PROSTATE CANCER ACTION GROUP (S.A.) INC

Affiliated with
Prostate Cancer Foundation of
Australia

ABN 26 499 349 142

NEWSLETTER

MEN'S HEALTH MATTERS

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JULY 2007

Chairman's Report July 2007

Awareness Evenings

Adelaide Metro Area

This presentation, sponsored by Prostate SA, is likely to proceed and a meeting has been arranged for 12th July to confirm arrangements. Due to an alteration to the date of the Prostate Cancer Call-In, the proposed date may be altered slightly.

3 Presentations involving the Freemasons

The Freemasons have indicated they would again like to be involved with our group in a further 3 events in the Adelaide Hills during October and November. In 2006 the events were held at Stirling and Mt Barker. This will be further discussed at a meeting to be held by the end of July.

Change of Date of Prostate Cancer National Call-In

The date of the Call-In has now been altered to the 13th September. This is to avoid the APEC Summit Meeting in Sydney which would have made it very difficult to promote the Call-In. As usual support group members are likely to be asked to assist.

Commonwealth Bank/PCFA Roadshows

3 of the events have now been held in SA with the final one due on 17th August at Pt Lincoln.
My comments will be confined to the presentations at Victor Harbor and Murray Bridge. At both these events, Andrew Giles was MC. The Port Pirie event was held on 3rd July but I have no details at this stage.
The key speaker at Victor Harbor was Dr Kim Moretti with Trevor and Coralie Hunt also speaking as a survivor and support person.
I understand Dr Moretti gave an interesting presentation but the attendance of 18 was extremely disappointing.
At Murray Bridge Dr Adrian Porter was the key speaker with Dean Wall and myself speaking as survivors. Approximately 40 people attended, a number I also found very disappointing. Having said that, the night itself was well received by the audience with Dr Porter giving a concise, easy to understand overview of prostate cancer with a nice touch of humour. It was particularly pleasing to hear his strong support for testing including both the PSA and the DRE.
The small attendances at both of these events, was almost certainly due to the lack of promotion.
I believe the potential audience in both areas would have been in excess of 100 people.

Tail End Charlie

The Chamberlain tractor which will be undertaking a 38 day journey around Australia to mark the 50th Anniversary of the 1957 Mobilgas Round Australia Rally, will reach Adelaide on the 21st August.
We are still uncertain how our groups can assist in promoting the journey. As Bunnings is one of the sponsors we may be able to raise funds by meeting the tractor at one of their outlets with collection tins.
I will endeavour to confirm this shortly. Any funds raised are for prostate and breast cancer.

PCFA assistance for SA Groups

Following matters raised at the SAC National Conference in April this year, Andrew Giles has been pursuing the possibility of assistance for SA groups. Originally it was thought this may be done by the appointment of a part

time PCFA staff member in Adelaide. Andrew is now looking at the option of using a PR/Marketing organisation to assist in various ways.

Speaking Engagements
Members of our group have been involved in a significant number of speaking engagements in recent months. Admittedly some of these have been as a result of the PCFA Ambassador Program but there has been quite a number of direct requests to group members as well.

Mitcham Prostate Cancer Support Group
26 attended the June meeting to hear an excellent presentation by Dr Carole Pinnock who is always very supportive of our groups.
For the meeting on 26th July, a very interesting variety of speakers have been arranged as follows:
Dr Jehan Titus – urologist
Virginia Gill – Pelvic floor physio.
Darren Hosne – Counsellor & trainer
Men, partners & friends are welcome to attend what should be a very interesting and informative evening.
For more information contact 8277 3424 or 8271 0513 or visit www.psamitcham.org

Jeff Roberts
Chairman

BRCA2 MUTATION LINKED TO AGGRESSIVE PROSTATE CANCER

Previous reports have tied BRCA2 gene mutations to breast and ovarian cancer, as well as the development of prostate cancer. However it has been unclear if the mutations also influenced progression of prostate cancer.

Now, lead author Dr. Laufey Tryggvadottir, from the Icelandic Cancer Registry in Reykjavik, and colleagues report that the Icelandic BRCA2999del5 mutation is strongly predictive of aggressive, lethal prostate cancer.

In their study, published in the "Journal of the National Cancer Institute", the researchers assessed the occurrence of the BRCA2 999del5 mutation in 527 prostate cancer patients and then compared survival, disease stage, and tumor grade between carriers and non-carriers.

Thirty patients (5.7 percent) carried the mutation, the report indicates. Carriage of the mutation was associated with a younger age at diagnosis (69 years versus 74 years for non-carriers), more advanced disease stage, and higher tumor grade, indicating the cancer is aggressive.

The mutation was also strongly linked to survival. The average survival period for carriers was just 2.1 years compared with 12.4 years in non-carriers. After adjusting the data for the affects of disease stage and tumor grade, risk of dying from prostate cancer was 2.35-times higher for BRCA2 carriers than for non-carriers.

These results suggest the need for prostate cancer surveillance among BRCA2 999del5 carriers. "Also, it is of great importance to study whether these results can be confirmed for carriers of mutations at other locations within the BRCA2 gene," the researchers note.

The team concludes that in searching for new methods of predicting prostate cancer progression, "it may be fruitful to look for gene or protein expression patterns in prostate cancers resembling the patterns seen in BRCA2 mutation carriers."

SOURCE: /Journal of the National Cancer Institute/, June 20, released online June 12, 2007.

ANNUAL PROSTATE CANCER CALL-IN
THURSDAY 13th SEPTEMBER 2007

PROSTATE CANCER NOW NUMBER ONE AND RISING

Adam Cresswell, Health editor 28jun07

PROSTATE cancer has overtaken colorectal cancer to become the most commonly diagnosed malignancy in Australia. And figures show that the numbers of **new prostate cancer cases are rising far faster than expected.**

A report by the Australian Institute of Health and Welfare, to be released today, says that in contrast to forecasts published in 2005 projecting 12,929 new cases of prostate cancer in 2006, the true number will be about 18,700.

Today's report shows that prostate cancer has already overtaken colorectal cancer, based on the latest figures, which relate to 2003. They show there were 13,526 new prostate cancers diagnosed in 2003, compared with 12,536 cases of colorectal cancer.

A renewed surge in testing for prostate cancer is partly driving the increase in diagnoses. Tests for prostate-specific antigen (PSA) - a marker in blood that usually rises when a prostate cancer is growing - shot up by 42 per cent, from 492,147 tests in 2001-02 to 698,828 in 2005-06, partly driven by greater awareness and by the ageing male population.

Prostate cancer is still behind lung cancer as the biggest cause of cancer deaths in men. In 2003, 4506 men died of lung-related cancers and 2837 died from prostate cancer.

The most commonly diagnosed cancers in men and women after prostate and colorectal cancer are of the breast (11,889 new cases in 2003), melanoma (9524) and lung cancer (8249).

The report, Cancer in Australia: An Overview 2006, also reveals there were an estimated 106,000 new cases of cancer in Australia last year, a 34 per cent increase over 10 years. Deaths from cancer rose 12 per cent to 39,200.

Lifetime cancer risk is now one in two for men and one in three for women.

Report co-author Mark Short said that as men with prostate cancer were about 70 years old on average when first diagnosed, the growth in the numbers of men aged 65 and over was pushing more men into the age band when the disease tended to strike.

The Cancer Council of Australia said the report confirmed previous evidence that Australians in rural areas were more likely than urban residents to be diagnosed with cancer and to be killed by it.

The Cancer Council's chief executive officer, Ian Olver, said the findings underlined the need for travel subsidies for rural cancer patients.

COMMENT

This report indicates that cancer authorities have completely underestimated the seriousness of prostate cancer among the male population of Australia. The disease does not attract huge amounts of money for research, because it is always played down as never being a serious enough concern in the overall health picture. Until the disease is given a higher priority, we can never expect to attract enough attention to obtain the funds necessary for an increase in the research desperately needed to find a better way of detecting the disease, especially differentiating between those cancers likely to be quite aggressive and those of a very slow growing nature, and finding less intrusive ways of treatment. Of course, this report is an epidemiological picture of prostate cancer, and is not a report on the clinical aspects of the disease. It will be interesting to see whether the government responds to this report, by devoting more attention to the disease. It could just give us some additional bullets to fire in this election year. It is also noted that there has not been any response from the Prostate Cancer Foundation of Australia

HIGH CALCIUM LEVELS MAY RAISE PROSTATE CANCER RISK

The results of a study published in the “International Journal of Cancer” indicate there is an association between dietary calcium and the risk of prostate cancer.

It has been suggested that increased consumption of calcium and dairy products raises the risk of prostate cancer, report Dr. Panagiota N. Mitrou, of the National Cancer Institute, Rockville, Maryland, and colleagues.

To further investigate, the researchers used data from the Alpha-Tocopherol, Beta-Carotene (ATBC) Cancer Prevention Study to examine dietary levels of calcium and dairy products and their relationship with prostate cancer risk. The ATBC study included 29,133 Finnish male smokers between the ages of 50 and 69 years old at study enrollment who completed a 276-item food questionnaire to assess the content of their diet.

During 17 years of follow-up, the team identified 1,267 cases of prostate cancer. A total of 27,028 participants had complete data available and were included in the final analysis.

"We found a strong, graded, positive association between calcium intake and total prostate cancer risk," the researchers report. After adjusting the data for potentially influential variables, the risk of prostate cancer was 63 percent greater for subjects who consumed 2,000 milligrams per day or more of calcium compared with those who consumed less than1,000 milligrams per day, a statistically significant difference.

A positive association was also observed between total dairy intake and prostate cancer risk, but this disappeared after eliminating the influence of calcium. In other words, the positive association between dairy fat and prostate cancer disappeared after calcium was eliminated, the authors note.

They point out that prostate specific antigen (PSA) screening, a marker for prostate cancer, has not been widely adopted in Finland. "Therefore, a large proportion of cases in our study were detected as a result of clinical symptoms," Mitrou's team explains. "This lessens the possibility that our results are influenced by detection bias."

SOURCE: /International Journal of Cancer/, June 2007. Reuters Copyright © 2007 Reuters Limited. From Prostate Cancer Foundation.

PSA DOUBLING PREDICTS PROSTATE CANCER RECURRENCE

A detectable level of prostate-specific antigen (PSA) is the first indicator of recurrent prostate cancer after radical prostatectomy. In a new Mayo Clinic study, the concept of PSA doubling time (DT) is found to be a reliable tool to distinguish which patients have prolonged innocuous PSA levels after therapy from those who are at great risk for disease recurrence and death from prostate cancer. Doubling time is defined as the duration for PSA levels in the blood to increase by 100 percent.

Mayo's study, published in the April issue of Mayo Clinic Proceedings, concludes that patients with a PSA doubling time of less than three months after therapy are at imminent risk of death from prostate cancer. Patients with a doubling time of three to 12 months are at a significant risk for the development of systematic disease and cancer-specific death.

According to the authors, the new findings should prompt physicians whose patients have doubling times of less than one year to treat them with systematic therapies. Patients with PSA doubling times of one to 10 years are more likely to have a local rather than systematic recurrence, and patients with a PSA doubling time of greater than 10 years are at a low risk of recurrence.

*Authors of the study are Michael Blute, M.D.; Matthew Tollefson, M.D.; and Bradley Leibovich, M.D., all from the Mayo Clinic Department of Urology; and Jeffrey Slezak from Mayo's Division of Biostatistics. /Copyright 2007 Mayo Clinic/*Copyright © 2007 National Prostate Cancer Coalition (NPCC). All Rights Reserved. **

FLAXSEED AND GINSENG SHOW BENEFIT IN CANCER TREATMENT

Flaxseed slowed the growth of prostate tumors in men, while ginseng helped relieve the fatigue that cancer patients often feel, U.S. researchers reported on Saturday in two of the first scientifically rigorous looks at alternative medicine.

The studies reflect doctors' efforts to explore the risks and benefits of foods and supplements routinely taken by their patients but without any scientific evidence of any benefit.

Americans spend between $36 billion and $47 billion a year on complementary and alternative therapies, according to the National Center for Health Statistics.

"Patients are taking these compounds but we need to know if they are doing any good or any harm," said Dr. Bruce Cheson of Georgetown University Hospital in Washington, who led a panel on alternative therapies at a meeting of the American Society of Clinical Oncology.

In the flaxseed study, researchers at Duke University Medical Center in North Carolina and colleagues evaluated the seed's role as a food supplement in 161 men who were scheduled to undergo surgery for prostate cancer.

"The growth rate was decreased in the men who got flaxseed," said Dr. Nancy Davidson, an oncologist at Johns Hopkins University in Baltimore who is president-elect of ASCO. "I think this is fascinating." Flaxseed is rich in omega-3 fatty acids and lignans, a fiber found on the seed coat.

"We were looking at flaxseed because of its unique nutrient profile," said Wendy Demark-Wahnefried, a researcher in Duke's School of Nursing, who led the study.
Half of the men in the study added 30 grams of flaxseed daily to their diets for about 30 days. Half of the flaxseed group also went on a low-fat diet.

After the surgery, the researchers looked at the men's tumor cells to see how quickly the cancer had multiplied.

The cancer cells in both the flaxseed groups grew about 30 to 40 percent slower than the control group.

But Demark-Wahnefried is not ready to prescribe flaxseed.

"It's a healthy food. It has a lot of vitamins and a lot of fiber. But we can not definitively say at this point you should take flaxseed because it is protective against prostate cancer," she said, adding that flaxseed now needed to be studied to see if it can prevent prostate cancer.

In the ginseng trial, Debra Barton of the Mayo Clinic in Rochester, Minnesota, and colleagues tested three different doses of the herb on patients with a variety of cancers who were expected to live at least six months.

Twenty-five percent of patients taking a 1,000-mg dose and 27 percent of patients taking a 2,000-mg dose said their fatigue symptoms were "moderately better" or "much better."

Only 10 percent of those taking a 750-mg dose reported an improvement, which was about the same as the placebo group.

Patients in the trial took Wisconsin ginseng from a single crop that was tested for uniform potency. It was powdered and given in a capsule form.

"I wouldn't have predicted this, I have to admit," Davidson said in an interview. "We might want to test this on a large scale."

The flaxseed study was funded by the National Institutes of Health and the ginseng study was supported by U.S. Public Health Service grants.

AUSTRALIA'S FIRST TOUR DE CURE RIDES HOME SAFELY, HAVING RAISED $340,000 FOR CANCER

Marathon Annual Bike Ride Exceeds Fundraising Target for Men, Women and Children with Cancer

June 13, 2007: Australia's first ever *Tour de Cure* charity bike ride finished up safely on June 6th last week, having well exceeded their fundraising expectations with $340,000 raised so far in the fight against Cancer. The marathon bike ride was made up of 29 extraordinary Australian men and women (23 riders and six support crew) who left Brisbane on May 28th and cruised into Sydney some 10 days and 1,100km later, feeling a little weary but thrilled with the money they were able to raise for the *Prostate Cancer Foundation of Australia*, the *National Breast Cancer Foundation* and *Camp Quality*.

Over the ten day ride, the group of amateur cyclists aged between 23 and 50, each clocked up over **40 hours** of cycling, burned **23,427** calories and climbed some **7,027** meters worth of hills. After leaving Brisbane, the team made stops in Tweed Heads, Ballina, Grafton, Coffs Harbour, Port Macquarie, Taree, Newcastle and Gosford before being welcomed home in Sydney. (The team were lucky to miss the tempestuous weather and flooding in Newcastle and the Central Coast by only days.) In each town, the cyclists participated in community initiatives with Camp Quality kids and families, Breast and Prostate Cancer support groups, as well as every day locals.

Tour de Cure co-founders Geoff Coombes and Gary Bertwistle dreamed up the idea for the ride over a cup of coffee less than 12 months ago, and said the support shown by Australians along the route was overwhelming.

"The huge hearts, inspirational stories and heart-felt welcomes that came our way during our journey made the 1,100km we had to ride seem like a walk in the park," said Bertwistle. "The stories, the people, the passion and the friendship we have experienced has touched each and every one of the riders and support staff and we feel privileged to have been able to do our bit to help three such worthwhile charities."

"We all share a common dream to one day find a cure for Cancer, and we hope that the funds raised by the Tour de Cure, this year and in years to come, will help to make this dream a reality," he said.

In addition to fundraising conducted individually by each of the Tour de Cure cyclists, with some riders raising as much as $15,000, corporate Australia was also instrumental in helping the inaugural Tour de Cure to get off the ground. Big names such as Myer, New Idea, Boost Mobile, Vittoria Coffee, Dencorub, Sydney City Lexus, Ella Bache, The Pratt Foundation, Intelligent Investor and Choice Hotels were all on board as major partners of the 2007 event.

"The phenomenal success of Tour de Cure is not just evident in the great fundraising achieved, but also the incredible outreach they have had – especially in the communities that this dedicated band of riders and their crew have passed through," said Andrew Giles, Chief Executive Officer of the Prostate Cancer Foundation of Australia.

"Our support groups met them all along the way and were struck by their commitment and enthusiasm for their venture. We congratulate them on their journey and we were thrilled that the Prostate Cancer Foundation was along for the ride."

Cancer does not discriminate. One in three men and one in four women will be directly affected by Cancer before the age of 75. This year alone, Cancer will kill 36,000 people in Australia, and an additional 88,000 new cases will be diagnosed. Funding is vital for hope, research, support, improved treatment options and ultimately, finding a cure for this disease, which, despite developments, is still the leading cause of death in the country.

The Tour de Cure is set to be an annual event that for the next four years, is dedicated to fund-raising for *The Prostate Cancer Foundation of Australia, The National Breast Cancer* Foundation and *Camp Quality.* If you would still like to donate to the 2007 Tour de Cure, please visit **www.tourdecure.com.au**

About the Tour de Cure

The Tour de Cure is a journey like no other – an annual event that aims to involve a group of every day people to cycle from one part of Australia to another to raise money for vital Australian charities that conduct research into serious health conditions or support people suffering from those conditions. From 2007 to 2010, the Tour de Cure will be targeting Cancer by supporting the *National Breast Cancer Foundation*, the *Prostate Cancer Foundation of Australia* and *Camp Quality.* Get on the road to finding a cure by making a donation. Every dollar counts. www.tourdecure.com.au.

I was always taught to respect my elders, but it keeps getting harder to find one.

HORMONE THERAPY FOR ADVANCED PROSTATE CANCER NOT FOR EVERYONE

For men with advanced prostate cancer, starting hormone therapy quickly comes with benefits and risks that may -- in some cases -- cancel each other out, according to new guidelines issued by the American Society of Clinical Oncology.

"The message is that immediate use of hormones does reduce the risk of dying of prostate cancer by about 17 percent," explained the guidelines' lead author, Dr. Andrew Loblaw, a radiation oncologist at Toronto-Sunnybrook Regional Cancer Center in Canada. "But also, early use of hormone therapy increased the risk of dying of something else by about 15 percent, so there is no survival advantage. This is something that men and their physicians need to discuss," he said.

The guidelines, published in the Journal of Clinical Oncology, are aimed at about 100,000 of the roughly 250,000 men with prostate cancer in the United States and Canada, Loblaw said. Specifically, they apply to men whose cancer comes back after treatment, those whose cancer progresses after a period of "watchful waiting," and those whose cancer has spread beyond the prostate when they are first diagnosed.

Hormone therapy is standard treatment for those men, since male hormones (mainly testosterone) drive the progression of prostate cancer.

Treatment can be in the form of anti-androgens -- drugs that block the body's ability to use testosterone and other male sex hormones -- or drugs called luteinizing-hormone-releasing hormones (LHRH), which eliminate testosterone from the blood stream. A third treatment, surgical removal of one or both testicles, is another possibility.

Guidelines issued two years ago by ASCO sidestepped the issue Of when hormone therapy should be started for these men, because "there was not sufficient evidence to allow us to make a meaningful comment," Loblaw said. However, "there have been two important studies since 2004 that allow us to make a comment on the issue," he said.

The update recommends either surgery or LHRH as initial treatment, with combined androgen blockage that adds nonsteroidal anti-inflammatory drugs (NSAIDs) to be considered in cases where the cancer has advanced or spread outside the prostate.

The new guidelines retain the 2004 statement that there is not enough data to recommend use of intermittent androgen blockage, in which hormone therapy is stopped from time to time, for these men. Debate continues among oncologists as to the use of early hormone therapy for prostate cancer, Loblaw said.

"Doctors should discuss with patients the risks and benefits of early androgen deprivation therapy vs. deferred therapy," he said. "If the patient prefers to defer therapy, he should have regular visits with his doctor every three to six months to monitor the disease."

The report marks a shift in thinking about prostate cancer treatment, said Dr. Howard I. Scher, chief of genitourinary oncology at Memorial Sloan-Kettering Cancer Center in New York, another author of the guidelines.

"What this is starting to show is that there are patients in whom hormonal therapy can be used more appropriately, depending on their cancer risk," Scher said. "There is a subset of patients we can identify who need aggressive treatment early. We used to give hormone therapy to everybody. We don't have to do that any more."

It is important for both patients and doctors to understand "why hormones are being given and what they are expected to do," Scher said. "We have to understand the position of each individual patient. There has to be more negotiation, if you will."

(Continued page 8)

(continued)

In related news, researchers publishing Sunday in Nature Genetics say they have found five gene variants that could help explain why black men are more likely to develop and die of prostate cancer compared to whites.

As reported in the Boston Globe on Monday, a team led by David Reich of Harvard Medical School says the genes together could boost the risk of prostate cancer fivefold.

The variants, which lie on a region of chromosome 8, are relatively common in black American men. They are also found on stretches of DNA that contain no genes and have no certain biological function, adding to the mystery. These mutations lie close to genes that are known to be overactive in prostate tumors, however, so the variants might somehow affect those genes, experts told the Globe.

*SOURCES: Andrew Loblaw, M.D., radiation oncologist, Toronto-Sunnybrook Regional Cancer Center, Toronto, Canada; Howard I. Scher, M.D., chief, genitourinary oncology, Memorial Sloan-Kettering Cancer Center, New York City; April 2, 2007,Journal of Clinical Oncology; April 2, 2007,Boston Globe Copyright 2007 HealthDay News*Copyright © 2007 National Prostate Cancer Coalition (NPCC). All Rights Reserved. **

DOCTORS BIASED IN RECOMMENDING PROSTATE CANCER THERAPY

The type of prostate cancer treatment a man gets has a lot to do with the kind of specialist he sees first, according to a study released on Monday that lends scientific evidence to something many men have likely guessed.

Prostate cancer can be treated effectively using radiation, radioactive seeds or surgical removal of the prostate. Surgery or drugs to stop production of testosterone, known as hormone therapy, may also be used in high-risk patients.

Doctors often also advise close medical observation, also known as watchful waiting.

Each treatment is associated with different benefits and side effects. Prostate surgery can cause urinary incontinence and erectile dysfunction; radiation therapy can cause diarrhea and erectile dysfunction; and hormone therapy can cause hot flashes and breast tenderness.

"You want your physician to convey this information without a bias," Dr. Thomas Jang, a urologist from Memorial Sloan-Kettering Cancer Center in New York, said at the annual meeting of the American Society of Clinical Oncologists.

Although the 5-year survival rate for men with localized prostate cancer is nearly 100 percent, it is the third most common cause of cancer death in men of all ages, and the most common cause of cancer death in men over 75. No scientific studies have proven which therapy works best, so men typically follow their doctor's recommendation, said Jang.

The study of more than 85,000 men aged 65 and older with prostate cancer that had not yet spread uncovered a strong correlation between physician type and treatment. If a man's doctor happens to be a urologist, for example, the recommendation for men under 70 most often will be surgery -- 70 percent of the time. For men over 75 who saw only a urologist, the choice was watchful waiting or hormone therapy in 91 percent of the patients. But if they saw both a urologist and a radiation oncologist, 78 percent of younger men and 85 percent of older men got radiation therapy.

Because patients tend to fare well on all the treatment options, the choice comes down to which side effects and treatment options best fit the patient, Dr. Justin Bekelman, a radiation oncologist at Memorial Sloan-Kettering, who worked on the study, said in an interview. "It's not enough to say, Google it and check it out," he said.

Most prostate cancer patients tend to see a urologist first because they are the doctors who perform biopsies and make diagnoses.

"I think urologists as gatekeepers have to present balanced information," Jang said.

NEW PROSTATE SURGERY TECHNIQUE SPEEDS RECOVERY

Urinary incontinence is very common after surgery for prostate cancer, but a modification of the procedure can hasten the recovery of bladder control, a new study shows.

Dr. Ashutosh K. Tewari and colleagues from Weill Medical College of Cornell University, New York explain that the ligaments, tendons and muscles in the pubic region are important for urinary continence. They describe surgical strategies to reconnect these structures during the removal of the prostate, in a report in the medical journal /Urology/.

The team evaluated the effectiveness of these modifications in 50 men undergoing prostate removal for localized prostate cancer. Eight patients were excluded from the study for various reasons.

Within the first week after surgery, 12 patients (29 percent) became continent, the authors report. Twenty-six patients (62 percent) were continent within 4 to 6 weeks, 37 (88 percent) within 12 weeks, and 40 (95 percent) within 16 weeks.

This compares with continence rates of 42 percent at 6 weeks and 54 percent at 12 weeks among 50 previous patients who were not treated with the new technique, the investigators say.

Compared with the earlier approach, the new technique required an additional 7 to 10 minutes of operating time.

"We are encouraged by our initial results with this technique," Tewari and colleagues conclude. "It is safe, easy to learn, time efficient, and effective. It results in an early recovery of continence with corresponding quality-of-life benefits."

SOURCE: "Urology", April 2007. Reuters Copyright © 2007 Reuters Limited. All rights reserved. From Prostate Cancer Foundation.

HAVING PROSTATE CANCER MAY IMPROVE OVERALL HEALTH OF SOME MEN

Researchers from the Audie L. Murphy Veterans Hospital in San Antonio have suggested that men diagnosed with prostate cancer may have improvements in their health by having increased preventative and therapeutic interventions for other medical problems. The details of this study appeared in the April 2007, issue of the Journal of Urology.

These authors sought to explain why men diagnosed with prostate cancer 'live as long as or longer than those without this diagnosis'. They hypothesized that there were other interventions that occur after the diagnosis of prostate cancer that may contribute to an improvement in overall health. They looked at new diagnoses, interventions and medications in 174 men who underwent prostatectomy. They found that 72% had a change in their general medical treatment after the diagnosis of prostate cancer. Sixty-one percent had a change in medication and 29% received a new medical diagnosis. Three of these 174 men underwent cardiac catheterization and one had coronary bypass surgery. These authors suggested that "Such interventions would be expected to affect survival outcomes of men recently diagnosed with prostate cancer."

Comment: This is an interesting hypothesis. These observations suggest that the diagnosis of prostate cancer, which is not immediately life threatening, leads to investigation of co-morbid conditions that might impact performing a prostatectomy. It would be of interest to know if the same phenomena were observed in a population of non-veterans.

**Reference:* Walsh RM and Thompson IM. Prostate cancer screening and disease management: How screening may have an unintended effect on survival and mortality - The camel's nose. The Journal of Urology2007;177:1303-1306. /Copyright 2007 CancerConsultants.com/*Copyright © 2007 National Prostate Cancer Coalition (NPCC). All Rights Reserved. **

Blessed are those who can give without remembering and take without forgetting.

FLAVONOIDS: CHEMISTS SYNTHESIZE ANTI-CANCER EGENT

Flavonoids. You've heard of them -- the good-for-your-health compounds found in plants that we enjoy in red wine, dark chocolate, green tea and citrus fruits. Mother Nature is an ace at making them, producing different ones by the thousands, but no chemist has figured out a good way to synthesize a special class of these chemicals in the laboratory. Until now.

Karl Scheidt, assistant professor of chemistry in the Weinberg College of Arts and Sciences at Northwestern University, and his research team have synthesized 10 different flavanones, a type of flavonoid, using a new general method they developed that takes advantage of one simple catalyst.

The basic research gives chemists -- for the first time -- a method for making new molecules based on flavonoids, setting the stage for the development of new cancer therapeutics. The team's findings were reported in the April 4 issue of the Journal of the American Chemical Society (JACS).

Flavonoids, a broad family with more than 2,000 reported compounds, provides many different structures for chemists to investigate. In addition to those with anti-cancer activity, researchers could mimic flavonoids with beneficial properties such as anti-inflammatory, anti-viral or antibiotic.

The natural sources of the flavanones Scheidt chose to mimic? Milk thistle, soy, grapefruit and kosam, a root used in traditional Korean medicine, to name a few. All are known for their anti-cancer properties.

"I'm using nature as an inspiration for the development of new anti-tumor products," said Scheidt, who now will focus on using his method to develop molecules that will be effective against prostate cancer. "We have developed an enabling technology that opens up a new opportunity to make these flavanone compounds from scratch and to design them to do many things, including fight cancer. A better understanding of the flavanones' modes of action will help us improve their potential for use in medicine."

Scheidt says prostate cancer, second only to lung cancer as the leading cause of cancer-related deaths in men, is an important target. He is collaborating with Raymond Bergan, M.D., a clinical oncologist at Northwestern's Feinberg School of Medicine who often treats prostate cancer patients who have run out of therapeutic options. The two were brought together through their involvement with the University's Center for Drug Discovery and Chemical Biology.

"Our goal is to keep cancer cells local, and some of the new molecules Karl already has made inhibit the motility of prostate cancer cells -- they stop the cells dead in their tracks," said Bergan, associate professor of hematology and oncology. "It is important for us to understand how these synthetic flavanones work because combination therapies are going to be the future in cancer treatment, much like we see with HIV. We need multiple compounds with different modes of action: one that stops cells from moving, another that kills cells where they are and a third that lets the body's immune system do its work. Karl and his team have opened this door."

"We are really excited to work on flavonoids with anti-cancer properties so we can selectively modify these natural products," said Scheidt. "We want to get selectivity and specificity using chemistry. A naturally occurring flavonoid may not have all the characteristics you want -- it may not be potent enough, for example -- but with chemistry you can go in and modify that structure, imbuing the molecule with more desirable traits, such as binding more effectively to a protein of interest or being less toxic to normal cells."

The biosynthesis of flavanones is not well understood; for years organic chemists have struggled to find a good way to make them in the lab. The difficulty was figuring out how to produce a desired molecule in one-handed form, as is found in nature.

In attacking this age-old problem, Scheidt and his team discovered a simple chiral catalyst which comes from quinine that successfully controls the chemical outcome

and produces a left-handed molecule or a right-handed molecule, not a one-to-one mixture of both.

"Flavanones are chiral molecules, which come in two 'flavors,'" said Scheidt, who is left-handed and says he has been sensitive to handedness all his life. "We have a method to make just one 'flavor,' which no one has done before. Chiral molecules come in mirror images of the other, or two different 'hands.' Like your own hands, you can't superimpose one hand on the other. In both people and molecules, a left hand and a right hand are very similar but are not the same. In synthesizing flavonoids, you want to make one handedness over the other."

Most therapeutics used today are chiral molecules that are synthesized to be either right- or left-handed. Controlling this is very important, said Scheidt, because a one-to-one mixture of right- and left-handedness in a drug could pose a serious problem, as was discovered with the medication thalidomide in the 1950s. The left handed version of thalidomide helped pregnant women combat morning sickness, but the right handed compound was a teratogen, causing children to be born with malformations, such as missing limbs. (Ibuprofen also is a one-to-one mixture with one hand as the active ingredient; the mirror image does nothing.)

After much trial and error in the lab, Scheidt and his colleagues hit upon a catalyst that, when added to other simple materials, produced a complex one-handed molecule like the flavonoids found in nature, with the core structure intact. (They tested 30 to 40 catalysts in different conditions over a period of six months before discovering the right one.) The catalyst is an organic molecule that sparks this impressive transformation through hydrogen bonding, which is used frequently in nature.

"Nature is the ultimate synthetic chemist and pharmacist," said Scheidt, who looks forward to synthesizing and evaluating new compounds with Bergan. "We may not be quite as sophisticated as nature, but our catalyst works beautifully. Small molecules can do really big things."

In addition to Scheidt, other authors of the JACS paper, titled "Catalytic Enantioselective Synthesis of Flavanones and Chromanones," are Margaret M. Biddle (lead author) and Michael Lin, both from Northwestern.

Note: This story has been adapted from a news release issued by Northwestern University.

AFTER-EFFECTS OF PROSTATE CANCER TREATMENTS VARY

Men faced with deciding what prostate cancer treatment to opt for should weigh the fact that surgery, external beam radiation therapy, and radioactive seed implants (brachytherapy) have different effects on subsequent quality of life, according to a report in the medical journal “Cancer”.

Men in this situation "are best served by thoughtfully considering both cure rates and quality-of-life implications in their decision-making," Dr. Mark S. Litwin told Reuters Health. Litwin, at the University of California, Los Angeles, and colleagues evaluated general and disease-specific health-related quality of life in 580 men after being treated for localized prostate cancer with surgical removal of the prostate (radical prostatectomy), or external beam radiation therapy, or brachytherapy.

The type of treatment did not influence general health-related quality of life, the researchers report, but there were several differences in specifics.

Urinary control and sexual function were worst after radical prostatectomy, followed by seed implants and external radiation. In contrast, bowel problems were significantly more common among men who had either external or internal radiation treatment than among those who had surgery, the researchers note.

Over the long term, the investigators found, similar proportions of men in the three treatment groups reported severe urinary problems and severe sexual difficulties, but bowel dysfunction was more pronounced in those who got external radiation of radioactive implants.

"The findings of the current study address patients' clarion call for physicians to be more responsive to concerns about the quality of life, not only its quantity, after prostate cancer treatment," the researchers conclude.

ANOTHER CANCER VACCINE SHOWS PROMISE IN TEST

Shares of Cell Genesys of South San Francisco leapt more than 32 percent Tuesday after the company said its experimental prostate cancer drug performed better than expected in a clinical trial, adding momentum to the fast-developing cancer vaccine field.

Last week, Provenge, an experimental prostate cancer vaccine developed by Seattle's Dendreon Corp., got a favorable review from a Food and Drug Administration advisory panel, raising the odds that it will be the first therapeutic cancer vaccine approved in the United States.

Tuesday, the positive news concerned Cell Genesys' Gvax. Analysts said data from a small study suggest that the vaccine may extend the lives of men with prostate cancer more effectively than an approved chemotherapy regimen and may deliver comparable or greater survival results than Provenge.

The positive Provenge review Thursday re-energized the cancer vaccine field, which has seen many disappointing final studies on once-promising treatments. Investors are piling in.

Cancer vaccines, also called cancer immunotherapies, are different from vaccines that prevent disease. They are designed to train the immune system to attack cancer that has already developed.

Cell Genesys' Gvax report was based on the type of a small clinical trial typically carried out during the middle stage of drug development, known as Phase II. The encouraging findings confirmed the survival trend it reported in 2002 from a previous Phase II study and could give an early snapshot of the anticipated outcome in a much larger trial that the company hopes will lead to FDA approval after it is completed in 2009.

Those larger studies, known as Phase III trials, occur in the later stages of drug development and are designed to provide the FDA with enough information to fully evaluate a product's safety and effectiveness.

"We are encouraged,'' chief executive Stephen Sherwin said. But Sherwin emphasized that preliminary Phase II trials cannot give the definitive picture of the drug's activity that will emerge from the Phase III trial. He also cautioned against comparisons between the early trials of Gvax and the late-stage trial of Provenge that Dendreon submitted to the FDA.

Cell Genesys is hoping to prove that Gvax works better while producing fewer side effects in advanced prostate cancer than the FDA-approved chemotherapy drug Taxotere. The median survival time of patients who take Taxotere after hormonal therapy fails is 18.9 months, according to published research. This can vary, however, depending on how advanced the disease is in subjects admitted to particular clinical trials.

In 2002, Cell Genesys said 34 patients on two different dose levels of Gvax had a combined median survival of 26.2 months.

In the trial data released Tuesday, 22 patients given the highest dose of Gvax had a median survival of 35 months. Based on their symptoms before treatment, Cell Genesys had estimated median survival at 22 months. The high dose in that trial is the same as that being used in Phase III trials of Gvax.

Dendreon is pinning its hope of FDA approval for Provenge on an apparent4 1/2-month median survival improvement in a similar population of prostate cancer patients. John McCamant, editor of the Medical Technology Stock Letter in Berkeley, said the preliminary Gvax data compare favorably to Provenge results. In addition, Gvax might be easier to commercialize if the two products ever go head to head, he said.

Gvax is a standardized "off-the-shelf'' treatment, while Provenge is a customized preparation made from a cell sample drawn from each individual patient. The FDA is expected to decide on Provenge's approval by May 15.

MORPHINE SAFE FOR CANCER PAIN

WHEN given in the appropriate doses to treat cancer pain, morphine will not hasten a patient's death by interfering with his or her breathing, a new study shows.

The findings contradict the conventional wisdom -- held by many medical professionals as well as lay people -- that giving dying patients opioids for pain can shorten their lives by depressing their respiration. "It's in all the textbooks as something to be aware of, but probably the risk has been exaggerated," said one the study's authors, Declan Walsh of The Cleveland Clinic Foundation in Ohio. "It's not that there isn't a risk, but that we've been perhaps been overly concerned about it."

To investigate how morphine affects respiration when given to terminally ill patients, Walsh and his team monitored breathing and vital signs in29 patients who had been admitted to the hospital for treatment of poorly controlled cancer pain.

He and his colleagues had previously investigated respiration in cancer patients after the appropriate dosage of morphine had been reached. In the current study, they looked at respiration as the dosage was being adjusted.

They found no evidence for any respiratory depression in the patients, all of whom maintained blood oxygen saturation levels of 92 per cent or greater throughout the study.

The findings show that "morphine can be used safely even in patients who are very ill to relieve pain, and that physicians need not be as concerned about the use of the drug in that situation as we have been traditionally taught," Walsh said.

"This is all contingent on morphine being prescribed correctly."

Knowledge of how best to prescribe opioids has progressed considerably over the past two decades, thanks largely to experience with patients rather than controlled studies, he added.

"It's really how the drugs are used rather than any intrinsic problem with the drug that's at issue here," Walsh said. "Good physician training and good training of nursing personnel involved can really make a difference."

In a commentary accompanying the study, Rob George of University College London and Claud Regnard of St Oswald's Hospice write: "We urge those in the medical community to understand the facts about morphine and other opioids -- it's time to set the record straight.

"Doctors should feel free to manage pain with doses adjusted to individual patients so that the patients can be comfortable and be able to live with dignity until they die." *Reuters © The Australian*

Continence Awareness Week 5th -11th August 2007

The Continence Foundation of Australia's, Continence Awareness Week, is an annual national event aimed to raise awareness within the community of the importance of good bladder and bowel control.

Continence Awareness Week 2007 theme is **"Men's Health".**

The National Breakfast Launch of Continence Awareness Week is being held in Adelaide this year. This event will be officially launched by The Hon. Christopher Pyne, MP Minister for Ageing.

During Continence Awareness Week, the SA Continence Resource Centre and the Continence Foundation of Australia have organised a continence information day in Mt. Gambier. **"Continence in the Country" Mount Gambier Hospital, Friday 10th August 2007.** The program provides information on female and male continence issues, including prostate health and a prostate cancer survivor speaking on his personal experience.

For further information please contact the SA Continence Resource Centre ph (08) 8266 5260 or 1300 885 886 (SA and NT callers only).

TAXOTERE® - WE MUST WAIT FOR DECISION

It is hoped that all members forwarded letters of support for Taxotere® to be included in the PBS schedule. This writer certainly did, and even took the opportunity to speak to the Federal Member for Kingston, Kym Richardson, who just happens to represent the most marginal electorate in Australia. I must say that he appeared to be quite interested. When I spoke to him, he had not received my letter, and I subsequently received an email from him, requesting that I re-submit my letter by email. **LATE NEWS – 10/7/07 – I have just received a letter from my MP – not only has he passed on my request for Taxotere® to be listed on the PBS, but he has also contacted the manufacturers of the drug (Sanofi-Aventis).**

Since then, The Advertiser published (July 7, p.55) a short report that *"prostate cancer sufferers should find out within two weeks whether an expensive treatment will be subsidized by the Federal Government.*

"The Pharmaceutical Benefits Advisory Committee is considering, for the third time, whether to list Taxotere on the Pharmaceutical Benefits Scheme. The drug, which slows the growth of cancer cells in the body, cots $10,000 to $15,000 a year for prostate patients.

"It is the only therapy for men with late-stage prostate cancer proven to extend life – an average of 2.5 months"

Taxotere® is already subsidized for breast, lung and ovarian cancers, and its price is now lower than I was when listed for these cancers. Despite this, the PBAC rejected a second submission (November 2006) to extend the PBS listing of Taxotere® to include treatment for androgen independent prostate cancer because of "uncertain and unacceptable cost-effectiveness" (read it implying that men's lives do not have the same value as that of women). The manufacturers, Sanofi-Aventis, have re-applied, with upgraded data. "Queensland Prostate Cancer News" (July 2007) reports that the PBAC considered the latest application at its meeting in early July, and its decision will be announced on its website near the end of October.

MULTIVITAMIN AND PROSTATE CANCER LINK STUDIED

by Liz Szabo | USA Today | 05.15.2007

Doctors are investigating a possible link between heavy multivitamin use and the most serious types of prostate cancer, according to an article in today's "Journal of the National Cancer Institute".

Researchers followed 295,344 men. Men who reported taking multivitamins more than seven times a week had a slightly greater risk of advanced or fatal prostate tumors. If doctors followed 10,000 men for 10 years, there would be about 30 extra cases of advanced prostate cancer and seven or eight extra cases of fatal prostate cancer associated with heavy supplement use, says lead author Michael Leitzmann of the NCI. While studies show that 35% of American take vitamins, Leitzmann says only 9% of men in his study took multivitamins more than once a day.

Authors found no increase in the risk of early prostate tumors among heavy vitamin users. They also found no heightened risk among men who took only one vitamin a day, Leitzmann says. He stressed the study was not designed to prove that vitamins affect cancer risk. To prove that, scientists would have to randomly assign half of patients to take supplements and half of men to follow some other regimen. Vitamin users should be cautious about taking more than the recommended daily allowance, he says.

Victoria Stevens of the American Cancer Society says the report confirms her 2005 study on vitamins and prostate cancer. A February study in "The Journal of the American Medical Association" found vitamins A and E and beta carotene pills have no health benefits and may increase the risk of death. "There certainly is no evidence in healthy, relatively well-nourished people that vitamins or anti-oxidants protect against chronic diseases," Stevens says.

NEW STUDY - PSA TEST STILL IMPORTANT TO DETECT PROSTATE CANCER

HealthDay News | 05.20.2007

Despite questions as to whether early screening for prostate cancer is accurate, new research suggests it continues to be important.

And even more encouraging news indicates that statins, drugs designed to lower cholesterol, might also reduce the risk of developing prostate cancer. Both sets of findings were presented Sunday at the American Urological Association's annual meeting, in Anaheim, Calif.

Screening for prostate cancer has become controversial, particularly whether a prostate-specific antigen (PSA) blood test is useful as an early detector of malignancy. Two studies presented at the conference indicate it is still worthwhile to have such a test.

In one study, Dr. Hans Lilja, from Memorial Sloan-Kettering Cancer Center in New York City, and colleagues found that PSA testing of men in their 40s was predictive of developing prostate cancer later. In fact, the higher the initial PSA, the greater was the probability that the cancer would be aggressive, the research showed.

As recently as last month, a study published in the “Journal of the National Cancer Institute” found that PSA tests "perform poorly in distinguishing between those who develop a lethal prostate cancer from those at low or no risk of disease progression."

But among the patients in the Sloan-Kettering study, risk for prostate cancer was concentrated, with 89 percent of advanced cancers occurring in men with the top 10 percent of PSA levels, the researchers found. Lilij thinks that men should have an initial PSA test when they are in their 40s rather than waiting. "It is surprising that this marker can predict cancer 20 years later," he said. "We should focus our efforts on those men who are on the highest risk for cancer."

Another study found that among patients who had a radical prostatectomy(removal of the prostate and some of the tissue surrounding it), those who had been screened for prostate cancer were more likely to have malignancy confined to the prostate, compared with men who had not been screened.

"Patients should be screened," said lead researcher Dr. Alexandre E. Pelzer, from the Medical University Innsbruck, Austria. "Screening reduces mortality from prostate cancer by 50 percent in our part of Austria, where screening is done, compared with other parts of the country where it isn't," he said.

Another debate in prostate cancer care is whether patients diagnosed with the condition should be treated immediately or whether watchful waiting is best.

In one study, Dr. Marc A. Dall'Era, and colleagues from the University of California at San Francisco, found that it was not possible to predict how fast the cancer would progress among the study subjects who had what was termed low-risk prostate cancer.

In the study, more than 400 men had their cancer watched monthly. "Among the men on active surveillance, about 28 percent progressed, Dall'Era said. "Over five years, none of the men died from prostate cancer," he added.

Men who opted for treatment were those who had the highest grade tumors, Dall'Era added.

In another study, Dr. Bradley A. Erickson, from Northwestern University, and colleagues collected data on 347 older men who selected watchful waiting. Among these men, 36 percent showed progression and/or underwent secondary treatment. Overall mortality was 30 percent, with 8 percent dying from prostate cancer.

"Men who were more likely to die were those with higher PSA and those whose cancer progressed," Erickson said. "This is the first study to that gives us a natural history of PSA screening."

In a second group of studies, researchers presented evidence that statins might reduce prostate cancer risk.

In the first report, Dr. Janet Colli, and colleagues from the University of Alabama, Birmingham, were able to make an association between declining prostate cancer rates in the United States and statin use.

The researchers said they found the declining death rates were most noticeable among white men who used statins. "There was a very strong correlation between declining prostate cancer mortality rates and declining high cholesterol levels in white males," Colli said.

Colli thinks statin use may be one reason for this decline in prostate cancer mortality. "Future studies are needed to determine the effect of statins on prostate cancer," she said.

In a second study, a research team led by Dr. Robert J. Hamilton, from Duke University Medical Center, found statins lower PSA levels. "In 1,200 men, we found an average 4.1 percent decline in PSA after starting their statin," Hamilton said. "The PSA dropped more if the patient was on a higher dose of a statin."

Moreover, men whose PSA was highest saw the greatest drop in PSA levels after starting statins, Hamilton said. "These men had an average of a 15 percent drop in their PSA," he noted.

Hamilton said studies need to be done to see if statins actually protect against prostate cancer. He added the concern that statins may not prevent cancer, but rather mask the malignancy through the decline in PSA levels, so some prostate cancers may go undiagnosed.

In a third study, a group headed by Dr. Teemu J. Murtola from the University of Tampere, Finland, collected data on 78,484 Finnish men between the ages of 55 and 67.

They found that there were fewer cases of prostate cancer among men who used statins. "There was a dose-dependent reduction in prostate cancer among users of statins, but not among users of other cholesterol drugs," Murtola said. "The overall risk of prostate cancer was around half of that of non-statin users."

In addition, Murtola's team found that PSA levels were also lower among study subjects without cancer who used statins.

"The association of statins with the reduced risk of prostate cancer should be made known to men taking statins," Murtola said.

ANTIOXIDANT SUPPLEMENTS MAY HARM

A review of antioxidant supplement trials has found that they don’t seem to do any good and may do harm - in fact so much harm that they might shorten your life.

The systematic review was of antioxidant versus placebo trials for a wide range of reasons from preventing diseases in the first place to reducing subsequent problems once you already had a condition. The researchers came up with 68 trials involving 230,000 people and after analysing the best trials, there was no evidence of benefit. And when they looked at harm, beta carotene and vitamins A and E were associated with increased chances of dying prematurely either when used by themselves or in combination. The jury’s still out on vitamin C whereas selenium just might be linked to reduced death rates.

These findings don’t necessarily mean the story about antioxidants preventing free radical damage is wrong. It’s just that swallowing antioxidants in tablets doesn’t seem to be a good idea - at least compared to taking them in whole foods such as red vegetables, just as they do round the Mediterranean.

For reference Gjelakovic G et al. Mortality in randomised trials of antioxidant supplements for primary and secondary prevention. /Journal of the American Medical Association/ <http://jama.ama-assn.org/> 2007;297:843-857
ABC NewsRadio Online </newsradio/default.htm>ABC Online

GENETIC MARKER LINKED TO AGGRESSIVE PROSTATE CANCER

Northwestern University researchers have discovered that a recently identified genetic marker for prostate cancer is linked to a highly aggressive form of the disease.

These findings ultimately will aid the development of a simple blood test to predict who is susceptible to this aggressive cancer, Northwestern researchers said. Knowing which patients carry this genetic marker also will guide doctors in how they treat the cancer.

The Northwestern study showed a strong hereditary component to this aggressive cancer. Prostate cancer patients who carry the genetic marker-- called 8q24 -- are much more likely to have a close family member with the disease. They have a 40 percent chance of having a close family member with prostate cancer. In contrast, prostate cancer patients who do not carry the marker have a 20 percent chance.

The genetic marker is twice as common in African-American men. At least30 percent of African-American men with prostate cancer carry the genetic marker compared to 15 percent of men of European descent, according to a previous study involving Northwestern.

Prostate cancer is the most common cancer among American men, causing more than 40,000 deaths annually. African-American men have a higher incidence of the disease and get it at a younger age than white men.

"These findings will help us understand the mechanisms underlying prostate cancer," said Brian Helfand, M.D., an assistant research professor of urology at Northwestern's Feinberg School of Medicine, a co-principal investigator of the study and a physician at Northwestern Memorial Hospital. "They hold great promise for the development of new treatments and prevention."

Helfand is presenting his findings Sunday, May 20, at the American Urological Association meeting in Anaheim, California.

The study looked at more than 550 prostate cancer patients who had been treated at the Robert H. Lurie Comprehensive Cancer Center at Northwestern University. Researchers wanted to identify the characteristics of prostate cancer in men who were carriers of these genetic markers to see if their cancer differed from that in men who did not carry the gene variant.

"We found the carriers of these 8q24 markers had more aggressive tumors," said Helfand. Patients who were carriers had cancers that were more likely to spread into the lymph nodes and were more difficult to surgically remove.

The patients in the Northwestern study had been treated by William Catalona, M.D., professor of urology and director of the Clinical Prostate Cancer Program at the Robert H. Lurie Comprehensive Cancer Center. Catalona is a co-principal investigator of the study.

"We have the largest and best-detailed prostate cancer population to perform this study because Dr. Catalona has a rich database and follow-up on all of his patients," noted Helfand.

The 8q24 genetic variation was originally discovered by deCODE genetics, a biopharmaceutical company in Iceland, in collaboration with Catalona of Northwestern and two other research groups. That study was first reported in Nature Genetics in June, 2006.

Since then, the genetic variant has been widely duplicated by prestigious genetic research groups around the country. This is the first time that a genetic mutation associated with prostate cancer has been found in a large segment of the population.

The initial study by deCODE genetics showed that men who carry the genetic marker have a 60 percent increase in risk of the disease.

Genetic markers, also called alleles, occupy a specific position on a chromosome. The alleles linked to the aggressive prostate cancer found by Northwestern and other labs over the past year are located on the long arm of chromosome 8.

Note: This story has been adapted from a news release issued by Northwestern University. Copyright 2007 Science Daily Science Daily | 05.21.2007

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Thursday 26th July

Guest Speakers: Dr Jehan Titus, *Urologist*
Virginia Gill: *Pelvic Floor Physio*
Darren Hosne: *Counsellor & Trainer*

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WHEN: 7.00pm - 8.45pm

Men, partners &friends are welcome to attend this informative evening

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