

Robert Gumpertz







# Prostate Self Help

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Produced by Prostate Cancer Veterans

A Ouarterly Newsletter From PAF

#### From the Director's Desk

New and promising therapies and protocols, both conventional and alternative, continue to give men with prostate cancer hope. Sorry to say, while we wait for a break through "magic bullet", men continue to die and their families continue to suffer the pain and emotional suffering associated with late stage prostate cancer.

One of many painful losses this year was Mario Menelly, a man who was diagnosed in his early 40's with advanced prostate cancer which was too advanced to be "cured". Mario was known by many of our readers as a man who was quick to share the knowledge he had gained while struggling to overcome his prostate cancer. He was always willing to help others in crisis. He had been doing well keeping his prostate cancer at bay until the supplement PC Spes was removed from the market under a swirling controversy that continues today. Even with the bad press it was getting it was keeping many men alive who had been given up for dead by conventional medicine. Mario was one of them.

Another dear friend of PAF, Wilhelm Wuellner passed away recently after a fifteen year fight. He had turned to alternative medicine after failing all of the conventional therapies available to him.

On this years Prostate Cancer Climb, Hike and Gathering we will be honoring Mario, Wilhelm and the countless other prostate cancer veterans both living and dead. Please join us in spirit on the top of three major mountain peaks this September 19<sup>th</sup> to the 25<sup>th</sup>. Your support is much appreciated and your generous, tax deductible contribution will help us continue our outreach programs. You can visit our website at www.prostateawarenessfoundation.org for information about the Climb and how you can participate.

In this issue you will find some of the latest cutting edge information about various novel treatment options, diagnostic tools and nutritional information about preventative and curative measures for prostate cancer.

We do hope that you will take the time to discuss preventative measures with the younger male members of your family and friends. It is far easier to prevent this epidemic disease than to deal with it once you have it. Did you know that if a man is diagnosed with prostate cancer at 50 or younger his male offspring have a 15 times greater chance of contracting the disease! It's our responsibility to educate our heirs.

Wishing you a healthy and happy prostate. **Ken Malik**Executive Director

## The Latest on Tests, Treatment and Healthy Habits

Research Update By Jan Zlotnick, R.N., M.Ed., Ed.S

#### **Some Exciting Treatment News**

Finally, the promise of genetic research seems to have borne some fruit for men with androgen independent prostate cancer (AIPC). Provenge, a drug that stimulates the body's immune system to fight PC, has shown the longest survival benefit yet - and with few side effects! While the initial results demonstrating an average of over eight months survival time may not seem that great, this is, indeed, a major breakthrough that will likely lead to other similar treatments for AIPC. And the benefits could be greater for your individual cancer. Right now a phase three study is ongoing at multiple sites, including University of California, San Francisco, and various Kaiser Hospital facilities. You can learn about joining the study by calling 877-768-3643 or online at clinical@dendreon.com.

In other treatment news, an article published in the May 2004 issue of *European Urology* indicates that men with hormone refractory PC (HRPC) and known metastasis could benefit, sometimes substantially, from ketoconazole, an antifungal agent. HRPC is a condition in which Lupron and other first-line androgen blocking drugs have stopped working. This small study showed that use of the drug was generally well-tolerated, extended life up to four years, and was effective in over 55% of its patients. All of these numbers are considered good in the conventional medical community.

#### Calcitriol

Some of you have probably already heard that calcitriol, the biologically active form of Vitamin D, might be useful in fighting the osteoporosis that is a common side effect of taking Lupron and other forms of androgen blockade. Some practitioners,

most prominently Dr Charles Myers in Virginia, have also espoused its anti-PC ability. Recently, researchers at Baylor University found that calcitriol inhibits the growth of a number of cancers, prostate cancer among them. They caution that calcitriol use may lead to hypercalcemia, too much calcium in the blood. So check with your doctor about taking this (it's only available by prescription). And for a most definitive discussion about calcium, calcitriol, and osteoporosis, read Dr Myers' monthly newsletter *Prostate Forum*.

Dr Myers is uniquely qualified in his ability to make sense of the complex world of PC. His extensive experience as a researcher at the National Institute of Health, his copious patient experience, and his own, first-hand battle with PC put him at the cutting edge of PC clinicians. His analyses are broad-minded and articulate, and you are doing yourself a disservice if you're not reading his newsletter.

#### **One More Treatment Note**

There is now an online ten year survival calculation available at www.prostate-calculator.org. Tools such as this and nomograms, e.g., the Partin Table, which determine the statistical chance that the cancer has already become systemic, are essential before any man rushes into a treatment decision. We at PAF frequently hear of men who wish they had slowed down and done more research before consenting to radical surgery or radiation.

#### Habits That Could Extend Your Life

It turns out that it isn't just the fat in dairy products that might promote PC. While dairy fat, like other animal fats, increases your risk for obesity, heart disease, stroke, impotence, diabetes [continued on page 2]

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#### **DISCLAIMER**

The information contained in this newsletter should not be considered medical advice. We do not prescribe. We offer you what we have learned over the years, as fellow prostate cancer veterans, with confidence that you can make your own choices.

#### **The Latest on Research**

[continued from page 1]

and other health problems, the phosphate in milk also appears to stimulate PC growth. So even nonfat dairy products should be restricted (a bummer for me, since I love frozen yogurt). Dr Myers, mentioned above, also cautions against phosphates found in cola drinks. So read labels carefully, and try to choose drinks without phosphates. Meanwhile, when considering sweets, try to make fructose your first choice. Fructose inhibits PC growth, at least in test tubes.

A study in the February 2004 issue of *European Urology* reinforces some of the above. While the study focused on risk, rather than progression of PC it seems reasonable that the two are connected. This multi-country study showed animal fat consumption to be the highest risk factor for PC, followed by nonfat dairy and other concentrated sources of calcium. Alcohol was a distant third. The allium vegetables, e.g., garlic and onions, were most associated with decreased risk. Vitamin D consumption was a distant second for lowering risk.

There's more good news about tea, as well. Researchers at the Burnham Institute in La Jolla, California appear to have discovered how the polyphenols in green and some black teas keep cancer cells in check. Such an understanding could lead to important new treatments. And scientists in Pittsburgh have found that the

sulforaphane found in broccoli and other cruciferous vegetables kill only cancerous prostate cells, not healthy ones. Wouldn't it be great if one day a man could have a seed implant with broccoli instead of radioactive metals.

#### One More Life-Style Note

The September 2003 issue of *Cancer Epidemiology, Biomarkers and Prevention* reports that Arctic Inuit men, who typically consume the most fish and marine mammals, may have the lowest incidence of PC of any population in the world. This reinforces the possible importance of omega-3 fatty acids and selenium in discouraging PC.

#### **Spread the Word**

An article in the March 8, 2004 issue of the popular magazine U.S. News and World Report indicates that as many as half of all men under fifty years of age have undetected PC cells in their prostates. As if in response to this, an April 7, 2004 USA Today article reports that a consortium of nineteen large hospitals, called the National Comprehensive Cancer Network, is recommending more aggressive PC screening, including PSA tests for all men over 40. It has long been known that PSA scores are age related, and the article points out that more than 20% of men with PSA's of more than 2.5 have PC. It's still controversial, but I would encourage 40-50 year old men to be tested.

Meanwhile, Johns Hopkins University has developed a new test for men who have had negative biopsies, but rising PSA scores. Testing the blood for a PC linked protein called EPCA could prevent repeat biopsies, which can be painful and otherwise problematic.

It turns out that female doctors and 'doctor extenders', such as nurse practitioners and physicians' assistants, do more DRE's than male doctors. Interesting!

And the National Cancer Institute recently released a study showing that men who had the most orgasms had the lowest risk of getting PC. Didn't seem to matter how they got them! Spread the word!

Jan Zlotnick teaches nursing and Men's Health Issues at City College of San Francisco. He is a prostate cancer veteran who has undergone radical surgery, radiation, ADT and alternative therapies.

#### **ALTERNATIVE SIDE**

#### The Hot and the Cold

By Ken Malik

For the past couple of years many of us have been watching with keen interest the evolution of two intriguing therapy choices. Both are on the fringe of conventional medicine. Both offer the hope of a successful prostate cancer cure with minimum side effects.

The first treatment is called HIFU for High Intensity Focused Ultrasound. In this treatment focused pulses of ultrasound waves literally cut the tumor out of the gland. Clinical studies at the Royal Marsden Hospital in London on 243 PC patients indicate an 80% success rate, a similar success rate to conventional surgery. They also reported that impotence and incontinence rates were half that of radical surgery while leaving the nerves untouched. Similar results have been reported in a study by the French Institute of Health. This therapy is now available in Canada, Europe and Russia and clinical trials are currently being conducted at Indiana University. We think it is just a matter of time before this treatment is readily available here in the United States.

Misonix, Inc the manufacturer of HIFU equipment calls its device the Sonablate 500. They claim that clinical trials on 150 PC patients at the Heidelberg University Hospital in Germany showed HIFU to be 88% effective in producing PSA levels below 1.0 within one year following treatment.

The second promising therapy many of us have been watching is available in the United States now! Dubbed the "male Lumpectomy", it is called focal cryosurgery. In this procedure only the portion of the prostate that's affected with cancer and some surrounding tissue is treated. This spares the rest of the prostate, and one can always have a radical prostatectomy if the disease returns.

Gary Onik, MD, a radiologist in the Orlando, Florida area is considered the father of "Male Lumpectomy". He reported at a recent Uro-Radiology Society meeting his results on twenty men who were followed as long as eight years. He says "we are seeing no postoperative complications and low rates of impotence. 80% of the men getting focal treatment eluded impotence

and none became incontinent". Dr Onik is currently recruiting more PC patients to better evaluate the technique in a larger, multi-site study.

David Bostwick, MD, a nationally known PC pathologist says "What does one do with a patient who presumably has a small prostate cancer that may be amenable to partial treatment? Now we have something for patients in between "watchful waiting" and radical prostatectomy". Dr Onik says "focal cryosurgery offers a good middle ground choice for what could be the majority of prostate cancer patients. They can do something without taking drastic measures that can produce debilitating side effects".

Dr Onik does have specific criteria for those patients he treats: PC must be confined to one lobe (this occurs in about 1/3 of PC patients) and the tumor should be 5mm or less.

As more information about these possible options become available we will keep you informed.

#### **CONVENTIONAL SIDE**

Color Doppler Ultrasound as Used in the Early Detection and Accurate Staging of Prostate Cancer

By Ken Malik

The biggest concern of most men recently diagnosed with prostate cancer is selecting a treatment path that offers the best chance of "cure" with fewest life altering side effects.

Recent clinical data indicates a very high degree of failure associated with conventional prostate cancer treatment. Figures vary on the percentages. A recent Johns Hopkins University "White Paper" on prostate cancer reports that upwards of 40% of men experience a prostate cancer recurrence within 10 years after undergoing a radical prostatectomy. The numbers are even worse for radiation therapy with a 50% recurrence within ten years. They reported that few men return to full sexual function after these treatments.

#### Accurate Staging Reduces Failure Rates

It has become more and more apparent that without accurate staging of the disease and proper determination of tumor location, much conventional therapy is doomed to failure. So how does a man know when he has been properly staged and who should he see for the most accurate appraisal. Many experts agree that three of the best diagnostic urologists in the field of prostate cancer are Fred Lee, MD in Michigan, Duke Bahn, MD in Ventura, California and Katsuto Shinoharo, MD in San Francisco. Of course there are other good clinicians available. PAF recommends you see someone that specializes in diagnostic urology and also has access to the latest technology.

Personally, I have been consulting with Dr Shinohara at UCSF Medical Center regularly for updated ultrasound scans of my prostate. This regular ultrasound gives me an additional marker besides the controversial PSA test and helps to increase my comfort level as to what is really going on in my prostate.

### Color Doppler Ultrasound Can Be a Real Advantage

I recently paid a visit to The Prostate Institute of America and it's director Dr Duke Bahn in Ventura, California. I went to consult with Dr Bahn and also take advantage of his new Hitachi EUB-6500 Power Color Doppler Ultrasound diagnostic tool. This is state of the art equipment that Dr Bahn feels offers superior staging information and helps to resolve the uncertainty of whether the cancer is or is not confined to the prostate gland. Dr Bahn has performed over 35,000 PSA tests, 13,500 Ultrasound scans and over 7,000 biopsies. Charles "Snuffy" Myers, MD editor of the *Prostate Forum* says that "when you compare Color Doppler Ultrasound to conventional equipment you will never go back". Apparently there are only two of these expensive devices, with a price tag of over \$300,000, in the United States. Dr Fred Lee has the other one.

Dr Bahn first measures the prostate glands volume and then uses a formula to determine predictive PSA. If this formula indicates the likelihood of prostate cancer he then uses his Hitachi EUB-6500 to better determine the exact location of the cancer. Many clinicians take upwards of ten to sixteen core samples when performing a biopsy. Because of Dr Bahn's equipment and expertise he can make a diagnosis with far fewer tissue samples.

The data from 110 men who visited Dr Bahn for a second opinion biopsy indicate the following results: 26% of men were upstaged from T1-T2 to T3-T4 and the sum of their Gleason scores was also higher, indicating more aggressive cancer than was initially observed! With his technique he is also better able to determine unsuspected extracapsular extention and perineural invasion. This new device should help prostate cancer patients to better determine whether a cancer is or is not confined and what other risk factors they may have.

The bottom line – better staging should reduce the possibility of a failed intervention.

#### **CHEF'S CORNER**

**Quick & Healty Recipes** 



#### **BUTTERNUT SQUASH STEW**

This is an especially good season of the year to try this extremely tasty and healthy stew. It's also easy to prepare.

1 quart organic butternut squash soup (There are a number of "boxed" soups available in organic groceries. Our favorite is from *Imagine Foods*)

½ lb Firm Tofu in small cubes 5-6 oz of frozen corn

Cinnamon

Cardamom

Nutmeg

#### PREPARATION:

Put the soup, tofu and corn in a sauce pan. Heat slowly until moderately hot.

Do not bring to a boil.

Season to taste (if you haven't discovered cardamom this is a great time to try it.)

Makes about four servings

Serve with a healthy salad and whole grain bread for a well balanced meal.