MALE Call®

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APCaP - Alliance for Prostate Cancer Prevention

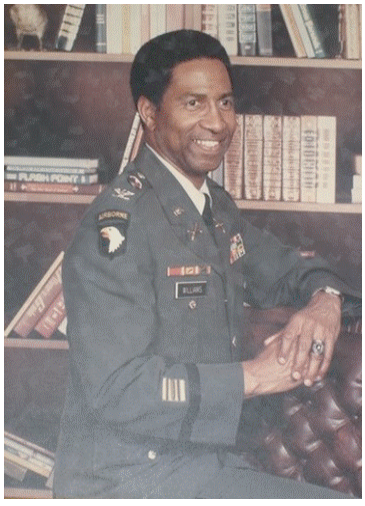
Prostate Cancer Prevention, Awareness, & Action
An Interview with Jim Williams

A quintessential health care advocate, Jim Williams learned some of the tricks of his trade in the military. In a culture espousing preventive maintenance and health at all levels of military life, Jim practiced this lifestyle throughout his career and affirmed it for large groups of men when he served as a U.S. Army Colonel.

"Our military assignment was for soldiers and equipment to be in good health," said Jim. Healthy maintenance ranged from checking the oil and lights to brushing teeth. "At the end of each day, we checked our equipment so that at any hour we could move. We were postured to always be ready." Physical fitness was also a necessity. From those in boot camp to the Pentagon, military personnel need to care for their physical bodies and exercise.

As a military retiree in the civilian world, after being diagnosed with prostate cancer and serving in the prostate cancer and health care advocacy arena, Jim knows and teaches many of these values he learned about health maintenance and prevention.

"Car maintenance illustrates the consumer mindset men do not have about their health," said Jim. Men tend to their vehicles with oil changes and inspections. This occurs not due to the car being sick or exhibiting symptoms, but as an intelligent component of car care and preventive maintenance. Men have a relationship with their car dealership or mechanic. If there is a problem with their car such as an accident, it is customary to collect multiple estimates. Men do not engage the same behaviors through preventive health care maintenance and seeking several opinions about their health when problems occur.



Men's health care involves many factors and requires developing a relationship with a primary health care provider. Women develop relationships with their doctors into adulthood. Men pride themselves on not having doctor's appointments, not missing a day of work, and being autonomous. Men need to change these patterns.

Men and their loved ones benefit from maintaining a healthy physical profile through physical exams and blood tests evaluating health components such as cholesterol and prostate-specific antigen (PSA).

"Men need to know where they stand, and this requires baseline PSA numbers, tracking these measurements over time, and keeping your medical records," said Jim.

Despite the controversies with the PSA and treating prostate cancer, especially in early stages, these issues overshadow the necessity of establishing a baseline number. This refers to the initial PSA score collected when men are in their 40s. Recording and monitoring the PSA number establishes a baseline reference to future test scores and subsequent comparisons. The most important factor is any changes in the PSA score over time, which is called velocity.

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In This Issue About Prostate Cancer (PC)

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

APCaP promotes prostate cancer awareness, education, and advocacy. Special emphasis is directed toward prostate cancer prevention strategies for healthy men in their 40s and 50s. APCaP supports these strategies through a quarterly newsletter, a website, physician-led educational lectures, exhibits at national meetings, patient peer counseling, as well as fundraising events. In addition, APCaP's board members serve as representatives on local, regional, state, and national prostate cancer related boards, commissions, committees, and advisory boards.

Race Recap!

Approximately 250 runners participated in APCaP's 8th Annual Ray Perkins Memorial Race held at Duke Island Park in Bridgewater, NJ on September 20, 2009. The event features a 5K Race and a 1 Mile Fun Walk/Run. George Eberhardt, a 105-year-old prostate cancer survivor featured in our September Male Call newsletter, was the starter for the event. He inspired the audience with a witty talk about his lessons learned through the disease and in living a long life.

Please mark you calendar for the September 2010 event. The date will be announced in Male Call next year.

Prevent Prostate Cancer by 2015

Raw Facts about PSA

Reports questioning PSA testing validity were recently in the media. APCaP's response to previous news stories on the same subject is contained in the March 2009 Male Call. The American Urological Association (AUA) recently issued a statement on the subject, and part of which reads as follows.

AUA is aware of recent news reports disparaging prostate cancer testing. We are concerned that these reports are causing significant confusion for patients and we wish to clarify our recommendations on prostate cancer testing with the PSA test and digital rectal exam (DRE). The AUA strongly supports early prostate cancer detection and feels it is in a man's best interest to consider being tested for prostate cancer.

Prostate cancer is most treatable when caught early. Men ages 40 and older should be offered a baseline PSA test and DRE for early detection and risk assessment. The future risk of prostate cancer is closely related to a man's PSA score; men who are screened at 40 establish a baseline PSA score that can be tracked over time. The AUA strongly supports informed consent, including a discussion about the benefits and risks of testing, before screening is undertaken.

Obesity and Prostate Cancer: Influences of Age & Race

Many research studies have already demonstrated that obesity increases the risk of some cancers. New findings suggest that obesity, age, and race impact prostate cancer risk.

Body mass in both younger and older adulthood, and weight gain between those periods in life in particular, may influence prostate cancer, according to a study in the September 2009 Cancer Epidemiology, Biomarkers & Prevention.

This study evaluated weight gain and prostate cancer in a multiethnic population of blacks, Japanese, Hispanics, Native Hawaiians, and whites. Of almost 84,000 men who participated in the study, more than 5,500 men were diagnosed with prostate cancer.

Results indicate that risk varies among different ethnic groups. Being overweight in older adulthood was associated with an increased risk of prostate cancer among white and Native Hawaiian men, but a decreased risk of prostate cancer among Japanese men. Excessive weight gain between younger and older adulthood appeared to increase the risk of advanced, high-grade prostate cancers in white men and increase the risk of localized, low-grade disease in black men.

Researchers speculated that genes and lifestyle might influence ethnic variations in risk. Differences between study populations may be associated in part with the distribution of stored body fat. As an example, compared to whites, Asian men and women tend to accumulate more fat in their upper bodies and less fat in their lower bodies and specifically legs and buttocks.

Obesity is associated with a number of conditions that contribute to cancer development such as low-grade chronic inflammation, insulin resistance, metabolic abnormalities, and hormone imbalances. Research suggests these conditions contribute to cancer risk and development.

According to study author Brenda Y. Hernandez, PhD, an assistant professor at the Cancer Research Center of Hawaii, all men of normal weight should be encouraged to avoid weight gain and those who are overweight or obese should be encouraged to lose weight to achieve good health.

Ethic differences are not straightforward, and other studies offer alternate perspectives. A study in the August 2009 journal Cancer from the Duke University Medical Center Prostate Center examined the medical records of 1,415 prostate cancer patients who had undergone a radical prostatectomy. Their analysis suggests that race had no influence on the relationship between obesity and the aggressiveness of the cancer. However, researchers found that higher body-mass index (BMI) was associated with significantly increased risk of cancer recurrence for both blacks and whites.

Obesity has another influence on prostate cancer. Previous research indicates that higher blood volume in obese men dilutes circulating PSA levels resulting in lower PSA test results and therefore inaccurate scores.

Prostate Cancer Prevention, Awareness, & Action: An Interview with Jim Williams

Screening tools are critical for early detection, and as an example, studies show that African-American men who are diagnosed late have lower cure rates than whites. These findings are maintained despite the social justice issues impacting this population.

The importance of collecting medical records through maintaining a file of test results and doctors' reports has increased due to new trends with health insurance. Employers may change health care plans more frequently to reduce costs compared to years ago. Consequently, people may need to change their health care providers and medical records may not be transferred. As a result, men need to maintain their own medical records throughout life with information such as PSA results.

Prostate cancer is an asymptomatic disease. Therefore, there are no early warning signs. This reality makes it even more important for men to track their PSA measurements and tend to their overall health care through self-care and self-advocacy.

Jim referred to the health care system in America as a sick care system where 75 percent of costs for health care are spent on the latter stages of illness. Men and women can help shift this paradigm through intelligent and essentially simple steps targeting wellness. These strategies will help prevent disease in the process. Health care reform, within the government and individual lives, must include cost reductions through health maintenance, including lifestyle changes. The impact of these habits will also extend beyond our nation's borders. We must maintain a healthy and well-educated population to continue as a world leader.

A healthy, balanced diet, exercise, stress reduction, and mind-body-spirit practices must be incorporated into what we know as health care in the future. Contrasting Eastern and Western philosophies, Jim alluded to the Eastern mindset of mind-body-spirit medicine with the goal of maintaining health and balance. In Western society, we do not seek balance in general and particularly for our health. We expect the medical field to bring us back to health when the best they can often do is sometimes take us off the critical list. Men need to reflect on the quality of life they wish to invest in and create for their future.

Health maintenance and prevention, as well as care for medical problems, requires a team approach. "Specialist mechanics in health care have expertise in one area. Practitioners need to talk with one another to ensure that the totality of each person's health is understood and decision making is done jointly," said Jim.

Along with advocacy leadership through many cancer and health related organizations, Jim also teaches a physical education program at a local high school. He talks to teenage boys about the importance of physical exams and emphasizes self-care through the stories of men like Lance Armstrong, a testicular cancer survivor, and Richard Roundtree, a breast cancer survivor. "We need to be our brother's keepers. We need to take our passions and share them with our neighbors," said Jim.

Jim Williams is a retired Regular U.S. Army Colonel, Principle of Jim Williams and Associates, Chair of the Intercultural Cancer Council (ICC) and Pennsylvania Prostate Cancer Coalition, APCaP Board Member, and 18 year prostate cancer survivor. He lives in Camp Hill outside of Harrisburg, Pennsylvania with his wife Lois. Jim has three children and one grandchild.

Jim's Tips for Men's Personal Health Care Reform & Prostate Cancer Prevention

1. Develop a relationship with a primary health care provider
2. Cultivate a sensitivity to your body and perform regular exams
3. Acquire a baseline PSA and tracks your measurements
4. Maintain copies of your medical records
5. Eat a healthy diet
6. Exercise
7. Reduce your stress levels
8. Cultivate awareness for and strive toward an interconnected body, heart, mind, and spirit

Keys to Health & Reducing Disparities

Men who have a regular, ongoing relationship with a health care provider are more likely to receive prostate cancer screening and less likely to be diagnosed with advanced prostate cancer, regardless of their race, according to a University of North Carolina study published in the July 2009 journal Cancer.

The study compared the experiences of 1,031 black and white men over age 50 newly diagnosed with prostate cancer in North Carolina and Louisiana. The goal was to find underlying reasons why African-American men have a higher incidence of prostate cancer and a higher rate of death from the disease than their white counterparts.

"We found that white men tended to be seen regularly by the same physician, which appears to be associated with greater trust in their doctors and in physicians in general," said study author William R. Carpenter, Ph.D., research assistant professor of health policy and management in the UNC Gillings School of Global Public Health and a member of UNC Lineberger Comprehensive Cancer Center. "They were also more likely than their African-American counterparts to get regular prostate cancer screenings, and to get all their medical care at a physician's office."

The stage of prostate cancer at diagnosis was similar between races, but the mean Gleason scores, an indication of the aggressiveness of the disease, were higher for blacks than for whites. Blacks were less likely than whites to report participation in prostate cancer screening prior to diagnosis. Men without a prior history of screening were more likely to be diagnosed with advanced disease and/or more aggressive forms of prostate cancer. However, when men of either race had established relationships with a health care provider, there were no differences in prostate cancer stage at diagnosis.

Due to the study results, researchers reported that encouraging African-Americans to establish an ongoing relationship with a regular care provider may encourage more appropriate use of prostate cancer screening, which may reduce racial disparities in prostate cancer diagnosis and treatment, and potentially disparities in prostate cancer deaths.

Genetic Links Identified

Researchers are investigating genetic links associated with prostate cancer in African-American men. Georgia Dunston, Ph.D., the founding director of Howard University's National Human Genome Center, and Chiledum Ahaghotu, MD, a urologist, began the African-American Hereditary Prostate Cancer Study over 10 years ago to assess the family genes of black men with prostate cancer.

By following different generations through tracking their health and genes, scientists hope to gain new information about prostate cancer in this population, including whether or not men are born with prostate cancer or if the disease is caused by changes that develop later in life.

Thirteen research centers across the country recorded the medical history from 77 families, including siblings, fathers, uncles, grandfathers, great-grandfathers. Blood samples were also collected to common genetic mutations or markers that are linked to the disease.

Researchers identified several genes that seem to be more prevalent in these families that have high incidences of prostate cancer with an early onset. The term early onset in the context of cancer refers to people developing the disease at the younger end of the spectrum for a particular diagnosis.

In exploring clinical characteristics of those men who presented with early onset prostate cancer, scientists found that many of them had a treatable disease. These findings emphasize the importance of screening and early diagnosis in African-American men.

More research is needed to clearly identify a genetic marker, which is important to screening as well as potentially treatments and prevention.

PSA RECOMMENDATIONS

As a reminder, healthy men over 50 should have an annual PSA blood test.
African Americans and people with a family history of prostate cancer should begin testing between age 35 and 40.

Benefits from Screening

A new study published in the August 2009 Journal of the National Cancer Institute indicates benefits from prostate cancer screening.

- **Men with prostate cancer are being diagnosed at a younger age and earlier stage today than in years past**
- **Racial disparity in stage at diagnosis has decreased significantly**
- **The amount of men diagnosed with late stage prostate cancer has decreased significantly**

Researchers analyzed 2004-2005 data on more than 82,500 prostate cancer patients and compared this group with men diagnosed in 1988-1989 and 1996-1997.

- The average age at diagnosis decreased from about 72 years in 1988-1989 to about 67 years in 2004 2005.
- The rate of particularly late-stage cases decreased from about 53 to 8 per 100,000 among whites and from 91 to 13 per 100,000 among blacks.
- Men diagnosed with clinical stage 3 and 4 disease fell from 55.5 per 100,000 in 1988-89 to 44.6 per 100,000 in 1996-97 to 8.4 per 100,000 in 2004-2005.

PSA screening, according to researchers, is responsible for the earlier diagnoses and reduction in stage 3 and 4 prostate cancer.

These findings also showcase the first nationwide study to document that the racial disparity in prostate cancer stage at diagnosis has decreased substantially during the period from 1988 to 2005.

Prostate Cancer's Cost to Human Lives

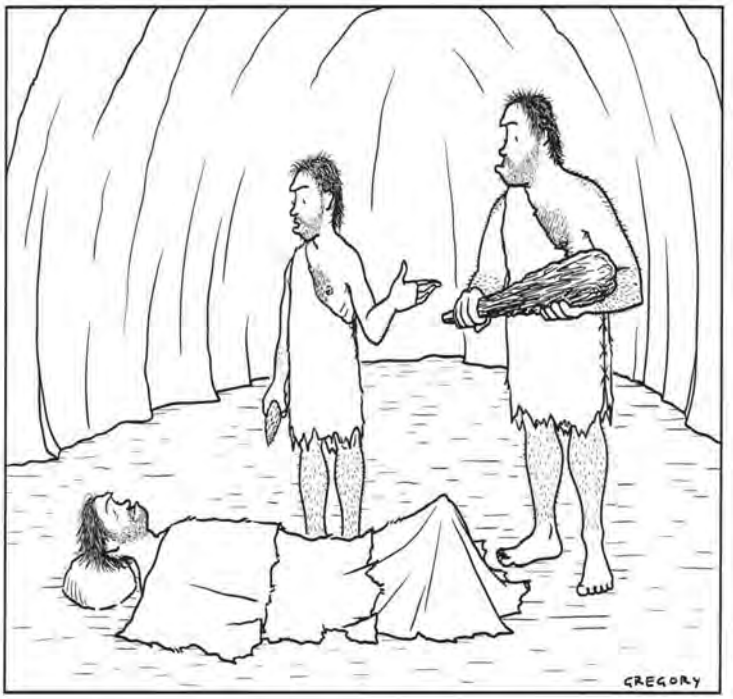
Prostate cancer is the second most common form of cancer diagnosed among American men. This year, approximately 220,000 new cases of the disease are expected to be diagnosed, and about 27,000 men will die of the disease.

More Documented Benefits from Movement

Another study suggests that regular exercise may help protect men from prostate cancer. Researchers evaluated 190 men who had a prostate biopsy. Results indicate that the men who were moderately active were significantly less likely to be diagnosed with prostate cancer. In men who were diagnosed with prostate cancer from the biopsy, exercise was associated with lower grade tumors and therefore less aggressive disease. Moderately active was defined as anything equivalent to walking at a moderate pace for several hours a week.

"As the amount of exercise increased, the risk of cancer decreased," said lead author Dr. Jodi Antonelli at Duke University Medical Center. Study results were published in the September 2009 Journal of Urology.

Study authors referred to the dozens of published research findings demonstrating that exercise lowers prostate cancer risk and the "mixed signals" around the exact relationship of exercise against the disease. APCaP recommends that men exercise regularly to support prostate and overall health.



"I'll be performing the operation, and this is the anesthesiologist."

A New Approach to Prevent the Spread of Prostate Cancer

Approximately one-third of men treated for localized prostate cancer eventually experience a rising PSA due to clinically undetectable micro-metastases in their bone marrow when originally diagnosed. Research efforts led by Neil H. Bander, MD of Weill Cornell Medical Center in New York and his team resulted in the development of an antibody and technology for men in this situation and potentially with visible metastatic disease as well.

Combining Validated Therapies

The approach combines two well-validated therapies for cancer— monoclonal antibodies and radiation.

Antibodies are proteins that are normally produced by the immune system to bind to foreign agents in the body. Researchers manufacture antibodies outside of the human body that adhere to specific molecular targets in cancer cells. Examples of monoclonal antibodies approved by the Food and Drug Administration (FDA) include Herceptin for breast cancer, Rituxin for lymphoma, Erbitux for colorectal and head and neck cancers, and Avastin now used for several types of cancers, among others.

Radiation has been recognized for decades as an effective way to treat prostate cancer. However, radiation has limited use in metastatic prostate cancer since there has been no effective way to radiate disease sites dispersed throughout the body. One potential solution to this problem is to precisely target the radiation by attaching radioactive isotopes to cancer-targeted antibodies. Examples of this include two radiolabeled antibodies FDA-approved for lymphoma.

Targeting Prostate Cancer Cells

The antibody target in prostate cancer is called Prostate-Specific Membrane Antigen (PSMA), which is the single most well established prostate restricted cell membrane antigen known, according to the Weill Cornell team. Studies suggest that virtually all prostate cancers, including metastases, are PSMA positive and with high-density expression at the cell surface. As a result, antibodies to PSMA target cancer cells but not normal cells. Research also indicates that the PSMA target may be equal or even better than other cancer-related targets used as treatments.

The antibody targeting PSMA is given with a radioactive isotope attached. Through this approach, diseased cells are located and infused with radiation, thereby providing a vehicle to treat metastatic prostate disease throughout the body.

Evaluating Safety & Efficacy

Early phase clinical studies demonstrated that combining the antibody target of PSMA and a radioactive therapy—called a radiolabeled monoclonal antibody or 177Lu-J591—is well tolerated and produces biological activity. Of 32 men tested in a phase II trial, 70 percent had a PSA response and almost 50 percent had a PSA reduction of 30 percent or greater— benchmarks that correlate with improved survival. No symptomatic side effects were observed.

A phase II trial has recently opened at Weill Cornell Medical Center to address the estimated 700,000 men in the United States with rising PSAs prior to the onset of metastatic disease. To be eligible, participants must have had treatment for localized prostate cancer with surgery and/or radiotherapy, as well as early hormonal management. In addition, they must have a rising PSA, a PSA doubling time of less than 8 months and/or a PSA greater than 20, and no evidence of metastatic disease on scans. The desired outcome from these treatments is to prevent the development of metastases from prostate cancer, and thereby both delay the need for chemotherapy and dramatically improve survival.

The study, called 177Lu Radiolabeled Monoclonal Antibody HuJ591 (177Lu-J591) and Ketoconazole in Patients with Prostate Cancer, is now available at Weill Cornell Medical Center. Approximately 6 to 10 additional sites will join with Weill Cornell and begin recruiting study participants in the next several months.

This trial provides a single dose therapy administered by a five-minute injection of a radioactive isotope attached to a monoclonal antibody targeting PSMA and ketoconazole— a commonly applied therapy that blocks production of androgenic hormones . More information about this and other anti-PMSA antibody trials is available at www.ClinicalTrials.gov/ct2/results?term=J591 and by calling Kristen Petrillo, RN at 212-746-5430 or Taquice Campbell at 212-746-5360.

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