PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

ABN 26 499 349 142

NEWSLETTER

Website – www.pcagsa.org.au

MAY 2005

Chairman's Report – May 2005

Awareness Evenings

Yorke Peninsula

Although there is still just over 3 months to our presentation at Kadina (19th August), there have been some positive developments. Further conversations have been held with Tim Garfield, senior community nurse at the Yorke Peninsula Health Service at Wallaroo, and one of the service clubs in the area. Theban and I will be attending the Cornish Festival (Kernewek Lowender) on the May Holiday weekend when we will make contact with Tim Garfield. In addition we will check the venue which is being used as part of the Festival.

Adelaide Metropolitan Area

The Awareness Evening to be conducted in conjunction with The Cancer Council South Australia will be held on Wednesday 14th September 2005. As previously advised the Prostate Cancer Call-In is to be held on the 8th September and where possible the advertising for the Call-In will include the Awareness Evening.

Grant Applications

We have received acknowledgments that our Grant applications to the Department of Family and Community Services and the Department of Health and Ageing have been received.

Prostate SA

A further Meeting was held on Thursday evening 5th May at the Lion Hotel - 161 Melbourne North Adelaide. The Evening was sponsored by Sanofi Aventis. The purpose was to update interested parties on the progress of Prostate SA following the initial Meeting held last year. Between 40/50 people attended.

Following Prof. Wayne Tilley's introduction, Prof. Villis Marshall outlined the present position. He stated it was important for Prostate SA to work with The Cancer Council SA and a satisfactory arrangement had now been agreed upon. The Cancer Council SA will provide accommodation, communications, contacts with the public and staff management. At the same time the level of autonomy required by Prostate SA will be maintained. The arrangement will be reviewed after 12 months.

The next important step is to appoint a Project Manager with accommodation provided by The Cancer Council SA. Funding is available for the salary envisaged. The position will probably be advertised within the next 3/4 weeks with assistance from The Cancer Council SA.

A website will be developed.

Prostate SA will be looking for expressions of interest in forming steering groups, fund raising, education, research and trials.

Prof. Marshall pointed out the necessity of working with pharmaceutical companies.

He went on to mention the Prostate Cancer Foundation of Australia – a body with similar interests. The PCFA was formed in NSW but now has interests in Victoria, Queensland and Western Australia. A good allegiance was necessary with the PCFA.

Similarly this applied to the Australian Prostate Cancer Collaboration.

Prof. Marshall said in the longer term a Prostate SA Board will be formed and fund raising goals set. He considered a figure of $1million per annum necessary to fund the various activities.
Prof. Tilley then introduced David Horsefall who spoke on the Prostate Cancer Bio Resource. This is a network of tissue bank nodes with clinical data bases located in Adelaide, Brisbane, Sydney and Melbourne. He discussed how Prostate SA can assist the Prostate Cancer Bio Resource and felt it was an opportunity to take a leading role. He felt clinicians had an important role in recruiting patients for Trials.
Prof. Marshall asked for questions:
Gary Bowes, as Chairman of the Association of Prostate Cancer Support Groups in SA, spoke of the necessity to work towards a common goal and prevent wastage of resources.
Reg Mayes on behalf the Adelaide Prostate Cancer Support Group stated they would be able to promote Prostate SA extensively through their Newsletter.
I spoke on behalf of the Prostate Cancer Action Group and pointed out that with the program of activities our Group conducted throughout the State, we were ideally placed to promote Prostate SA.

Mitcham Support Group Meeting
Following the very successful Awareness Evening at Mitcham on the 23rd February this year, there were approximately 20 people who expressed interest in joining a Support Group if one was formed in the area. As a result, a meeting has been arranged for the 26th May, the venue being the Mitcham Uniting Church Hall – 101 Princes Road Mitcham. The meeting will commence at 7.00 p.m. and all are welcome to attend. For more information and to register phone 8277 3424 (Jeff Roberts) – RSVP by 19th May. A gold coin donation is requested to cover the cost of the venue and refreshments. Flyers have been sent to various groups and centres in the area and we are hoping for a satisfactory attendance.

Cancer Support Group Leaders Resource Kit Launch
The Kit was launched at a function held at the Cancer Council South Australia by Ms Jennifer Rankin, the Member for Wright and Parliamentary Secretary to the Premier for Volunteers. The aim of the Kit is described as containing "information and a series of sample promotional materials and record-keeping forms designed to help you start your support group, facilitate a group, and/or help you to maintain an already established group"

Freemasons Art Exhibition
The Exhibition was held in the Great Hall of the Adelaide Masonic Centre between the 15th – 17th April. Approximately 1000 people attended the Event. Money was raised for prostate cancer research and The Cancer Care Centre.

Jeff Roberts

Minutes of the Teleconference Meeting of the PCFA – SAC – National Meeting Held on Thursday, 21st April 2005 At Jacaranda Lodge, Sydney Adventist Hospital commencing at 3.00 pm

Attended by: Pam Sandoe (NSW), Con Casey (NSW), Andrew Giles and Ann Smith (PCFA)
Via Conference Call: David Sandoe (Chair), Graham Nicholls (ACT), Keith Williams (NT), Don Baumber and Bill McHugh (Qld) Gary Bowes and Trevor Hunt(SA) and Karen Rendell(WA),
Apologies: Jennifer Lyall and John Dowsett (Tas) and Malcolm Sears (WA)

1. **Welcome and confirmation of Minutes of 17th February 2005**
   David Sandoe welcomed all attendees. Moved by Con Casey and seconded by Trevor Hunt that the minutes of the meeting of 17th February 2005 be confirmed.

2. **Business Arising**
   Speaker's kit – Andrew reported that he will be meeting shortly with John Goodall (NSW) to finalise the kit and it should be available at the end of May. The kit will provide presentation information to be used when speaking to groups about prostate cancer and the Foundation. This kit will include overheads, powerpoint presentation and a DVD to assist with both support group meetings and speaking at awareness meetings and with larger groups. Sanofi Adventis in Queensland has offered to assist Queensland groups with mailings and speaking engagements.(see attached).

3. **CEO Update**
   Changes to PCFA Board – Andrew reported that the changes were in their final stages and Andrew will send a further update in the next few weeks. Andrew Giles will send a copy of the draft constitution via email, to each member of the SAC and Spence Broughton.

Income

Mazda Foundation has offered to co-fund a Research Fellowship for three years.

Commonwealth Bank are assisting with rural and regional health awareness and the program will start in Victoria and New South Wales, then Queensland and Western Australia and finally South Australia, Tasmania and Northern Territory.

Prostate News **–** income from the December issue has increased from previous years.

Government Funding

Grants – under the Cancer Support Groups Grants Program the Foundation has made an application for funding – one for the salary of a Support Group co-ordinator and the other for equipment to provide resources for the Queensland Chapter.

'Be a Man' campaign – to be launched in Newcastle and Brisbane in June. Western Australia will follow. We are currently distributing copies of the Be a Man kits to GPs in Queensland, Western Australia, South Australia, Northern Territory and Tasmania as part of the second stage of the campaign. One of our corporate partners AstraZeneca is assisting with the distribution, which has saved us a massive mailing bill. 731 Federal and State politicians will also receive a "Be a Man" brochure, the current edition of Prostate News and a copy of APIA's Beyond 50 magazine featuring the campaign along with a personalised letter from Wayne Swan and Jim Lloyd – both Federal members.

Andrew met with a representative of the Federal Minister of Health to discuss his involvement in the campaign. The Government have advised that they may0 allocate funds in next year's budget or the budget prior to the next election.

Each support group will shortly receive 50 Be a Man brochures. For further supplies please contact Ann Smith.

Movember – grow a moustache in the month of November and shave it off at the end and receive sponsorship for doing so. This years campaign is off to a great start with volunteer committees set up in almost every state to assist with launches, recruitment of participants and the gala parties. The group is currently seeking PR support. The launch of the campaign will be at the end of September with sign-up in October.

Support Groups

Victorian Meeting – On 9th March Graeme Johnson hosted and David Sandoe chaired a meeting of the leaders of all support groups in Victoria. It was a very positive meeting that has lead to much more unified and cohesive network in Victoria.

NSW Chapter – the State Conference will be held on Saturday 4th June, which will include many of the group leaders from NSW. The conference will include Facilitators Training Day on 3rd June sponsored by the Cancer Council of NSW.

Queensland Chapter – Andrew attended a meeting with the Chapter leadership at the end of March to discuss some of the key issues. The outcome was extremely positive and the Chapter is looking forward to closer interaction with the PCFA in the future.

Western Australia Board – Andrew attended on the last teleconference and suggested that Karen Rendell make contact with Chair, Jim Fremantle.

NSW Cancer Institute has invited the PCFA to join a steering committee with the aim of establishing best practice guidelines for prostate cancer across NSW.

4. State Chapters – key issue reports

Queensland – Bill McHugh reported that the Chapter had applied for grant funding of $289,000 - $200,000 would be in kind from Queensland Cancer Fund. Requested details of proposed launch date in Queensland but Andrew reported that he was waiting on dates from Peter Beattie (Premier) and Wayne Swan (Federal member).

The Chapter is also working on a "Code of Conduct" brochure. Bill also requested a list of the videos available at PCFA. Ann Smith will send the Rural Men's Health video and Bill is requested to make contact with Pam Sandoe regarding the library of videos at Sydney Adventist Hospital. The Qld chapter is also establishing a register of all projects in Queensland. A registration form is available.

Northern Territory – Keith Williams reported that 35 people had attended a promotional breakfast hosted by Alan McGill, Town Clerk of Darwin.

Western Australia – Karen Rendell reported that Mandurah had held their second meeting and she will be speaking at Busselton shortly. Andrew will send Karen a draft of the speaker's kit to assist. Karen has also spoken with a local State MP who has prostate cancer and would appear to be supportive.

Victoria – Bob Wilson requested affiliation forms and Con Casey will email them to him. Bob has also met with Robyn Pritchard who works in aged care for the RSL in Victoria and the group have offered their assistance with meeting rooms and will hold a men's health awareness promotion. The Senior's movement in Victoria are also spreading the message.

Bob is speaking with the Blood Bank regarding screening for men over 50.

A men's health evening was held recently at Warrnambool with 200-300 in attendance. Bob believed that it was successful because it was not run at a hospital but in a car dealership. Tom Hafey, (former AFL player and coach) was a guest speaker. Tests were available for diabetes and high blood pressure. Another meeting will be held in Frankston shortly.

Bob also reported that the Victoria Chapter should have a teleconference. Ann Smith will send Bob information about setting up teleconference meetings.

South Australia – Trevor Hunt reported that 170 attended an awareness meeting in Mitcham. Dr Peter Sutherland presented on his robotic surgery at Royal Adelaide. Gary Bowes reported that they have applied for a grant for 4 years. He and a number of support group members attended Clipsal V8 races. Gary personally spoke with 52 men. He also reported that a grant for $1,500 had been received from Adventis to run awareness of their new pharmaceuticals for prostate cancer.

New South Wales – David Sandoe reports that the relationship between PCFA and Cancer Council NSW continues to improve. David also advised that both he and Pam and a number of NSW Chapter members participated in the DVD being produced by the Foundation and sponsored by Novartis. The DVD will be used for general and awareness meetings. David, Andrew and some board members of PCFA attended a dinner at Tattersall's Club at which the CEO's of all four football codes, (Rugby League, Rugby

Union, Australian Rules and Soccer (the real football) participated in a question and answer session on development and running of their particular code. Funds raised on the day went to the PCFA.

5. Reports/updates on participation in health and cancer organisation meetings

Queensland Chapter – Bill McHugh and Con Casey reported that they had participated in GP training for last stage, which will be launched in June. There will be an article in the medical journals in May.

NCCI – (National Cancer Controlled Initiative) Don Baumber reported he had circulated a proposal prior to the meeting to all attendees. NCCI wish to run a "Train the Trainer" program to produce a core group of GP's within the 120 Division of GP's. Don believes the group require the PCFA to assist in funding, our logo and possibly a consumer advocate.

Andrew will seek clarification on this vital issue.

PSA Testing – Don Baumber asked what is the SAC or PCFA views on PSA testing and the need for the PCFA to develop their own strategy. Don suggested a national SAC committee be formed to make a recommendation to the SAC and to the PCFA Board committee on PSA testing. Trevor Hunt and Bob Wilson will form a group with Don Baumber assisting.

6. Industry and Pharmaceutical company relations

Andrew reported that a number of pharmaceutical companies have become partners with PCFA. The PCFA receives financial support from the groups and in return they receive recognition on our website and in our newsletter.

David advised that the PCFA need to know what groups are receiving funding from pharmaceutical companies.

As reported by Spence previously, Sanofi Adventis Group currently has money to fund speakers at support groups and Novartis provide an excellent presentation on bone health in promoting their product: Zometa. Each state chapter should contact either or both of these companies to arrange the same speaker's program assistance.

Don reported that as a consumer representative on a number of committees he is not speaking on behalf of the PCFA or SAC. Don will send his list of events to Andrew.

Andrew has requested that all applications for grants from pharmaceutical companies should come through him at the PCFA

7. Potential promotional activities

Movember – is proving a great way to get the message to younger people. Movember will be promoted within the support groups. Movember is seeking PR support for the 2005 launch. Movember 2004 raised $50,000.

Awareness Meetings – there are a number of awareness meetings in each state at present. It was suggested that a register of awareness meetings be kept and Con will update the new resume with a section on awareness meetings. This type of meeting can also be an excellent way of seeking funding. It was suggested that a copy of Bill McHugh's form be sent to Ann Smith who will distribute to all and discussed the use of the form by all groups at the next meeting. (see attached)

8. Technical activity and procedures

Don circulated the following reports to all SAC members

- NHMRC grants
- Medical Service Advisory Committee (MSAC) – Don spoke on teleconference at a meeting that discusses services provided under Medicare and under PBS

9. Other Business

APCC – GP kit – Con reported that the APCC were rolling out their GP kit with PowerPoint presentation at present.

Annual Conference – Andrew Giles reported the conference is due to be held in Sydney this year and is suggested for September however, Andrew believes that everyone will be busy with activities for Prostate Cancer Awareness Month. This year the conference will only be for SAC members i.e. those who attend the National SAC teleconference meeting, therefore the conference will be a lot smaller and will be more focussed. Andrew has proposed that a facilitator be appointed and focus the conference on the way forward for SAC.

Another suggestion was that the Minister for Health may want to host a dinner at Parliament House in Canberra and the conference can attach itself to the dinner and the conference follow.

If the conference is in Canberra in September it will be in the last two weeks of September when the Federal parliament will be sitting and will also mean that both Jim Lloyd and Wayne Swan will also be in Canberra. Andrew also hoped that we could have the conference coinciding with the new Scientific meeting.

David Sandoe and Don Baumber will prepare in draft form a proposal of what should be discussed at the annual conference and report back at the next SAC meeting.

Administration issues

Email communication – Don Baumber reported that while Andrew had offered to have all SAC emails and questions directed to him, however, this may prove too difficult for Andrew to mange so Don suggested that all correspondence be sent through to Ann Smith – with Andrew being copied in. Andrew agreed that would be the best system because while Ann's main focus was Support Group she is only in the office three days a week (Monday, Thursday and Friday) and by copying him in he could deal with any urgent issues.

Andrew confirmed that under the Commonwealth Grant Scheme he had applied for funds for increased resources for Support Groups. David Sandoe spoke on the importance of dealing with any issue firstly with the person concerned before directing an issue to himself or Andrew

Funding

Andrew is at present preparing a budget for the 2005-2006 year and is asking for a budget from each SAC Chapter in each state to prepare a budget for all groups within their Chapter. Andrew will send an email regarding this in the next few weeks.

Victoria groups

Con reported that Trevor Cottle had handed over leadership of Melbourne, Heidelberg and Diamond Valley(not affiliated) Support Groups. Andrew Giles is requested to send a letter of thanks to Trevor Cottle.

Update on Victorian meeting

Bob Wilson has asked for an update on progress of action points established at the meeting.

Kevin Sunderland

Bob Wilson reported that Kevin's mother had passed away. Ann Smith will send a letter to Kevin on behalf of the Foundation and support groups.

Lions Club Awareness Update

Graham Nicholls reported on awareness meetings being conducted in a number of areas and many of these groups wish to start support groups. Both Goulburn and Albury are setting up groups. Graham has requested $80,000 from Lions to continue awareness meetings all around Australia.

Succession Planning – Don Baumber wants members of the groups to be encouraged to take over as leaders of groups and move into state chapters.

The meeting closed at 5pm.
Next meeting Thursday 16th June at 3pm.

HELP IN SIGHT FOR GPs ON PROSTATE CANCER SCREENING

A leading cancer body has moved to help GPs negotiate the prostate cancer maze, which could help them cope with the expected influx of demand from patients responding to a new national push for screening. The National Cancer Control Initiative (NCCI) is planning education workshops and an A4-size decision support card to be mailed to all GPs.

The Medical Defence Association of Victoria has also decided to market a clinical decision support tool this month *(Feb.)* to help patients decide on PSA screening and keep track of decisions in patient records. Both moves follow the launch of the "Be a Man" campaign run by the Prostate Cancer Foundation, which encourages men to see their GPs for a prostate cancer test.

Developed independently of the campaign, the NCCI and MDAV initiatives are a timely help for GPs in light of the greater public awareness the campaign is expected to generate. Some experts have criticized the campaign, citing little evidence that PSA screening save lives. *(Medical Observer, 11/2, p1)*

RISK OF RECTAL CANCER

Men who undergo radiation for prostate cancer have nearly double the risk of developing rectal cancer when compared to men who opt to have surgery to treat prostate cancer, according to a study published in the American Gastroenterological Association (AGA) journal "*Gastroenterology*". *(reported in Gold Coast Support & Information Network newsletter, May 05)*

BEETROOT IS RICH IN IRON

Beetroot stimulates lymphatic function and may help to prevent and reverse some forms of cancer, in particular, some forms of lung cancer. Scientific research documents a case in Hungary of a doctor who used beetroot to totally clear lung cancer from a 50year-old male. After six weeks of treatment, the tumour disappeared completely. A similar case, also from Hungary, of a doctor who treated prostate cancer with beetroot was indicated to have totally removed the tumour after a short period. More research needs to be conducted in this area to prove the healing potential of beetroot. Beetroot juice is a natural prophylactic and therapeutic agent. During cancer treatment, 100ml of fresh beetroot juice should be drunk daily. Canned beetroot does not have the same medicinal effect. Beetroot is also useful for treating constipation, fluid retention, anxiety, memory problems, gallstones, bladder problems, kidney problems and anaemia. It is famous for its ability to enhance liver function. Beetroot is rich in iron, potassium, niacin, copper and vitamin C. Folic acid, zinc, calcium, manganese and magnesium are also present in beetroot in good amounts. *(from the newsletter of The Natural Health Society of S.A.)*

Controversy surrounds coverage of Viagra

Ohio's Medicaid program and the Department of Veterans Affairs in Northern Ohio spent almost $1 million for sex-enhancing drugs last year. And when Medicare's prescription drug coverage begins next January, the federal government will also pick up the bill on seniors' prescriptions for Viagra, Cialis and Levitra.

That's what the law adding drug coverage says, passed by Congress and signed by the president two years ago. "The law requires that if a class of drugs is FDA-approved and medically necessary, they must be covered," said Medicare spokesman Gary Karr. It's up to the physician to decide what's "medically necessary," he said.

Congress did exempt some medications from Medicare coverage, including fertility, weight-loss and cosmetic drugs.

But Cleveland Democratic Rep. Dennis Kucinich says sex-enhancing drugs should be added to the banned list and is co-sponsoring legislation that would do that. Iowa Rep. Steve King is expected to introduce the bill next week. Kucinich doesn't feel this is an appropriate use of Medicare money, said his spokesman Doug Gordon on Friday.

"The thought of Medicare wasting vital resources on performance-enhancing drugs is unconscionable, especially at a time when the focus should be on providing for truly needy seniors," Kucinich and16 other representatives wrote in a December letter to Medicare chief Mark McClellan.

But Dr. Allen Seftel, the chief of urology at the Department of Veterans Affairs in Cleveland, said it's wrong to consider erectile dysfunction drugs as merely recreational or lifestyle drugs. "Sexual activity is part of life," said Seftel, who also teaches at Case Western Reserve University's medical school and is a consultant for the makers of Viagra, Cialis and Levitra.

He said a number of his male patients who are in their 80s and 90s are still sexually active. "It's part of our well-being and a lack of sexual activity impacts on patients and partners," he continued. "There are a variety of issues associated with sex dysfunction including a higher rate of depression and a tremendous amount of stress in their relationships."

The VA spent $560,000 on Viagra last year - about $4.50 a pill – for patients in 26 northern Ohio counties, said spokesman Dave Jewel. That amounted to less than 1 percent of the VA's pharmacy budget. Prescriptions are limited to four pills a month.

Levitra and Cialis are not covered because they can cause complications for patients who are also taking medication to treat high blood pressure or an enlarged prostate.

Medicaid, the government health program for poor families, paid $381,342 for 6,249 Viagra, Cialis and Levitra prescriptions over a 12-month period ending in August 2004, said spokesman Dennis Evans. Prescriptions are limited to five doses a month and can be provided only to patients with erectile dysfunction due to certain conditions, including men who have had their prostate removed

Evans said Viagra is covered by Medicaid because the U.S. Centers for Medicare and Medicaid Services, the federal agency that runs Medicare and Medicaid, requires state Medicaid programs to cover any FDA-approved prescription drug. Medicare spokesman Gary Karr said some drug plans for Medicare beneficiaries may limit the number of pills that can be prescribed and set other conditions for receiving erectile dysfunction drugs.

It's too soon to tell how many seniors will be eligible for the drugs or how much Medicare will have to pay. According to a price check Friday, Viagra costs consumers roughly $9 to$10 a pill, with a Golden Buckeye card, the Ohio Best Rx card or a Medicare-approved discount drug card.

WEBSITE FOR YOUR INTEREST

www.mmri.mater.org.au Mater Prostate Cancer Research Centre. This site aims to be a one-stop-shop for those affected by prostate cancer, providing comprehensive information about what the disease is, the symptoms and treatment options, along with the latest research news and developments.

BEATING PROSTATE CANCER

*(CBS) *Prostate cancer is a disease that kills almost 30,000 men each year. Now, radiation therapy is providing new hope for the sickest of the sick. */The Early Show/*'s Dr. Mallika Marshall provides the latest on radiation treatment for prostate cancer patients whose cancer comes back following surgery.

Prostate cancer is a disease that in most cases is very treatable with surgery, radiation or hormone therapy. Many men develop it at some point in their life, and sometimes it grows so slowly in older men that doctors often suggest watching and waiting to see how aggressive it is before intervening.

Although surgery to remove prostate cancer is a common and usually effective option, Marshall says in some cases the cancer can return after surgery with a vengeance -- often much more aggressively and spreading quickly to other parts of the body.

It's thought by many doctors that patients whose cancer has returned have practically no hope for a cure. But a new study in the Journal of the American Medical Association provides strong evidence that there is still a chance to kill and cure the cancer when it returns with radiation before it spreads to other parts of the body.

The study looked at 500 men who were treated with radiation after their cancer returned. The researchers say that radiation "changed the natural history of the disease" for these men. Although the study doesn't conclusively prove the benefits of radiation in these cases, Marshall says an expert writing in an editorial saw enough evidence to urge doctors to use radiation sooner rather than later if they see a recurrence of cancer.

Radiation is not prescribed for the majority of patients after surgery because it doesn't work for patients whose cancer has already spread. And if doctors see the signs that cancer is returning aggressively, it's often assumed that it has already spread.

Marshall says the most common practice is to simply prescribe hormone therapy to slow the disease as much as possible, but that's not a cure. The study suggests that radiation has a more important role to play in these patients than widely thought.

The American Cancer Society says men should get checked for prostate cancer early, starting at the age of 50, or 45 for African American men, who are at higher risk. A blood test called a PSA test, which can reveal a warning sign for prostate cancer, and the much-feared, but very necessary, rectal exam, can help detect prostate cancer.

PROSTATE VAPORISED IN N.S.W.

A revolutionary treatment for prostate cancer was performed for the first time in N.S.W. recently. The Green Light Laser procedure was undertaken at Sydney Adventist Hospital to treat an enlarged prostate.

Green Light Laser is a breakthrough in treatment because it significantly reduces the risk of bleeding, impotence and other side effects associated with conventional prostate surgery. During the procedure a high-powered laser vaporizes and removes enlarged prostate tissue. (*Daily Telegraph, 22/3, p9*)

BLOOD TEST COULD PAVE WAY FOR BETTER USE OF PROMISING CANCER TREATMENT

Canadian Cancer Society researcher Dr. Robert Kerbel has new evidence that a blood test could provide doctors with the first effective way to evaluate a promising experimental cancer therapy in patients. Dr. Kerbel's findings are published in the January 17, 2005 issue of Cancer Cell.

"Anti-angiogenesis is an exciting treatment concept, but a major hurdle to its success in clinical development has been the lack of a valid tool to measure its effectiveness in patients," says Dr. Kerbel, a scientist at Sunnybrook & Women's Research Institute and the University of Toronto.

"Our research has found that a blood test that measures levels of certain cells circulating in the blood stream is a strikingly accurate way to monitor anti-angiogenic treatments. Moving forward, we now may have a better way to reliably determine optimal dosing for patients, which could be the key piece of the puzzle for bringing anti-angiogenic treatments into standard use."

Dr. Kerbel is recognized internationally for his pioneering work in the field of anti-angiogenic therapy. This treatment approach - currently being tested on patients in many clinical trials, including trials in Canada - works by interfering with tumour angiogenesis, the process whereby tumours form new blood vessels. By blocking a tumour's access to blood vessels, this treatment aims to starve the cancer of the oxygen and nutrients in its blood supply, slowing its growth and perhaps even causing it to wither away.

Canadian Cancer Society research spokesperson, Dr. Michael Wosnick, says, "This research is a true made-in-Canada success story. Anti-angiogenic therapy is a prime example of Canadian research helping lead the way towards more selective cancer treatments that target biological processes associated with tumour development and minimize side effects for patients.

"Anti-angiogenic treatments hold great promise for patients with cancers this including prostate, colorectal, lung and breast cancer. With further research in area, we may see an exciting improvement in the outlook for many of these patients worldwide," adds Dr. Wosnick, who is executive director of the National Cancer Institute of Canada, the research partner of the Canadian Cancer Society.

In this study, Dr. Kerbel and his research team - including lead author Yuval Shaked, a post-doctoral fellow in Dr. Kerbel's lab - used a number of mice models to investigate properties of certain blood vessel cells circulating in the blood stream. Their findings show that the levels of these circulating cells correspond remarkably well with new blood vessel formation in tumours as well as blood vessel response to anti-angiogenic therapy.

More importantly, treatment with anti-angiogenic drugs caused a dose-dependant reduction in the circulating cells that precisely parallel the anti-tumour activity established in animal models of these drugs. The researchers suggest the blood test could therefore be a way to better determine the optimal dosage of anti-angiogenic therapies for patients.

One of Canada's foremost cancer researchers, Dr. Kerbel is highly regarded for discoveries that are helping to improve cancer therapies and the lives of cancer patients. He is this year's recipient of the Robert L. Noble Prize, the most prestigious research award sponsored by the Canadian Cancer Society for outstanding achievements in cancer research. His research, and in particular his development of anti-angiogenic therapy, has been supported with funds from the Canadian Cancer Society throughout his career.

GREATER RISK SEEN WITH OLDER DOCTORS

A provocative study from Harvard Medical School suggests that, as a group, older doctors know less, provide lower-quality care, and may expose patients to greater risks than physicians recently out of medical school, a conclusion that an accompanying editorial declares should be a wake-up call to the medical profession."

Older doctors were less likely to know or follow current treatment standards on everything from surgery to treating children's fevers, the Harvard team found in their analysis of nearly 40 years of research into factors that shape healthcare quality. One study found that heart attack patients were 10 percent more likely to die in the care of a doctor 20 years out of medical school compared with a recent graduate.

The earlier studies included age as one factor in the quality of care, but the Harvard paper is the most comprehensive look at the importance of age and years since medical school in determining physicians' skills. Senior doctors, as well as the Harvard researchers themselves, were quick to emphasize that doctors may improve over time in harder-to-measure ways such as earning the patient's trust, and they agreed that age is just one factor for patients to consider. But older doctors generally agreed that the rapid increase in new medical knowledge can be a challenge to keep pace with, especially as doctors already are pressed for time to see all their patients.

You store a lot of factual knowledge during school, and then you're expected to, on your own, keep up with what is an enormous flood of facts," said Dr. Donald Berwick, 58, president of the Institute for Healthcare Improvement in Boston and a 1972 medical school graduate. “Someone said that if a doctor started reading one randomized trial a day, he'd be 10,000 trials behind by the end of the first year."

The problem is not just the volume of new information or people's tendency to forget facts over time, said Niteesh K. Choudhry, 33, the lead author of the study in today's Annals of Internal Medicine. The basic philosophy of medicine has shifted over the past 30 years from one in which doctors relied heavily on their own experience to make decisions to a new paradigm in which doctors depend more on research published in medical journals. Doctors who were not trained in “evidence-based medicine" may be slower both to adopt new approaches and to abandon outdated ones, he suggested.

Officials from two leading organizations that provide continuing education for doctors said that they were ''initially surprised" at the Harvard findings, but that the sheer number and variety of studies linking older physicians to lower-quality care persuaded them. In an accompanying editorial, officials from the American College of Physicians and American Board of Internal Medicine conclude that doctors should be required to undergo more rigorous training to maintain certification, the seal of approval given by boards representing medical specialties. *(The Boston Globe. http://www.boston.com)*

VACCINE TRIAL GIVES MEN HOPE

A clinical trial of a prostate cancer “immunotherapy” vaccine by the Queensland Institute of Medical Research in conjunction with the Royal Brisbane and Women’s Hospital and the Urological Society of Australasia is producing promising results for men in advanced stages of the disease.

But the scientists say the research needs significant funding grants or donations to progress to a point where the vaccine would be available to patients outside the clinical trials.

In the middle of last year, the QIMR announced that the experimental “immunotherapy” treatment was producing good clinical responses in around one patient in four in the trial. The injections are a combination of the patient’s own tumour cells which are irradiated to ensure they cannot grow back, and a cell culture taken from the patients, known as dendritic cells, which are used to boost the patient’s immune response to fight cancer. *(Courier Mail, 6/4, p37)*

CANCER DIAGNOSIS A CHANCE TO EDUCATE

When the president of Cleveland State University recently was diagnosed with prostate cancer, he coupled his announcement to faculty and staff with a plea that they all get annual checkups.

"Please take advantage of opportunities for mammograms, PSAs[prostate-specific antigen blood tests], colonoscopies, Pap smears and other life-saving steps," wrote Michael Schwartz in an e-mail. "We need you."

Schwartz, who is scheduled to begin treatment today, said in an interview that his prognosis is good and that he doesn't expect to be sidelined for more than a few days. The 67-year-old said he has had annual physical exams for years and has had PSA tests every six months for the last two years.

His doctor suggested a biopsy after the most recent test, and the results showed that Schwartz has a low- grade cancer for which, the CSU president said, the cure rate is extremely high.

Schwartz said he hesitated about announcing that he was ill, but decided "it was a great teachable moment. People are still reluctant to get these kinds of things checked out." The reaction to his announcement was immediate, said Schwartz. "Most of it was 'thanks for caring about us,' which isn't hard because these are great people who work here."

The Rev. Marvin McMickle, pastor of Antioch Baptist Church in Cleveland, made a similar decision when he was diagnosed with prostate cancer in2003 and went public - even writing a book- in an effort to educate other men about the disease. Schwartz said part of what motivated his own announcement was that he considered McMickle a good model.

Jamie Bearse, a spokesman for the National Prostate Cancer Coalition, said more and more men are deciding to make their diagnoses public in an effort to save lives. "I think it's definitely effective," he said. "We really applaud anyone who comes forward."

Bearse said that when men who are well known nationally or locally speak out, others realize that it's OK to talk about prostate cancer and that they're not invulnerable.

In the business world, companies have had varied responses when health issues arise for their top executives. The Wall Street Journal reported last year that some executives such as the late Roberto Goizueta, the chairman of Coca-Cola Co. for many years, and Intel's chairman, Andy Grove, have elected to go public when they were diagnosed with cancer. Other companies have been less forthright.

Prostate cancer is second to skin cancer among the most common types of cancer found in men, according to the American Cancer Society. It estimates that there will be more than 232,000 new cases of prostate cancer this year nationwide.

More than 70 percent of prostate cancers occur in men over 65, and the risk of such cancer increases rapidly in those 50 and older, according to the Cancer Society. Black men also have an increased risk of prostate cancer.

Treatments vary. Both Democratic presidential candidate John Kerry and Secretary of State Colin Powell had prostate surgery in 2003. Schwartz expects his cancer to be treated through brachytherapy, in which small radioactive pellets are placed in the prostate gland.

PROSTATE CANCER TEST APPEARS TO BE EFFECTIVE

In an era when there are more mysteries than miracles and more clues than cures, early detection of disease has become the hallmark of medicine. We would like to think the screenings and diagnostic techniques are foolproof lifesavers, inspiring confidence and trust rather than planting doubt and confusion.

But in the case of prostate cancer, which trails only lung cancer in cancer-related deaths among U.S. men, we can't seem to get it right. Routine PSA (prostate specific antigen) tests sometimes indicate cancer, only to be refuted by a biopsy. And about half the time, a suspicious lump in the prostate, rectum, or colon found in a more invasive exam does not turn out to be malignant. With this in mind, we may be seeing a lot more of a relatively new tool in the prostate cancer detection arsenal: a urine-based genetic test known as uPM3.

Patented by DiagnoCure Inc. of Quebec, Canada, the test has been shown in trials in three countries to predict cancer with more than 80 percent accuracy as confirmed by biopsies. Compare this with less than 47 percent accuracy for the PSA, which was introduced in the late 1980s.

In recent years, the scientific community has been critical of the PSA screening, pointing to its apparent limitations. It's estimated that more than 40 million PSA tests are performed worldwide each year for men50 and older.

The key to the urine test is identifying the over-expression of a specific gene, PCA3, that is exclusively found in prostate cancer tissue. "The specificity of uPM3 surpasses PSA and all other existing prostate cancer detection tests other than biopsy," said Dr. David G. Bostwick, a widely published prostate cancer specialist who heads Bostwick Laboratories in Richmond, Va.

A prerequisite for the uPM3 test is the standard digital rectal exam, which causes cells from the prostate to be shed into the urine. So far, Bostwick Laboratories is the only facility in the United States offering the uPM3 urine test. However, urine specimens from the offices of urologists, primary care clinics and hospitals throughout the nation are being accepted by Bostwick Laboratories for evaluation.

Results are returned by mail or via fax to the source in one or two days, said Junqi Qian, Bostwick's director of molecular diagnostics. "Urologists are quite happy with this," he said. "The results are consistent and the accuracy is high."

About 1,000 urine samples have been tested by Bostwick Laboratories, where uPM3 is being used both as a research tool and a service for patients who may be spared the discomfort of undergoing a biopsy following a positive PSA test.

DiagnoCure conducted a multisite study involving 443 patients to show the efficacy of its test, presenting its data at urology meetings in the United States, Europe and Canada.

Meanwhile, on the prevention front, there's fresh evidence that certain nutrients in the allium family - onions, leeks and garlic - can reduce the risk of prostate cancer. So can cereals, grains, beans and fruit. And a little vitamin D, from food sources and sunshine, won't hurt either.

William B. Grant, the study's author, analyzed diets and prostate cancer rates in 32 countries to reach his recommendations.

Perhaps, Grant suggests, diet has something to do with the fact that prostate cancer death rates are five times higher in the United States than in Hong Kong, Iran, Japan and Turkey. In those places, men are likely to consume less meat and fewer dairy products but plenty of grains and veggies.

Grant, a retired NASA atmospheric scientist, has spent the past seven years using ecologically based statistical analysis techniques to study links between diet and disease. (*The San Diego Union-Tribune)*

FREEZING TUMOURS COMPARES FAVOURABLY TO TRADITIONAL TREATMENTS

A technique for treating prostate cancer by "freezing" tumors, called cryoablation, compares favorably to radiotherapy treatments. Although cryoablation yielded more cases of impotence, researchers say radiation produces more rectal damage.

Freeman Bradley, co-chair of the American Cancer Society's (ACS) 2001 Prostate Cancer Operations Committee, says the results are encouraging. "Patients would like to choose from as many options available as possible. But since the technology is so young, many men have not heard about it."

Cryoablation is relatively new, compared with more traditional methods such as radical prostatectomy (surgical removal of the prostate gland), or external beam radiotherapy. John P. Long, MD, attending surgeon in the department of urology at New England Medical Center (NEMC) and assistant professor of urology at Tufts University, says urologists at NEMC have been using cryoablation, a minimally invasive procedure, to treat and manage prostate cancer since 1993. The procedure involves precisely placing special probes in the prostate through ultrasound guidance and imaging. The probes then freeze and obliterate tumors using either liquid nitrogen or pressurized argon gas. Warming devices minimize freezing damage to structures that surround or are close to the prostate, such as the urethra.

Data for cryoablation as a treatment for prostate cancer are available only for the last eight years -- half as long as for other therapies. However, unlike other therapies, Long says a significant advantage of cryoablation is that if cancer remains in the prostate following one treatment, the method can be reapplied to residual disease without any increase in side effects. Other advantages are that the procedure itself is painless, produces little blood loss and allows patients to resume normal activities within three to seven days, in contrast to the four-week or longer recovery required by traditional methods such as radical prostatectomy.

The five-year study included 975 men who underwent cryoablation between January 1993 and January 1998. The results indicate the technique is in many ways is just as effective as more established therapies such as radiotherapy, while being less costly and requiring shorter hospital stays for patients.
Cancer-related outcomes after cryoablation are also encouraging. Researchers at several institutions participating in the study noted that the risk of finding residual cancer on biopsies after cryoablation is much lower than after radiotherapy. A 2% percent positive biopsy rate was found, which is 12% to 24% lower than radiotherapy. Also, the likelihood that the prostate specific antigen (PSA) level -- a blood marker for cancer activity -- will remain at very low levels is about the same for cryosurgical treatment as it is for radiotherapy.

However, the rate of impotence is much higher after cryoablation, averaging more than 90%, while impotence rates following external beam radiotherapy fall between 37% and 70%, and for brachytherapy, 10% to 40%.

"There's room for improvement as there is in all therapies," says Long. "And that can only come from continued clinical investigation of patients actually being treated."

Bradley says he supports additional funding for research and trials for cryoblation. "Since the other technologies have been around longer and had more funds available, cryoblation has not seen the same level of resources," he says. "I believe it is justified."

"I believe this study shows cryoablation of the prostate is a legitimate treatment option for prostate cancer patients," says Long. "That is the bottom-line message."
(ACS News Center stories are provided as a source of cancer-related news and are not intended to be used as press releases </docroot/med/med_0.asp>.)

SAVING LIVES THROUGH SCREENING

At the urging of his mother, Gary Blomgren decided to take advantage of a free prostate cancer screening four months ago. At about the same time, Ruth Ann Scott saw a poster advertising a free"Legs for Life" screening and thought it might be a good idea to attend because she had been experiencing leg pain.

Both Blomgren and Scott say the screenings saved their lives.

"I'm glad I did it," said Blomgren, whose prostate cancer was caught early thanks to the screening offered by the Cancer Center at Blessing Hospital and the National Prostate Cancer Coalition. He's been undergoing radiation treatments to destroy the cancer cells and feels confident about his future.

Scott has similar sentiments. "It's made a huge difference," she said about attending the "Legs for Life" screening at Blessing. The screening revealed she was at severe risk for amputation, and a further evaluation detected a blockage in her abdominal aorta, which was restricting blood flow to the lower part of her body.

Surgery corrected the problem, and Scott feels like she has a new lease on life.
'I want to tell every male: Get checked'

Blomgren, 52, says his mother urged him to go to the Sept. 1 screening because his father died of prostate cancer in 1989 at the age of 64. "I thought I should be checked out," he said. "They took blood and so forth, and a couple months later I got results back saying my PSA (prostate specific antigen test) was suspicious."

Blomgren then went to see Dr. Kaz Attai, a urologist at Quincy Medical Group, who ordered a biopsy. The biopsy revealed cancer, but fortunately it was in the early and most treatable stage.

Dr. Mark Khil, a radiation oncologist at the Cancer Center, talked to Blomgren about treatment options, and Blomgren decided that radiation therapy was a better alternative than surgery. "I didn't like the idea of being cut on if it was not necessary," he said. "Dr. Khil said that radiation was able to be modulated so that it destroys only the cancer cells, with minimal damage to the good tissue."

He needs a total of 43 treatments, which will take between eight and nine weeks. He's already completed his first three weeks of treatment.

"It hasn't affected my lifestyle at all," he says. "I haven't changed my routine one bit except to drive down to the hospital once a day. And I've had very minimal side effects. "I'm real thankful Blessing Hospital offered a free screening," Blomgren added. "It was a simple process and in my case it saved my life."

Blomgren has an older brother and a younger brother, and he's pretty sure his mom will be insisting that they get checked soon, too. He knows some men cringe at the thought of a prostate cancer screening, which involves a blood test and digital rectal exam.

"It's a small price to pay to catch the cancer," he says. "I want to tell every male, especially those with a family history of prostate cancer, to get checked."

Attai applauds Blomgren's initiative in going to the screening, and wishes more men his age would do the same. "The screening is very beneficial for younger men," Attai said. "Because prostate cancer is a silent disease, too often men don't know they have it until the damage is done."

Attai recommends that men with a family history of prostate cancer be screened, including undergoing the PSA blood test, annually beginning at age 45. Men with no family history of the disease can wait until age 50 to begin annual screening. Attai said the PSA test is not necessary on a regular basis for men 75 and older. He suggests an annual physical examination with a PSA test recommended if the exam indicates possible prostate problems.

'A red flag went up'

Scott had been having trouble with her legs for some time, experiencing a burning sensation when she walked and exercised. "It was nothing that really killed me, so I ignored it," she said. "But then I went to Blessing for a mammogram and when I came out I noticed the poster on the door that said if your legs burned or hurt when you exercised and subsided when you rested, it's a sign of PVD (peripheral vascular disease)."

PVD is caused by blocked blood flow in the arteries of the legs and often causes pain or swelling, difficulty walking, numbness and skin discoloration. It is a potentially fatal disease.

Scott attended the "Legs for Life" screening Sept. 28. People attending the screening get a score, a mathematical calculation of the difference in blood pressure between the upper and lower parts of their body. A score of 100 is normal. A score of 40 puts a person at risk for amputation of limb because of poor blood flow. Scott's score was 30.

She went to Dr. Tim Smith, vascular surgeon at Quincy Medical Group. "A red flag went up," Smith said about Scott's score. Further testing revealed a significant decrease in blood flow to the lower part of Scott's body due to a 100 percent blockage in her abdominal aorta. The aorta is the large blood vessel that carries oxygen-rich blood from the heart to the rest of the body. The abdominal section of the aorta supplies blood and the oxygen it carries to the lower body.

"She was having pain because her muscles in her lower body were screaming out for more oxygen," Smith said. "In fact, I could not find a pulse in her lower body."

On Oct. 13, Smith performed bypass surgery on Scott, improving blood flow by using a Teflon tube to route blood in her abdominal aorta around the blockage.

Scott says if she hadn't attended the screening, she likely would have suffered severe consequences. "In time, I wouldn't have had any circulation in my legs and feet and probably could have lost them," she said.

Scott's experience has benefited at least one other person. Word of the surgery spread to the acquaintance of one of Scott's relatives. "This lady had had problems with her legs," Scott said. "She came down to see Dr. Smith and he found a blockage, and she had surgery, too."

BATTLE OF THE BEVERAGE

Curtin University researchers have revealed that antioxidant-rich green tea can prevent ovarian and prostate cancer and also help women with ovarian cancer survive longer. Their scientifically sound studies showed those women with ovarian cancer who drank the tea regularly – at least one cup a day – reduced the risk of dying of ovarian cancer by 60 per cent.

Their startling findings have been published in prestigious international cancer journals and point to the ability of green tea to stop cancer cells in their tracks. Regular consumption slows the growth of human cancer cells because the tea’s potent antioxidants cause the cell cycle to stop.

When it comes to coffee, Cancer Council of WA’s director of education and research, Terry Slevin, said in the past a lot of the research had looked at concerns that coffee might increase the risk of cancer. “We’ve had the good news that this is not the case. It is, therefore, only natural that there is now an alternative body of research looking at whether coffee can help prevent cancer.” *(West Australian, 6/4/, p3)*

JAW DISEASE FOUND IN PATIENTS USING CANCER DRUG

"Monitoring the dental health of patients on bisphosphonates is key because an early diagnosis may reduce the complications resulting from advanced destruction of the jaw bone."

A common chemotherapy drug may cause a serious bone disease called "osteonecrosis of the jaw" (ONJ), according to doctors at Long Island Jewish (LIJ) Medical Center

The discovery, published in the Journal of Oral and Maxillofacial Surgeons prompted both the US Food and Drug Administration (FDA) and Novartis, the manufacturer of bisphosphonates used in cancer chemotherapy, to issue warnings earlier this fall to physicians and dentists about the risk for this potential adverse effect.

ONJ is a condition in which the bone tissue in the jaw fails to heal after minor trauma, such as a tooth extraction, causing the bone to be exposed. The exposure eventually can lead to infection and fracture, and may require long-term antibiotic therapy or surgery to remove the dying bone tissue.

Prolonged Use of Bisphosphonates Causes ONJ

The chief of the Division of Oral and Maxillofacial Surgery at LIJ, Salvatore Ruggiero, DMD, MD, and his staff reported that they were struck by the appearance of a cluster of cancer patients with necrotic lesions in the jaw, a condition they previously saw only rarely -- in one to two patients a year. When they launched a study of patients' charts, they found that 63 patients diagnosed with this condition over a three-year period shared only one common clinical feature: They had all received long-term bisphosphonate therapy.

Bisphosphonates commonly are used in tablet form to prevent and treat osteoporosis in post-menopausal women. Stronger forms are used widely in the management of advanced cancers that have metastasized to the bone, where the disease often causes bone pain and possibly even fractures.

Several cancers can involve or metastasize to the bone, including lung, breast, prostate, multiple myeloma and others. In cancer chemotherapy, the drugs are given intravenously, and usually for long periods of time.

In their study, Dr. Ruggiero and his staff teamed up with Bhoomi Mehrotra, MD, in the Division of Hematology-Oncology at LIJ, and doctors in the Oral-Maxillofacial Surgery Division at the University of Maryland Medical Center.

Of the 63 patients diagnosed with ONJ between February 2001 and November2003 at their centers, 56 were cancer patients who had received infusions of bisphosphonates for at least a year, and seven were non-cancer patients who had been receiving long-term oral therapy for osteoporosis.

The patients developed ONJ after normal bone trauma, such as a tooth extraction, while receiving bisphosphonate therapy. Rather than healing, the bone began to die, and the majority of patients required surgery to remove the diseased bone.

Early Diagnosis Key to Preserving Jaw Bone

In the FDA MedWatch and Novartis alerts issued in late September, oncologists and dentists were advised of the addition of osteonecrosis of the jaw to the "Precautions" and "Adverse Reactions" sections on the labeling of injectable bisphosphonates, describing the spontaneous reports of the condition being found mostly in cancer patients.

The alerts also recommend a dental examination with appropriate preventive dentistry in patients with risk factors -- such as cancer, chemotherapy, corticosteroids and poor oral hygiene -- prior to initiating treatment with bisphosphonates.

“Monitoring the dental health of patients on bisphosphonates is the key, because an early diagnosis may reduce the complications resulting from advanced destruction of the jaw bone,” said Dr. Ruggiero. “Since our paper was published and dentists became aware of the connection, many more patients with the condition have been identified, even in our own center. Prevention and early detection are so important to preserving the jaw bone in these individuals.” Individuals should attempt to avoid tooth extractions and other major dental work while on the drugs.

Osteoclasts Inhibit Bone Regeneration
Bisphosphonates block the work of bone cells called "osteoclasts," one of two important types of bone cells that are involved in the continuous process of bone remodeling in a delicate balancing act. During this process, osteoblasts -- the good guys -- put calcium in the matrix of the bone and make bone stronger. Osteoclasts -- the bad guys -- take calcium away, diminishing the internal strength of the bone. Bone remodeling is like a necessary game of tug-of-war between the goods guys and the bad. Bone mass and mineral content constantly adjust throughout the life cycle to support the places on the skeleton where the most outside force occurs.

Novartis’s Aredia (pamidronate disodium) and Zometa (zoledronic acid) injections are the two intravenous bisphophosphonates used in chemotherapy regimens. Novartis changed their labeling in August. Merck’s Fosamax (alendronate) and Procter and Gamble Pharmaceuticals’s Actonel (risedronate sodium) are the most commonly used oral bisphosphonates, which are only indicated for osteoporosis. Labeling for the oral forms has not been changed. “The oral form is much less potent than the intravenous form and appears to be substantially less likely to cause the problem,” said Dr. Ruggiero.

PROSTATE CANCER TREATMENT REQUIRES TEAM APPROACH

The Prostate Cancer Foundation *(U.S.A.)* has issued a Report to the Nation on Prostate Cancer/ that calls for a team approach to improve the management of the disease and accelerate the development of better treatments and a cure. This year, 230,000 men will be diagnosed with prostate cancer in the United States, and 30,000 are expected to die from the disease, the Foundation points out. Today, about two million men are battling prostate cancer, and over the next decade, about three million more will be compelled to join the war.

"It is imperative that continued advances be made in the scientific understanding and optimal treatment of prostate cancer," report Executive Editor, Peter Carroll, M.D., Chair of the Department of Urology at the University of California, San Francisco, commented. "Despite the high profile and high prevalence of the disease, there remains considerable controversy surrounding the benefits and risks of early detection," Carroll said, "and there continues to be a lack of consensus for the management of many stages of the disease.

"The Report to the Nation on Prostate Cancer identifies the areas of consensus and frames the debates regarding the treatment of prostate cancer. Most importantly," Carroll noted, "it helps to establish an agenda for research that must be undertaken to advance the field."

Authored by 24 leading prostate cancer physician-scientists, the PCF's report offers a comprehensive review of the state of the art in prostate cancer prevention, diagnosis, treatment and research.
One key aim of the report is to present and summarize current and emerging information on treatment strategies for every stage of the disease -- establishing a common framework for a dialogue among the various specialists treating patients with prostate cancer.

An underlying theme of the Report is the need for multidisciplinary collaboration among urologists, radiation oncologists and medical oncologists at all stages of the disease to optimize therapy and to expedite the development of new therapies.
(http://health.dailynewscentral.com/component/option,com_contact/Itemid,3/)

RADIATION SEED THERAPY BEATING PROSTATE CANCER

A long term study finds radiation "seed therapy" used to fight prostate cancer achieved cure rates equal to, or better than, traditional surgery.

The treatment -- known to doctors as brachytherapy -- is a form of radiation therapy where surgeons implant rice-sized radioactive seeds inside the body.

The positive findings of the 12-year study "demonstrates that brachytherapy should be offered without bias to all men with early organ-confined (stage T1 and T2) prostate cancer," researcher Dr. Jerrold Sharkey, a professor of urology at the University of South Florida, said in a prepared statement.

The study, published in the current issue of /Brachytherapy/, reviewed data on more than 1,700 prostate cancer patients with non-metastatic disease treated between 1992 and 2004 at the Urology Health Center in Greater Tampa, Fla. Of those patients, 1,380 (more than 80 percent) were treated with brachytherapy, while the rest received traditional prostatectomy surgery.

The study found that high-risk prostate cancer patients treated with the radioactive seeds had an 88 percent cure rate, compared with a 43 percent cure rate for those who had surgery. Intermediate-risk prostate cancer patients treated with brachytherapy had an 89 percent success rate, compared with 58 percent for those treated with surgery.

Low-risk patients treated with brachytherapy had a success rate of 99 percent vs. 97 percent for those who had surgery, the researchers found.

The seed procedure is steadily becoming more common: A recent Gallup poll of urologists found that the percentage of them performing brachytherapy in patients with prostate cancer rose from 16 percent in1997 to 56 percent by 2003.
(http://www.forbes.com/fdc/exchanges.shtml) HealthDay News 10/3/05

OBESITY MAY HINDER CANCER SCREENING

A new study suggests a man's weight may affect the accuracy of a common test to detect prostate cancer, leading researchers to warn that doctors could be missing the dangerous cancer in obese men.

Researchers at the University of Texas Health Science Center in San Antonio studied 2,779 men without prostate cancer between 2001-04. In the study released online Monday in the journal Cancer, they reported finding that the more obese the men were, the lower their levels of prostate-specific antigen or PSA. A PSA of 4.0 or lower usually means no cancer.

Previous studies have shown that prostate cancer is more aggressive in obese men than in men of average weight. The researchers wanted to see if the cancer's detection was somehow being delayed in obese men. The Texas study found that the most morbidly obese men had about 30 percent lower PSA levels than men of normal weight.

"That tells us it's likely or it's possible that prostate cancer detection may be delayed in overweight or obese men," said Jacques Baillargeon, associate professor of epidemiology at the health science center. The research may encourage many doctors to take a closer look at the tests of obese men. "We may be losing some of the sensitivity of the test in the obese patient in our ability to detect prostate cancer. We may have to set our sights lower."

The antigen used in the screening test is made by normal prostate cells and is measured in blood. The higher the antigen level, the more likely the chance of prostate cancer, as the cells multiply uncontrollably, according to the American Cancer Society. But having high PSA levels is not a definitive diagnosis of cancer, which is why the Atlanta-based society recommends men with high PSA levels have a biopsy.

The latest study builds on previous research released in May in the New England Journal of Medicine that found that men with a "normal" PSA actually had cancer 15 percent of the time and that two-thirds of those men with cancer had aggressive cases. The Texas study did not explain why obese men have lower PSA levels. But doctors believe obese men produce more estrogen, which drives down testosterone levels and could affect cells that produce the antigen used in the test. *(ABC News Internet Ventures*)

Newsletter compiled by Trevor Hunt.