PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

ABN 26 499 349 142

NEWSLETTER

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FEBRUARY 2006

Chairman's Report February 2006

Happy 2006 to everyone

Another year has commenced and there is plenty of activity looming for prostate cancer groups. First of all the Adelaide Launch of Be-a-Man is on the 17th February with details on the front page of this Newsletter. I understand a good number have volunteered to distribute Be-a- Man packs on the day and let's hope for a very successful Launch. A spot of mild weather would be nice.

As far as the Action Group is concerned the first 6 months of 2006 will be busy. Apart from the Be-a- Man Launch there will be an awareness evening at Blackwood, a probable involvement in at least 2 other events eg. Man Alive (Men's Health Festival at Semaphore) and a rural Farm Fair, plus speaking engagements.

New Members urgently required

Could I make a further plea for people to consider joining our Group. Our members would be pleased to have a chat with anyone who may be interested. There are no fees or donations required, just attend one of our meetings to see if our activities appeal.

We look forward to hearing from you.

New meeting place

Due to renovations taking place to the Cancer Council SA building, our Group will be meeting at the Mitcham Library – 154 Belair Road Hawthorn for approximately the next 6 months. These meetings will take place monthly on a Wednesday at 5.30 p.m. The initial meeting for 2006 will be on the 8th February.

We are very grateful to the City of Mitcham for providing this facility.

Awareness Evenings

Blackwood

The first of our awareness evenings for 2006 will take place at Blackwood on Wednesday 10th May. The venue will be the Blackwood Over 50's Club – 4 Young Street, Blackwood.

Our Key speaker will be Dr Peter Sutherland. The Blackwood Hospital (where incidentally Peter Sutherland consults) is happy to assist with distribution of flyers and will also take registrations for the Evening. Promotion of the Evening will commence during the latter part of March.

A Grant from the City of Mitcham has enabled our Group to conduct this Event.

Clare

An Evening has been arranged at Clare for Monday 21st August 2006. The visiting urologist to the area is Dr Kim Pese and he is very happy to speak for our Group again.

I have received great co-operation from John Monten (Lower North health Service) and he is very enthusiastic about the Evening. I will advise further details as they come to hand.

Man Alive – Men's Health and Well-Being Festival

Our Group will again have a stall at Man Alive to be held on Sunday 19th March 2006 at the Semaphore Foreshore from 10 a.m. – 4 p.m.

To quote from a promotion of the Event "building on the success of 2004 & 2005 the Semaphore Foreshore will once again be transformed from a blank canvas to a living, vibrant village of colourful marquees, music, fun and activities". Sounds great!!
Last year we had many chats with interested people, distributed numerous pamphlets and let's hope for similar success this year.

Karoonda Farm Fair
Trevor is following up the possibility of a site at the Karoonda Farm Fair. This is a 2 day event on the 7/8th April 2006. We are waiting to hear back from that organisation.

Award for Prof. Villis Marshall
As you are probably aware at the recent Australia Day Awards, Prof. Villis Marshall received a Companion of The Order of Australia Award. I sent an email on behalf of our members with congratulations on a very well deserved recognition of his great achievements in various fields over many years. I received a reply with his thanks and he expressed the hope of continuing to move the management of prostate cancer forward and also looked forward to further involvement with our Group.

Mitcham Prostate Cancer Support Group
The first meeting of this group for 2006 will be on Thursday 16th February. The venue will continue to be the Colonel Light Gardens RSL Club, 4 Prince George Parade Colonel Light Gardens from 7.00 -8.45p.m. The February meeting will be a general discussion evening among members. New members and visitors are very welcome.

Cancer Advocacy Group
The Cancer Council South Australia is interested in investigating the need for and interest in establishing a Cancer Advocacy Group for South Australians affected by cancer. They are calling for registrations of interest from people who would like to be involved in planning a community meeting to determine how an advocacy group might be formed.
I understand Cancer Connect members have received advice of this but some members of our group may not have. Further discussion can take place at our February meeting and there is still time to lodge expressions of interest which are required by 10th February.

Statewide Cancer Control Plan Launch
South Australia's first Statewide Cancer Control Plan was launched at a breakfast held at the Convention Centre on 3rd February. The Plan is an initiative of the Cancer Council South Australia and the SA Department of Health.
Jeff Roberts

DEALING WITH "MIRACLES"

Untried new cancer treatments and "miracle cures" are a staple in the Australian mainstream media. A day rarely goes by without at least one story in metropolitan newspapers or TV news. But as practitioners and support groups know, with every "breakthrough" story comes a wave of hopeful enquiries and demands from patients, usually, followed by disappointment.

An analysis of cancer research stories in the Sydney Morning Herald was undertaken by Ethel Ooi and Simon Chapman (MJA December 2003). The authors looked at stories published from 1992-4 that linked new cancer research or treatment with the terms "breakthrough" , "hope", "promise", "announce", "cure" and "wonder".

The elapsed time between article and study allowed a critical examination of whether or not these had indeed been the miracle treatments that were described. Of the 31 articles, 43% were considered not to be supported by subsequent research, and 10% were in fact refuted. 53% were regarded as having potential and 27% were incorporated into current practice.

"Our Helpline also gets a barrage of calls after every major story," said Gill Bratt, Director of Cancer Information and Support Services. "Some of our most difficult calls are when someone who has exhausted conventional treatment sees a "new miracle cure", asks the Helpline for advice. We have to help them to understand these "cures" are often not relevant to them, though this can be upsetting for people. We advise them to discuss any new options for treatment with their doctor." *(from Cancer Support News, CCNSW, September 2005)*

STUDY CASTS DOUBT ON PROSTATE TESTS

CHICAGO (Reuters) - Men screened for prostate cancer through blood tests or digital examinations die of the disease at about the same rate as those who were not checked, researchers said on Monday. "This study suggests that screening was not effective," said John Concato, a doctor at the Yale School of Medicine who led the study. "Unfortunately, screening tests can sometimes find cancer, even at early stages, but not prolong survival."

The Washington-based National Prostate Cancer Coalition criticized the study, saying researchers needed to take other factors such as treatment into account.

"We need a better biomarker for prostate cancer, no doubt about it," said Richard Atkins, head of the group. "It will take research to find it. But in the meantime, we need to use the PSA test with appropriate follow-up measures to diagnose prostate cancer. ... These studies confuse men about screening."

Concato said men shouldn't simply seek or avoid PSA screening based on the findings. "The issue isn't 'black and white.' Rather they should recognize that substantial uncertainty exists regarding the usefulness of PSA screening among healthy men and the limitations of the test should be discussed with their doctor," he said.

PSA, produced in the prostate, is in the blood of healthy men. Cancer in the gland can increase its levels, but a similar increase can be caused by benign enlargement of the gland or by prostate infections.

Concato's study, published in the Archives of Internal Medicine, was based on a review of the medical records of 1,000 men age 50 or older who had received care at veterans hospitals in New England, half of whom had died of prostate cancer.

It found the rate of PSA tests among the deceased was about the same as for the rest of the men who were still alive. "If screening worked, men who died would have had less testing than those who lived," Concato said.

A second analysis involving PSA tests and/or digital exams produced similar results. The study "found no evidence of a survival benefit associated with PSA testing or digital rectal examinations," the report concluded.

CALL TO RELAX P.B.S. RESTRICTION

An Australian expert has called for a change in P.B.S. restrictions on androgen-deprivation therapy for prostate cancer after a study found it improved outcomes in men with locally advanced disease. Men treated with six months of goserelin (Zoladex) and flutamide (Eulexin) before and during radiotherapy had their risk of relapse reduced by 44% compared with men randomly assigned to receive radiotherapy alone, according to an Australian and New Zealand study in *Lancet Oncology* (online).

Lead author and radiation oncologist, Professor Jim Denham, from the University of Newcastle, N.S.W., said this was one of the first, and certainly the largest, demonstrations that short-term anti-androgen therapy could reduce metastases and improve survival. In addition, this use of the therapy not only reduced the risk and severity of side effects, such as hot flushes and loss of libido, but they were largely reversible. *(Australian Doctor, 14/10. p7)*

MANY MISSING OUT ON PROSTATE THERAPY OPTION

Brachytherapy for prostate cancer is underused in Australia, with only about 1 in 6 patients who qualify for the option of taking it up, new research shows.

A study of over 4500 NSW cancer patients, presented at the Royal Australian and New Zealand College of Radiologists annual meeting in Sydney last week, showed 34% of prostate cancers would be suitable for brachytherapy, which uses radioactive isotopes placed in the tumour. However, only 5.2% of patients were undergoing the procedure.

Presenting the findings, radiation oncologist, Dr. Stephen Thompson of Sydney's Liverpool Hospital, said eligible patients with low-risk disease could be treated with prostate seed brachytherapy and more severe disease could be treated with radical prostatectomy or external beam radiotherapy, with or without high-dose-rate brachytherapy. *(Medical Observer, 14/10, p1))*

MORE DATA ON PROSTATE CANCER SCREENING, BUT NO ANSWERS

Two randomized clinical trials now under way in the United States and in Europe are investigating whether screening men for signs of prostate cancer saves lives. Many experts believe that only these large trials can answer the question of whether men should be screened, but the results are not expected until around 2009.

In the meantime, a study published last week found no evidence that screening reduced mortality among men in New England. The case-control study involved 1,002 men and looked at 2 commonly used screening methods, the prostate-specific antigen (PSA) test and a rectal examination. According to findings in the January 9 *Archives* of *Internal Medicine,* PSA testing, with or without rectal examinations, did not prevent deaths from prostate cancer among the men.

The researchers, led by Dr. John Concato of the Veteran Affairs Connecticut Healthcare System, acknowledge that more research is needed on the subject, and they urge physicians to obtain informed verbal consent from patients who undergo screening.

"This is a well-done study, but it does not really answer the question" of whether screening saves lives, comments Dr. Howard Pames of NCI's Division of Cancer Prevention. "Until the results of the randomized trials are known, men should be encouraged to discuss the potential risks and benefits of screening with their physicians."

An editorial accompanying the study agrees with this message and notes that the long-awaited results are "now not that far away." The NCI-sponsored Prostate, Lung, Colorectal and Ovarian Screening Trial and the European Randomized Study of Screening for Prostate Cancer trial should be completed "after the next summer Olympics in Beijing," says Dr. Michael Barry of Massachusetts General Hospital.
(http://www.cancer.gov/ncicancerbulletin/NCI_Cancer_Bulletin_011706/page5#b)

Active Surveillance for Prostate Cancer: For Whom?

Laurence Klotz

ABSTRACT

Prostate-specific antigen (PSA) -based prostate cancer screening results in the diagnosis of prostate cancer in many men who are not destined to have clinical progression during their lifetime. Good-risk prostate cancer, defined as a Gleason score of 6 or less, PSA_I0, and TIc to T2a. now constitutes 50% of newly diagnosed prostate cancer. In most of these patients, the disease is indolent and slow growing. The challenge is to identify those patients who are unlikely to experience significant progression while offering radical therapy to those who are at risk. The approach to favorable-risk prostate cancer described in this article uses estimation of PSA doubling time (PSA DT) to stratify patients according to the risk of progression. Patients who select this approach are managed initially with active surveillance. Those who have a PSA DT of 3 years or less (based on a minimum of three determinations over 6 months) are offered radical intervention. The remainder are closely monitored with serial PSA and periodic prostate rebiopsies (at 2. 5, and 10 years). In this series of 299 patients, the median DT was 7 years. Forty-two percent had a PSA DT _10 years, and 20% had a PSA DT _100 years. The majority of patients on this study remain under surveillance. The approach of active surveillance with selective delayed intervention based on PSA DT represents a practical compromise between radical therapy for all (which results in over-treatment for patients with indolent disease) and watchful waiting with palliative therapy only (which results in under-treatment for those with aggressive disease).
(J Clin Oncol23:8165-8169. . 2005 by American Society of Clinical Oncology)

Also Prof John Dwyer in a book review in MJA said the following; He argues that our approach to the diagnosis and management of prostate cancer is often too aggressive, but fails to call for better decision-making that may well save the lives of many who currently die in much discomfort from this malignancy. "

(The last well person. How to stay well despite the health-care system. *Nortin M Hadler. Montreal: McGill Queen's University Press, 2004 (viii + 313 pp, $49.95) ISBN a 7735 2795 8.)*

MEDICARE BARS CANCER THERAPY

Thousands of Australian men may be missing out on life-saving radiation therapy for prostate cancer because Medicare will not fund their treatment.

Doctors say only one in six men with the disease who could benefit from brachytherapy using radioactive isotopes placed inside the tumours is actually having it – half the rate of sufferers in the U.S.

They say it is clear more men could be having low-dose brachytherapy using seeds implanted into the tumour, but they faced a bill of $20,000 if they do not qualify for Medicare funding. But some experts say it is a double-edged sword, and changing the strict criteria could open the floodgates for what is still an expensive procedure, and not the best treatment for all men. *(West Australian, 14/10, p3)*

C.E.O. UPDATE, From Andrew Giles, C.E.O. Prostate Cancer Foundation of Australia

Below is the update that I had aimed to present at the last National SAC Teleconference but was unable to do so. I have changed the format to highlight the three key pillars of the work of the PCFA: Awareness, Support and Advocacy and Research.

- **Awareness**

Be A Man

. Building on successful launches in Sydney, Brisbane, Perth and Melbourne in 2005 we are kicking off 2006 with launches in Adelaide (17th February) and Newcastle (22nd February).

GP Education

. PCFA continued to under pin the Be A Man Campaign with GP Education throughout 2005.

- ProCare GP seminars held in: East Sydney (NSW), Perth (WA) , Brighton Le Sands (NSW), Wodonga (VIC), West mead (NSW) , North Wollongong (NSW), Lindfield (NSW), Cronulla (NSW), Foster (NSW),

Port Macquarie (NSW), East Sydney (NSW), Newcastle (NSW), Fremantle (WA), Northern Beaches (NSW) and South Yarra (VIc). The program continues.

- Prostate Cancer and Bone health Seminars held in: Orange (NSW) Albany (WA) and Port Macquarie (NSW) and Tamworth (NSW)
- In 2006 we plan for a new series of GP education programs in partnership with AstraZeneca.

Movember:

. Enormous response to Movember 05. Fantastic media coverage thanks to the team at Bang PR, great corporate support from Pacific Brands via Jockey and excellent take up from right across Australia.

. In 2004 there were around 450 people involved and it raised $55;000-in 2005-we had over 8,000 people involved and we have raised over $1 million.

Arabic Community

. PCFA is running a trial awareness program in NSW working with the Arabic community.

Support and Advocacy

Commonwealth Bank Sponsorship

As part of the CBA Support of PCFA they are providing funding for prostate cancer information sessions in rural and regional areas. We held a launch at a great function out at Bathurst (3 hours west of Sydney) to launch the new sponsorship. Thanks to our Bathurst Support Group team who arranged almost 200 people to attend an information session given by Phillip Stricker. We had some excellent media and the local CBA representative spoke enthusiastically about the importance to the bank of its relationship with PCFA,. In 2006 we will start a more systematic roll out.

Taxotere

. PCFA's Awareness, Advocacy and Education Committee is reviewing information about plans to make Taxotere more widely available.

Research

Research Committee:

The PCFA has now established a National Research Committee which is chaired by Professor Rob Baxter. The initial members of the Committee are:-

1. Professor Judith Clements - Queensland University of Technology
2. Professor Gillian Duchesne - Director, Division of Radiation Oncology, Peter MacCallum Cancer Institute
3. Professor Villis Marshall - Dame Roma Mitchell (and chair of APCC)
4. Associate Professor Gail Risbridger - Monash Institute
5. Professor Pam Russell - Professor (Conjoint), Department of Medicine, Prince of Wales Clinical School UNSW
6. Professor Rob Sutherland -Garvan Institute of Medical Research; Wayne Tilley, Dame Roma Mitchell laboratories, Hanson Institute and University of Adelaide

Research Fellowships:

. Announcement of the new Mazda/PCFA Research Fellowship winner will be made shortly.

National Audit of Prostate Cancer Research.

. The PCFA is currently undertaking a National Audit of Prostate Cancer Research in Australia to identify research and funding areas.

Administrative Issues:

Deb Cutts resigned in late 2005 and she has been replaced by Jo Fairbairn as our new Corporate Relations Manager. Jo started last week and is based in Melbourne.

MINUTES OF THE TELECONFERENCE MEETING OF THE PCFA – SAC NATIONAL

Held on Thursday 8th December, 2005, Commencing at 3.00pm

Present: David Sandoe (NSW/ACT – Chair); John Ramsay – PCFA; Con Casey; Pam Sandoe (NSW-ACT); Bob Wilson, Ean Macarthur (Vic); Keith Williams, Don Baumber, Bill McHugh (Qld/NT); Karen Rendall (WA); Jennifer Lyall (Tas);

Apologies: Gary Bowes, (SA); John Dowsett (Tas); Graham Nicholls (NSW/ACT); Trevor Hunt not contactable.

Item 1: Confirmation of Minutes: Moved: Bill McHugh with amendment item 2.2.4 "Urologist or all four would be appropriate". Seconded: Karen Rendall.

Item 2: Business Arising: Distribution of Speakers Kits (please advise John Ramsay or Ann Smith if not received). Leaders Kits restricted – one to each group.

Item 3: State/Chapter Reports :
Minutes of NSW/ACT Chapter plus Dubbo report to be distributed to all.

Rural NSW – Awareness Meetings: Dubbo (Katelaris) & Bathurst (Stricker); new SG's - total tally: 26 with Goulburn/Shoalhaven; new name: Canberra/Queanbeyan.

South Australia as per Gary Bowes' report as circulated.

Queensland to send version of Minutes for circulation.

(Keith Williams joined teleconference).

Bill McHugh gave a brief summary indicating that the evaluation of Chapter Council performance needs to improve in some areas; 7 of 9 positions filled with most prevalent/active support group participation (Brisbane/Gold Coast). Graham Torney joining group. Qld/NT have three new groups and two new subgroups. Fourth group at Kingaroy but finding a degree of pressure on work involved.

Western Australia. Perth quiet; Busselton & Bunbury in situ – no kits received as yet. Christmas Dinner successful. Karen recently viewed RP in Perth. Report copied from/to Cheryl Mellor to Karen. Cheryl's tenure ceased. Karen to contact Dennis Hamilton.

Victoria - Victoria Groups met at AAR offices. Item on PAA discussed. Needs to be resolved on amicable basis. J. Ramsay is following through after subsequent teleconference between Andrew Giles/Don Baumber/David Sandoe and John Ramsay.

Tasmania – John Dowsett unwell. Next meeting in Hobart due on 17th January, 2006. Jennifer Lyall indicated the formation of Chapter, now deferred until 2006. Have the right ingredients: CCTas/other groups. State CC Call-in: 120

Item 4: Brief Update/Reports:
Con Casey advised total Support Groups across Australia now 70 including new Victorian, NSW & Queensland affiliations.

Don Baumber queried Ean McArthur on politicians feedback; people attending but more electoral advantage than CaP.

Bob Wilson advised Kevin Sunderland has Paget's Disease (ie, bone disease, causing soft bones).

David Sandoe advised of APCC/PCFA collaborative working party – looking at single Newsletter; joint projects; education and bioresources. David Sandoe and Andrew Giles being joined by Villis Marshall, Suzanne Steginga and Frank Gardiner teleconference. Next conference, hopefully, to coincide with PCFA National Conference (AG to discuss with Villis Marshall).

Item 5: General Business:
Con Casey and John Ramsay to meet to review data maintenance and web design. Multi inputting; establish links to site.

Don Baumber reports on SAC to meeting of full PCFA Board on 4th February. Reports required from each Chapter/State before to complete for presentation.

Need to evaluate budget from PCFA/SAC (Bill McHugh also worked on objectives and vision) – Don Baumber, David Sandoe, Andrew Giles, John Ramsay.
Copy of final paper to be distributed to all.

Don Baumber reported:

- National Audit Prostate Cancer research being conducted by PCFA.
- Bill McHugh – position statement on PSA on top of his list again.
- Research officer for PCFA needed.
- ANZ Journal Public Health – August: PSA test – economic evaluation by Epidemiologists. Indicated 'don't offer to men over 70 to save money'.
- Andrology Australia – Urological media release; instead of concentrating on numbers of men dying from Prostate Cancer more interest in number of times men over 70 have sex!
- PBAC rejected Taxotere on cost benefit grounds. Meeting between Sanofi-Aventis/Don Baumber, David Sandoe and Andrew Giles. Need to gather own position; obtain latest from Sanofi Aventis – not just cost but community data. John to follow up!
- Roche Oncology meeting – December 20 - Andrew Giles/David Sandoe; view from each of big States.
- CCNSW – Cancer Consumer Advocacy Course – March 24-26, 2006 at Coffs Harbour. John Ramsay to request assistance for interested attendees from NSW/Victoria through CCNSW. An opportunity not to be missed!

Keith Williams: report on new robotic prostatectomy; interested in learning of adverse side effects from patients? Please go back to Keith with information.

Con Casey: Queried who receives Minutes and/or Notices:
Answer: all groups and should be more than one person from each group.

Q & A. Con Casey and John Ramsay meeting re Website links associated with data base.

Requirement for PCFA website up date/then try to look at other issues. Linking with others dilutes value which is a risk we don't need. Is it hotlinked to the Lion's website?

David Sandoe advised on PCFA Inaugural Golf Fund raising day – Tuesday 28 February, 2006. 250 players across NSW - $125 per player. Winner NSW will go into a National play off. (Prototype for other States and National event.)

Bill McHugh: Apology for next meeting.

Item 6: Prostate Awareness Victoria:
Ean Macarthur not happy with Prostate Awareness Association established by Trevor Cottle and Max Shub in Melbourne.

Bill McHugh queried their indemnity insurance; use of PCFA literature unless individual group is affiliated with PCFA.

PAA is viewed favourably by some support groups and individuals and they are interested in what PCFA can offer.

Don Baumber would like definition on what they are working on – is it clearly Men's Health? Prostate and then Cancer? A second group confuses situation.

Reference to South Australian situation with two groups i.e,
Association of Prostate Cancer Support Groups (SA) Inc.
Prostate Cancer Action Group (SA) Inc.

David indicated that PCFA is one voice for Prostate Cancer issues and this would be preferable. We now have this advantage over our Breast Cancer colleagues. Don Baumber suggested Keith Williams might be able to assist. Teleconference to be held between Don Baumber/Andrew Giles/David Sandoe to progress matter as meeting felt the need not to alienate PAA.

Item 7: CEO's Report: Will be written and included with Minutes.
Item 8: Next Teleconference Meeting set for 3pm – 4.30pm 16th February, 2006

STUDY SHOWS SUPPORT GROUPS ARE EFFECTIVE

People with cancer who attend support groups have lower levels of anxiety and depression than those who don't attend, as well as improved wellbeing, according to a two-year study conducted by the University of Western Sydney, the University of Sydney and Westmead Hospital. However, health professionals were apparently sceptical of the groups, rarely referring their patients, the researchers found.

The study, involving 167 support groups across N.S.W., also clarified the primary sources of value about being in a support group. Group empathy, and being able to speak freely, without worrying about hurting or protecting loved ones were important factors. Being able to discuss ordinarily taboo subjects such as death was also useful – yet humour was consistently noted as an important part of the group context.

The study reported that many participants said that they had known about support groups earlier. Most had heard about them through friends or the newspaper, rather than health practitioners. According to Professor Jane Ussher, the chief investigator on the project, some clinicians worry that these groups may undermine medical treatment and decision-making. "They're actually supporting and complementing medical treatment," she says. "In fact, given the information-sharing that goes on in cancer support groups, they tend to offer clarity and increase confidence about medical treatment – this may increase compliance." *(from Cancer Support News, CCNSW, September 2005)*

RESEARCH SUPPORTS ANNUAL PSA SCREENING

The case for routine screening of protein specific antigen (PSA) levels has received a boost after research showed men screened annually were 3 times less likely to die of prostate cancer. Men screened annually had a 3.6% chance of dying from the disease, compared with 11.3% of men in the general population, the US study found.

Associate Professor Phillip Stricker, Chairman of Urology at St. Vincents Hospital in Sydney, said the study was well-conducted and yet another support for screening. The study was presented at the American Society for Therapeutic Radiology and Oncology's annual meeting in Denver last week. *(Medical Observer, 28/10,p2)*

RISK – PROSTATE CANCER RETURNS

Men with prostate cancer whose PSA level doubles within 8 months of treatment were more likely to have the cancer return or spread to other parts of the body. US researchers studied 621 men with prostate cancer given hormone and radiation therapy and found patients whose PSA doubled in less than eight months faced a 60% chance of not surviving 5 years. *(Herald Sun, 14/10, p32*)

PROSTATE CANCER STUDY BY YALE CONFUSES MEN

New Biomarker Needed for Prostate Cancer - but PSA Saves Lives Now

WASHINGTON, D.C. A Yale University claim that the Prostate Specific Antigen blood test is not effective in saving lives is baseless, because a recent study of 1,000 veterans with prostate cancer does not take needed facts into consideration.

"You need to look at what kind of treatments these men went through and change in PSA velocity over time," National Prostate Cancer Coalition CEO Richard N. Atkins, M.D. said. "We're not examining genetically-engineered mice where you have roughly the same DNA blueprint. These are men and every man reacts differently to different treatments."

The Yale study suggests that the PSA test is ineffective after examining1,000 veterans at various VA hospitals across New England, half had died from prostate cancer and the other half had survived. The study says that PSA testing rates were roughly equal across the board regardless of death or survival.

"We need a better biomarker for prostate cancer no doubt about it," said Atkins. "It will take research to find it. But in the meantime, we need to use the PSA test with appropriate follow up measures to diagnose prostate cancer," said Atkins. "It's unfortunate that these studies confuse men about screening, it's difficult enough only about half of all men over 50 get screened for prostate cancer."

The National Prostate Cancer Coalition sides with American Cancer Society facts that early detection of prostate cancer leads to 99.7 percent survival rate of at least five years. Despite the need for research to discover a biomarker, the federal investment in prostate cancer research has effectively been cut across the board.

"The PSA test is like the pap smear, it will have false positives and false negatives but it still saves," said Atkins. "But we're not telling women not to take

that test. Know the facts, it's not a fool proof test but do get tested it could save your life. It's saved the life for countless men the world over."

(The National Prostate Cancer Coalition sets the standard for rapidly reducing the burden of prostate cancer on American men and their families through awareness, outreach and advocacy.

THE FUTURE IS NEAR IN PROSTATE CANCER SCREENING

by Antonia Scatton | NPCC | 01.09.2006

There are two major issues in prostate cancer screening - determining whether or not you have prostate cancer and then determining whether your case is aggressive and will require aggressive treatment. A number of new and far more accurate tests are right around the corner, if our government continues to support funding for several critical research programs.

Right now, the PSA test only shows if you are at risk. A biopsy is needed to confirm the presence of cancer, but even the biopsy has a high error rate, and depends on visual observation by a pathologist. The PSA test, particularly PSA rate of increase or 'velocity' is a good indicator of potential recurrence, but more accurate tests are needed. New screening tests for prostate cancer are being developed by looking at "biomarkers" like proteins and enzymes that are only found when a person has cancer, or are found at higher levels. These proteins are sometimes found through blood or urine tests, or their presence is detected in biopsy cell samples.

Not only are researchers discovering new biomarkers that accurately indicate prostate cancer, but they are also discovering new technology that will make it faster and easier to find and analyze these biomarkers.

Screening Tests

EPCA (early prostate cancer antigen) for example, works like PSA, but if you find EPCA in your blood, there's better than a 95% chance of having prostate cancer. EPCA based tests are currently in the clinical trial process.

Small biotech firms like Epigenomics and OncoMethylome Sciences are working with big firms like Johnson and Johnson and Roche to develop tests to detect a process called DNA methylation, which only happens when cancer occurs. These tests could be ready to use on biopsy samples as soon as next year. They're still working on developing an easier-to-use blood test.

Researchers at the University of Michigan Cancer Center looked at thousands of biomarkers, and found 22 that, when used together, were more than 80 percent accurate in detecting prostate cancer.

They're also looking at telomerase, an enzyme found in large quantities in urine when cancer is present.

Abbottlabs has been working to produce a RECAF test, (developed by BioCurex) that could accurately test for a wide range of cancers.

With a number of new biomarkers on the horizon, other hyper-sensitive nano-technology sensors could allow for tests that are advances like new computer programs that "mine" protein data for patterns and processed while you wait in your doctor's office.

Diagnostic Tests

Even better, researchers are close to developing tests that not only will indicate prostate cancer, but may be able to tell how the cancer is likely to behave, or whether the patient will respond to a certain treatment.

A test being developed now by Procyon Biopharma, using an assay of amino acids called PSP94, can even discriminate between men with high, middle and low grade

disease, as determined by Gleason Score, and predict relapse after initial radiation or surgery.

Georgetown University's Lombardi Cancer Center is working on a test for a Stat 5 protein, which could be used to identify prostate cancers that will advance and spread quickly. The test could be used to identify dangerous cancers even among those whose biopsy results are in a middle range.

Fox Chase Cancer Center has found a protein marker called MDM2 which reveals a higher chance of prostate cancer metastasis and fatality.

Other research groups are developing tests based on markers like AMACR, ERG and other genetic patterns that show whose cancers are likely to recur and spread. Right now, they are finding these markers in tissue samples, but hope to create easier-to-use blood tests.

Much of this work is being funded through the Department of Defense's Congressionally Directed Medical Research Program for Prostate Cancer, the NIH's Prostate Cancer SPOREs, and other federally funded programs, like the Center for Prostate Disease Research at Walter Reed Army Medical Center, projects the National Prostate Cancer Coalition has been fighting to save from drastic budget cuts and, in some cases, outright elimination.

***In Conclusion ***

Right now, the PSA test and prostate exam are the best tests we have. But if we continue to support this research, we could have better tests, and soon tests which could spare men from unnecessary biopsies and unnecessary treatment, and give men at higher risk the information they need to take an aggressive stance toward fighting their disease.

NEW TEST COULD CATCH CANCER SOONER

Might Replace PSA Testing

by Dr. Dean Edell | ABC7 | 1.08.2006

Most men over age 50 are familiar with PSA testing, used to detect prostate cancer. But the test sometimes misses cases of cancer. A new test is finding cancer earlier.

When James Foster found out he had prostate cancer, his life barely missed a beat.

James Foster, prostate cancer survivor: "I don't think I was shocked. I truly was almost preparing for it."

But finding out he had the disease wasn't easy or quick. Like many men his age, he experienced the problem of having elevated PSA test results that could mean any number of things.

Twenty years ago, the PSA test was hailed as the definitive marker for prostate cancer. But recently, the scientist who pioneered the test says it should be abandoned. He says an elevated PSA test may not mean cancer; it could be an enlarged prostate, which is benign.

Robert Getzenberg, Ph.D., cancer biologist: "A blood test of PSA is not really an accurate marker of prostate cancer, but really a marker of abnormal prostate conditions."

Now cancer biologists have a new blood test, currently in clinical trials, that's more reliable and accurate at finding the disease in its earliest stages. The new test identifies a protein marker in blood plasma, called early prostate cancer antigen (EPCA). When the marker appears in a blood test, it indicates a high probability of cancer - not just that something is wrong.

Doctors say it's the best indicator yet of prostate cancer.

Robert Getzenberg, Ph.D., cancer biologist: "If you have the EPCA marker in your blood, you almost certainly - higher than 95-percent chance - have prostate cancer."

Those promising new numbers might help reduce the number of prostate biopsies - a painful, invasive procedure to confirm cancer - and focus on men who are truly at risk.

It's a test that helped put James' mind at ease. James Foster, prostate cancer survivor: "I feel great." He's now cancer-free.

MBS CHANGES

The latest round of MBS changes include a change to the restrictions on brachytherapy for prostate cancer to specify the treatment is for localized malignancy at clinical stages T1 or T2; new item numbers for sentinel lymph node biopsy for breast cancer; and new item number for high-risk HPV testing in patients who have received treatment for high-grade cervical abnormalities in the past two years. (*Australian Doctor, 29/19, p16)*

BREAST-SCREENING BENEFIT OVERRATED

An ambitious study by 10 of the world's leading breast cancer statisticians has confirmed that breast screening can help prevent deaths from the disease, but the benefit may be smaller than women have been led to believe. (Australian, 28/10, p8)

NEW CANCER DETECTOR DEVELOPED THAT'S FAST, SENSITIVE,RELIABLE.

by William J. Cromie | Harvard Gazette | 09.29.2005

Cancers and many other diseases often reveal themselves by the presence of proteins absent or inactive in people who do not suffer from such ailments. Researchers are finding new biomarkers, as they are called, at a rapid pace, and they promise faster, more reliable ways to detect a disease earlier and to determine the prospect of recovering from it.

To take advantage of these "hot" new sources of information, researchers at Harvard University have developed a cracker-size electric sensor boasting wires thousands of times thinner than a human hair. In the near future, such sensors might test people for cancer while they wait in their doctor's office, or be implanted under their skin to monitor disease progression or the effectiveness of treatments.

"Our approach requires a minimum number of steps and very small samples[of blood]," says Charles Lieber, Hyman Professor of Chemistry, in whose lab the device was developed. "Tests done on human plasma samples show highly selective and unprecedented sensitivity to very small concentrations of protein markers that result from disease. The sensor detects multiple markers for the same or different diseases.

"These advantages lead to faster, possibly cheaper, and more reliable detection, which should greatly improve diagnosis and treatment of cancer and other complex diseases."

Higher sensitivity should also lead to earlier detection. The sooner treatment starts for cancers, the better the chances for survival.

Higher reliability equals fewer mistakes, so-called "false positives," that tell patients they have cancer or the AIDS virus when they do not.

Monitoring cancer

The disease detector works on a simple principle. Its ultrathin wires carry a tiny electric current and are coated with biochemicals that bind to the proteins. When that binding occurs, it increases or decreases the current. For example, prostate specific antigen (PSA), a well-known herald of prostate cancer, triggers an increase in current.

When men have their prostate tumors treated by surgery or radiation, tracking their PSA levels reveals whether their cancer is recurring. A sharp rise in this telltale protein signals that additional "salvage" treatment is needed.

Experts would like to have more than one test to detect and monitor such a widespread and deadly cancer - it kills about 30,000 men every year in the United

States alone. High levels of PSA can lead to painful, expensive, and sometimes unnecessary biopsies when the cancer is slow growing, not to mention a great deal of worry for patients. That situation has led to a search for other biomarkers.

"The capability of our sensor to detect multiple markers simultaneously will enable it to handle new markers being developed by cancer biologists, and provide much more definitive diagnosis and monitoring of treatments," Lieber notes.

Laboratory tests that he and his colleagues have done show that known markers for breast and colon cancer can be found with this device. "As new and potentially better markers are developed, a multiplexed detector has a clear advantage for future health care," Lieber says. "Being able to screen for multiple markers for the same - or for different - diseases will lead to more reliable diagnoses than approaches that can check only one marker at a time."

While-you-wait results

The coated wires in this sensor also respond to proteins in urine, stool, saliva, and bits of tumor or tissue punched out by a biopsy needle. That capability is usable to detect a protein (enzyme) called telomerase, present in more than 80 percent of known human cancers.

Other sensors can find this important enzyme, but not in so-called real time, that is, without any waiting. Finding telomerase immediately has advantages not only for detecting cancers but for studying it in laboratories.

Lieber claims that his instrument can "detect any protein or antibody expressed in the body as a result of disease." Antibodies are proteins released by the immune system to fight invasions by such diseases. That's how infections by HIV, the AIDS virus, are found and their severity measured.

Lieber believes that his instrument can do a better job than the present system used for a fast assay, called ELISA. That system requires more time-consuming steps, and, he says, "lacks the required sensitivity for early detection of HIV." He claims that his device "could perform earlier detection of the virus" and thus lead to earlier treatment and a better outcome.

Beside the potential for "while-you-wait" results in a doctor's office, Lieber envisions "development of under-skin implantable sensors which could be used by patients at home to continuously monitor their blood."

Details of how this would all work are described in the October issue of Nature Biotechnology. Authors of the report include Lieber, Gengfeng Zheng, Fernando Patolsky, Yi Cui, and Wayne Wang, all of the Department of Chemistry and Chemical Biology at Harvard.

Lieber said that the sensor "could be available for everyday use with patients in the next two to five years."

U-M RESEARCHERS IDENTIFY NEW BLOOD TEST FOR PROSTATE CANCER

by Nicole Fawcett | University of Michigan Health System | 09.25.2005

Test looks at 22 biomarkers; results more accurate than PSA

ANN ARBOR, Mich. -- Researchers at the University of Michigan Comprehensive Cancer Center have identified a panel of 22 biomarkers that together provide a more accurate screening for prostate cancer than the current prostate specific antigen, or PSA, test. The study appears in the Sept. 22 issue of the New England Journal of Medicine.

Researchers looked at blood samples taken from 331 prostate cancer patients prior to surgery, and from 159 control males with no history of cancer. They began by testing the samples against a library of 2,300 bacteriophage, organisms that express proteins on their surface, and were able to narrow the field to the 22 biomarkers that most often pinpointed the cancerous blood samples.

More than 230,000 men will be diagnosed with prostate cancer this year. Current screening methods involve a blood test to check for prostate specific antigen, an enzyme produced by the prostate. But the PSA test is controversial. A high level does not always indicate prostate cancer and some experts suggest a rise in PSA is more significant than a consistently high PSA. A high PSA level can also indicate benign prostate conditions.

"Initially, we envision this new test could be used as a supplement to PSA. A physician might suggest a patient with an elevated PSA have this test before a biopsy to better determine whether it's a cancerous or benign condition. In the future, I think this could replace PSA," says lead study author Arul Chinnaiyan, M.D., Ph.D., the S.P. Hicks Collegiate Professor of Pathology at the U-M Medical School.

In the current study, researchers first tested the blood serum samples of 39 men with prostate cancer and 21 controls to identify autoantibodies against prostate cancer. Cancer patients produce antibodies that fight against proteins that play a role in cancer. The researchers scanned 2,300 autoantibodies and initially narrowed it down to 186 that reacted with blood serum from the men with prostate cancer.

This discovery phase formed the basis for the next round of tests, in which 59 prostate cancer samples and 70 control samples were tested against the 186 autoantibodies. In this phase, the researcher identified a panel of 22 compounds that best distinguished the prostate cancer blood samples from the controls. Using these 22 markers, only two of 70 controls incorrectly tested positive for prostate cancer, and seven of59 prostate cancer samples were falsely negative.

Next, the researchers validated their findings using the remaining 128 blood serum samples. They found eight of 68 controls and 11 of 60 prostate cancer samples were misclassified. This means 88 percent of the time, samples that were not cancerous were correctly identified and 81.6 percent of the time, samples that were cancerous tested positive.

"These 22 biomarkers appear to be the right number. If you used too many or too few, the accuracy went down a bit. Our findings held up when we tested the model on an independent set of blood serum samples," Chinnaiyan says.

The results proved to be more reliable at predicting cancer than prostate specific antigen, which is a single biomarker. PSA testing results in a false positive around 80 percent of the time, leading to unnecessary prostate biopsies. The normal range for the PSA test is less than 4.0 nanograms per milliliter (ng/mL) in most men. For men over 40 years old with a family history of prostate disease or for African-American men over 40 years old, some doctors suggest that a level higher than 2.5 ng/mL should be checked with more tests, because these two groups of men have an increased risk of prostate cancer.

The 22-biomarker test was reliable at identifying prostate cancer even in the PSA ranges of 4-10 ng/ml or 2.5-10 ng/ml, intermediate PSA scores that do not always suggest cancer. The study authors suggest the 22 biomarkers could be used for patients in this range to help determine whether to undergo a biopsy.

The new test requires only a routine blood draw for patients. Most blood-processing laboratories could easily be equipped to scan for these 22 biomarkers, Chinnaiyan says. Researchers are conducting further studies to validate the findings with a larger, community-based group of patients.

*(The University of Michigan has filed for a patent on the findings of this study on which Chinnaiyan and Wang are listed as inventors. Reference: New England Journal of Medicine, Vol. 353, issue 12*Copyright © 2005 National Prostate Cancer Coalition (NPCC). All Rights Reserved.*)*

BETTER PROSTATE CANCER DETECTION WITH DNA TEST

by Corie Lok | MIT TechnologyReview.com | 10.2005

Many of today's tools for screening and diagnosing cancer are crude at best. So researchers are working to find more-sensitive tests based on specific molecules--

called "biomarkers"--that are early signs of tumors and whose concentration could, ideally, be measured in bodily fluids like blood.

While much of that research has focused on protein biomarkers, some of the first molecular tests to arrive on the market may be ones that look instead at a phenomenon called DNA methylation. A few small biotech companies, some partnered with major pharmaceutical companies like Johnson and Johnson and Roche, say their first DNA methylation-based tests for prostate cancer could be available next year.

DNA methylation occurs when methyl groups--carbon atoms surrounded by three hydrogen atoms each--attach to a gene without changing its actual sequence. Methylation can alter a gene's behavior by, for instance, turning it off, and aberrant patterns of methylation are involved in almost all types of cancer. What's more, abnormal methylation happens early on in the disease process, which makes it "a highly promising biomarker for cancer," says Stephen Baylin, an oncology professor at the Johns Hopkins School of Medicine. Researchers have so far identified some 40 to 50 genes whose methylation patterns play a role in the development of cancer.

One of the leading companies in the development of methylation-based cancer tests is OncoMethylome Sciences of Liege, Belgium. It is collaborating with Johnson and Johnson to develop a prostate cancer diagnosis test, which it is currently testing on a few hundred patients in six U.S. medical centers. The test, which OncoMethylome expects to commercialize by next year, would detect methylation in biopsied prostate tissue. The current method of diagnosis--examination of the tissue under a microscope--misses up to 30 percent of cancers, so the new test would be used to confirm that cancer really was absent in biopsies that appeared normal.

OncoMethylome is developing another set of tests to screen patients for cancer before they reach the stage where a biopsy is called for. These screening tests would look at patterns of methylation in two to five genes from DNA in blood, urine, or saliva. The tests, which won't be available for at least another two years, are designed to detect early signs of cancers of the ovary, bladder, prostate, and lung. Competing company Epigenomics of Berlin, Germany, has partnered with Roche to develop similar blood tests for prostate, breast, and colon cancer, and it expects them to reach market by 2009.

Like most other screening tools, these bodily-fluid tests will likely not offer definitive results; positive tests would still need to be confirmed. However, DNA-methylation screening is designed to be highly accurate in identifying the people who really don't have cancer so that they won't needlessly undergo more invasive and expensive testing such as colonoscopy. Still, the tests will first need to be fast and cheap enough for routine use in hospitals and diagnostic labs.

BETTER DETECTOR FOR AGGRESSIVE PROSTATE CANCER

MONTREAL, CANADA -- Procyon Biopharma Inc., a biotechnology company developing innovative therapeutics in the fields of cancer and HIV/AIDS, announced today that the findings of an extensive study, conducted by Dr. Robert K. Nam, MD, FRCSC, Assistant Professor of Surgery, Division of Urology at the Sunnybrook and Women's College Health Sciences Centre, University of Toronto, with its Prostate Secretory Protein of 94 amino acids (PSP94) immunoassays for the diagnosis and prognosis of prostate cancer, will be published in the Journal of Urology.

The study conducted with 1212 patients who underwent biopsy confirmation of prostate cancer due to either an abnormal digital rectal examination (DRE) or high Prostate Specific Antigen (PSA) showed that PSP94 serum levels were a better predictor of the aggressivity of the cancer than PSA or FTPSA (Free to Total PSA ratio).

Prostate cancer is one of the most common cancer worldwide and the leading cancer in men in Europe and North America. According to the American Cancer Society, it is estimated that 232,090 new cases will occur in the United States during 2005 and more than 30,000 men will die from prostate cancer.

While about 30% of males over the age of 50 are believed to have prostate cancer as determined by pathology staining of prostate biopsy samples, the overall mortality

from the cancer is low due to the fact that most of the time prostate cancer is slow growing. However it is critical to detect those cases where the cancer is aggressive and could be fatal.

"This is the first report of a serological marker which can predict both the presence of prostate cancer and help identify patients with high grade or stage disease at diagnosis better than PSA or FTPSA ratio in a clinical setting", said Dr. Nam.

In the study, of the 1212 patients who underwent the diagnosis, 596 were found to have cancer. Among a subgroup of 649 men where PSA had a low predictive value and DRE was normal, 260 were found to have cancer. In this subgroup, PSP94 levels were able to discriminate between patients with high grade disease (Gleason score greater than 8), from moderate grade and low grade disease, statistically, while PSA and FTPSA could not. Patients with low serum PSP94 levels had a high probability for having prostate cancer detected at biopsy.

"We are very pleased with the findings of this extensive study which shows that our diagnostic test for serum PSP94 would be an excellent serological marker to be used in combination with PSA for seeking out patients with aggressive prostate cancer which can be fatal," said Hans J. Mader, president and chief executive officer of Procyon Biopharma.

"The publication of the results in a peer-reviewed journal complements the marketing efforts of our partner, Medicorp, who is currently marketing for research purposes the three PSP94 assays developed by Procyon," he concluded.

About PSP94

PSP94 is one of the three major proteins secreted in the seminal fluid together with PSA and Prostatic Acid Phosphatase (PAP). PSP94-based test kits measure the amount of free PSP94, bound PSP94 and PSP94 binding protein present in the blood, the relative ratios of which are believed to have utility in prostate cancer prognosis, diagnosis and monitoring. These test kits differentiate between patients with prostate cancer and patients with benign conditions among patients who underwent a biopsy for prostate cancer.

The PSP94-based test kits have the potential to significantly reduce the number of first and repeat prostate biopsies thus reducing the associated cost, morbidity and infection risk. Recent studies also indicate that the PSP94-based test kits were able to predict patients suffering from a more aggressive disease. PSP94 was found to be a strong predictor of relapse post- radiotherapy as well as following radical prostatectomy.

PROSTATE CANCER ACTION GROUP (SA) Inc. HAS A CONTINUING PROGRAMME TO SPREAD THE AWARENESS OF PROSTATE CANCER IN THE SOUTH AUSTRALIAN COMMUNITY. THIS IS ACHIEVED BY CONDUCTING PUBLIC AWARENESS MEETINGS, BY A PRESENCE AT FIELD DAYS AND SPECIAL EVENTS (PARTICULARLY THOSE AIMED AT MEN'S HEALTH), AND BY SPEAKING ON THE SUBJECT OF PROSTATE CANCER TO ANY OTHER GROUP REQUESTING SUCH A SPEAKER.

WE URGENTLY NEED MORE MEN (AND WOMEN) TO HELP US TO ACHIEVE THESE AIMS. IF YOU, OR IF YOU KNOW ANY OTHER PERSON INTERESTED, WOULD LIKE TO BE PART OF THIS VERY SATISFYING PROJECT WE WOULD APPRECIATE HEARING FROM YOU. YOU DO NOT NEED TO HAVE SPECIAL QUALIFICATIONS, BUT HAVE A GENUINE DESIRE TO HELP OTHER MEN, PARTICULARLY TO PROVIDE AUTHENTIC INFORMATION ABOUT THIS DISEASE.

CONTACT JEFF ROBERTS, ON 8277 3424 IF YOU WANT TO LEARN MORE ABOUT OUR GROUP AND ITS ACTIVITIES. YOU WOULD BE MOST WELCOME

Newsletter complied by Trevor Hunt