

# Prostate Cancer Support Association of New Mexico



## LIFELINE

PCSA Quarterly Newsletter

October 2008 Volume 15, Issue 4

### Issue Highlights

Biopsy Spreads Cancer Cells	1
Dr. Lindberg's Report	3
Hot Pepper Kills PC Cells	5
Defending with Vitamin D	5
Bring the Melon for Real Fireworks	7

Check out our **NEW** webpage for latest info and newsletters.  
[pcsanm.home.att.net](http://pcsanm.home.att.net)

#### TIDBIT

#### Do You Know Where Your Prostate Cancer Tissue Is?

Maybe you should - It is mandated that the tissue be on file for 10 years. That well and good. But if you wanted to be part of a clinical trial and you were required to have the prostate tissue for the trial and didn't have access to the tissue, your enrollment would be denied.

There is a move to increase the retention time but "when" and "if" it will happen will be the questions. Based on studies, one-sixth of patients could not enter a trial because of the lack of PC tissue. Valuable genetic and pathologic data can only be had from that biopsy. When it is gone, it's gone.

### Prostate Biopsy Spreads Prostate Cancer Cells

Press Release - February 19, 2008  
*Prostate Cancer Communication Jun 08*

Breaking news from the Diagnostic Center for Disease™ in Sarasota, Florida, identifies a previously underestimated risk that routine prostate biopsy performed to evaluate for prostate cancer spreads cancer cells and may be the reason that men have a recurrence of disease many years after the prostate was removed successfully with clear surgical margins. Traditionally, an ultrasound and prostate biopsy is commonly recommended and performed by Urologists when a patient presents with a prostate cancer specific antigen (PSA) of 2.5 ng/ml or above. Men have been told for years that the procedure is safe and the only way to diagnose prostate cancer. While this paradigm represents the current standard, the protocol exposes far too many men to needless biopsies. Why should we perform biopsies preferentially on a male with an elevated PSA when the number one reason PSA rises is prostatitis, not prostate cancer? To be certain, many men will have a small cancer that is missed on biopsy based on the inability of this standard procedure to isolate a suspected lesion in question (sampling error). Regardless of the rationale for a biopsy, all men suffer the potential risk for bleeding, scarring, infection of sepsis with needless intrusion that has reportedly resulted in impotency and/or inconti-

nence in some patients. A more important issue that is often not discussed between physician and patient involves the possibility of "needle tracking"; the very real possibility of spreading cancer cells beyond the prostate when a biopsy is performed. When the needle is withdrawn from the targeted organ, the chance of spreading cancer cells (when encountered) establishes itself while every puncture of the prostate adds to this risk. Despite the significance of this risk to the patient, physicians generally fail to acknowledge a process that allows cancer cells to lie dormant or incubate for up to 10 years or more regardless of the treatment rendered. In a 2 billion dollar prostate biopsy industry, the phenomenon of "needle tracking" takes place approximately 20-30 percent of the time. This coincides with the frequency that ultrasound and biopsy encounters a cancer, suggesting that 70-80 percent of biopsies are performed unnecessarily, while putting the patient at grave risk.

The solution to the conundrum of "needle tracking" may lie in improving our diagnostic skills through imaging, thereby, replacing random biopsies by a reduced number of biopsies targeted to the region of interest in the gland. The importance of developing an image

(continued on page 6)



**FOUNDER Rae Shipp**  
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### PCSA Lifeline

A quarterly newsletter addressing issues of prostate cancer

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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.

### In Memory of

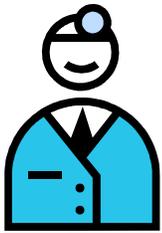
Barbara Weissenborn,  
PC Angel

Epifanio Mendoza

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

### Arbiterone

#### "The Wonder Drug"

Recent news out of England reports that science investigators are excited (are they not always excited??) about results of using Arbiterone to treat resistant prostate cancer. This drug acts on the adrenal gland and selectively blocks the production of male hormones that stimulate cancer growth. When drugs like Lupron, Elligard and Zoladex have failed, when drugs like Casodex have failed, Arbiterone can control and shrink the cancer. These exciting studies are still fairly early.

Confirming phase 3 randomized trials have begun in the US. To be eligible for this trial, the PSA must be above 5.0, chemotherapy-taxotere has to have failed and, finally, you cannot have been treated with Ketoconazole. Two out of three patients will receive the Arbiterone and one will receive a placebo. If interested you could contact the Prostate Cancer Research Institute in Los Angeles at 805-585-3082 to find the closest trial site to you. When I last checked this trial is not available in New Mexico. The soonest Arbiterone will be FDA approved and available by prescription may not be until 2011.

### Headline Screams or Whispers???

#### No PSA Screening For Men Over 75 Years of Age

Okey Dokey - What does this mean? The US Preventative Services Task Force reviewed evidence since its best 2002 update. There is no randomized controlled clinical trial that proves that screening PSA at any age improves survival in prostate cancer. Two large trials - one in Europe with 190,000 men and one in the US with 76,000 men - are being conducted at this time. One-half of the men in each study will have a PSA screening test; the others will have "routine care." Final answer will be available in 20??, whenever that is. I believe in PSA testing based on indirect evidence including the following reported in Cancer Causes Control 2008:19 175-181 stating that since 1985 about 50% of the proven decrease in prostate cancer deaths can be attributed to screening. Population studies in Austria also show

decreasing death rates when screening is done.

Finally, Dr. LaBrie in Canada has reported similar results from screening. His work has been heavily criticized, but Dr. Walsh comments in the current issue of Urology that the American College of Prevention Medicine ignores vast amount of medical evidence.

I believe that a man over the age of 75 should have a PSA test if he is healthy and without other severe medical conditions. I would not test a man with severe lung trouble or severe heart disease who is very unlikely to have another 10 years of a good quality of life to look forward to.

Even the American Task Force agrees that men under the age of 75 should discuss PSA testing with their doctor; but I would usually say "don't take NO for an answer."

### Hormones and Radiation Again

Dr. Anthony D'Amico, JCO, June 2008 has written about the risk of prostate cancer recurrence - ie returning - in men treated with radiation alone or in combination with androgen suppression therapy. With a median of 7.6 years of follow-up in those men with intermediate or high risk prostate cancer treated with radiation alone; fourteen have died of prostate cancer, and over 50% have shown evidence for failure of radiation to cure this cancer.

In the group who received radiation plus combined androgen blockade, only 4 have died.

If they received a full six months of Flutamide, Lupron or Zoladex, plus radiation, less than 20% showed treatment failure. If the Flutamide was stopped before 6 months, almost 40% showed treatment failure.

The message is therapy with Lupron or Zoladex alone plus radiation is not enough of a treatment. But add Flutamide or now Casodex which blocks the male hormones from the adrenal gland and this increases the chance for a cure.

I believe it is always a mistake to treat this cancer with Lupron alone at any stage of the disease, but ask your urologist or oncologist and they may often disagree. I could go on and on about this subject and

probably will when I write the next article.

## FDA Approves GlaxoSmithKlines' Avodart® in Combination with Tamsulosin for the Treatment of Symptomatic Enlarged Prostate

PR Newswire, June 19, 2008

GlaxoSmithKline (NYSE: GSK) today announced that the U.S. Food and Drug Administration (FDA) has approved AVODART (dutasteride) in combination with tamsulosin for the treatment of symptomatic enlarged prostate, a disease that affects half of all men over 50 years old. The new indication reflects emerging research showing the combination of the two medicines treats the symptoms of enlarged prostate more effectively than either medicine alone. "The combination of AVODART and tamsulosin at diagnosis allows doctors to simultaneously treat the patient's prostate on two fronts by reducing prostate size and rapidly improving symptoms," said Steven A. Kaplan, M.D., from Weill Medical College of Cornell University in New York City.

## Researchers From University of Toronto, Department of Surgery Report on Findings in Prostate Cancer Prevention

NewsRx.com, June 19, 2008

New investigation results, 'Review of recent evidence in support of a role for statins in the prevention of prostate cancer,' are detailed in a study published in *Current Opinion in Urology*. "We examine the potential chemopreventive role statins may have in prostate cancer, highlight the basic science supporting this roll and analyze the human data regarding the association between statin use and prostate cancer. Basic scientific evidence suggests that, through cholesterol and noncholesterol-mediated mechanisms, statins inhibit many pathways of cancer formation and progression," researchers in Toronto, Canada, report.

## Monitoring Blood Flow Helps Improve Prostate Biopsies, Jefferson Researchers Report

NewsRx.com, June 19, 2008

Using a special ultrasound technique to spot areas of blood flow in the prostate gland may substantially reduce the number of unnecessary biopsies, according to a new study by urologists and radiologists at the Jefferson Prostate Diagnostic Center and the Kimmel Cancer Center at Jefferson in Philadelphia. The researchers found that biopsies targeted to areas of increased blood flow in the prostate were twice as likely to be positive for cancer compared with conventional prostate biopsy techniques. They reported their initial results from a clinical trial this week at the annual meeting of the American Urological Association in Orlando.

## High Blood Pressure: What You Need To Know

NM VA Health Care System  
Health Trends Summer 2008

**What is high blood pressure (BP)?** High blood pressure is also called hypertension. Blood pressure is a measure of how hard your heart has to work to pump blood throughout your body. A healthy BP is a systolic BP (top number) less than 120 and a diastolic BP (bottom number) less than 80, written as < 120/80. High blood pressure is anything greater that or equal to 140/90 and should be treated.

### Who is at risk?

- Overweight or obesity
- Physical inactivity
- A diet high in sodium (salt) and low in fruits and vegetables
- Excessive alcohol use
- Diabetes
- Being African American

(continued on page 7)

## Hot Pepper Kills Prostate Cancer Cells

by Russell Vanderboom, Ph.D.

American Association for Cancer Research Mar 2006

Capsaicin, the stuff that turns up the heat in jalapeños, not only causes the tongue to burn, it also drives prostate cancer cells to kill themselves.

According to a team of researchers from the Samuel Oschin Comprehensive Cancer Institute at Cedars-Sinai Medical Center, in collaboration with colleagues from UCLA, the pepper component caused human prostate cancer cells to undergo programmed cell death or apoptosis.

Capsaicin induced approximately 80 percent of prostate cancer cells growing in mice to follow the molecular pathways leading to apoptosis. Prostate cancer tumors treated with capsaicin were about one-fifth the size of tumors in non-treated mice.

“Capsaicin had a profound anti-proliferative effect on human prostate cancer cells in cultures,” said Soren Lehmann, M.D., Ph.D. “It also dramatically slowed the development of prostate tumors formed by those human cell lines grown in mouse models.”

Lehmann estimated that the dose of pepper extract fed orally to the mice was equivalent to giving 400 milligrams of capsaicin three times a week to a 200 pound man, roughly equivalent to between three and eight fresh habanera peppers depending on the pepper’s capsaicin content. Habaneras are the highest rated pepper for capsaicin content according to the Scoville heat index. Habanera peppers, which are native to the Yucatan, typically contain up to 300,000 Scoville units. The more popular Jalapeño variety from Oaxaca, Mexico, and the southwest United States, contains 2,500 to 5,000 Scoville units.

In prostate cancer cells whose growth is dependent on testosterone, the predominant male sex steroid, capsaicin reduced cell proliferation in a dose-dependent manner. Increased concentrations of capsaicin caused more prostate cancer cells to freeze in a non-proliferative state, called G0/G1.

Prostate cancer cells that are androgen independent reacted to capsaicin in a similar manner. Capsaicin reduced the amount of androgen receptor that the tumor cells produced, but did not interfere with normal movement of androgen receptor into the nucleus of the cancer cells where the steroid receptor acts to regulate androgen target genes such as prostate specific antigen (PSA). Capsaicin also interfered with

the action of androgen receptors even in cells that were modified to produce excess numbers of androgen receptors.

The hot pepper component also reduced cancer cell production of PSA, a protein that often is produced in high quantities by prostate tumors and can signal the presence of prostate cancer in men. PSA content in the blood of men is used as diagnostic prostate cancer screening measure. PSA is regulated by androgens, and capsaicin limited androgen-induced increases of PSA in the cancer cell lines.



## Defending Against Disease - With Vitamin D

by Melinda Beck

The Wall Street Journal Online July 15, 2008

It’s long been known that D is crucial for strong bones. But new research suggests that it also protects against a wide variety of diseases. A study in the Archives of Internal Medicine last month found that men with low D had a higher risk for heart attacks. Other studies have linked low D with cancer of the breast, ovary, prostate, stomach, bladder, esophagus, kidney and lung. Low levels of D also have been associated with high blood pressure, stroke, diabetes, periodontal disease, rheumatoid arthritis, multiple sclerosis, macular degeneration, mental illness and chronic pain.

The strongest source, by far, is ultraviolet B rays from the sun, which convert a form of cholesterol into vitamin D in the skin. A person sitting outside in a bathing suit in New York City gets more vitamin D in 20 minutes than from drinking 200 glasses of milk. but UVB rays vary greatly depending on latitude, cloud cover, time of year, and time of day.

Dark-skinned and elderly people don’t process vitamin D from the sun as efficiently as younger, fair-skinned people. UVB rays also don’t penetrate glass or sunscreen with a factor of 8 or more.

It’s difficult to get much D through diet. Few foods contain it naturally - mainly fatty fish like salmon, mackerel and tuna, as well as liver and egg yolks. Since the 1930s, most milk in the U.S. has been fortified with D to prevent rickets, a bone-softening disease. It’s widely accepted that most people need some supplemental D - the question is, how much? Current U.S. guidelines, issued in 1997, call for 200 international units from birth through age 50; 400 IUs from 51

*(continued on page 7)*



(continued from page 1)

## Biopsy Spreads Cancer Cells

based diagnosis is exemplified in research from the University of California at San Diego, where experts have discovered that biopsies of cancerous tissue enhance inflammation that hastens the progression of metastasis. According to Dr. Michael Karin, the lead author of their research scheduled for publication in the Journal, Nature - "proteins produced by inflammatory cells (stimulated by the biopsy) are the 'smoking gun' behind cancer metastasis. This is shocking information that patients need to know as they consider their diagnostic options. No longer can we promote biopsies as an innocuous event where no alternative exists. A recent evaluation of data from patients noting a positive MRI-Spectroscopy (MRI-S) scan at the Diagnostic Center for Disease™ confirmed 75 percent of biopsies performed yielded a cancer, thereby, allowing many men without cancer to avoid a biopsy procedure altogether. In effect, a 3.0 Tesla MRI-S scan predicts and confirms the presence of prostate cancer almost 3 times more frequently than a randomized biopsy procedure. This is a quantum leap from the blind biopsy approach that yields a cancer in 20-30% of patients when an elevated PSA selects the patient population to be biopsied. Allowing an imaging system to predict the presence of prostate cancer enables the potential savings of millions of dollars to the healthcare industry. The secret to success highlights a 3.0 Tesla MRI-S scan, representing the most sensitive and specific diagnostic imaging modality for a prostate evaluation in the world, replacing substandard scanning procedures like PET scan, CAT scan and Prostate-cint scans. The MRI-S scan with a 3.0 Tesla resolution allows imaging of the entire prostate and pelvic region, thereby, creating a roadmap of disease recognition. This, subsequently, allows selective targeting of specific regions of interest for biopsy when indicated. In many cases, a biopsy is not recommended at all as no cancer is found. Furthermore, this methodology allows for fewer biopsies versus the "shot in the dark" 12-24 core biopsy approach or the saturation biopsy (upwards of 80-90 biopsy cores), thereby, significantly minimizing risk to the patient. In the event a lesion is

isolated, a specific protocol is implemented to prevent cells that escape the capsule from proliferating; in effect, causing cells to become weakened, disabled and die through a process called apoptosis. This protocol is unique to the Diagnostic Center for Disease™. The Center's success with the MRI-S scan is further magnified by de-selecting men with an elevated PSA who don't have prostate cancer but rather have prostatitis, a non-bacterial inflammatory disease; the primary reason PSA rises. In these instances, the Center encourages the use of an internationally patented formula to decrease an/or normalize the PSA in patients without evidence of prostate cancer. While the literature suggests that all men will get prostate cancer if they live long enough, there is no reason to accelerate the diagnostic process or worse...undergo a premature biopsy, where the patient assumes considerable risk. To reiterate, a 3.0 Tesla MRI-S scan creates a roadmap to guide targeted biopsies to the specific region of interest while avoiding areas that fail to exhibit the "fingerprint" of disease. At the Diagnostic Center for Disease™, physicians recognize that better imaging enables an improved opportunity to diagnose disease while ensuring a better, more predictable outcome.

"Men who have an elevated PSA and want to avoid an unnecessary prostate biopsy now have an alternative to a blind biopsy," states Ronald E. Wheeler, M.D., the Medical Director at the center. Additionally, men who want a second opinion when the previous biopsy was negative, can now go the only imaging center in the world that is dedicated exclusively to the diagnosis and treatment of prostate disease.

Diagnostic Center for Disease  
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Sarasota, FL 34239  
(877) 766-8400 or (941) 957-0007  
[www.mrisusa.com](http://www.mrisusa.com)

## Bring The Melon For Real Fireworks

by Rick Nathanson  
*Albuquerque Journal*  
 July 4, 2008

Fact is, nothing might say romance quite like that Independence Day favorite - watermelon, according to research being done at Texas A&M University in College Station.

Apparently, chemical components in watermelon can have a Viagra-like effect on the body's blood vessels and can increase libido, at least in theory.

"One of the compounds, citrulline, is converted by enzymes in the body to arginine, which boosts nitric oxide, which relaxes blood vessels and aids in blood circulation," said Bhimu Patil, a Ph.D. horticulturist and director of Texas A&M's Vegetable and Fruit Improvement Center.

That is essentially the same chemical process that allows Viagra to help men with erectile dysfunction, he said. Nitric oxide is also a beneficial compound for people with angina, high blood pressure and other cardiovascular problems related to blood flow.

The effect of nitric oxide on blood vessels "is known scientifically," said Patil. Its effect on *amore* and libido, however, is an educated guess.

"What we're doing here is connecting the dots."

Testing that theory would require multiple studies with replicated results involving thousands of people and, no doubt, millions of dollars, Patil said.

Carol Turner, an extension food and nutrition specialist at New Mexico State University in Las Cruces, said NMSU isn't conducting similar research into watermelons, but the work being done at Texas A&M is sound.

Nevertheless, watermelon isn't likely to replace Viagra any time soon, she said.

For one thing, the watermelon-initiated citrulline-arginine-nitric oxide cycle isn't organ specific.

For another, "you'd have to eat an awful lot of watermelon."

That's because the citrulline concentrations are higher in the rinds of watermelons than in the flesh, a fact that hasn't escaped Texas A&M researchers.

They're working to breed new watermelon varieties with higher levels of citrulline in the more edible parts of the watermelon.

Aside from any possible sexual performance perks, Turner said watermelon is a healthy fruit.

Naturally occurring beneficial compounds in wa-

termelon, as well as in other fruits and vegetables, are called phyto-nutrients. In addition to citrulline, watermelon contains lycopene and beta carotene. Both have antioxidant properties that help protect the heart, skin and maintain the immune system, as well as protect against prostate, colorectal and breast cancers.

(continued from page 4)

## High Blood Pressure

### What can happen from high blood pressure?

Many people don't know they have it. There may not be any symptoms; therefore, routine checks are important. High BP can lead to heart disease, stroke and kidney disease.

**How is it treated?** Here are some healthy behaviors to help control your BP.

- Talk with your Primary Care Provider
- Don't smoke. If you do smoke - QUIT!
- Maintain a healthy weight, or if overweight, strive to lose even just 10 percent of your weight. Even small weight loss has been shown to improve BP.
- Eat a healthy diet (more fruits and vegetables, whole grains, low-fat dairy, less processed and canned foods that contain a lot of salt, and less saturated fat)
- Get active! Exercise that increases your heart rate for at least 30 minutes most days of the week is suggested.
- Limit alcohol to two drinks per day for men and one drink per day for women.
- Get seven to eight hours of sleep every night.
- Manage stress.
- Take your blood pressure medicine every day, unless

told otherwise by your doctor

(continued from page 5)

### Defending Against Disease - With Vitamin D

through age 70 and 600 IUs from 71 on. But many experts and the American Medical Association are urging the government to revisit those numbers in light of the latest research, and the Institute of Medicine is in discussions to do so.

Some groups aren't waiting. The American Academy of Pediatrics say breast-fed infants should get 400 IUs of supplemental D daily. The National Osteoporosis Foundation urges adults over age 50 to get at least 800 to 1,000 IUs to prevent fractures. Look for D3, which is

# PCSA *Lifeline* Newsletter

## October 2008

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### *Chairman's Corner*

#### "Prostate Cancer Patient Sues Over Late Diagnosis"

Now we have a report that a doctor who felt ordering a PSA test did more harm than good, was taken to court on a negligence suit.

The doctor's defense was "The PSA test can't distinguish between prostate cancers that grow so slowly that they don't endanger life and those that are aggressive enough to kill," he explained. "In most cases, older men with prostate cancer will die from other causes than the cancer.

"I don't believe that early diagnosis of prostate cancer increases the likelihood of survival, but I do think it increases the likelihood of patients suffering from the knowledge that they have prostate cancer for a longer time," he concluded.

The jury did not agree with the doctor and the plaintiff was awarded \$2 million.

Will we now see all doctors scheduling a required PSA test for all men as part of their annual physical?

#### In Memory Of

It makes us sad when we have to report in our Memorial Column that one of our members has died.

I regret that I have to report that this past month, one of our PC Angels, Barbara Weissenborn, has died. Barbara was among one of the first ladies that volunteered to be part of our PC Angels program. She was there to help ladies understand what prostate cancer means to their man and how they can best cope with the disease. Barbara will be missed by all those she touched and those who will never have a chance to know her.

Robert Wood, Chairman, PCSANM

