MEDIA PLANET

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PROSTATE CANCER

Your Guide to a Better Life Through Diagnosis & Treatment

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The Project to End Prostate Cancer

Prostate Cancer Foundation

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PROSTATE CANCER
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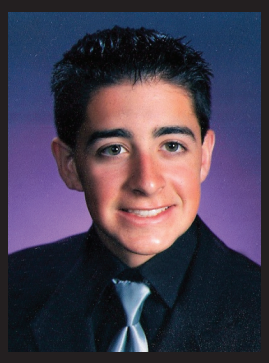

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Introduction

by **Anthony Chiaravallo**
Head Publisher

Over the past several months I have had the unique opportunity and pleasure of speaking with countless doctors, researchers and advocates for prostate cancer whom all have provided me with a piece of the puzzle when it comes to preventing and surviving this disease. With this report I have brought together the leading minds and latest research available to provide you with the most complete picture possible for prostate cancer care. Frequently a taboo subject amongst men, I have found that the more you know, the more you can become empowered to make sound decisions with regards to the health of your prostate. This report will act as your guide and encourage you to become aware of the facts and methods available to ensure that you take all the steps necessary to escape becoming a victim of this disease.

Forward

Jonathan Simons, MD
President and CEO
Prostate Cancer Foundation

As a prostate cancer oncologist and scientist for more than 20 years, I believe that there has been no more promising era for cancer research and treatment than today--particularly for prostate cancer.

The progress is measurable. First, fewer men are dying from prostate cancer than ever before. In 1995, the American Cancer Society projected 40,000 U.S. deaths from prostate cancer in 2007. Actually, slightly more than 28,000 died last year. While that is still too many, it represents a 30 percent decline in the projected death rate.

Prostate cancer has expanded from a neglected specialty to one of the most vibrant areas of biomedical research: U.S. federal funding for prostate cancer research has increased to $550 from $27 million; the number of dedicated research labs has grown from just three to more than 200; 18 nations now have prostate cancer research centers, up from three; and, once non-existent tissue banks now contain more than 20,000 samples for critical scientific experiments. Scientific discovery and our understanding of this disease have accelerated markedly. Today there are more than 20 targeted therapies in development and more than 60 new clinical trials each year in the U.S. Innovative new diagnostics and treatments are on the horizon.

While we may have turned an important corner in the battle against this disease, there is much that still needs to be accomplished and more challenges to be overcome.

The aging of the baby boomers is projected to increase the number of new cases diagnosed annually in the U.S. by more than 60 percent to more than 300,000 in 2015. It is projected that by then three million American men will be battling prostate cancer—an increase of 50 percent. Yet, U.S. federal funding for advanced cancer research, in real dollars, is declining for the first time in 15 years. Throttling back on the flow of research dollars now will adversely affect the return on our investments to date and put scientific progress at risk.

Another irony is that while prostate cancer strikes one out of every six American men (one out of three with a family history) and is the second most prevalent form of cancer after melanoma, it is perhaps the least discussed cancer. If men don't like asking for driving directions, they certainly don't like talking about diseases in their pelvises, particularly if it means possible side effects such as incontinency or impotency.

Early detection and treatment remains the best weapon against prostate cancer providing a five year survival rate of more than 95 percent. Expanded and improved treatment options truly lessen potential side effects that once terrified men a decade ago. Women have long been expected to monitor their gynecological health with annual screenings. Now it's time for all men to take control of the prostate health and speak with their physicians about annual PSA testing and physical screenings.

National Prostate Cancer Awareness Month provides an opportunity to elevate the discussion of saving every man from death due to prostate cancer. From whatever perspective we can speak- patient, survivor, family member, physician, researcher, donor or elected official—it's time to step up the fight. It's time to make prostate cancer something to talk about and end the claim it has on our lives.

Life As a Participant in The Cancer Process

By **Paul F. Schellhammer, M.D**

For patients with prostate cancer, is waging war against the disease the best strategy for patients, or might learning to live well with the process provide better quantity and quality of life? While our nation thinks of itself as one with peaceful purpose and intent, we actually have been and are involved in many conflicts. This war mentality naturally insinuates itself into our civilian lives in so we speak of wars and sports and business, and carry the war metaphor to medicine and especially into the realm of cancer treatment. Recall that President Nixon, when signing the national Cancer act in 1971, announced a declaration of war against cancer. This war analogy for the majority of men with prostate cancer can be debilitating. It requires a battlefield mentality which necessitates hyper vigilance and hyperactivity which is energy depleting. War identifies survivors and non-survivors.

To constantly strive for survival displaces other activities and can drain the enjoyment of daily living. In the year 2000 I changed my role of a physician specializing in the treatment of prostate cancer and became a patient carrying this diagnosis of prostate cancer. I have experienced a number of avenues of treatment which include surgery, external beam radiation, androgen deprivation, secondary hormonal therapy and a clinical trial. I have come to consider myself as a participant in the process of disease and treatment rather than a combatant.

Certainly there are some cancers that, because of their virulence, merit the war analogy. For instance Lance Armstrong, who was diagnosed with a life-threatening testicular cancer at a young age, has become highly visible as a leader of an army to fight cancer. However, Randy Pausch after being diagnosed with an aggressive pancreatic cancer, delivered his last lecture at Carnegie Mellon University, and the book that followed, was much more participatory than combative as he shared his inspiring story to millions of readers. I agree with the concept that patients do best not when they constantly battle against their disease but when they learn to dance with it.

I will use another life experience to illustrate that this advice does not come naturally or might not seem emotionally appropriate. Approximately 2 years prior to the diagnosis of prostate cancer, I experienced crushing chest pain. A 911 call and a prompt angioplasty and stent corrected complete obstruction of the left anterior descending coronary artery – the so-called widow maker. I was indeed fortunate to survive.

When I compare the visceral response and emotions associated with the diagnosis of this highly lethal cardiac event and coronary artery disease and prostate cancer, I was struck by the inconsistency. After my coronary occlusion, my mindset was one of establishing a program of understanding and cooperation with my heart. Through diet modifications, exercise and other strategies I was committed to a partnership for mutual recovery. Implementing this lifestyle change was both satisfying and comforting. Parenthetically it is worth noting that a heart healthy diet and lifestyle is a primary recommendation in the treatment of prostate cancer as well as heart disease.

My reactions generated by a prostate cancer diagnosis were totally different. A sense of betrayal and hostility toward the betraying organ was overpowering and was followed by a committed investment to destroy it by whatever means. Initially my mindset combative and war-like. This despite the fact that by all odds, and I, as a student of the disease, was well aware of the odds that prostate cancer, even if not cured, would take many years to lead to disability and death. The fields of psycho-neuro-immunology and other mind/body interaction disciplines are now receiving much more attention. They have demonstrated a robust relationship between mental attitude and physical recovery. Prayer and meditation tend to relax the body, offset stress, and exert many positive influences.

Responses to therapy may be dependant not only on the application of traditional allopathic medicine, but also to the patient's state of mind during its delivery. The astute 19th century diagnostician from Johns Hopkins Hospital, Sir William Osler, recognized this interaction when he stated "it is equally important to know about the patient who has the disease, than about the disease the patient has". What is the patient's level of anxiety and apprehension and can I, the physician, understand, empathize and allay those emotions.

Through personal experience, I have greater appreciation for two other important principles. First, one cannot place oneself in another's shoes when walking a decision pathway since each individual possesses and acts on information based on certain genetic predispositions and environmental conditioning. Second, in situations like the diagnosis and treatment of prostate cancer, a physician can be very positive in his pronouncements when faced with hypothetical scenarios only to be a lot less certain when confronted personally with the reality of the diagnosis. To use a military analogy, there is a huge difference between boot camp and the battlefield, or sporting analogy, between the practice and playing field. Therefore the frequent advice line, "if it were I", must be tempered by these considerations.

Prostate cancer, even if not cured, can be effectively controlled for many years and even decades. It is part of the attrition of life associated with aging and, as such, patients will benefit from participating and partnering in the process and learning to live well with cancer. A physician, who on being informed of a cancer recurrence, became understandably depressed. On returning to her home and her garden she was able to express the following thought which I find meaningful and comforting: Cancer has not made my life uncertain, it has only exposed me to the uncertainties of life. By putting aside my apprehensions and concerns about tomorrow, I have come to appreciate what I now have and, in a way never before possible, I have found today.

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PROSTATE CANCER TREATMENT: INVASIVE TO NON-INVASIVE

In the last several years, minimally invasive treatment options for prostate cancer, such as cryotherapy, have been examined more closely to determine what benefits they may offer over traditional treatment options, such as prostatectomy and radiotherapy. The goal of minimally invasive options is to reduce the impact of the treatment on the patient, resulting in quicker recovery and fewer side effects, while maintaining the effectiveness of standard treatments.

NON-INVASIVE PROCEDURE BEING TESTED

Researchers in the United States now are testing a non-invasive, high-intensity focused ultrasound (HIFU) procedure for the treatment of prostate cancer. Previous studies of this form of HIFU treatment (known as Ablatherm® Integrated Imaging) conducted among men with low-risk cancer in Europe have shown negative biopsy rates ranging from 82[1] to 93[2] percent. Approximately 13,000 men have been treated to-date with HIFU worldwide. HIFU is not approved for treatment by the U.S. Food and Drug Administration (FDA). The goal is for this ongoing study to provide the necessary data for submission to the FDA for approval of the HIFU technology for treatment of men with localized prostate cancer in the United States.

"Upon diagnosis of localized prostate cancer, it's important to start treating it early. When diagnosed at an early stage, the cancer control rate can approach 90 percent. While many treatment options are available, including prostatectomy and radiotherapy, patients often prefer the convenience of procedures that are less invasive than surgery, for instance. Cryotherapy and high-intensity focused ultrasound (HIFU) are two of these less-invasive procedures," said Dr. Cary Robertson, Principal Investigator on the study at Duke University Medical Center.

NEW RESEARCH UNDER WAY, PARTICIPANTS NEEDED

A HIFU study is now in progress to compare the safety and effectiveness of cryotherapy with the HIFU procedure. This study, occurring at 24 clinics throughout the United States, is enrolling male participants who are 60 years of age or older and have been diagnosed with localized prostate cancer. To be eligible, men must have been diagnosed with prostate cancer that is organ-confined and limited to stage T1a, b, or c, or T2a. The purpose of the study is to determine if this procedure is as safe and effective as cryotherapy (freeze therapy), a standard-of-care, minimally invasive treatment option for prostate cancer.

Treatment with this device involves spinal or general anesthesia. An endorectal probe that uses ultrasound to image the prostate and determine where to treat is inserted into the rectum. No incision is required. The probe then delivers HIFU energy throughout the entire prostate until it has been completely treated. The prostate is treated while still in the body and is not surgically removed.

The procedure is performed on an outpatient basis and takes approximately an hour and a half to three hours. Patients generally are mobile and can return home the same day and can return to a normal routine within a few days of having the procedure.

The study consists of a 12-month enrollment period and a 24-month follow-up period.

If you or someone you know is interested in additional information about this study, call toll-free **1-800-288-0031** or log onto **www.PCaResearch.com**.

[1]Chaussy et al Curr Urol Rep. 2003;4(3):248-52.

[2]Blana et al Urology. 2004;63(2):297-300.