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APCaP-Alliance for Prostate Cancer Р eventi 0 n

Prostate Cancer Saved My Life. Let Me Explain. Stomach Scan Revealed an Unexpected Tumor in My Lung. Lucky for Me. By John Clemens Campbell

What do Washington artist Abbey Griffin, Sen. Ted Kennedy and I have in common?

Unforeseen detection syndrome, or UDS. That's what I call it, anyway, and I've come to the conclusion that it's a good thing.

Sure, we know modern imaging techniques -- X-ray, CT, PET, MRI and ultrasound -- can confirm the presence of disease when specialists suspect its presence. I'm talking about something more serendipitous: the unexpected discovery of a serious medical condition by health professionals who were looking for something else.

Now I'm not suggesting all symptom-less people go and get a full-body scan, just in case. No way. Because some scans involve radiation exposure and all can lead to costly and invasive followup tests, many experts say that would do more harm than good.

But for those of us with good reason for testing -- as I had following a diagnosis for prostate cancer -- UDS may prevent deaths. As my daughter Kay said while visiting my hospital room little more than a year ago, "Dad, prostate cancer saved your life."

In May 1995, The Washington Post published a special health section on prostate cancer. It included my story of diagnosis and treatment decision-making in 1994. Tests over the next decade indicated I had no further cause for concern.

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So imagine how I felt when I learned in late 2006 that five needle biopsies of my prostate area were positive for cancer. A new tumor had emerged and there was concern it might have spread.

Scans of my bones, pelvis and abdomen were all clear -suggesting the prostate cancer hadn't metastasized. But the stomach scan caught a couple of inches of my right lung in the picture -- and it wasn't pretty. A suspicious nodule was growing in the lung's lobe, apparently unrelated to my prostate cancer. A PET scan "lit up" the nodule, confirming it was a live growth.

On Halloween 14 months ago, I dressed up as a cancer patient and underwent surgery at Washington Hospital Center. The small mass was removed, along with the right lobe and a batch of lymph nodes. Pathology showed the tumor's features to be mostly that of small-cell lung cancer. (Yes, I used to smoke -- but quit in 1974.)

It is very rare to detect small-cell lung cancer at such an early stage. By the time I had symptoms, the surgeon said, the tumor would have been as large as a man's fist -- too big to remove surgically -- and the cancer probably would have spread beyond the lung. Five-year survival rates for such cases are poor.

I underwent four cycles of chemotherapy, ending about a year ago. CT and PET-CT scans showed nothing to worry about (other than calcification near a coronary artery).

An MRI of the brain showed, as the old saw goes, nothing there.

This past spring we turned back to the prostate cancer, and I underwent eight weeks of daily radiation therapy at Sibley Memorial Hospital. (Continued on Page 5)

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APCaP seeks the collaboration of public/private business leaders, legislators, health providers/administrators, researchers, federal/state/local health officials, and prostate cancer advocates into coordinated cohesive forums to enhance and promote prostate cancer awareness, education, research, and primary/secondary prevention programs. This diversified stakeholder group seeks to reach out to men in their 40s and 50s, and their wives or partners, to educate them about the basics of prostate cancer and what can aid in its prevention. APCaP accomplishes this through physician lectures, a newsletter, and website. APCaP also evaluates and implements ambitious plans that are designed to eliminate prostate cancer as a health threat in the United States by 2015.

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Graveyard Shift Probable Cancer Cause

Night time work is now listed as a "probable" cause of cancer by the International Agency for Research on Cancer (IARC), the cancer arms of the World Health Organization. The IARC analysis appeared in the December 2007 *Lancet Oncology*.

Scientists and their research have pointed to the association between the night shift and cancer for over 20 years. Studies suggest an increased incidence of breast and prostate cancers in women and men whose work day starts after dark.

There are many factors that may cause increased cancer rates in night time workers. Research indicates overnight work is linked to cancer through the night time disruption in the circadian rhythm, the body's biological clock.

Disruptions in the body's natural rhythms can breakdown critical tasks. Certain processes such as cell division and DNA repair happen at regular times. The hormone melatonin that can suppress tumor development is normally produced at night. People working in artificial light may have lower melatonin levels since light shuts down melatonin production.

Sleep deprivation may be another factor in cancer risk. In addition, inadequate sleep increases vulnerability within the immune system.

People who work at night are not usually able to completely reverse their day and night cycles. The balance between light and dark appears paramount. People sleeping during the day will help to regulate their system through immersion in a completely dark room. Also, maintaining a regular schedule allows the body to reorganize itself and create a new rhythm.

Some scientists suggest that a disruption in the light and dark schedule through overnight travel or insomnia could increase cancer risk. More studies are needed in these areas.

If the graveyard shift theory moves from probable to confirmed, millions of people worldwide could be affected. Experts estimate that nearly 20 percent of the working population in developed countries work night shifts.

Obesity Skews Prostate Cancer Test Results

The widely used PSA test for detecting the earliest stages of prostate cancer may fail to spot the disease in obese men because of their greater blood volume, according to a recent study. These research results suggest that clinicians assess how they interpret the results of prostate cancer blood tests in extremely overweight patients.

Several studies in recent years have observed that obese men tend to have lower PSA concentrations than normalweight men, although the underlying cause has been unclear. Some researchers have proposed that hormonal abnormalities may reduce the overall production of PSA in overweight men. But Dr. Stephen J. Freedland of Duke University Medical Center, along with colleagues at other institutions, proposed that the larger blood volume of obese patients dilutes the concentration of PSA, thereby delaying or preventing the detection of cancer.

Scientists analyzed the medical records of nearly 14,000 patients who had undergone surgery between 1988 and 2006 to have their cancerous prostate glands removed. The scientists examined the relationship between body mass index, a ratio of weight to height, and blood concentrations of PSA. They also estimated each patient's total blood volume and the total amount of PSA circulating in the blood. The study results appear in the November 21, 2007 *Journal of the American Medical Association*.

As expected, patients with a higher body mass index had higher blood volumes and lower PSA concentrations. The most obese men had PSA concentrations that were 11 to 21 percent lower than those of normal-weight men.

The researchers found that the overall quantity of PSA in the blood of obese men was similar to or greater than the quantity in normal-weight men. These results suggest that PSA concentration is diluted by their greater blood volume, and that obese men do not have reduced PSA production.

More research is needed to examine how excess weight can affect the reliability of diagnostic blood tests for prostate cancer and other conditions.

Prevent Prostate Cancer by 2015

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Career + No Health Insurance = Double Likelihood of Dying Within 5 Years

Yes, the headline is correct— people diagnosed with cancer that do not have health insurance are twice as likely to die within 5 years compared to those with private coverage.

The study found people without health insurance are less likely to have recommended cancer screening tests. When these individuals are finally diagnosed, the cancer is usually more advanced. Among insured men, 37.1 percent had a prostate specific antigen test, compared with 14 percent of uninsured men.

Researchers analyzed information from 1,500 U.S. hospitals that provide cancer care. They evaluated nearly 600,000 adults under age 65 who first appeared in the database in 1999 and 2000 with or without health insurance. Patient records were then assessed for the next five years.

The first national study of its kind used data from the National Cancer Database, which is the only national registry that collects data on patient insurance. Statistics linking insurance status and cancer deaths are rare since death certificates do not say whether those who died were insured. The study is published in the January/February 2008 *CA: A Cancer Journal for Clinicians*, a publication of the American Cancer Society (ACS).

"If you are uninsured, and you are diagnosed with cancer, you have a 60 percent greater chance of dying from cancer than if you were insured and diagnosed with cancer," said Dr. Otis Brawley, chief medical officer at ACS.

Prostate Cancer Quick Facts

- Prostate cancer is expected to kill more than 27,000 men nationwide this year, with an estimated 220,000 new cases predicted for 2008.
- It affects the walnut-sized prostate gland, part of the male reproductive system.
- Prostate cancer can be detected before symptoms even appear by screening the blood for unusually high concentrations of prostate-specific antigen (PSA), a protein produced by the prostate gland.
- High PSA levels may prompt additional testing, like a needle biopsy, to confirm or rule out a diagnosis of cancer.

According to Brawley, people do not realize they are underinsured until after they have gotten sick. "There are a substantial number of Americans who do not realize they are a cancer diagnosis away from economic disaster," said Brawley.

At least 20,000 of the nation's 560,000 annual cancer deaths are uninsured when they die, or around 4 percent of the total cancer death toll, according to 2005 data from the U.S. Agency for Healthcare Research and Quality.

Fortunately, the majority of cancer patients have some health insurance, although coverage can be limited and expensive with high monthly premiums, deductibles, and uncovered costs.

People with cancer 65 or older have access to health coverage through Medicare. In addition, over 80 percent of adults under 65 have some form of coverage, including private insurance or Medicaid, the federal assistance program for the poor. However, some enroll in Medicaid or other programs after diagnosis and with a more advanced condition without early detection.

Experts said the study hints at problems with care after diagnosis, including treatment recommendations and quality of procedures.



Earlier studies limited to certain cancers and geographic areas have also shown differences in cancer survival rates of the uninsured and insured. The new findings are consistent across different racial groups. However, **the fact that whites have better survival rates cannot be explained by insurance status alone,** according to Elizabeth Ward, the study's lead author. The researchers could not determine if the numbers were influenced by patients' education levels, or by other illnesses.

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Prostate Cancer Saved My Life. Let Me Explain. Stomach Scan Revealed an Unexpected Tumor in My Lung. Lucky for Me. (Continued from Page 1)

Repeated chest CT and skull-to-thigh PET scans over the past nine months showed no sign of tumors. I'll continue to have scans for the next few years.

My experience puts me in a select group of people lucky to have received an accidental lifesaving diagnosis.

The group includes Griffin, an early childhood educator, infant-family specialist and painter, who lives in Washington and in Calvert County.

In October 2005 and again in June 2006 she underwent CT scans to find why she was having repeated kidney infections. A comparison of the two scans showed that her lymph nodes were "firing" in increasing numbers -- a possible sign of cancer.

A biopsy revealed that she had non-Hodgkin's lymphoma -- a surprise to her and her doctors.

Lymphoma is an idiosyncratic cancer, and a person with a case that's diagnosed early, such as Griffin, has a life expectancy as good with no treatment as with multiple cycles of chemotherapy. She decided against treatment and is now part of a lymphoma watchful waiting group at the National Cancer Institute, while she works to build up her physical strength, believing that fitness works in her favor.

What Griffin took away from her surprise diagnosis is the need to trust her instincts about health concerns and insist doctors take them seriously: "I had been complaining of fatigue and hot flashes for almost a year before those tests," she said. "I just talked to my doctors and then wrote [my complaint] off to menopause or sloth. It is a lesson for me to be more aggressive when I feel there is something wrong."

In October, Kennedy underwent a routine evaluation of his back and spine, which he has had many times before, related to back injuries suffered in a 1964 plane crash. "MRI studies picked up an unrelated, asymptomatic blockage in the senator's left carotid artery," a statement by the senator's office said.

A few days later surgery was performed to repair the partially blocked artery and prevent a stroke.

Christopher Rothstein, a radiologist with Doctors Groover, Christie and Merritt, a practice in the District and Montgomery County, said similar discoveries occur up to five times a month in the firm's hospital practice, with perhaps two turning out to be serious. That's out of more than 7,000 images per month.

"Recently a patient of ours with a failed colonoscopy underwent a CT scan of his colon," Rothstein said. The scan unexpectedly revealed a mass outside the colon. It proved malignant.

"It's one thing to screen for something among ill patients and detect what we were looking for. It's quite another to discover an entirely different medical issue."

During my most recent PET-CT scan, the technician at Sibley told me, "You can't imagine how many of these [unexpected problems] we find when we're looking for something else entirely." Yes, I can.

My response? Don't get a full-body scan if you don't need one. And be aware that any scan can cause scares -- and lead to further testing -- with findings that turn out to be false alarms.

But I'm now a believer in the serendipitous element of medical diagnosis -- and committed to getting any scan my doctor recommends.

You just never know what might turn up.

Mr. Campbell serves on APCaP's Board of Directors. This article was originally published in The Washington Post on January 15, 2008 and has been reprinted with permission.

- 1 in 6 men will be affected by prostate cancer
- Only 50% of men over 50 have prostate cancer screening each year
- When detected and treated in its early stages, the five year survival rate for prostate cancer is 100%
- African American men have twice the incidence and mortality rate compared to Caucasians

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Cancer Death Rates Higher Among Less Educated

Less educated people in the U.S. are more than twice as likely to die from cancer as their better-educated counterparts, according to research in the September 2007 *Journal of the National Cancer Institute*.

The study evaluated death certifications and the U.S. Census Bureau to explore the association between education levels and death rates from prostate cancer and other types of the disease. Scientists collected data on 137,708 cancer deaths in 2001 of black and white men and women between age 25 and 64. Researchers identified those with less than 12 years of education compared to those with more than 12 years of education.

Overall, deaths among all race and gender groups were roughly double in all groups that had less than 12 years of education. Those with the highest levels of education cut their risk of dying from cancer. For the highest educated white men, the risk was cut by 48 percent, for white women it was cut by 76 percent as it was for black men, and the most educated black women had a 43 percent lower risk of dying from cancer. Although cancer death rates were higher among blacks than whites with the same level of education, they were almost the same for black and white men with zero to eight years of education.

This study raises questions about the role of education compared to race in determining cancer death risks. More research is needed to evaluate the role of education, race, access to health care, socioeconomics, gender, lifestyle, environmental issues, and other key factors contributing to cancer mortality.

Cancer Care Race Gap Continues Since 1990s

Black cancer patients continue to be significantly less likely than white patients to receive treatment for lung, breast, colon and prostate cancers, according to research in the February 2008 *Cancer*. The study also showed that few improvements were instituted in the cancer care provision to Medicare beneficiaries since the early 1990s. The study assessed whether cancer care improved since 1992. A team of Yale University researchers analyzed data for breast, colorectal, lung or prostate cancer from 1992 to 2002 from the Surveillance, Epidemiology and End Results (SEER) Medicare database.

The team examined data of treatments known to be provided differently according to race to analyze any changes in care. They compared data from thousands of colon, rectal, lung, breast, and prostate cases. The results indicated almost no improvement in the proportion of patients treated for most cancers. They also found that the differences in care provision according to race had not changed between 1992 and 2002. Racial disparities existed even among the smaller subset of patients who saw a doctor before their cancer diagnosis. "Efforts in the last decade to mitigate cancer therapy disparities appear to have been unsuccessful," wrote the authors.



"This patient has a rare form of medical insurance."

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Red and Processed Meats Promote Cancer

New study results indicate that the more red and processed meat you eat, the higher your cancer risk.

This study was the largest to evaluate the impact of red and processed meats for various types of cancer, according to researchers at the National Cancer Institute (NCI). The study is published in the December 2007 online journal *PLoS Medicine*.

NCI researchers and the AARP analyzed health data from 500,000 people aged 50 to 71 who participated in the National Institutes of Health-AARP Diet and Health Study beginning in 1995-1996. They followed participants for about eight years and recorded 53,396 cases of cancer. In addition to meat consumption habits, the participants detailed other lifestyle choices such as smoking and frequency of exercise. The team then grouped people into five categories according to their level of meat consumption.

For the study analysis, red meats included beef, pork and lamb. Processed meats included bacon, red-meat sausage, poultry sausage, luncheon meats, cold cuts, ham, regular hot dogs and low-fat hot dogs.

The highest category of red meat was those consuming the equivalent of a quarter pound hamburger or a small steak or a pork chop per day. The lowest category was equivalent to approximately three thin slices of ham or less per day. The median consumption of red meat was 31.4 grams per 1,000 calories, which is about two and a half ounces of red meat a day for a person consuming the average 2,000-calorie diet.

For processed meat, the lowest category of consumption equated to no more than one slice of bacon a day, while the highest consumption category covered four slices a day.

The researchers found elevated risks for colorectal and lung cancer with high consumption of both meat types along with **borderline higher risks for advanced prostate cancer.** High red meat intake was also associated with increased risk of esophageal and liver and a borderline increased risk for laryngeal cancer. And high processed meat consumption was associated with borderline increased risk for bladder cancer and myeloma, a kind of bone cancer. In addition, both red meat and processed meat consumption were associated with increased pancreatic cancer risk in men, but not women.

ACS recommends fruits, vegetables and whole grains with some lean proteins to prevent cancer. They specifically suggest reducing red and processed meat consumption to reduce the risk of prostate cancer.

PSA RECOMMENDATIONS:

As a reminder, current recommendations suggest healthy men over 50 have an annual PSA blood test. However, African Americans and people with a family history of prostate cancer should begin testing at age 40.

APCaP Announcement: APCP Board Member Kelly Largey is training for the April 21, 2008 Boston Marathon to raise money for the Leukemia and Lymphoma Society. She lost her father to Acute Myeloid Leukemia in 2000. He was a terrific runner and her endurance run to help people with blood cancer honors his memory. As of January 2008, Kelly raised over \$11,000 for the Leukemia and Lymphoma Society. APCaP is seeking feedback from Male Call readers about our newsletter content. How can we improve Male Call? Have we helped you learn about prostate cancer and prevention?

We are looking for stories from readers about ways in which the newsletter content has been helpful. Please send your feedback and stories to info@apcap.org, or to our mailing address listed on the back cover.



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FAST FACTS: Prostate cancer is the second most common form of cancer diagnosed among American men. This year approximately 220,000 new cases of the disease are expected to be diagnosed, and about 27,000 men will die of the disease.

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