

FEBRUARY 2007 ISSUE

Save The Dates...

- January 27 – 30, 2007**
Association of Cancer Executives (ACE) Annual Meeting
Charleston, SC
Details at: www.cancerexecutives.org
- February 6 – 9, 2007**
International Congress on Anti-Cancer Treatment
Palais des Congres, Paris, France
Details at: www.icact.com
- February 22 – 24, 2007**
The Prostate Cancer Symposium
Gaylord Palms Resort & Convention Center, Orlando, FL
Details at: www.asco.org/Prostate2007
- March 14 – 17, 2007**
Society of Urologic Nurses and Associates Annual Symposium: Disorders of the Bladder, Bowel & Pelvic Floor
Colorado Springs, CO
Details at: www.suna.org
- March 19 – 20, 2007**
8th Annual Multicultural Healthcare Market Development & Outreach
Hyatt Regency New Brunswick
New Brunswick, NJ
Details at: www.srinstitute.com/M0707
- March 22, 2007**
Disaster Preparedness Summit
Marriott Conshohocken
Philadelphia, PA 19428
Details at:
<http://www.disasterpreparednesssummit.org/news.php>
- April 14 – 18, 2007**
American Association of Cancer Research Annual Meeting
Los Angeles, CA
Details at: www.aacr.org
- June 1- 5, 2007**
American Society of Clinical Oncology, McCormick Place
Chicago, IL
Details at:
www.asco.org/annualmeeting
- August 4 – 6, 2007**
Barbers International
Annual Meeting
Details at:
www.barbersinternational.com
- November 3 – 7, 2007**
American Public Health Association Annual Meeting, Washington, DC
Details at: www.apha.org
- August 27 – 31, 2008**
UICC World Cancer Congress
Geneva, Switzerland
Details at: www.uicc.org/congress08

The PSA

To Test or Not To Test?

by Diane Johnson

“Prostate cancer is an insidious disease that arises silently, passes through a curable phase silently, and becomes incurable silently. If you wait for symptoms to signal its presence, it is too late to cure it.”
~ William J. Catalona, M.D.



William J. Catalona
Director, Clinical Prostate Cancer Program
Northwestern University

William J. Catalona, M.D. is a prostate cancer researcher and surgeon. He is a professor in the Department of Urology at the Northwestern University Feinberg School of Medicine and Director of the Clinical Prostate Cancer Program at Northwestern’s Robert H. Lurie Comprehensive Cancer Center in Chicago. He was the first to perform the research that showed the PSA test could be used for first-line screening for prostate cancer. I spoke with Dr. Catalona about the on-going controversy over whether the PSA test should be used as widely as it is today.

DJ: In 1991, you wrote an article for the New England Journal of Medicine advocating the use of the PSA test to screen men for prostate cancer. What led you to that conclusion?

WC: I had performed preliminary studies of PSA levels in my patients with and without prostate cancer. Rough calculations suggested that PSA would be more accurate than the traditional digital rectal examination, which, at the time, was the only clinical test for prostate cancer. When I announced this at a national meeting, I was met with great skepticism. I then decided to perform a large prospective screening trial. I eventually enrolled 36,000 men in this trial and it lasted for 12 years. However, after enrolling the first 1600 patients, it became clear that PSA could be used as a first-line screening test, and I published these results in the New England Journal of Medicine in 1991.

DJ: How has PSA testing evolved over the last 15 years? Can you help us understand the terms: free PSA, PSA density, PSA velocity, and PSA doubling time?

WC: Initially, PSA was used as a dichotomous variable, i.e., if it was higher than 4.0, it was abnormal, and, if it was lower than 4.0, it was normal. Later we learned that a rising PSA was more suspicious for cancer than a stable PSA (PSA velocity and PSA doubling time) and that a high PSA level in a man with an enlarged prostate gland was less worrisome for cancer than in a man with a normal-sized or small gland (PSA density). We also learned that there were various isoforms of PSA in the blood and the more PSA that existed complexed to serum proteins; the less that was circulating as free PSA, the more likely the patient had cancer as the cause of an elevated PSA (free, complexed, and total PSA). The informed use of these parameters improves the accuracy of PSA testing in detecting prostate cancer and in distinguishing the aggressive forms from the less aggressive forms of the disease. PSA doubling time and, better yet, PSA velocity, often gives a better idea of how aggressive a cancer is than the total PSA value does.

DJ: Recently there was a study released by Johns Hopkins relating to PSA velocity (PSAV). Could you comment on what they found?

WC: Dr. H. Ballentine Carter and his associates published their findings in November of this year in the Journal of the National Cancer Institute. Their thesis: could life threatening prostate cancer be detected by using PSA velocity. They previously reported that if a PSA rose .75 ng/ml in a year, it was suspicious for cancer. In this study they found they could look at PSAV for many years before a diagnosis of cancer. If the PSA rose by more than .35 ng/ml per year, it indicated cancer and correlated with the ultimate likelihood of dying from the disease. So PSAV can be used to select men who need immediate treatment because they have potentially lethal prostate cancer.

Hear a PodCast of Dr. Catalona speaking in depth on this issue.

listen to the PodCast or download it at:
www.prostate-online.com/podcast2007.html

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From The Heart

Virgil Simons
Publisher



As we enter into a new year there are many causes for hope balanced by reasons for concern. We’ve all seen the good news of lower incidence of breast cancer and the reduction in prostate cancer mortality. We can congratulate ourselves on the fact that screening programs that have lead to early detection have made a difference, yet as the article herein from the Geriatric Oncology Symposium points out, our risk for advanced age cancer occurrence/recurrence is increasing because we are living longer and healthier lives. The challenge of how we manage this phenomenon medically and financially will place greater pressure on the healthcare system and the individual’s ability to participate in it.

The issue of racial health disparity, which we have long weighed in on and continue to address, is receiving more attention in the media. While this is a good thing, there are still holes in the schemes of execution on how to address the actuality. Great strides have

been made in the area of breast and ovarian cancers, yet we are lacking in how we reach out to the men at risk, especially those in minority and medically underserved communities. We will speak about this in more depth in our next issue. But in the absence of my comment, take note of the power being shown in programs like Shawn Dove’s Proud Poppa publication and our own Barbershop Initiative take encourage the at risk men to take responsibility for their health, lives and futures.

Our cover story with Dr. William Catalona highlights the imperative of recognizing disease earlier within the context that certain groups/individuals may present their propensity for disease incidence differently from a generalized norm. This article continues the focus we’ve had in presenting information that reinforces the trend towards personalized disease detection and management. We will be able to understand that there are individual differences requiring customized approaches to treating disease. The promise of the future is bright.

Lastly, as we leave the season of acquisition, excessive gifting and corporate largesse, we should not forget that this also was a time of spiritual re-birth, family nurturing and awareness of the needs of others. In that light we ask that you include The Prostate Net in your plan for charitable contributions; your tax deductible gifts of cash, cars or stock will enable us to continue the work that we started 10 years ago in empowering patients and communities in the fight against cancer.

From all of our hearts, have a Blessed New Year!♂

BOARD MEMBERS SPOTLIGHT

Board Member

Janet McElpatrick Peters



This column exists to introduce you to our extraordinary board members. This month the spotlight is on Janet McElpatrick Peters.

When we say Janet Peters spent 47 years shaping America’s women, that’s not an exaggeration. She spent her illustrious career in Vanity Fair’s intimate apparel division, rising to the level of Senior Vice President of the corporation.

Janet began her award-winning career with Vanity Fair in 1951 in the design department. She moved to the Private Label division, becoming its manager in 1972. In 1976, she was elected a Vice President and, in 1995, a Senior Vice President. She was honored in 1998 on the occasion of her retirement from Vanity Fair by a gathering in New York City of garment industry colleagues and friends who praised her dedication, integrity, and passion.

But retirement hasn’t slowed her down--she worked as an apparel industry consultant for H. Warshow & Sons from 1998 to 2005; she’s an avid skier and hiker; and she devotes her time to a number of non-profit organizations: the Rotary Club, the Torch Club, work on Indian reservations, mission camp trips, and, of course, the Prostate Net. And Janet is happy these days to be spending more time with her family--daughter, Lisa, and her husband of 52 years, Henry, whom she describes as “the best husband in the world.” They live on a farm in Pennsylvania where they grow corn and soybeans.

Janet Peters: corporate powerhouse, compassionate giver, loving wife and mother. As Janet says, “...today’s women are smart and know what they want.” Well, we want Janet to be a part of The Prostate Net’s board for a long, long time. We are most grateful for her presence there.♂

A DIFFERENT TAKE ON DISPARITY

The recent surge of media reports about the harrowing condition of Black men and boys have highlighted what leaders, residents and activists living and working in Black communities across the country have known for some time now – an alarming and shameful number of Black men and boys are being sucked into a pipeline leading to prison, poverty consciousness, health crises and overall problems navigating life’s challenges and responsibilities.

A sampling of the ominous stats on the state of Black men:

- ◆ In 2004 72% of black male high school dropouts in their 20’s were jobless
- ◆ By their mid-30’s, 6 in 10 Black men who dropped out of school had spent time in prison
- ◆ 3 in 10 with no more than a high school education had spent time in prison
- ◆ Single mothers lead almost 55% of Black families

The dire stats abound, negative media reports are endless, email surveys from Black publications and websites are beginning to filter my spam guard...and if I am invited to yet another conference to discuss the state of the Black man in America I will scream! My 20 years of youth development and community-building work have brought me to these two conclusions: 1) There is a need for immediate focused, concentrated action to reverse the manifold negative outcomes in the lives of the men and boys in our communities; 2) Black men have to know that there is no cavalry coming in to save the day for us and our communities; that we must utilize and leverage the assets and social capital in our communities to address the crisis conditions.

For the past few years I have been engaged in an on-going dialogue with Black men of my generation about the challenges we are facing as fathers, husbands and leaders of our communities. Like me, most of these men were raised by single moms. Also, like myself, most of these brothers have had to overcome serious life challenges whether it was incarceration, drug addiction, serious poverty, violence in the home, and more, to get to a point where we are viewed as positive role models. And, though some of us have college degrees, decent jobs, and families, a common theme that has emerged from this on-going dialogue is that we mostly feel like we are stumbling through the dark, learning the fatherhood ropes by trial and error.

Ironically, during these very conversations, when we dropped our masks and revealed our feelings of fear, inadequacy and vulnerability in our roles as fathers is where we find the catharsis, identification and empowering support that we need to support our personal development as fathers, husbands and potential leaders in our communities. It is increasingly clear to me that Black fathers from all walks of life – from the block to the boardroom – would benefit from a scaling up of the vehicles for our voices to be heard and forums to network with other fathers to share best practices, lessons learned and to simply be recognized for the often overlooked efforts we make to be positive influences in the lives of our children and communities.

Parallel to the on-going dialogue I’ve been having with Black fathers was increasingly disturbing feedback I was receiving from my youth development work with boys. In my leadership role with The Mentoring Partnership of New York I discovered that the number one challenge to New York City’s youth mentoring movement was the shortage of Black male mentors to work with the scores of boys and young men that were on mentoring waiting lists in programs throughout the City. With each passing week our mentor recruitment hotline received an increasing number of calls

from social workers, single mothers, and youth development professionals looking for a male mentor for a young man that was often positioned in a place in his life where the influence of a positive male role model might make the difference between him going to “Yale or to jail.” The population of young people that need mentors the most is being left out of the youth development equation.

The creation of Proud Poppa as a community-building empowerment strategy for Black fathers and boys is just a drop in a bucket overflowing with need. Yet, I passionately believe it can and will create a ripple effect that serves to inspire and inform fathers to improve their condition as caregivers, leaders and role models in their community, as well as provide Black boys with a media literacy vehicle to express their own struggles and successes.

Proud Poppa will have three core strategies designed to provide Black fathers and boys with a vehicle and forum for empowerment: 1) quarterly production and distribution of a parenting empowerment publication; 2) facilitation of quarterly Proud Poppa Empowerment Summits; 3) incubation of a youth-produced insert published by and for middle and high school boys, called Middle Passage Press.

Modeled after popular free publications like Big Apple Parent, Proud Poppa will be the first and only publication of its kind focusing on the personal development of Black fathers in the Harlem community. The publication will be distributed in barbershops, medical centers, retail businesses, community centers, social services organizations, check-cashing outlets, sporting events and other venues where men can access the publication. The publication will target Black fathers between the ages of 21 and 45; and will contain diverse information for this demographic from words from Hip Hop pops to messages from the elders.

Black men and boys are persistently portrayed in the media as pimps, perpetrators and prison inmates just waiting to happen. The creation and proliferation of a publication and program like Proud Poppa is a welcome counter to the negative images about Black men and boys that we are bombarded with.

This perspective is supported in Turning the Corner on Father Absence in Black America: A Statement from the Morehouse Conference on African American Fathers published by the Morehouse Research Institute & Institute for American Values (1998) in one of their core strategies to empowering Black fathers in America: “We urge all media organizations, especially Black media, to use their power for at least the next decade to promote positive images of men and fatherhood in Black America...we urge media outlets, particularly those serving the Black community, to use their creative talents to develop programs and public service campaigns that promote the ideals of responsible fatherhood...”

So, be on the look out both in print and online for Proud Poppa, as it begins to pave a trail this summer for Black men and boys not only in the Harlem community, but in neighborhoods across the City! ♂



Shawn Dove is the President of Dove Communications & Consulting. He is also the proud poppa of four remarkable children, Nia, Maya, Cameron and Caleb. He can be reached at www.shawndove.com.

Medical News Highlights

The Cost of Cancer Care is under revision based on a new study reported in the January 3rd issue of the Journal of the National Cancer Institute. Previous studies have measured the direct costs of medical treatment, but heretofore no estimates have been made on the cost of personal time – travel to and from care, waiting for appointments, receiving treatment, etc. – that should be calculated in determining cost of effectiveness for various standards of care. Details can be viewed at: <http://jncli.oxfordjournals.org/cgi/content/abstract/99/1/14>

Obesity increases the risk of a more aggressive form of prostate cancer and weight reduction could reduce the risk of prostate cancer as reported in a study published in Epidemiology Biomarkers & Prevention. Details can be read at: Epidemiol. Biomarkers Prev. 2006 : 1055-9965.EPI-06-0754v1

Researchers from **Boston University School of Medicine** found regular use of statins such as Pfizer Inc.'s **Lipitor** and Merck & Co.'s **Zocor** over at least three months had no effect on the risk of colon or rectal cancer. While the new study didn't find the drugs prevent colon cancer, the research found people who took the drugs were half as likely to have the most advanced form of colorectal cancer. Those results need to be confirmed. An earlier study did show men with lower cholesterol were less likely to have high-grade prostate cancer.

Heavy smokers who have reduced their number of daily cigarettes still experience significantly greater exposure to toxins per cigarette than light smokers, according to a new study by researchers at the University of Minnesota. Even when smokers in the two groups smoked as few as five cigarettes a day, heavy smokers who reduced their cigarette intake experienced two to three times the amount of total toxin exposure per cigarette when compared with light smokers, researchers report in the December issue of Cancer

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Epidemiology, Biomarkers & Prevention. To request a copy of the study please e-mail decicco@aacr.org

Lilly ICOS LLC has submitted a supplemental New Drug Application (sNDA) to the Food and Drug Administration (FDA) for 5 mg and 2.5 mg once-a-day dosing for Cialis (tadalafil) for the treatment of erectile dysfunction (ED). Cialis is currently approved for the treatment of ED on an as-needed basis. - **Business Wire**

The American Cancer Society (ACS) has issued nutrition and physical activity guidelines for cancer survivors during phases of treatment and recovery and for others living with advanced cancer. The new recommendations appear in the November/December issue of *CA: A Cancer Journal for Clinicians*. These guidelines, intended for healthcare providers caring for cancer survivors as well as for direct use by survivors and their families, update the most recent recommendations published in 2003. These guidelines include maintaining a healthy weight throughout life, balancing caloric intake with physical activity, avoiding excessive weight gain, adopting a physically active lifestyle, consuming a healthy diet emphasizing plant sources, limiting consumption of processed and red meats, and limiting consumption of alcoholic beverages to no more than one drink per day for women or 2 per day for men. - *CA Cancer J Clin.* 2006;56:323-353.

Recent findings from an observational study by researchers at the **University of Pennsylvania School of Medicine** suggest that men between 65 and 80 years of age who received treatment for early stage, localized prostate cancer lived significantly longer than men who did not receive treatment. The study will be published in the December 13th issue of the *Journal of the American Medical Association*. "This benefit was also seen across the board in all subgroups examined, including African-American men and older men aged 75-80 at diagnosis," added Dr. Katrina Armstrong. "However, as we summarized in

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Cancer Therapies and Your Future: *The Answers May Surprise You*

by Robert Hauser, PharmD, PhD
Jennifer Tam-McDevitt, PharmD, PhD
Geriatric Oncology Consortium
www.thegoc.org

DID YOU KNOW....

- 6 out of 10 Cancer diagnoses will be in people over the age of 65
- There will be over 70 Million people over 65 in the year 2030
- Potentially up to 1 Million people over 100 in the year 2030
- The median age for a first cancer diagnosis is around 70
- Two-thirds of those who die of cancer are over 65
- Most cancer treatments were studied in a much younger patient population
- We do not have enough research participants to bring new, potentially better treatments to market

The connection between advancing age and cancer is well documented -- 6 of every 10 cancer cases (60%) are detected in persons 65 years and over and two-thirds (66%) of those who die of cancer are 65 and older. Thanks to screening, prevention techniques, and advancing treatments, there has been an overall decline in U.S. cancer death rates. However, scientists predict the cancer burden will rise in the near future as the population ages. By 2050, it is estimated that more than 1.1 million people 75 and older will be diagnosed with cancer.

As you can see, there is a growing need to address cancer in the older adult population. Unfortunately, many of the current treatments for cancer were not studied in the older adult population before coming to market. Most research studies in cancer are conducted in much younger, healthier patient populations. This allows the researchers to make sure the product(s) are safe and effective and that no other factors affect the performance of the product(s). This does not mean it is not safe to use these products in the older adult population. It just means we need to study these product(s) more in the older adult population.

We also know there is a shortage of people participating in cancer research studies. Some research indicates less than 10% of adult cancer patients participate in research studies. Furthermore, a National Cancer Institute Cooperative Group trial found that less than 1 percent of people 70 and older participate in clinical trials, despite representing a significant portion of US cancer patients. The smaller number of older adults in cancer trials has been attributed to multiple factors, including lack of available trials, patient fear and misunderstanding of such research, physician bias against suggesting enrollment in trials, too stringent study entry criteria, and patients simply unaware of the opportunity. The Geriatric Oncology Consortium (GOC), a national non-profit organization dedicated to addressing age based disparities in cancer research, treatment and education, recently presented data indicating that to complete all the current ongoing clinical research studies, we need up to 58% of cancer patients to participate in those studies. For example, to complete all of the current research studies in prostate cancer, over 23% of all prostate cancer patients to participate.

This lack of participation may lead to potentially life saving therapies being delayed or never reaching patients.

What can you do?

1. Understand what Clinical Research is and is not?

Clinical research studies are designed to answer scientific questions. They are used to determine ways to prevent and treat cancer, and to improve quality of life during and after treatment. Clinical research studies are critical for determining whether potential new therapies are more effective and have fewer side effects than current therapies. All current "standard treatments" for cancer were once a clinical research study that demonstrated benefits compared to older therapies.

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Barbers International Forms Global Network for Hair Professionals

This past October saw the first worldwide association and conference for barbers that brought together more than 200 men and women from 30 States plus Germany and Russia. The conference built an initial grassroots support system that was established to improve member's training, management skills, knowledge of trends and regulatory information.

More importantly, it set a foundation to use this broad pool of professionals in an outreach strategy to improve the health of their communities by providing enhanced disease education through their shops. Beginning in 1st Quarter 2007, increased disease education will be provided to participating barbers on the subjects of prostate cancer and HIV screening for their use in communicating with their clients and communities.

Founding sponsors of Barbers International include Milady a division of Thomson Delmar Learning; Revivogen a manufacturer of hair loss/restoration products and The Prostate Net. In the U.S. there are approximately 230,000 licensed barbers, 100,000 barbershops and 700 barber

schools; overseas there are more than 500,000 licensed barbers and approximately 400,000 shops. Barbers International will provide a



platform that will highlight the global boom in men's grooming products and services as well as insuring that the shops remain the key focal point for community communication. ♂

Going to the Wired Barbershop in Atlanta

by Diane Johnson

Atlanta, GA is the third city to successfully install and activate The Knowledge Net, an electronic educational kiosk designed and developed by the Prostate Net to educate and inform men about prostate cancer.

Alan Simpson, Jr., Ph.D. and his Comprehensive Men's Health Initiative, in conjunction with the barbershop owners, Grady Hospital, and Us TOO of Atlanta directed this ambitious project. Once online in the shops, the Men's Health Initiative will present quarterly educational updates on prostate cancer. In addition, the Centers for Disease Control (CDC), as part of an on-going alliance in Atlanta, will provide the latest in education and procedures at these seminars. Health Fairs that include prostate, diabetes, HIV, and cholesterol screening tests, in conjunction with physician consultations--all provided free of

charge--are also being held regularly all over the metropolitan area.

In addition, the Atlanta group is working on a bold and innovative program: bringing healthcare education to high school seniors. As Alan said, "It has recently been noted that prostate cancer can begin growth as early as 21 to 25 years old. If we give young men a heads-up on prevention methods, we may be able to reduce the onset of prostate cancer significantly." These special classes include facts and tips on good health in general and prostate cancer specifically.

Congratulations to this amazing team for their successful implementation of the Knowledge Net and their on-going efforts to spread the word to men of all ages in the Atlanta area. ♂

Encorium Group, Inc. (Nasdaq: ENCO) a leader in the design and management of complex clinical trials and patient disease registries for the pharmaceutical, biotechnology and medical device industries, today announced the signing of a multi-year contract valued at approximately \$12.4 million for the conduct of a Phase 3 trial in prostate cancer. The study will be conducted for a global biopharmaceutical company at clinical trial sites in North America, Scandinavia, and Central/Eastern Europe. Encorium will provide project and study site management, field operations, data management and biostatistical services, as well as medical writing services.

ICOS Corporation (Nasdaq:ICOS) announced that, in advance of the special meeting of its shareholders on December 19, 2006, it is providing preliminary financial estimates for the fourth quarter and full year 2006. The purpose of the special meeting will be to consider and vote upon a proposal to approve the Agreement and Plan of Merger with Eli Lilly and Company (NYSE:LLY), whereby Lilly will acquire all of the outstanding stock of ICOS for a purchase price of \$32 per share in cash. ICOS estimates a range of fourth quarter 2006 net income of \$17 million-\$22 million and a range of fourth quarter 2006 diluted earnings per share of \$0.26-\$0.34. Based on expected tax rates, ICOS estimates a range of full year 2006 net income of \$32 million-\$37 million and a range of full year 2006 diluted earnings per share of \$0.49-\$0.57.

TRIMEDYNE, INC. (OTCBB: TMED) announced it raised \$ 3,250,000 through a private offering of 2,600,000 shares of Common Stock at a price of \$1.25 per share. Trimedyne recently received FDA clearance to market a new, Side Firing Laser Fiber for use with Holmium Lasers for their FDA cleared indications, including the treatment of benign prostatic hyperplasia or BPH, commonly referred to as an "enlarged prostate". BPH is a condition affecting about 55% of men over age 55 and a higher percentage at older ages. Upon completion of Trimedyne's new Side Firing Laser Fiber and Boston Scientific's review of Trimedyne's manufacturing process and quality plan and fiber testing, Trimedyne's new Side Firing Fiber will replace Lumenis' angled firing laser fiber, which is presently being marketed by Boston Scientific and Lumenis.

Barbershops online as of October 6th:

First Class Barbershop #7
2929 Turner Road (onecrest Mall),
Lithonia, GA
(owned by Ron McKenzie)

First Class Barbershop #10
5445 Farrington Road, Lithonia, GA
(owned by Ron McKenzie)

Your Cutz Barbershop
6225 Turner Lake Road S.W.,
Covington, GA
(Jamal Davis, owner)

First Class Barbershop #8
1162 Moreland Avenue, Atlanta, GA
(owned by Ron McKenzie)

Winchel's Upperclassmen Barberspa
372 Northside Drive, Atlanta, GA
(Winchel Elibert, owner)

Medical News Highlights

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the study, because observational data can never completely adjust for potential selection bias and confounding, our results must be validated by rigorous randomized controlled trials of elderly men with localized prostate cancer before the findings can be used to influence treatment decisions." Details can be seen at:

http://www.uphs.upenn.edu/news/News_Releases/dec06/early-prostate-cancer-treatment.htm

A study at **UCLA** found that by increasing the amount of Omega-3 fatty acids and reducing the level of Omega-6 fatty acids the rate of tumor growth and PSA levels might be decreased. Specifics on the study can be reviewed at: www.news-medical.net/?id=19175

Capsaicin, a component found in hot peppers, was found to have an anti-proliferative effect on human prostate cancer cells. In a study published in *Cancer Research* that chronicled the work of researchers at Cedars-Sinai Medical Center in collaboration with a team at UCLA, Capsaicin induced apoptosis (cell death) in approximately 80% of prostate cancer cells in mice. The estimated dosage given to the mice was the equivalent of 400mg of capsaicin given 3x week to a 200-pound man, which is comparable to between 3 and 8 fresh habaquera peppers. Habaqeras have the highest rated capsaicin content. Details can be viewed at: www.cedars-sinai.edu/pdf/JalapenoCancerResearch-9817.pdf

A study in Italy lead by **Dr. Francesca Bravi** established the first direct link between high cholesterol levels and prostate cancer. Dr. Bravi found that men with prostate cancer were about 50% more likely to have had high cholesterol levels than

Very few clinical trials performed today in cancer patients involve the chance of getting a placebo (or sugar pill). Most cancer clinical research compares the current "standard treatments" to the new treatment or combination of treatments. Your doctor can explain the details of each individual study. Therefore, it is important to ask questions regarding what therapies are involved in any particular clinical research study you may be considering.

All clinical trials are voluntary. You always have the right to choose whether or not you will take part in a clinical trial. The level of care you receive should not be affected by your decision. And you also have the right to leave a clinical trial at any time, for any reason.

Clinical trials have sometimes been thought of as a last resort, for those who have a disease and have tried all other treatment options. This is not true. There are trials for healthy people (for example, to study disease prevention) and trials for all different types and stages of diseases. Today, patients with common cancers often choose to receive their first treatment in a clinical trial.

Clinical trials can offer benefits for many people during their cancer experience. These may include access to newer or more treatment options, getting more involved medical care, and having a greater sense of control over one's situation. But by their nature, clinical trials involve some possible risks and downsides as well, and they may not be right for everyone. Your decision on whether to seek or enter a clinical trial should be based on a realistic understanding of these possible risks and benefits.

If you are interested in finding out more information about clinical trials or you are thinking about entering a clinical trial, there are many groups, including the American Cancer Society, who can help guide you through the experience.

2. If you are thinking about taking part in a clinical trial, you should feel free to ask any questions or bring up any issues concerning the study at any time. The following suggestions may give you some ideas as you think about your own questions.

Questions to ask include:

- a. What is the purpose of the study?
- b. What does the study involve? What kinds of tests and treatments? (Find out what is done and how it is done.)
- c. What is likely to happen in my case with or without this new research treatment? (What may the cancer do and what may the treatment do?)
- d. What are other choices and their advantages and disadvantages? (Are there standard treatments for my case and how does the study compare with them?)
- e. How could the study affect my daily life?
- f. What side effects could I expect from the study? (There can also be side effects from standard treatments and from the disease itself.)
- g. How long will the study last? (Will it require extra time on my part?)
- h. Will I have to be hospitalized? If so, how often and for how long?
- i. Will I have any costs? Will any of the treatment be free?
- j. If I am harmed as a result of the research, what treatment would I be entitled to?
- k. What type of long-term follow-up care is part of the study? ♂

Additional Resources:

National Cancer Institute: (tele: 1-800-4-CANCER; web: www.cancer.gov/clinicaltrials)

American Cancer Society: (tele: 1-800-ACS-2345; web: www.cancer.org)

People Living With Cancer: (Tele: 703-797-1914; web: www.plwc.org)

Clinical trials web listing: www.clinicaltrials.gov

The PSA: To Test Or Not To Test? (continued from the cover)

DJ: In the past few years, the controversy over PSA testing has heated up, to the point that some clinicians are recommending cutting back or eliminating the use of it. What are their objections and why do you disagree?

WC: *They believe that, over the years, the cancers detected by repeated PSA screening and intensive biopsy schemes are getting smaller and smaller--the amount of PSA they produce is insignificant in relation to the amount produced by benign prostatic hyperplasia (BPH) tissue. Accordingly, they believe that PSA is no longer a marker for prostate cancer, but has become only a marker for prostate size. They are wrong on several fronts: First, PSA does correlate with prostate cancer volume in 90% of patients with clinically localized disease. The only exceptions to this rule are patients with a large prostate gland and a small tumor. However, even in these patients, PSA density and percent of free PSA can help distinguish between benign prostate disease and prostate cancer. One important reason that they are wrong here is the use of the volume of the largest single tumor nodule in the prostate gland, called the index tumor, as the volume of cancer. A second reason they are wrong is that the volume of the tumor is not the most important endpoint in prostate cancer screening; the most important outcome is the 10-year cancer cure rate following treatment with surgery or radiation therapy. PSA does correlate strongly with 10-year progression-free survival.*

So far, there are three major cancers for which screening has proven to be effective: cervical cancer, breast cancer, and colorectal cancer. The PSA test, with its ability to detect prostate cancer early, has proven its value over time.

DJ: In 1995 you advocated setting a new standard PSA cut-off of 2.5. Why do you recommend this significant change from the traditional 4.0?

WC: *First, approximately 25% of men with a PSA between 2.5 and 4.0 are found to have prostate cancer on biopsy. Using the 4.0 cut-off for recommending a biopsy, approximately 30% of cancers have spread to the margins of the prostate or beyond at the time of diagnosis. However, the cancer is detected in an organ-confined stage and therefore more curable when using a cut-off of 2.5. In addition, if prostate cancer is found with a PSA level between 2.5 and 4.0, the cure rate is almost 90%. If it is not detected until the PSA reaches 10, the cure rate drops to about 50%.*

DJ: How do you define 'cured'?

WC: *My practical definition of 'cured' means that there is no evidence of PSA progression 10 or 15 years after primary treatment, without the institution of further therapy. Most other cancers use 5 years out as the standard, but that isn't the case with prostate cancer.*

DJ: What does all of this mean to the man who is walking in to his doctor's office? What information should he expect to be given if prostate cancer is found?

WC: *He should be given the tumor stage (how far it has spread), tumor grade, also known as Gleason grade (how fast it is moving), and tumor volume. He should also be given treatment options for his particular tumor and a firm recommendation for the preferred treatment for him, not just a list of treatments available to everyone. In order for a patient to be appropriately treated or actively monitored, clinicians have to know the tumor characteristics.*

DJ: What impact will advances in genetic technology have on the diagnosis and treatment of prostate cancer?

WC: *All cancer is genetic in origin. Some of the genetic mutations are inherited from parents; others are acquired from exposure to the environment. But all are due to changes in the DNA. However, fundamental insights into the genetic changes that give rise to prostate cancer will help identify molecular targets that will help identify susceptible*

individuals, improve diagnosis and staging, and reveal new opportunities for treatment and even prevention.

DJ: You first posited the use of the PSA to screen for prostate cancer at an NIH-sponsored meeting in 1988. The goal of that meeting was to find a way to reduce deaths from prostate cancer by the year 2000. Was that goal met and, if so, how?

WC: *Since 1992, one year after my first PSA screening paper was published in the New England Journal of Medicine, there has been a 75% reduction in the proportion of prostate cancer patients who have advanced disease at the time of diagnosis and more than a 25% reduction in the age-specific prostate cancer mortality rate. Epidemiologic studies in the U.S. have shown that in regions where PSA screening is widely practiced, there is a lower percentage of patients with advanced disease at diagnosis and a lower prostate cancer mortality rate. A population-based study from Seattle has shown a 75% reduction in the prostate cancer death rate in men under the age of 65 who were screened, compared with those who were not screened. The national prostate cancer mortality rate has decreased by 32.5% from 1993 to 2003. Globally, there have been substantial reductions in the prostate cancer mortality rate in countries where PSA screening is widely practiced. On the other hand, death rates continue to rise in countries where PSA screening is discouraged or not widely performed because of a lack of resources or infrastructure. Death rates would not be declining so dramatically if PSA screening, early detection, and effective treatment were not useful. There are prospective randomized clinical trials on prostate cancer screening underway now in the U.S. and Europe. But the results of these trials will not be available for several years.*

DJ: It was announced in the March issue of Business Week that you are working with Beckman Coulter, a diagnostics maker, to develop a more accurate PSA test. Can you tell us about it and other research projects you are working on now?

WC: *The marker we are developing is called "pro" PSA. It is a sub-type of free PSA that is a more specific marker for prostate cancer than total PSA or free PSA. It might improve the accuracy of PSA screening and avoid unnecessary biopsies in men with benign prostate problems. We will soon launch clinical trials to try to understand the value of pro PSA compared with conventional PSA markers. My other area of research is prostate cancer genetics, including both the familial and the sporadic forms of the disease. This is the promise for the future: if we can carefully catalog prostate cancer patients and the characteristics of their tumors and how they respond to their treatment, we can then correlate those with genetic abnormalities seen in their DNA. Then we will have powerful tools for prevention, early diagnosis, treatment of early stage disease, and treatment of advanced stage disease. That is what the next century is all about: unraveling the genetic causes of diseases and coming up with newer and better ways of treating them.*

DJ: Any other information or advice you'd like to add?

WC: *I recommend that men get a first PSA at age 40--not so much to look for cancer, but to establish a baseline. Then they should have a PSA test every year, like they do with their cholesterol levels, and chart it to see whether it is stable or rising. If it is rising, I think they should have a biopsy once it hits 2.5, before it gets too high. It is also important to note that men should have both a PSA test and a DRE (digital rectal exam). As in the case of mammograms and breast exams, some cancers are found on a mammogram but not during an exam, and vice versa. Some prostate tumors are found during a DRE even though the PSA is low and some PSA's can be high, but nothing can be felt during the DRE yet.*

DJ: Thank you so much for taking the time to teach us more about PSA screening and its vital role in the control of this deadly disease. ♂

Medical News Highlights

(continued from pg. 6)

those without prostate cancer. Additional biological components were also noted that could be related. The reporting article can be seen at:

<http://annonc.oxfordjournals.org> and www.medicalnewstoday.com/medicalnews.php?newsid=41477

A study at the **University of Cincinnati** found that bisphenol A (BPA), a chemical used in the manufacture of food storage containers, can cause the proliferation of BPA-susceptible mutations in androgen receptor genes. Report of the study can be seen at: <http://healthnews.uc.edu/publications/findings/?/466/1573/>

Researchers at **Weill Cornell and Memorial Sloan-Kettering Medical Centers** may have found a way to convert betulinic acid, found in the bark of white birch trees into a water-soluble compound that could be used as an agent against prostate cancer. You can read the news article at: <http://www.news-medical.net/?id=19032>

Researchers at the **University of Liverpool** found that environmental contaminants, such as pesticides may be causal factors in breast, testicular and prostate cancers. The key factor in controlling growth of these types of cancers is to reduce human exposure to the chemicals.
- Medical Research News

An article published in the **Journal of Proteome Research** detailed use of a new blood test capable of the early detection of breast cancers too small to be found under normal mammography. In a study among 345 women the test founds cancers in 95% of the instances by identification of a specific set of proteins common to breast cancers. The researchers envision that by establishing a different combination of proteins the test could be used for the early identification of other cancers. The article can be seen at:

<http://news.bbc.co.uk/1/hi/health/5244764.stm>

Did You Know?

Medicare offers preventive screenings for a variety of medical conditions – prostate cancer, diabetes, osteoporosis, glaucoma and others – for those at high risk. Details can be seen at: <http://www.cms.hhs.gov/PrevntionGenInfo/> or by calling: 1.800.MEDICARE

Many local and State health departments offer **free or low-cost screenings** for a broad range of disease and medical conditions; for links to the health departments in your area go to the site maintained by the American Public Health Association at: www.apha.org/public_health/state.htm

The Lions Club International provides free vision screenings and recycled glasses to those in need; details can be seen at: www.lionsclubs.org Additionally, the American Optometric Association makes available a listing of doctors who will provide free eye exams to those low income individuals through their “Public Programs” found at: www.aoa.org Those over the age of 65 can get help for eye exams and treatments from the American Academy of Ophthalmology; call 1.800.222.3937 for details.

In a recent study published in **The Lancet Oncology** (Details at: www.thelancet.com/journals/lanonc/article/PIIS1470204506709810/abstract) it was noted that the popular hair growth drug Propecia artificially lowers the results of the screening test for prostate cancer by about half. It had been well established that when men taking the prostate treatment drug, **Proscar**, take a PSA test, doctors need to double the test result. The new study showed that they need to do the same thing in men who have been taking **Propecia** for more than a few weeks.

Bayer Healthcare has offered an online downloadable brochure that deals with managing the skin-related side effects associated with cancer therapies. The brochure can be found at: www.elabs7.com/c.html?rtr=on&s=av46,1euy,2cv,kk2h,m9mh,5wmb,ji0p

The old story of men being different from women may actually have some basis in fact based on an article by a nutrition specialist. The impact of various **foods on both sexes can be noted in the article found at: www.clarionledger.com/apps/pbcs.dll/article?AID=20061128/COL0803611280314**

Firefighters are at greater risk to develop certain cancers – prostate, testicular, multiple myeloma and non-Hodgkins lymphoma – based upon their exposure to carcinogens in the course of their work. Details can be seen at: <http://healthnews.uc.edu/news/?3750/>

Business Week (4/3/06) reported that the medical data accumulated on Vietnam veterans to assess the effects of Agent Orange on their long term health may be lost because funding for the study will end in September 2006. A subsequent Air Force press release stated that the information would remain available for research purposes via a custodial relationship, pending acquisition of the necessary funding which is estimated to be around \$250,000 annually. The Veterans Administration has already insured coverage for prostate cancer for any serviceman involved in the Vietnam theatre of operations. More specific details can be found in the Air Force Special Operations site at: <http://www.globalspecialoperations.com/opranchhand.html>

The Comprehensive Cancer Care Improvement Act (CCCIA) was

recently introduced by Congresswoman Lois Capps and Congressman Tom Davis as H.R. 5465. This legislation would encourage physicians to provide a written plan at the beginning of cancer treatment that outlines not only how the cancer would be treated, but also how the symptoms of the disease and the side effects of treatment would be addressed. The Act would also provide Medicare reimbursement for physicians to create a treatment summary and follow-up care plan at the end of treatment. For additional information, go to: <http://thomas.loc.gov> and type in HR5465 under “Search Bill Text”.

Beckman Coulter, a diagnostics maker working in conjunction with Dr. William Catalona at Northwestern Memorial Hospital, have developed a more accurate test for prostate-specific antigen (PSA) that can detect two distinct forms of the antigen: the type that is unlikely to prove fatal and the other that will need urgent attention. The test should provide a benefit in diagnosis of aggressive tumors versus those that are slow growing. - **Business Week** ♂



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