

Can Men with Prostate Cancer Manage the Disease through Diet and Nutrition while Avoiding “Definitive Therapy”?

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Abstract

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Objective:

The Medical propensity to treat men definitively with *Radical Prostatectomy*, *Radiation or Cryosurgery* generally follows the diagnosis of prostate cancer when men have at least 10 years to live despite the inability to stage disease accurately. With the exception of a *Watchful Waiting* approach popularized in Europe, little has been done to alter the treatment landscape. **Notwithstanding the present level of success with the “definitive therapies”, there is concern worldwide regarding the over treatment of prostate cancer.** In this prospective diet and nutritionally oriented study, we have analyzed the ability and efficacy of treating prostate cancer conservatively albeit more proactively than *Watchful Waiting* through a program called *Chronic Disease Management (CDM)* or managing the disease as a chronic disease. The intent of this study is to provide the Medical Community and an aging male population with a viable alternative that maximizes quality of life with disease suppression or stabilization based primarily on diet and nutrition, while minimizing unnecessary trauma, anxiety and expense.

Method:

Between 1999 and 2004, 22 men (mean age: 62 years) with biopsy proven prostate cancer were offered the opportunity to avoid an attempt at a curative cancer treatment in favor of a dietary and nutritionally based conservative course. The diet endorsed was the Modified Mediterranean diet (*Prostate Diet*) while the patented prostatitis formula *Peenuts*® was the nutritional supplement common to all patients. By study design, none of the patients had ever been exposed to Anti-Androgen therapy or a Luteinizing Hormone-Releasing Hormone (LHRH) analogue or antagonist. All men were followed at varying time intervals with a PSA (prostate specific antigen) blood test, while many of the men were followed with the International Prostate Symptom Score (IPSS) Index and the Expressed Prostatic Secretion (EPS). With the exception of two men with Gleason 6/7 components and two men with Gleason 5/6 components, all men exhibited either a Gleason 5 (n=6) or a Gleason 6 (n=12) pathological pattern. All men were clinically diagnosed as T1c (n=13), T2a (n=2), T2b (n=2), or T2c (n=5).

Results:

All men within an age range of 43-74 years with a diagnosis of prostate cancer (Gleason Score: 5, 5/6, 6, 6/7) were offered an opportunity to participate in a conservative quality of life protecting study with the understanding that diet and nutrition could play a significant role in disease proliferation or control. With the exception of the Gleason Score (excluding men with a primary Gleason Score: 7, 8, 9, or 10) as a qualifying category of prostate cancer, there was no bias inherent in the entrance process. Twenty men qualified for evaluation using the date of diagnosis (biopsy date) or the initial clinic appointment date with a reference PSA value as the starting point for data collection. 18 of 20 men experienced a positive response (decrease in PSA) to the conservative therapy while 2 men noted a mild increase in PSA value. Specifically, 90% of men (n=18) noted a 48% reduction (range of improvement: 4-87%) in PSA over an average of 30 months (range: 5-64 months). To state further, using a mean PSA starting point of 7.1 ng/ml, 90% of men experienced a mean reduction in PSA of 3.4 ng/ml (range: 0.5-12.5 ng/ml) over the identified time frame. The two men who experienced a mild elevation in PSA noted an increase of 0.9 ng/ml and 0.6 ng/ml over 34 months and 11 months, respectively. **Overall, the effectiveness of Chronic Disease Management therapy to suppress prostate cancer was 90% when PSA was used as the disease activity marker.** A voiding symptom score (IPSS-Index) and prostatitis evaluation (EPS) were also conducted at the time of baseline and follow up evaluation on many of the participants. 11 men had completed an initial and secondary IPSS-Index while 9 men had undergone an initial and secondary EPS. All men reduced their voiding symptom score an average 5.1 points (range: 3-11) while noting an average starting score of 8.7 points (range: 4-19.5). The mean percentage reduction in IPSS-Index was 65% (range: 35-100). Men evaluated for EPS noted a mean reduction in the prostatitis marker of 227 white blood cells (range: 75-495) with a mean percentage improvement of 73% (range: 42-99).

Conclusion:

This prospective study represents the most comprehensive and compelling data to this point in time while establishing *Chronic Disease Management* as a viable treatment option for men with Gleason 5 or 6 prostate cancers. With a mean age of 62 years, this study may represent the youngest cohort on record while it additionally dispels the notion that younger men should not be treated conservatively. This study also appears to demonstrate rather convincingly that social change through dietary and nutritional modification may provide a safe and effective protocol for the avoidance of *Radical Prostatectomy, Radiation or Cryosurgery* in a large percentage of prostate cancer patients. While the overall disease stabilization and/or suppression process appears to be multi-mechanistic, the resolution of prostatitis as a cellular oxidative event may well play a key role in IPSS-Index reduction as well as decreasing prostate cancer proliferation. While future studies are encouraged, this study minimally provides a modicum of optimism to a defined segment of the male population that will invariably develop prostate cancer in their lifetime. (edited – October 2004)