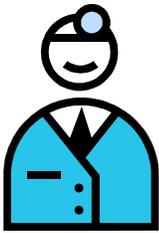
### In Memory of

Dr. Saul Holtzman  
David Landers  
Andrew Cordova

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:

Dr. Peter Lindberg  
*Journal of Urology August 2009*

### LET ME SHARE THIS WITH YOU

When faced with the diagnosis of prostate cancer, men are urged to make a rapid decision. How much time do you have??? A week, a month, three months, one year??? It depends. If you have high risk prostate cancer—ie. PSA greater than 20, a large bulky tumor (very rare in 2009) or a Gleason Score of 8-10 (very common), studies have shown that treatment should be started within 90 days, and remember for high risk patients, radiation and hormones is the most proven treatment. For intermediate and low risk prostate cancer (Usually a Gleason score of 6 or 7), there is more time to make the decision. If you seek the option of a urologist, you usually will have a radical prostatectomy, which is not always the best choice. Take enough time to see a radiological oncologist. External beam-IMRT or seeds have excellent cure rates and different long term complications. For men with VERY low risk cancer 2 or fewer cores out of a 12 core biopsy with a small or no lump, and a Gleason 6, careful active surveillance with repeat biopsy is reasonable.

What about the argument to do surgery first? Because if needed you can get radiation later and you can't usually have rescue surgery after radiation therapy. I believe that men who are cured by radiation treatment after surgery had failed or who received immediate radiation after surgery are those men whose cancer extended outside the prostate (positive margins) would have been cured with radiation as the only treatment. Current research suggests that immediate radiation is a plus if positive margins are found, even if PSA reading is 0 after surgery. There is a better survival rate with immediate radiation in this situation. I want to share this information with men diagnosed that are deciding on a treatment.

A recent article in the New York Times points out that we have known medications that will prevent cancer and that these medications are not being widely used. Tamoxifen is proven to prevent breast cancer, but only a small percentage of women are on this treatment even though 1 in 8 may get breast cancer. Finasteride (proscar) was proven to cut prostate cancer risk 25%. This was shown to be true in a large study published in the New England Journal of Medicine about 4 years ago. If a man, age 55 decides to have annual PSA screenings, there is a 1 in 7 chance of diagnosing prostate cancer with a 90% chance of receiving treatment and then will come all of the possible side effects—impotence, leakage of urine, rectal problems, etc. "One thing is certain, that once prostate cancer is found, the man is forever a pros-

tate cancer survivor and life has changed."

Yes, but what about the terrible side effects of finasteride. I have used finasteride in my practice for years and have not seen or heard about or read about serious side effects. A few patients notice decreased sex drive. Also a few have breast soreness that goes away when finasteride is discontinued. I am now taking finasteride to prevent prostate cancer and to shrink my prostate and to reduce getting up at night to urinate. Proscar also grows hair so if you like your manly bald appearance be careful!!!

Some men have heard about Dr. Bob Leibowitz's use of high dose testosterone in men who have prostate cancer. His scientific paper with his results has been accepted by a major peer reviewed medical journal and hopefully will be published in 2010. Successfully treated men were in remission with stable PSA. Also, most had to take "anti-angiogenic cocktail" using leukine shots plus thalidomide/revlimid. Effective, but not a simple task. How can this be?? To use an analogy, in breast cancer, low dose of estrogen promotes breast cancer growth whereas a very high dose of estrogen is used to treat breast cancer and kill cancer cells. Stay tuned and HAPPY NEW YEAR.

## Overweight

*Prostate Cancer Communication*  
*March 2009*

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.

## PET/CT Scans May Help Detect Recurring Prostate Cancer Earlier

*US TOO!*

*October 2009 Hot Sheet*

A new study published in the September issue of the Journal of Nuclear Medicine shows that positron emission tomography (PET)/ computer tomography (CT) scans with the imaging agent choline could detect recurring prostate cancer sooner than conventional imaging methods in some patients who have had their prostates surgically removed.

Many men diagnosed with prostate cancer choose to have a radical prostatectomy, which involves surgical removal of the entire gland and surrounding tissue. However, prostate cancer recurs within five years in as many as 30 percent of these patients. Physicians monitor patients who have undergone the procedure by checking levels of prostate-specific antigen (PSA) in the blood. If PSA is detected after radical prostatectomy—known as biochemical relapse—then imaging techniques are essential to determine whether and exactly where in the body the cancer has recurred. The study examined PET/CT scans with radioactively labeled choline—a promising molecular imaging tool which has been shown to be more accurate than conventional imaging techniques such as CT, magnetic resonance imaging (MRI) and bone scintigraphy in detecting recurrent prostate cancer.

“In most patients with biochemical relapse after radical prostatectomy, conventional imaging methods often return false-negative results, meaning that the imaging techniques fail to detect cancer that is present in the body,” said Paolo Castellucci, MD, of the nuclear medicine unit, hematology-oncology and laboratory medicine department, University of Bologna, Italy, and lead author of the study. “Our study found that for some patients, PET/CT with choline can improve detection of cancer soon after PSA levels are measured. This enables physicians to tailor treatment to individual patients in the early stages of recurrence, thus increasing their chances of recovery.”

The study included a total of 190 patients who had undergone radical prostatectomy and showed biochemical relapse in following examinations. These patients were grouped according to PSA

*(Continued on Page 5)*

## In the Pipeline: New Treatments for BPH

*Johns Hopkins Medicine*

*Health Alerts*

Current medical treatment for benign prostatic hyperplasia (BPH, or an enlarged prostate) relies on alpha-1-adrenergic blockers (alpha-blockers), which relax muscles in the prostate, or 5-alpha-reductase inhibitors, which lower androgen levels within the prostate. This Special Report reviews other promising BPH treatment currently in the pipeline.

### Experimental Drugs:

- **Cetrorelix.** Cetrorelix (Cetrotide) is a luteinizing hormone-releasing hormone (LHRH) antagonist. It works on LHRH receptors in the pituitary gland to suppress production of testosterone (which fuels the growth of prostate tissue). In early clinical trials, Cetrotide has improved BPH symptoms, increased urine flow, and reduced prostate volume. Studies are still ongoing.
- **Silodosin.** An experimental alpha-blocker, silodosin appears to target prostate tissue more precisely than do other alpha-blockers. If so, it might be less likely than other alpha-blockers to cause side effects such as low blood pressure (hypotension). The drug is being investigated in an ongoing clinical trial.
- **Naftopidil.** Another experimental alpha-blocker, naftopidil binds to two subtypes of the alpha-1 receptor, making it active within the bladder as well as the prostate. Researchers theorize that naftopidil might be particularly beneficial in men who have both BPH and an overactive bladder. In early research, the drug reduced overall BPH symptom scores and improved bladder irritation and urination urgency. Naftopidil also appears to reduce nighttime urination.
- **NX-1207.** Early clinical trials suggest that this investigational drug can shrink the prostate by about 25% within one month. In one trial, men treated with NX-1207 experienced a 10-point improvement in BPH symptom scores, with minimal side effects in general and no sexual side effects. In a follow-up assessment in 29-34 months after NX-1207 treatment ended, more than half of the men had required no additional treatment for BPH symptoms.

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### PET/CT Scans

levels and studied with choline PET/CT scans. In addition, researchers also factored in PSA kinetic factors such as velocity—or the rate at which PSA levels change—and the PSA doubling time in each patient.

The study found that whole body PET/CT imaging with choline is significantly better than conventional imaging technologies in detecting prostate cancer in patients with biochemical relapse after radical prostatectomy. Researchers also found a strong association between PET/CT detection of recurrent cancer, PSA levels, and PSA kinetics. The authors suggest that based on the results, only patients with a high probability of having a positive scan based on PSA levels and kinetics should undergo choline PET/CT scans. By using these criteria, the number of inappropriate choline PET/CT scans can be reduced and early detection of prostate cancer relapse can be improved.

Martin Pomper, MD, PhD, professor in the department of radiology and radiological science, Johns Hopkins Medical Institutions, Baltimore, MD said “The article by Castellucci, et. Al., in this issue illustrates nicely how connecting a serum marker—in this case PSA—with imaging can facilitate choosing the correct patients for an imaging study, as well as cut back on false negative results for that study.

procedure is quick, safe, and has shown no significant side effects.

**Aspirin and Ibuprofen.** BPH has recently been added to the growing list of health conditions that are associated with inflammation. By some estimates, about half of prostate tissue obtained through biopsies or surgical specimens shows evidence of inflammation. Inflammation in the prostate increases the likelihood that BPH will progress, according to an analysis of data from the large Medical Therapy of Prostatic Symptoms (MTOPS) study. Consistent with this new information, a recent study found that taking medications that reduce inflammation may benefit the prostate and urinary tract.

**ED Medications.** Another surprising finding is that erectile dysfunction (ED) drugs like sildenafil (Viagra) and tadalafil (Cialis) can improve urinary symptoms associated with BPH. In one study of men with both ED and BPH, Viagra significantly improved both erectile function and BPH symptoms. Other research suggests that alpha-blockers and Viagra have an synergistic effect on the two conditions. In other words, BPH-related urinary symptoms respond better when Viagra is given along with an alpha-blocker, and erectile functions improves more when an alpha-blocker is given with Viagra.



### Latest Dietary Findings in Preventing Prostate Cancer and Slowing its Progress

*Johns Hopkins Medicine  
Prostate Health Briefing*

Cancer experts estimate that diet accounts for up to 90% of cancers of the prostate. More than 2,500 years ago, Hippocrates, the father of medicine, said, “Let food be your medicine and medicine be your food.” It’s taken centuries for scientists to address the Hippocratic dictum—but we now know that people who consume plenty of vegetables, fruits and grains are less likely to develop certain cancers than those who don’t. Recent research has also indicated a number of potentially important factors in preventing cancer—and possibly even slowing its progress. One important emerging preventive factor appears to be selenium—but read the label carefully. Certain forms of the mineral can be toxic. And you shouldn’t exceed a dosage of 200 micrograms daily.



(Continued from Page 4)

### Pipeline: New Treatments for BPH

As urologists learn more about what contributes to BPH, they come up with new approaches based on trying known agents in different ways. For example:

**Botox.** It’s known as a wrinkle remedy, but the ability of Botox (botulinum toxin type A) to weaken or paralyze muscles can help in a variety of medical conditions. Injections of Botox into the prostate have improved BPH symptoms for up to a year in some men. Performed under ultrasound guidance (much like a prostate biopsy), the

## Designer T Cells Attack Prostate Cancer

Michael Smith  
MedPage Today  
04/21/2009

*Reprogrammed immune cells could become targeted “killing machines” against prostate cancer.*

In the early stages of a phase I study, these reprogrammed T cells sharply reduced the levels of prostate specific antigen (PSA) in two patients with metastatic prostate cancer, according to Richard Junghans, MD, PhD, of the Roger Williams Medical Center in Providence, RI.

Within a few weeks of the infusion of the engineered cells, one patient’s PSA level had fallen by half and the other’s by 75%, Dr. Junghans reported at the annual meeting of the American Association of Cancer Research.

T Cells, Dr. Junghans told reporters, are the “perfect killing machines” when faced with a cell infected with a virus. “We have to fool the T cells into thinking that the cancer has a virus infection,” he said.

To do that, he and colleagues isolate a patient’s T cells from a blood sample and use genetic engineering techniques to make them sensitive to a molecule that only occurs in prostate cancer—prostate specific membrane antigen, or PSMA.

Over a period of weeks, the modified cells are amplified in culture. Meanwhile the patient undergoes chemotherapy to knock down his remaining lymphocytes, creating “hematopoietic space” for the engineered T cells.

Finally, he said, the cells are infused into the patient and begin attacking cells that express PSMA. A marker for that activity, Dr. Junghans said, is the level of prostate specific antigen.

The falling levels of PSA in the two patients treated so far were obtained despite the low dose of cells they were given—about a billion each.

The researchers plan to test that dose in one more patient and then escalate the dose—first to 10 billion in six patients then to 100 billion in another six.

In the two patients treated so far, the falling PSA levels appeared to have bottomed without reaching zero—possibly because the methods used to activate them caused them to enter a resting state without completely eradicating the cancer cells.

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## Watchful Waiting Works for Older Men With Prostate Cancer

By Ed Edelson U.S. News HealthDay Reporter

Older men diagnosed with prostate cancer who choose watchful waiting are doing better these days than in the era before screening with a test for prostate-specific antigen (PSA) became common, a new study finds.

“The most important message is that the long-term outcome for patients who don’t have surgery or radiation is pretty good,” said study author Dr. Grace L. Lu-Yao, an associate professor of medicine at the University of Medicine and Dentistry of New Jersey. Her report appears in the September 16th issue of the *Journal of the American Medical Association*.

That message applies only to men over 65 when prostate cancer is diagnosed. Lu-Yao and her colleagues analyzed data on 14,516 such men whose diagnoses were made between 1992 and 2002, at an average age of 78, and who did not have surgery or radiation in the next six months. The researchers followed them for an average of 8.3 years.

The study separated men by their Gleason score, which measures the degree to which the prostate gland has lost its orderly structure. Greater disorder indicates greater danger from the cancer.

The 10-year death rate from prostate cancer was 8.3 percent for men with the least disordered tumors. Their death rate from all other causes was 59.8 percent. For men with moderately disordered tumors, the 10-year prostate cancer-specific death rate was 9.1 percent, compared to 57.2 percent death rate from all other causes. The prostate cancer death rate for men with the most disordered tumors was 25.6 percent, compared to 56.5 percent for all other causes.

But the information in the study shouldn’t be applied to younger men, Lu-Yao stressed. The study might send the wrong message about PSA testing to those men, said Dr. Richard Greenberg, chief of urologic surgery at the Fox Chase Cancer Center in Philadelphia.

He is skeptical about watchful waiting, except in carefully selected cases. “I don’t think anyone under 60 is a great candidate for watchful waiting unless they have another condition that is going to do them in within 10 years,” Greenberg said.

Every man diagnosed with prostate cancer should understand that watchful waiting is one possible option, he said. “But you have to individualize the decision for every patient,” Greenberg said. “If they have an aggressive cancer, they should be treated aggressively. You need to be very selective when you say when a conservative approach is appropriate.”

## Movember Presents at Livestrong® Global Cancer Summit in Dublin, Ireland in Support of Men's Health

*PR Newswire  
August 26, 2009*

Staggering Statistic: cancer kills more people every year than AIDS, tuberculosis, and malaria combined. Joining more than 250 advocates from around the world, Adam Garone, co-founder and CEO of Movember ([www.movember.com](http://www.movember.com)), the world's largest charity for men's health, will present at the LIVESTRONG Global Cancer Summit in Dublin, Ireland, August 24-26. Movember rallies men to grow moustaches for the month of November to raise funds and awareness for prostate and testicular cancers. In the United States, funds raised by Movember will benefit the Lance Armstrong Foundation as well as the Prostate Cancer Foundation. To date, over \$47 million has been raised to support men's health issues through official moustache-growing campaigns in the US, Canada, UK, Ireland, New Zealand, Australia and Spain.

Should we, the men of PCSANM, start a moustache campaign? Just think what \$1 million would do for us.

*(Continued from Page 1)*

### AUA Testing Recommendations

screened at 40 establish a baseline PSA score that can be tracked over time. The AUA strongly supports informed consent, including a discussion about the benefits and risks of testing, before screening is undertaken.

Prior to the emergence of PSA testing, only 68 percent of newly diagnosed men had cancer localized to the prostate and 21 percent had metastatic disease. Today, more than 90 percent of these men have cancer confined to the prostate and only 4 percent have cancer that has spread to other areas of the body. U.S. deaths from prostate cancer have decreased by 40 percent over the past decade—a greater decline than for any other cancer.

The controversy over prostate cancer should not surround the test, but rather how test results influence the decision to treat. The decision to proceed to prostate biopsy should be based not only on elevated PSA and/or abnormal DRE results, but should take into account multiple factors including free and total PSA, patient age, PSA velocity, PSA density, family history, ethnicity, prior biopsy history and comorbidities.

*(Continued from Page 6)*

### Designer T cells

With the higher doses, he said, he hopes to see PSA levels fall all the way to zero.

“We are very hopeful that when we get to higher doses,” he said, “all those activated (cells) may get us to 100% suppression before they go to the resting state.”

Dr. Junghans said the redirected T cells are a “brave new world” for cancer treatment. “I predict the FDA will have approved one of these designer T cell constructs—if not this one, then another one—as standard therapy in the next five or so years.”

Dr. Junghans' approach is a new twist on ideas that have been around for “two decades or more,” said Louis Weiner, MD, of Washington's Lombardi Cancer Center, who was not part of the research.

“What Dr. Junghans and colleagues have done is to really combine two critical elements”—redirecting the T cells and creating space for them by chemotherapy, Dr. Weiner said.

He said while the idea is intriguing and the early results promising, “at the end of the day, we will need properly conducted efficacy trials.”

But “the early returns are sufficiently encouraging that I certainly hope they continue doing their work.”

### TIDBITS

IBD

*November 16, 2009*

**Baby Boomers** in the U.S. have far more physical disabilities than previous generations, a UCLA study found. Between 1988 and 1999 disabilities among people in their 60s increased 40%-70% in areas like basic daily living activities, such as walking from room to room, getting in and out of bed and doing household chores. Researchers said the growing problem may be tied to higher rates of obesity.

### Wisdom to Live By

**Baruch** on Integrity

“During my 87 years, I have witnessed a whole succession of technological revolutions. But none of them has done away with the need for character in the individual or the ability to think.”

*Bernard Baruch, financier*

# PCSA *Lifeline* Newsletter

## January 2010

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### *Chairman's Corner*

It is always sad to report when one of our members has died. Dr. Holtzman was one of our initial members and a board member for the Prostate Cancer Support Association. Looking through our archives, I've found that Dr. Holtzman's first article was in our Summer 1996 newsletter and he continued writing articles from then until Summer 2006. He discontinued writing for us because of his illness and moving to the east coast to be nearer his daughter. We have missed him since he moved and I'm sure that his family and friends will definitely mourn their loss.

"I wish that I had known about this group before I had my cancer treated..." is a comment I hear too often in our Saturday support meetings. What is gratifying are the men in the meeting who step up to offer reassurance. The overall effect is that the man's anxiety and stress are reduced by learning that we survivors have ridden the same roller coaster of emotions and will share how, as individuals, we survived. I ask that you, as readers of

this newsletter, will consider coming to the Saturday meetings and share with the "newbies" how you managed your cancer. You may feel that your crisis is over and you now have control of your life. That is exactly what the newbies need to hear and only you can do that. Don't leave it up to John, he's already attending. We need you Harry's, Bill's, Ed's, Joe's and Sam's. Everybody loves a success story, come share yours!!

A lighter note:

What is the most common thing each and every one of us truly believes?

We are above average drivers.

What is the difference in the start of a Northern and Southern fairy tale?

Northern: "Once Upon a Time....."

Southern: "Now ya'll ain't gonna believe this..."

Good



Health to All,

Robert Wood, Chairman, PCSANM