

PROSTATE CANCER ACTION GROUP (S.A.) INC.

Affiliated with
Prostate Cancer Foundation of Australia



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NEWSLETTER

The views expressed in this newsletter are not necessarily those of the Group. This Group does not offer medical or other professional advice.

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NOVEMBER 2004

Chairman's Report - November 2004

Death of Max Gardner

The untimely death of Max Gardner was a great shock to everyone and would have been received with great sadness by members of prostate cancer groups throughout Australia. Max's splendid leadership and great experience will be sorely missed. Due to his health he was forced to resign after a very brief term as Chairman of the Prostate Cancer Foundation of Australia and I'm sure this would have been of great regret to him. Max has left a wonderful legacy and it is up to us all to ensure his efforts do not go in vain. A card has been sent on behalf of the Group expressing deepest sympathy to his family.

Onkaparinga Awareness Evening

This function was held on the 3rd November at the Christies Beach Surf Lifesaving Club. I felt the Evening itself was quite successful but the attendance of 31 was disappointing.

There was some criticism of the lack of a P.A. system which we were told would be available. However, generally the speakers could be heard quite clearly. Dr Elder's presentation was concise and easy to understand. All other speakers gave good presentations. Bill and Ian spoke from our group and their talks were well received.

One of the main objectives of the Evening was to increase interest in the Onkaparinga Prostate Cancer support Group. In this aspect we were unsuccessful as the majority of those attending were already support group members. Unfortunately we still face a battle attracting sufficient numbers to a function in the Metropolitan area. However, judging by comments on evaluation forms completed, those attending found the Evening beneficial.

Thanks in particular to the Onkaparinga Prostate Cancer Support Group, The Noarlunga Health Service at Woodcroft and the Christies Beach Surf Lifesaving Club for allowing free use of the venue. We also received support from the PCF A and The Cancer Council South Australia.

City of Mitcham Grant Application

Our Group has been successful in securing a Grant of \$1000 from the City of Mitcham under their Community Development Grants Scheme. Our Project is to conduct an awareness evening in the Council area. If this evening is a success the Council will consider a further application in the March 2005 grants round for a similar event. Congratulations to Robert Kitto for lodging a successful application at his first attempt for our Group. I was given the opportunity to expand on our application with a 5 minute talk to members of the grants sub-committee. Robert, Dean Wall and myself will be attending a Civic Reception at the Council Chambers on the 17th November when we will be presented with the cheque.

Prostate SA

I understand there was a good attendance at the Meeting held on the 3rd November. Unfortunately this clashed with our Awareness Evening at Christies Beach so some of us were unable to attend. Our Group was represented by Trevor Hunt, Dean Wall and Gordon Frith. Trevor will comment on the Meeting later in this Newsletter.

Prostate Cancer Call-In

Last month I reported on what was considered a satisfactory response to the Prostate Cancer Call-In. However we subsequently learnt both Queensland and NSW, with creative promotion, had big increases on the previous year's result whilst our figures were only approximately 60% of the 2003 numbers. There have been concerns raised at the level of promotion in this State and is a matter we will discuss at our forthcoming meeting.

Contribution to cost of Web site

Thank you to the PSA Adelaide Group for a contribution to the cost of maintaining our website (Gerry & Reg. - greatly appreciated).

Looking Ahead To 2005

In recent years our Group has not held meetings in December and January so our next meeting may be the last for 2004. This is not definite as members will decide at the forthcoming meeting. However, on the assumption we follow the usual pattern I would like to make some comments on the coming year.

I believe 2005 will present many challenges to prostate cancer groups. The disturbing lack of publicity in recent times on prostate cancer issues is of concern and this includes the recent election campaigns by both the major political parties. Hopefully next year with the National Awareness Campaign getting underway there will be a substantial improvement. Some of us who have been involved in prostate cancer issues for some years are getting a feeling of frustration at the lack of action and information in some quarters. We will need to be more active in promoting our views.

The Prostate SA initiative is a very positive step and I'm sure everyone hopes the goals being set will be achieved. As regards our Group it is very pleasing that we now have adequate funding in place to conduct a further series of awareness presentations in 2005. Our thanks to the PCFA for their support. We also hope to be involved in a variety of other activities to promote prostate cancer awareness.

The compliments of the Season to everyone and roll on 2005. Jeff Roberts, Chairman

VALE MAX GARDNER AM

Prostate cancer survivors, patients and their families in Australia lost one of their most passionate and committed campaigners and advocates when Max Gardner AM passed away on 19th October. Max had lived with prostate cancer for about 8 years, and it was evident at the Brisbane conference in August that he was not well, although he maintained his positive attitude. But, such was the man – always available for a chat, and ever willing to talk about other people's problems, and to offer succour to any man who was experiencing any difficulty in coping with the disease. Not only that, he worked with great purpose and energy, right to the last, to obtain greater recognition of prostate cancer in the Australian community.

Prostate cancer was not the only matter to occupy Max's attention, for he served several other cancer organizations with the same vigour and determination, and was widely recognized in many circles. Max had the ability to talk and negotiate with people in all walks of life, be they businessmen, politicians, researchers, clinicians, or the man in the street. But he was never backward in challenging opinions about prostate cancer awareness. He was very knowledgeable, respected, a leader, but simultaneously humble, compassionate and always a gentleman.

He always maintained that he should have been diagnosed earlier, if proper and responsible attitudes had been promulgated by cancer authorities and governments, and thus should have been given a better than even chance of survival. This was the motivating force that drove Max in campaigning to ensure that other Australian men did not have to endure the same circumstances. He had many colleagues in similar circumstances, and it is not for want of effort on his part that this situation still endures in Australia, today. He was frustrated by the outdated, uncaring and dogmatic policies of the cancer hierarchy in Australia, which reduces men to mere statistics, devoid of any compassion. I was unlucky enough to be diagnosed in a similar fashion, and fully understood what he was trying to do.

Max could take much of the credit, and great satisfaction, for being the instigator of the conference that drew so many support groups from all over Australia to become what we now recognize as the SAC. Many of us did not know of many prostate cancer support groups, other than the one to which we belonged. But, working with his usual dedication, and with other men, Max collected us together, always with the belief that we could unite to become a stronger voice. United, we can become a force that has to be listened to, but as individual groups, we would never have been heard without Max's efforts. That the "consumer" has a place in some prostate cancer organizations, research projects and enquiries is largely due to his efforts. While providing the impetus and inspiration for a united support group movement, Max was a member of the Prostate Cancer Foundation of Australia, conducted a support group, published a newsletter and served on educational and scientific committees related to prostate cancer, as well as other activities. He subsequently became Chairman of the Foundation.

Max very much appreciated the achievements of our Group in the field of creating an awareness of prostate cancer in the community, and constantly praised the group for the lead that we had taken – he supported us all the way. I must say that he was one man who encouraged us to take this path, when I first discussed the matter with him.

For many men, we have lost a very good friend, a mentor, a counsellor who was a source of information, advice and encouragement. That applied with my own journey with prostate cancer, and my task as the chairman of this Group.

Max Gardner was a man with high ideals, always for the good of his fellow man. He has set us a very fine example. He has shown what can be done, but he has left us with still much to be done. The battle for a better deal for men diagnosed with prostate cancer, and their families has a long way to go. The challenge remains. We owe it to his memory to continue to go forward, and maintain the fine example that he has set us.

We offer our sincere condolences to his widow Wilhelmina, and to his children Josephine, Richard, Vicky and their families.

MAN ALIVE! – 2005

Following the success of Man Alive! festival in March this year, plans are being made for the event to be repeated in March 2005. The organizers are already planning to make it an even more exciting and successful event this time. The proposed date is Sunday, 13th March 2005. This means a change to holding the event on the Sunday, instead of the Saturday, as previously. It is claimed that many more people pass the event site on a Sunday, than on a Saturday.

This festival celebrates “men” – their diversity and their contributions to families and the wider community, and is organized by a group of agencies working in men’s health and well-being in the western region, and supported by Adelaide Central Community Health Service.

Food, music, entertainment and a variety of displays and stalls from different cultures and community groups, as well as fun activities and games, will create a lively and engaging atmosphere to welcome families and individuals of all ages. Participating agencies are strongly encouraged to present their service in an interactive or fun way, if possible.

The event will present opportunities for the community to:

- Celebrate positive aspects and images of men within the community
- Provide men with access to relevant information from appropriate community agencies
- Encourage men to participate , feel connected, get involved and be appreciated

PROSTATE SA

More than 40 people attended Chloe’s Function Centre last Wednesday evening to hear a proposal to form a new organization tentatively called “Prostate SA”. The proposal, presented by Professor Willis Marshall, was very well -presented, and far-sighted in its scope. Representatives from the urological, oncological and radiotherapy professions attended, as well as representatives from pharmaceutical companies, public health, Cancer Council SA, prostate cancer support groups and some other groups. This was a very good response to Professor Marshall’s invitation to attend the function, and it suggests that there is a significant level of interest in proceeding with the proposal.

Professor Marshall quoted extensively on the demographic similarities between Adelaide and Vancouver (BC). “If they can do it in Vancouver, why can’t we do it in Adelaide?” he posed. He emphasised that there is a lack of cohesion in S.A. in connection with prostate health matters, by drawing a comparison with the very successful manner in which breast cancer organizations cooperate. His vision is to establish a multi-disciplinary approach to prostate health in S.A. His proposal is not about attempting to bring about change, but to establish a more coordinated facility in Adelaide. He explained that Government has not been active in prostate health matters, because government feeds on lack of cohesion, such as we now have.

Referring to Vancouver, Professor Marshall drew upon the example of the Vancouver General Hospital Prostate Centre as a model that could be followed in S.A. This hospital has been adopted as a model facility in Canada, and has treatment and research programmes under one umbrella. They conduct clinical research and have a clinical treatment section that sees over 1,000 new cases per year. In addition, they are responsible for education programmes, and research includes complementary and alternative medicine programmes. There is a Prostate Education and Research Centre – a resource for families, patients and health-care workers. There are close ties with support groups, and a range of community programmes. All this is funded by an aggressive fund-raising programme for infrastructure and research support, by which \$41m has been raised out of a target of \$45m. Additional funding has been obtained from grants and industrial funding over the past 5 years. It all sounds quite impressive, and certainly sets a pattern for S.A. to emulate. (Members who want to find out more about this hospital can go to <http://www.prostatelab.org>). Professor Marshall also mentioned the Terry Fox-NCIC Programme on Cancer Progression, conducted at this Hospital.

Compared to Vancouver, we are poor in research, and Professor Marshall believes that, unless we do something, we will become the impoverished people of the South-Western area of the globe. Professor Marshall stressed that prostate cancer is a problem, killing over 2,500 Australian men each year –“we should focus on the pluses of the PSA test”, he said.

What do we need to do to establish such a centre in Adelaide? During dinner each table was given a set of questions to discuss, and provide answers, or suggestions. These questions came under the umbrella of the proposed aims of the new organization, i.e., Cancer Control, Research and Policy. It is quite obvious that we lack cash and any form of infrastructure, so they were priority questions. The suggestions kept flowing, and it was stated that a composite list of those suggestions will be compiled, and circulated to the participants at the meeting. It was far too difficult for this correspondent to keep up with such notes. A target launch date for the new organization is March 2005.

One thing that emerged was that it was considered that there must be a significant consumer involvement – and we heartily agree!

Overall, there was agreement to continue to establish Prostate SA (although that name is yet to be confirmed). I considered that there was a very positive atmosphere, and that there is every likelihood that Prostate SA will be launched next year.

Finally, how about this for an acronym? **P**revention **R**esearch **O**pportunities/Options **S**upport **T**raining **A**dvocacy **T**reatment **E**ducation

COMBINED PROSTATE CANCER TREATMENT CUTS DEATH RATE

Treating prostate cancer with a combination of radiation and hormone therapy could cut the death rate from the disease by half.

A combination of radiation and androgen suppression therapy – a hormone treatment that lowers testosterone levels – is already given to men whose cancer has spread outside the prostate. New US research tested the treatment on men whose cancer was confined to the prostate and who had only a moderate risk of the cancer spreading, finding it halved the death rate. But experts warned that more research was needed before the combined therapy became standard treatment for localized prostate cancer. (*Australian, 19/8*)

FRACTURES LINKED TO PROSTATE THERAPY

Men who receive anti-androgen therapy for prostate cancer should be screened for osteoporosis because of heightened risk of fracture, data from more than 11,000 patients suggest. Dr. Matthew Smith told the meeting of the American Society of Clinical Oncology that subjects treated with gonadotropin-releasing hormones agonists were 40% more likely to experience a fracture than men who did not receive the treatment. (*Australian Doctor, 20/8*)

SCREENING FOR PROSTATE CANCER

A test that can detect ovarian cancer using a single drop of blood can also catch prostate cancer, potentially saving many men the embarrassment and discomfort of a biopsy, researchers have found. They found prostate cancer in 95% of men whose cancer was confirmed by more conventional means, and also screened out men suspected of having cancer.

This new technology has the potential to revolutionise how men are diagnosed with prostate cancer, Dr. David Ornstein, a urologist at the University of North Carolina, Chapel Hill, who worked on the study, said. It is likely that it will be possible to use a simple blood test to accurately identify men who are affected with a harmful prostate cancer, but spare healthy men from undergoing unnecessary biopsies.

Writing in the Journal of the National Cancer Institute, a team including researchers at the Food and Drug Administration and the NCI described using the blood test, made by Bethesda, Maryland-based Correlogic Systems Inc. They compared blood samples from 31 men known to have prostate cancer with those of 25 cancer-free men. They marked out a baseline pattern of protein found only in the blood of men with cancer. They used this pattern to look for cancer in 266 new patients, many of whom had volunteered for a prostate screening program in Chile.

The proteomic pattern correctly predicted 36 or 38 patients with prostate cancer, while 177 of 228 patients were correctly classified as having benign conditions, the researchers wrote. The test results were not always entirely clear. The blood test suggested cancer in 51 men whose biopsies cleared them of cancer. These may not all be false positives, the researchers wrote.

Some of the men could have cancer that was not detected by biopsy, they said, noting an earlier study that showed 20% of men who have cancer-free biopsies the first time are diagnosed with cancer on a second biopsy. So the researchers kept an eye on 70 of the men cleared of having cancer, and found that seven developed prostate cancer within 5 years. All had been correctly diagnosed by the Correlogic blood test. (*Weekend Australian*) (*The question is – is this any better than or more accurate than a PSA test?*)

SUPPLEMENT SHOWS PROMISE

UC Davis cancer researchers say a small, preliminary study shows a soy and shiitake mushroom extract called GCP seems to be helping to slow the progression of prostate cancer..

While more research is needed, the results so far are promising. It all started when researchers at UC Davis began to wonder how they could help men who catch their prostate cancer at an early stage.

Many men choose to go on “watchful waiting” or “active surveillance” because they don’t feel ready to undergo surgery or radiation. But doctors are not content with doing nothing, so researchers wondered if GCP could slow the progression of the disease. They tried GCP in a Petri dish, and it killed some cancer cells. They tried it in mice, and it helped. They then studied it in 13 men with prostate cancer, and eight of those men saw their blood PSA levels drop.

“We have worked through this very systematically and at every state it really looks like this works. So if taking a natural product can really slow the rate of the progression of prostate cancer, then, yes, I think that would be very significant. But we need to prove it before everyone runs out and stops the treatment that they’re on and starts eating lots of tofu,” said Dr. Ralph DeVere White, UC Davis Cancer Centre director.

A new, larger, double-blind study on GCP has been launched at the UC Davis Cancer Centre. About 60 men with prostate cancer who have opted for “watchful waiting” are needed to participate. If the GCP works, DeVere White says he’ll give the supplements to any men who had been given a placebo, so they don’t miss out on any possible benefits. (*KCRA Channel.com*)

STRIDES BEING MADE IN PROSTATE CANCER

Just being diagnosed with prostate cancer is painful enough, but Conroe urologist, Dr. Ajay Kwatra is working to ensure that the treatment doesn't add to this pain. Kwatra is using cryotherapy, a new nonsurgical procedure that freezes the prostate and cancerous cells.

So far, the alternative method of care is making local men smile. Kwatra, who practices with the Sadler Clinic, said many men who face prostate problems are poor health risks for invasive and surgical procedures which are normally done.

Therefore, cryotherapy becomes that much more appealing. During the procedure, the patient is asleep when a metal rod is inserted through the perineum and into the prostate. A chemical known as argon is released through the metal rod and works to freeze the prostate and therefore the cancer-filled cells. The freezing action causes the cells to die.

Cryotherapy includes extra measures to ensure other body parts are protected, such as the catheter that is filled with warming solution to protect the urethra from freezing at the same time. The procedure normally lasts two hours.

The American Cancer Society reports that more than 13,000 men in Texas were diagnosed with prostate cancer in 2003, making local residents candidates for quality treatment. "Cryotherapy is an excellent treatment option for older men, for patients who have not had success with other therapies and for patients whose prostate cancer is diagnosed in the early stages," Kwatra said. Texas ranks fourth in the USA in the number of cases of prostate cancer, the ACS reports.

The American Red Cross reports that men have the highest chance of being diagnosed with prostate cancer between the age of 60 and 79. Prostate cancer will make up 30% of all new cancer cases, which averages 222,000 each year. And the high death totals emphasise treatment even more so with 28,900 men who die annually.

But Kwatra warned that the cryotherapy procedure may not be the best for everyone, and each person should talk with his doctor before deciding it is right. Kwatra is a board-certified urologist who underwent specialised training in cryotherapy at the UCLA Medical School. He completed a residency at the University of Texas in Houston and M.D. Anderson Cancer Centre. Prior to this specialty training, Kwatra attended medical school at Baylor College of Medicine, which is working toward a prostate cancer vaccine in conjunction with Methodist Hospital. The vaccine is being tested for its effectiveness in helping men with advanced prostate cancer "fight the disease by stimulating their bodies' natural defences," researchers reported. The vaccine is developed by Dendreon Corporation and will continue to be studied in upcoming months.

Medical professionals advise that men in the target age range, 60-79 should be checked for possible prostate problems each year, unless otherwise advised by your doctor. (<http://www.zwire.com>)

EXERCISE FIGHTS FATIGUE OF RADIATION THERAPY

To fight fatigue during radiation therapy, exercise is the best remedy, according to a new study on men with prostate cancer. Fatigue during cancer treatment is a common problem. Among the causes: stress, depression, anaemia, pain, sleep problems and poor nutrition, writes researcher Phyllis M. Windsor, MSc., MD, with the radiation therapy and oncology department at Ninewells Hospital and Medical School in Dundee, Scotland.

One survey in the UK shows that only 14% of cancer patients receive advice for fighting fatigue. The most common, rest and relaxation, writes Windsor. Only 4% of patients had been advised to exercise. Inactivity may actually increase fatigue, she writes. Aerobic exercise such as walking, cycling or swimming may be more beneficial in fighting fatigue and preventing further weakness. However, few studies have really looked at this issue.

Windsor's study appears in the latest issue of *Cancer*. It involves 66 men, all about 68 years old, all getting radiation therapy for prostate cancer. Half just took things easy. The other half were asked to walk for 30 minutes – three days a week – for the four-week study period. They were told to exercise at a moderate intensity – 60% to 70% of maximum heart rate. Maximum heart rate is calculated as 220 minus your age. For example, a 60-year-old man should exercise so that his heart rate is between 96 and 112 beats per minute.

Before and after the four-week radiation therapy treatment, men in both groups took a "fatigue test" that involved walking a short distance. The rest group showed significantly more fatigue after radiation therapy. They were unable to walk much. The exercise group did much better. In fact, those men were walking longer distances than before.

"Moderate-intensity walking produced a significant improvement in physical functioning" with no increase in fatigue, writes Windsor. Improved physical functioning may be helpful to combat fatigue during radiation therapy. (<http://www.my.webmd.com>)

CANCER ON HOLD AFTER CONTROVERSIAL TREATMENT

A Perth woman who went to China in the hope that revolutionary gene therapy would halt her pancreatic cancer says she has been given a welcome reprieve. Liz Stephens returned to Bassendean last week after eight weeks of treatment with the cancer drug gene medicine, the world's first licensed gene therapy, at Beijing's Tongren Hospital. After 20 treatments given intravenously through a port in her shoulder, a CT scan at the hospital revealed that the tumour in her pancreas had not grown and small lesions on her liver had disappeared. Yesterday, a Perth radiologist confirmed the good news to the 60-year-old and her partner, Clive Richards, that the tumour was stable, the suspicious lesions had gone and the enlarged lymph nodes had shrunk. (*West Australian*, 28/10 p5)

RADIATION DOSE TO PROSTATE KEY TO OUTCOME

The dose of radiation therapy delivered to the prostate for cancer treatment has a significant impact on clinical outcome according to a new study.

The study presented by Dr. Jacob Rojymon, a fellow in the radiation oncology department at Fox Chase Cancer Centre, showed that in patients with prostate cancer at high risk of spreading, or metastasizing, the dose delivered to the prostate was shown to be the most significant factor affecting outcome. "Radiation dose to the prostate was the most significant determinant of cancer control for these high-risk prostate cancer patients," said Jacob in a prepared statement, "The data that we presented here indicate that the prostate is the major site of treatment failure in high-risk patients and that high doses are of paramount importance for this group."

The study involved 420 high-risk prostate cancer patients. Patients with a high risk of metastasis were treated with three-dimensional conformal beam radiation therapy, with or without short-term hormone therapy, between June 1989 and July 2000. The patients receive radiotherapy either to the prostate alone or with additional treatment to part or all of the pelvis. High-risk was defined as those with a greater than 15% risk of lymph-node metastasis.

High dose was considered to be more than 70Gy. Short-term androgen deprivation was not an independent predictor for cancer control. The findings were presented at the 45th annual meeting of the American Society for Therapeutic Radiology and Oncology (ASTRO) in Salt Lake City, Utah. (<http://www.cancerfacts.com>)

PROSTATE CANCER LINKED TO BREAST CANCER GENE

The connection between prostate cancer and breast cancer goes deeper than using the same drug against both diseases. Researchers have just reported that men have to know about breast cancer genes because of what they do to their prostate cancer risk.

"I had absolutely never heard of it," said David Golding, referring to having his family cancer-tree worked out. He met with a genetic counselor at Memorial Sloan-Kettering Cancer Centre, who drew out his genetic pedigree. It was not a pretty picture. "I had two uncles with leukemia," said Golding. "My father's sister had breast cancer, my mother's sister had five cancers, and my mother, now at 89, had a lung cancer."

That family history was significant enough that Golding was referred for genetic testing. But not just any genes. He was now part of a study of the role breast cancer genes have in men. It turns out that Golding was carrying one of the two genes known to cause breast and ovarian cancer in women. But, in men, the BRCA1 and BRCA2 mutations affect the prostate.

"The risk range that we found in this study was up to five times of increased risk for prostate cancer for men carrying BRCA2 mutation," said Dr. Kenneth Offit of Memorial Sloan-Kettering Cancer Centre. "This is a significant risk that I suppose a PSA risk would be and it encourages those men to go in for screening with PSA as well as physician examination."

That news led Golding to get his PSA level and prostate checked every six months, more than even doctors recommend. That extra vigilance paid off. About a year and a half ago, doctors found prostate cancer in Golding. He had surgery, and today is cancer-free. "By going to genetic testing and being extra careful, and having extra PSA tests, that the cancer that they found was discovered six, seven – maybe eight months sooner than it would have been," said Golding.

While it's not clear how breast cancer genes increase prostate cancer risk, the message from this study is clear. "If you're a man and you have a family history of either breast or ovarian cancer on either side, your mom or your dad, you should think about prostate cancer screening and consider BRCA testing," said Offit.

A reassuring finding in this study is that the prostate cancers found in men carrying breast cancer genes happened no earlier and were no more aggressive than other prostate cancers. So, those men should follow the American Cancer Society guidelines of regular screenings beginning at age 50. (<http://www.wnbc.com>)

PLENAXIS

The US Food and Drug Administration has approved a new drug for men with advanced prostate cancer who don't benefit from other treatments.

The Praecis Pharmaceuticals drug Plenaxis (abarelix) will be restricted to only 5 to 10 percent of prostate cancer patients – those who can't tolerate other hormone therapies and who have refused surgical castration, the FDA says.

The restrictions have been imposed because Plenaxis users are at risk of a life-threatening allergic reaction that could cause a dangerous drop in blood pressure. The agency says users should be monitored for at least 30 minutes after being injected with the drug.

Plenaxis is among a group of medicines called gonadotropin-releasing hormone antagonists that are designed to lower levels of the male hormone testosterone – a key factor in most prostate cancer growth. In 12-week clinical trials involving 81 men, the drug relieved bone pain and helped ease urinary problems. Common side effects included hot flushes, sleep disturbances, pain and constipation..

As a condition of FDA approval, the drug's manufacturer has agreed not to sell it through retail pharmacies, but directly to doctors and hospitals. (<http://drkoop.com>)

Trevor Hunt