

MALE *Call*®

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APCaP - Alliance for Prostate Cancer Prevention

Save Your Life with Prevention!

Once a person is diagnosed with cancer, or heart disease, or another major health challenge, his or her life changes dramatically, and as some would report, is never the same again.

What if you could prevent the diagnosis? What if you could prevent the formation of disease?

Last year, cancer became the number one killer of Americans under age 85, even though cancer death rates are declining. Coronary heart disease is now the number two killer of Americans.

"In Matters of the Heart, Prevention is Key," a July 31, 2007 New York Times article by Jane Brody, reports that far too many Americans are still dying of heart disease than should be due to lack of knowledge about prevention. The same goes for cancer.

Scientific research studies have taught us that major lifestyle changes will help prevent these diseases. Continue reading. It could save your life.

Death rates for coronary heart disease decreased by about half from 1980 to 2000. Brody's article outlined reasons for the drop from a study in the June 2007 *New England Journal of Medicine*.

About 47 percent of the decrease in coronary deaths among Americans age 25 to 84 is attributable to treatment improvements for people who have had a heart attack.

About 44 percent of the decrease in coronary deaths came from improvements in risk factors for heart disease, including reduced cholesterol levels, better control of high blood pressure, a decline in smoking, and a small rise in physical activity.

APCaP has consistently reported evidence-based research indicating that dietary improvements, physical activity, and other lifestyle changes such as quitting smoking can dramatically reduce prostate cancer.

Dietary Improvements

According to an interview with Susan Silberstien, PhD, Executive Director of the Center for Advancement in Cancer Education, in the January 2005 APCaP Newsletter, approximately 75 percent of prostate cancer prevention involves dietary choices.

- Several foods should be avoided or greatly reduced, including fats from animals, certain oils, proteins such as cooked red meats, high amounts of cheese and milk, as well as sugar.
 - Research on 65,000 men suggests a four-fold higher risk of prostate cancer for men who regularly consume meats, cheese, and milk.
 - Fiber binds to, and escorts out of the body, circulating hormones and carcinogens that support prostate cancer growth. Sources of fiber include whole grains, brown rice, whole oats, buckwheat, whole fresh fruits, vegetables, fresh and raw seeds, nuts, peas, and legumes, as well as fiber supplements.
 - Men should eat ten or more servings per day of vegetables and fruits to help prevent prostate cancer, including cruciferous vegetables.
 - Omega-3 fatty acids that contribute to prostate cancer prevention.
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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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PLEASE JOIN US!

6th Annual Ray Perkins Memorial Race 5K
and 1 Mile Fun Walk/Run
Sunday, September 23, 2007
Duke Island Park,
Bridgewater Township, New Jersey

For more information about this APCaP benefit, visit www.apcap.org, or call Terry Roe at 732-271-1248.

Ray Perkins, a caring father of 6, passed away from prostate cancer at age 69 in 1999. Ray was a born activist. He lobbied Trenton legislators on prostate cancer issues. After helping to start a support group at Memorial-Sloan Kettering in 1997, he became unable to travel, and then started a support group at Mountainside Hospital in New Jersey. Ray Perkins was an inspiration to all of us. His spirit and care touched thousands.

Do you have Questions about Prostate Cancer? Call us Toll-Free!

Remember that you can have your prostate cancer questions answered on our Hot Line at 1-888-50-APCAP (1-888-502-7227) twenty-four hours a day. It's free. Your message will be responded to within 24 hours. You will be talking with a prostate cancer survivor from APCaP's Board of Directors about symptoms, treatment options, basic tests, and related subjects. Please note that we are not doctors. If your question requires a physician's insight, we will try to obtain it for you.

CALL TODAY! The call is on us.

www.apcap.org
1-888-50-APCAP or 1-888-502-7227

Did You Know?

- ♦ 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

September is Prostate Health Awareness Month!

Prostate Health Month

September was first designated as National Prostate Health Month in 1999 by the American Urological Association (AUA) Foundation. The aim of observing an entire month dedicated to prostate health is to create greater awareness of prostate health in the public.

Free Interactive Patient Webinars

This September, in recognition of National Prostate Health Month, the AUA Foundation will host four, one-hour, on-line webinars free of charge to promote greater awareness and understanding of prostatitis, localized prostate cancer, advanced/recurrent prostate cancer, and enlarged prostate or benign prostatic hyperplasia. These interactive programs are created specifically to provide patients and the public with important information for conditions of the prostate. Each live webinar will feature physicians and national experts discussing causes, diagnosis, and treatment options for these common prostate conditions, as well as time for questions and answers.

The AUA Foundation's web-based seminars require pre-registration. The webinar will remain on-line for 6 months after the presentation to enable individuals to listen to and view the program without the interactive question and answer period.

September 2007 Webinar Schedule

September 12, 8 pm EST: Prostatitis

September 18, 7 pm EST: Localized Prostate Cancer

September 19, 7 pm EST: Advanced/Recurrent Prostate Cancer

September 25, 8 pm EST: Enlarged Prostate or Benign Prostatic Hyperplasia

We invite you to visit www.urologyhealth.org for more information and to register for the AUA Foundation's webinars. Their website also contains educational materials about prostate health and prostate cancer, as well as other topics associated with urology. Online assistance in locating an urologist is available.

Prevent Prostate Cancer by 2015

Dear Reader...

INFORMATION IS POWER! APCaP welcomes donations from the public to support our prostate cancer educational efforts through our quarterly newsletter. Thousands of *Male Call* copies are distributed without charge. Our cost is significant to produce, print, and mail our newsletter.

Won't you consider a gift to keep us going? **WE ARE GRATEFUL FOR YOUR SUPPORT!**

Tax deductible donation to APCaP, a not-for-profit 501(c)(3) organization

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New Blood Test for Prostate Cancer in Development

A new and still experimental blood test for prostate cancer diagnosis seems to be more accurate than the current PSA (prostate specific antigen) test, according to recent research in April 2007 *Urology*.

The new test looks for a protein in the blood called EPCA-2 (early prostate cancer antigen 2). EPCA-2 is only found in prostate cancer cells, and not other types of cells in the body. In contrast, the PSA protein measured in the currently recommended and widely used PSA test resides in both non-cancerous and cancerous cells.

EPCA-2 is more sensitive and specific in detecting prostate cancer, according to research results by Robert H. Getzenberg, Ph.D., Director of Urology Research at Johns Hopkins University's Brady Urological Institute.

Study Scoop

Getzenberg and his colleagues evaluated the EPCA-2 test on blood samples from several groups of people. Some were known to have early prostate cancer, late prostate cancer, other types of cancer, or enlarged prostates without cancer. Some were healthy men with normal PSA levels. Others were women, and therefore with no prostate gland.

Results indicate the EPCA-2 test is 97 percent accurate. This means that there is only a 3 percent chance that a man does not have prostate cancer if he tests positive with EPCA-2. The EPCA-2 test was better than the PSA test in accuracy through detection of when cancer was present, and when cancer was not actually present.

Another major difference between this new test and the traditional PSA is that EPCA-2 also provides more information about the level of prostate cancer disease progression. That is, the EPCA-2 distinguishes whether the cancer is still in an early stage when confined to the prostate gland, or more advanced when it has spread outside the prostate gland.

What is the prostate? The prostate is a walnut-shaped gland found only in men. It lies in front of the rectum, sits just below the bladder where urine is stored, and surrounds the tube that carries urine from the body (urethra). The gland functions as part of the male reproductive system by making a fluid that becomes part of semen, the white fluid that contains sperm.

More accurate diagnostics greatly influence a doctor's ability to prescribe necessary treatments, and eliminate use of unnecessary treatments. For example, a man diagnosed with localized prostate cancer, but in actuality with prostate cancer that has spread beyond the prostate area, may be advised to have pelvic radiation and hormone treatment immediately, instead of having surgery and radioactive seeds, which is often recommended for localized prostate cancer.

Next Steps and Limitations

The current research results offer preliminary information. The test needs further assessment in typical settings where doctors are screening men for prostate cancer. The EPCA-2 test also needs to be evaluated in a larger group. Getzenberg predicts at least two years are needed before Food and Drug Administration approval, which will require more data supporting the efficacy of the EPCA-2 test.

Unfortunately, the EPCA-2 test will not distinguish what men diagnosed with prostate cancer should not get treatment. As reported in the December 2006 APCaP newsletter, a study published in the August 2006 *Journal of the National Cancer Institute* showed that approximately one half of men diagnosed with low-risk prostate cancer undergo surgery or radiation when "watchful waiting" may be most appropriate.

Current PSA Recommendation

Years of research have demonstrated that the PSA is not a perfect test.

PSA results can produce false positives where a high PSA indicates prostate cancer when there is not any. According to the National Cancer Institute (NCI) fact sheet on prostate cancer (last updated in 2004), false positives from the PSA test occur when the PSA level is elevated but no cancer is present. The NCI statement reads, "False positives may lead to additional medical procedures that have potential risks and significant financial costs and can create anxiety for the patient and his family. Most men with an elevated PSA test turn out not to have cancer; only 25 to 30 percent of men who have a biopsy due to elevated PSA levels actually have prostate cancer."

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In the Genes

What if doctors could test the DNA of men to determine who is at the highest risk for prostate cancer, diagnose the disease earlier, and perhaps prevent it?

New research from 3 separate studies published in the April 2007 *Nature Genetics* indicates scientists have found new clues toward those goals.

Scientists have identified variations in human DNA that signal a higher risk for prostate cancer in men who carry them.

DNA is the material inside the nucleus of cells that carries genetic information. Genetics refers to what is inherited from one's biological parents. Scientists currently believe that inherited DNA changes are associated with between 5 and 10 percent of prostate and other types of cancer.

All 3 studies focus on DNA variations located on chromosome 8 in some men. According to one of the studies, the variations may be linked to as many as 68 percent of prostate cancer cases in African Americans, 60 percent in Japanese Americans, 46 percent in Latinos, 45 percent in native Hawaiians, and 32 percent in whites. Six of the DNA variants were newly discovered, and 2 identified in previous studies. The 3 studies were based on genetic tests on thousands of men from varied backgrounds. Since some of the DNA variations are more common in African-American men, this may help explain why prostate cancer rates are higher in African Americans compared to men of other races.

Investigators from the University of Southern California, Harvard Medical School, the National Cancer Institute, American Cancer Society, and deCODE Genetics Inc., an Icelandic biotech company, performed the studies. The group from deCODE Genetics expects to release a genetic screening test for the disease sometime in early 2008.

Beyond genetic tests that will help identify those most at risk for prostate cancer, the findings may ultimately accelerate the discovery of new treatments.

www.apcap.org

Flaxseeds, Low Fat Diet, and Prostate Cancer

Flaxseed supplementation significantly reduced cancer cell proliferation rates in men with prostate cancer, according to a study by researchers at Georgetown and Duke University presented at the June 2007 American Society of Clinical Oncology meeting.

The study randomized 161 patients into 4 groups: flaxseed supplementation only, a low fat diet (20 percent of calories from fat) only, flaxseed supplementation plus a low fat diet, and a control group that had no intervention through the study.

Study participants followed their assigned protocol for at least 3 weeks before their scheduled surgery. The primary measurement was median tumor proliferation rate (MIB-1), which is identified through an analysis of the rate of cellular division in cancer cells. Therefore, a lower MIB-1 indicates a better prognosis for patients, according to previous studies.

MIB-1 volume was 1.5 in patients randomized to flaxseed and low-fat diet, 1.66 in the flaxseed-only group, 2.56 in the low fat-diet group, and 3.23 in the control group.

Additional studies are needed to further investigate this area, including assessing the individual actions of flaxseeds compared to low fat diets in men with prostate cancer.

What are the benefits of flaxseeds? Flaxseed is one of the richest known sources of lignans and plant-derived omega-3 fatty acids. Studies indicate that flaxseeds boost immune cells and optimal cellular functioning, affect the metabolism of the hormones androgen and estrogen involved in prostate cancer, blocks cell division and blood flow feeding cancer cells, and works in the body as an antioxidant.

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.

The Latest about a Simple Intervention

Regular consumption of dark green cruciferous vegetables, especially broccoli and cauliflower, was associated with a decreased risk of aggressive prostate cancer in a recent study.

Research published in the July 2007 *Journal of the National Cancer Institute* followed 29,000 U.S. men aged 55 to 74 for an average of 4 years. Men enrolled in the study without prostate cancer, completed surveys about the foods they typically ate, and had regular screenings for prostate cancer. During the study, 1,338 men were diagnosed with prostate cancer, including 520 men with aggressive prostate cancer.

Men who reported frequently eating cruciferous vegetables, which include broccoli, cauliflower, cabbage, Brussels sprouts, mustard greens, and turnip greens, were 40 percent less likely to be diagnosed with aggressive prostate cancer during the study than men who rarely ate those vegetables.

The study suggests that broccoli and cauliflower had the most health benefits against aggressive prostate cancer.

Men who reported eating **cauliflower** more than once per week were 52 percent less likely to be diagnosed with aggressive prostate cancer than men who reported eating cauliflower less than once a month.

Men who reported eating **broccoli** more than once per week were 45 percent less likely to be diagnosed with aggressive prostate cancer than men who reported eating broccoli less than once a month.

The study results indicate, in general, eating non-cruciferous vegetables and fruit was not associated with decreased prostate cancer risk.

Cruciferous vegetables will not prevent aggressive prostate cancer in all men, and more studies are needed to confirm the current findings. However, APCaP recommends that men consider increasing their consumption of rich, green veggies in the cruciferous family.

Prevent Prostate Cancer by 2015

New Blood Test for Prostate Cancer

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Alternatively, a low PSA can suggest absence of disease when cancer exists. Many doctors follow the rule that a PSA below 2.6 means absence of cancer. However, NCI's Prostate Cancer Prevention Trial showed that, in their study group, 28 percent of men with PSA levels between 1 and 2 had prostate cancer. In addition, study results presented at the 2007 American Society of Oncology Prostate Cancer Symposium evaluated 6,145 men, of which 574 had a PSA under 2.5. Biopsies revealed that 131 of these men with a PSA under 2.5, or 22.8 percent, actually had prostate cancer.

Despite these imperfections, for now, the PSA test is considered the gold standard in prostate cancer diagnostics. Until another test is approved, men need to continue monitoring their prostate health through the PSA.

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.



"The knees are the first thing to go."

Save Your Life with Prevention! (Continued from Page 1)

Physical Activity*

Obesity and physical inactivity may account for 25 to 30 percent of several major cancers—colon, breast (postmenopausal), endometrial, kidney, cancer of the esophagus, and more. Preventing weight gain can reduce the risk of many cancers. Experts recommend that people establish habits of healthy eating and physical activity early in life to prevent overweight and obesity. Those who are already overweight or obese are advised to avoid additional weight gain, and to lose weight through a low-calorie diet and exercise. Even a weight loss of only 5 to 10 percent of total weight can provide health benefits.

Quitting Smoking*

About half of all Americans who continue to smoke will die because of the habit. Each year about 440,000 people die in the United States from illnesses related to cigarette smoking. Cigarettes kill more Americans than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined.

Cigarette smoking accounts for at least 30 percent of all cancer deaths. About 87 percent of lung cancer deaths are caused by smoking. Lung cancer is the leading cause of cancer death among both men and women, and is one of the most difficult cancers to treat. Lung cancer is largely a preventable disease.

"Nicotine Addiction is Quick in Youths, Research Finds" by Nicholas Bakalar, another article in the July 31, 2007 New York Times, reported that a young cigarette smoker can begin to feel powerful desires for nicotine within two days of first inhaling, and about half of addicted children report symptoms of dependence when they are smoking only seven cigarettes a month. Published in the July 2007 *Archives of Pediatrics and*

Adolescents Medicine, this study included 1,246 sixth-grade volunteers that were interviewed 11 times over a four-year period. Saliva samples determined blood levels of nicotine and linked them to addictive behavior. Bakalar's article lists the following facts from the study.

During the four years, almost a third of the children puffed on a cigarette, more than 17 percent inhaled, and about 7.5 percent used tobacco daily. The average age when they first inhaled was 12.8 years. Of these, almost 60 percent had lost some control over their smoking, and 38 percent developed tobacco dependence. In the 10 percent of children who were most susceptible, cravings began within two days of the first inhalation, and saliva analysis showed that being dependent did not require high blood levels of nicotine throughout the day. In some cases dependence could be diagnosed as early as 13 days after the first smoking episode. For most inhalers, daily smoking was not required to cause withdrawal symptoms. More than 70 percent had cravings that were difficult to control before they were smoking every day. The biochemical analyses confirmed that the symptoms of dependence began mostly at the lowest levels of nicotine intake.

These startling figures illustrate that healthy habits must start early. Parents may influence their children's behaviors such as smoking. And healthy habits, whenever they begin, may prevent diseases.

We invite you to take the APCaP challenge!

- Define your healthy, and not so healthy behaviors
- Make a commitment to improving your lifestyle in one or more areas as a start
- Evaluate your commitment after 30 days, and add new lifestyle modifications over time

You be the change you want to see in the world.

*Statistical information from the NCI at www.cancer.gov

ATTENTION Male Call Readers!

Knowledge is power. Men and their families who become educated about prostate cancer will learn how to take better care of themselves and monitor their health.

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 specifically looking for stories from our readers regarding 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. Thank you!



Prevent Prostate Cancer by 2015

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