



2013 CONFERENCE: "EARLY BIRD" REGISTRATION NOW OPEN!



September 6-8, 2013
Marriott LAX Hotel
Los Angeles, California

Mark your calendars! The annual **Prostate Cancer Conference** is scheduled to be held **September 6-8** in the Marriott Airport Hotel in Los Angeles, California — and for a limited time, PCRI is offering an **early-bird special for conference attendees!**

Every September (prostate cancer awareness month), the PCRI conference brings hundreds of patients, caregivers and physicians together for a weekend of interactive sessions and lectures from experts in the medical community.

Made possible by generous individual and corporate supporters and dedicated volunteers, the event provides a rare opportunity for patients to connect with peers and hear about cutting-edge research.

Anyone who registers by **May 31, 2013** is eligible for a **special conference rate of \$60**. Please see page 3 for more information.

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Register by May 31 for a special discounted rate of only \$60!



DASH FOR DAD:
Los Angeles Prostate Cancer Run
June 15, 2013
See page 17 for details.

Conference Agenda*

Friday, September 6, 2013

Introduction to the Prostate Cancer Conference

FACULTY	TOPIC
Jan Manarite	Prostate Cancer 101
Dean Foster, MD	Prostate Cancer 201

Saturday, September 7, 2013

General Sessions

FACULTY	TOPIC
Charles Myers, MD	Managing Treatment-Related Side Effects
Nicholas Vogelzang, MD	Advanced Disease
Mack Roach III, MD	Radiation Oncology
Timothy Wilt, MD, MPH	PIVOT Study: Surgery vs. Observation
Timothy Wilt, MD Mack Roach III, MD	The PSA Screening Controversy: Debate
Duke Bahn, MD Mark Scholz, MD	Live Onstage Prostate Biopsy
Charles Drake, MD, Ph.D	New Treatments in the Research Pipeline
Andrea Singer	Women's Issues

PLUS:

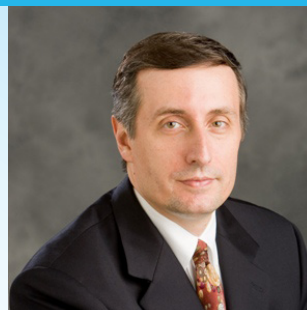
Back by popular demand: **Jerry Peters and Friends** will once again perform at the Saturday Night Dinner Gala!

See page 10 for more information on excursions and entertainment!

Conference Moderator:

Mark Moyad, MD, MPH

Senior Research Associate,
University of Michigan Medical School



Sunday, September 8, 2013

Ask the Experts (2 sessions)

FACULTY	TOPIC
TBA	Radiation
Jeff Turner, MD	Chemotherapy
Mark Scholz, MD Duke Bahn, MD	Active Surveillance & Focal Therapy
TBA	Nutrition and Fitness
Charles Myers, MD	Hormone Therapy
TBA	Imaging
TBA	Surgery
TBA	Immunotherapy

Sunday, September 8, 2013

Roundtable Discussion

FACULTY	TOPIC
Various Faculty (TBD)	Case Studies

*Faculty and agenda subject to change.

Please visit www.PCRI.org for updated faculty, registration and travel information.

To register for the 2013 conference with our limited-time early-bird fee of \$60, please complete the form on page 19 and return to PCRI no later than May 31, 2013.

You may also register online by visiting PCRI.org, or by calling the PCRI office at 310-743-2116.

Self-Care for Prostate Cancer (Part 1)

Dean Foster, MD, PCRI Medical Director



PCRI is committed to giving you the most up-to-date information and connecting you with professional support to fight prostate cancer. The PCRI process of education leading to empowered decision-making rests on the foundation of the contemporary “Patient-Centric Healthcare” (1). One critical aspect of this is simply called “Self-Care” (2).

Self-care unites an optimum healthy lifestyle, wise treatment decisions, and the will to live. In this series of articles, these three factors will connect you with how self-care can help you prevent and inhibit prostate cancer growth on the cellular level.

Thus, the self-care process can produce improved treatment outcomes as motivated patients make wise decisions in the complexity of modern healthcare (3).

This is more than just diet and exercise. Good self-care optimizes cellular health through a robustly protected and healthy cellular community. Think of what enters you, and what you use your body for, as systemically influencing your cells for better or for worse. Wise self-care optimizes the best chance of cancer survivorship (4).

More than 15 trillion cells in your body are constantly dividing and communicating with each other and their surrounding microenvironment. This communication can inhibit prostate cancer growth, even though the mutations would predict otherwise. This is a tremendous motivation for getting into a healthy self-care habit. (5)

Self-Care and the Cellular Machinery

Basic science research has shown that when cancer cells are placed in a healthy environment, they stop dividing, and when pre-cancerous cells are placed in an aggressive cancer they can become aggressive themselves. They are regulated by each other in complex signaling pathways that determine normal genetic expression, or phenotype. (6)

This requires a delicate balance of micro-nutrients, clearing of waste products, healing of injuries to genes, and the neutralizing and removal of toxins in the cell’s life. Most cells divide, serve and then end their life voluntarily through programmed cell death, called apoptosis. Apoptosis stops most prostate cancer before it begins, and is a profound area of research. These are processes that can be influenced by your wise self-care choices. (7)

The problem with cancer is that these cells don’t want to die. Worse, their inherited or mutated genetic malfunctions in key communicative and regulatory genes interfere with civil behavior like self-regulation. They then become independent rebellious organs, with their own blood supply and stromal cell support, producing stem cells and circulating tumor cells that can plant new metastases.

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SELF-CARE *(continued from page 4)*

This process, over many years, becomes a heterogeneous mix of many different prostate cancer cell lines. This means we may not be fighting one “PCa”, but many cancerous cell types, all coming from one prostate. It also means we have to fight prostate cancer with lifestyle changes that become a daily routine and health habits that last a lifetime. (8)

For now, the best chance of stopping prostate cancer is optimum self-care, combined with the judicious use of available or mainstream clinical treatments.

In the future, advances in targeted treatments, immunotherapy, induced apoptosis and other noninvasive treatments like MRI-guided high-frequency ultrasound will improve outcomes. Yet, they all will depend on the patient’s own practices of good self-care, optimizing a robust cellular health and immune response.

Reduce PCa and Heart Attack Risk with Self-Care

As we look at scientific studies for self-care guidance, one thing stands out: most men will die of other causes besides prostate cancer. If we are to do self-care well, it must become a comprehensive balanced healthy lifestyle that lowers risk of heart attack, stroke and other diseases in addition to prostate cancer. (2)

Self-care promotes health in many areas at once.

Many of the studies linking lifestyle and environmental factors to reducing prostate cancer risk are not conclusive. Yet, if they help prevent a heart attack and don’t increase the risk of cancer, they are worth pursuing. This is especially true if focused on balanced nutrition and exercise, decreasing obesity and chronic inflammation. (9)

The Prostate Cancer Lifestyle Trial

One study, the Prostate Cancer Lifestyle Trial, stands out as simple and elegantly on target. The experimental group went on a program of a low-fat, plant-based diet, stress reduction and modest exercise. This trial showed a decrease, and in some cases, the stopping of prostate cancer progression in men with low-grade PCa on active surveillance. (10)

At two years of follow-up, 2% of the men that were in the good lifestyle program went on to pursue PCa treatment, compared to 27% in the control group. When the serum of the men doing wise lifestyle choices was tested on PC cells in culture, their serum inhibited the growth of these cells 8 times more than the controls. (10, 11)

This trial demonstrates our point that self-care can help slow the progression of prostate cancer by improving cell health and the micro-environment. It is the same lifestyle that was found to reduce and even reverse heart disease, reinforcing our point that prostate healthy is heart healthy. (9)

Also of importance in this study was the addition of a support group to encourage men to stay with the program. Support from others often facilitates a decrease in stress, the sharing of information, and increased compliance, which together result in wise self-care choices. (12)

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Reduce Aging

The risk of dying from prostate cancer increases with age. It is very rare before the age of thirty-five, steadily increases from under 1/100,000 under the age of 50 to 171/100,000 in the 70's to 609/100,000 in the 80's. (13)

Why does the health of the prostate diminish as men age? Can we slow it, or reverse it? Can we even understand what precautions a man should take in his 20s to prevent it from happening 20-40 years later? What is happening on a cellular level?

The biochemical processes of aging are beginning to be clarified and are being related to PCa causation. Aging is a very complex process and cannot be attributed to one cause of cell damage like oxidation. In fact, many metabolic processes such as oxidation, methylation, glycation, inflammation and radiation are all contributing to aging and the mutations that underpin PCa causation.

Microscopically, the older prostate often develops signs of chronic inflammation, proliferative inflammatory atrophy, high-grade prostatic intraepithelial neoplasia (PIN) and cancer. Often, these changes involve the whole gland and are more advanced in one area than another. Thus, PCa develops in a field of aging dysplastic cells and is seen to be multifocal, in two separate sites, over 50% of the time.

It may be possible to slow aging and decrease the risk of cancer with caloric restriction and healthy life style choices. Caloric restriction involves fasting at ~ 70% of needed caloric intake (~1400 Kcals/ day) and focusing on a nutritionally dense plant based diet supplemented with essential nutrients, fiber and protein. (14)

Reduce Obesity

Although there is still some controversy, the latest population studies show that obesity increases the risk of developing high-grade prostate cancer, and increases its lethality. (15, 16) It also increases the risk of cancer re-turning after local treatment. Of course, it is a major risk factor in coronary artery disease, stroke, diabetes, etc.

While it is still unclear how obesity causes this increased risk, theories suggest that hypertrophied adipose cells cause an imbalance in the endocrine (hormonal) system (17). They are like a new endocrine gland causing increased insulin levels and inflammation through cytokines such as interleukin-6, and tumor necrosis factor- α , all of which enhance tumor growth. No matter what the cause, there is a direct correlation between degree of increased body mass index (BMI) and increased risk of poor health, so anything you do to lose weight with self-care will be helpful. (18)

Reduce Inflammation

Although there is no unified agreement as to the cause of prostate cancer, experts are starting to agree that chronic inflammation from many sources is an unwanted microenvironment that eventually leads to cancer. This is seen in locations besides the prostate (esophagus, stomach, liver, lungs, etc.) (19)

For the prostate, the theory goes like this: post-puberty, the prostate gets involved in repeated cycles of inflammation, swelling and blockage of its ducts. (Women who have had blockage of their breast ducts while nursing can tell you how painful it can be.) Once the outflow is stopped, the glands are blocked and must stop producing fluid. Some do, but others atrophy (shrink) or expand, rupture or die, causing more inflammation.

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This goes on for many years, with decrease in semen until the process spawns the conditions needed for proliferation, dysplasia (PIN), and finally, cancer.

Decreasing inflammation with self-care can decrease the process and risk of cancer development. For example, taking a nonsteroidal anti-inflammatory medication (such as the cox-1 inhibitors aspirin, naproxen or ibuprofen or the cox 2 inhibitor Celebrex) can reduce the risk of prostate cancer and heart attack as can an anti-inflammatory diet (described in part 2). (20)

Just as early detection and treatment for skin, cervical, colon and esophageal cancer is very effective, the potential exists for early intervention in PCa to reverse inflammation and early PCa. This is an exciting and under-explored area of research.

Reduce Urinary Tract Infections

Many researchers have unsuccessfully sought a link between sexually transmitted diseases, urinary tract infections, chronic inflammation and PCa.

Yet for women, HPV infections are highly correlated with developing cervical cancer years later. Why not men?

It may be that infections enter the prostate, do damage and start the inflammatory process and are then eradicated, leaving no trace of their presence. (21) This suggests PCa starts many years before it is clinically evident.

However, in a recent large study, there has been found an increased risk of PC associated with serum antibodies to *Trichomonas Vaginalis*. (22) *Trichomonas* is especially difficult to find, as it does not produce symptoms in men. It is one of the most common STDs in women and requires a urine test to diagnose in both. Luckily, it is easily treatable. Thus, it is a wise self-care move to prevent the invasion of unwanted microbial intruders during intimacy, and to have both you and your partner checked out and treated as needed.

Reduce Predisposition for Prostate Cancer

If you have any of the three established risk factors for developing prostate cancer (age, race and a positive family history), don't give up. They may increase your risk, and yes, you must be vigilant, but you might be able to mitigate them with self-care.

Some cancers have unresponsive mutations to lifestyle changes. However, a recent study showed the risk of high grade PCa to decrease in African American males just as much as Caucasians with the addition of a diet rich in flavonoids (fruits and veggies). In this case, race and family history were mitigated by a healthy lifestyle. (23)

This effect was also noted in the opposite direction in the China Study, which found that as rural Chinese men moved into an urban environment, cancer increased, as did their consumption of animal protein and dairy products (24). The Chinese have a low incidence of PCa that reverts to the higher US incidence when they move to the US (25). These studies point to the variable genetic expression, or epigenetics, of PCa from changes in the cells environment that give us hope in a promising area of research.

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Increase Exercise

Interestingly, observational data from several studies are conflicted in showing a significant correlation between increased physical activity and the reduction of prostate cancer risk (26, 17). Exercise is, however, associated with improved fitness and weight loss, which both contribute to cellular health and a decreased risk of prostate cancer mortality. Given the obvious, if we are to decrease risk of PCa and heart attack, modest exercise is important. Besides, it is good to go for a walk, breathe deeply, ride a bike, reduce stress and lose a little weight.

Conclusion

We are just beginning to explore the impact of self-care in the fight against PCa. Although the over 20% reduction in PCa mortality in the past 25 years may be attributed to improved medical treatment, the effect of improved self care deserves credit as well. A recent projected 5% increase in PCa mortality for 2013 makes the point. PCa is an enemy that won't quit and vigilance with good self-care is essential.

In the next issues we will dive into self-care lifestyle research, finding those factors that increase and decrease in the realms of diet, supplements and the environment. ♦

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Entertainment



Saturday Night: Jerry Peters and Friends

Due to the overwhelming popularity of last year's performance, Grammy Award-winning musician Jerry Peters will return to perform at the Saturday Night Dinner Gala!



Excursions

Grammy Museum

Celebrate some of the world's most accomplished musicians on this exciting excursion to the Grammy museum in the heart of Los Angeles!



Hollywood Bowl

Join other conference attendees to see **Blue Man Group** perform live at the famous Hollywood Bowl!



*Subject to change.

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Active Surveillance: Q&A with Dr. Laurence Klotz



Sunnybrook Health Sciences Centre's Laurence Klotz, MD, speaks with PCRI about management of low-risk prostate cancer with Active Surveillance.

What is active surveillance, and how does it compare with other methods of treating prostate cancer?

The concept of conservative management for prostate cancer is not new. In fact, in Scandinavia and England in the 70s, basically no one was treated until they had metastatic disease. And the idea was that treatment didn't really have much effect; this was a slow-growing disease and people didn't die from it. We now know that is wrong in many respects, and so the idea of no treatment has pretty much been abandoned.

When PSA emerged around 1989, and suddenly all this early prostate cancer was being diagnosed, the idea was that many of these patients harbored aggressive disease and should be treated radically. And virtu-

ally all newly diagnosed men in the United States, Canada and most of the Western world were offered aggressive treatments for their disease.

But not everyone with prostate cancer is destined to die from it, and the real problem with PSA screening that should be addressed is the over-diagnosis of clinically insignificant disease.

The crux of the problem is that the likelihood of harboring small bits of prostate cancer in a man is about equal to his age as a percentage. So that means in men who are, say, between 50 and 70 - which is the key age group for diagnosing and treating prostate cancer - somewhere around 60 percent will have small bits of prostate cancer. And many of them will have an elevated PSA, due, for example, to benign prostatic enlargement. This leads to a biopsy, and the biopsy finds these little bits of prostate cancer. And these patients were all getting radical treatment, even though what they had was (in my view) really part of the aging process, something that develops more or less normally in men with age.

The active surveillance was an attempt to grapple with this by saying, okay, we know that guys who have bad prostate cancer need treatment, and benefit from it. And that's been clearly shown in randomized trials. But the patients dying of prostate cancer tend to have higher grade (Gleason) cancer. So maybe we can take the ones who have low-grade cancer, just manage them conservatively, and keep a close eye on them because some may develop something worse. We can then treat those who get reclassified as having higher risk disease, and observe the rest.

So we started doing that around 1996, more than 15 years ago. At the time, it was considered very experimental, and patients had to sign an informed consent form that they were going on a clinical trial. Yet patients flocked to this approach, because word was getting out that there were problems with the outcome of surgery and radiation in terms of quality of life.

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And so, cycle forward about 15 years, there's now about 4,000 men reported in the world literature that have been followed prospectively this way, and hardly anyone dies of prostate cancer (in the range of 1 percent).

The vast majority of men who are found to have these little bits of low-grade cancer have absolutely no threat to their life, and can be managed with conservative treatment. **A few of them, however, harbor worse disease. It's just missed on the biopsies, so the biopsy needle just gets a glancing blow off the edge of a large cancer, and it shows up as a small amount of low-grade disease.** So you have to repeat the biopsy once in a while, you have to follow the PSA, and there's other techniques like **multiparametric MRI** that may come into play.

But the basic concept is that most of these men don't have a real disease at all – they have something that's a normal part of the aging process, and doesn't need to be treated. That's now very robust I would say, and most people accept this. It's been a tremendous boon to men to give them the opportunity to avoid the side effects of treatment.

What makes a patient a good candidate for active surveillance?

The main candidates for active surveillance, the patients for whom there is very little controversy, are guys who have **a mildly elevated PSA, preferably less than 10**, and whose biopsy shows **relatively small amount of Gleason 6 prostate cancer**.

What do you recommend for men going on an active surveillance program, as far as self-care?

We know that a diet that is good for your heart and that's good for your prostate is the same diet. So I advise men to watch their weight, avoid too much animal fat and red meat, and reduce caloric intake to some degree. And for the men who want to be proactive, I think it's reasonable to be on some micronutrients, like lycopene, vitamin D, and perhaps a statin.

How do you monitor for progression?

Patients need to have a second biopsy, and we usually wait around 9 to 12 months to do that. The reason to wait is mainly to give them a break, because most men aren't too thrilled with the idea of another biopsy.

We monitor the PSA every three months for the first two years, and then every six months. Although the PSA is not reliable as a trigger for intervention, it is a guide.

For example, in our series, the patients who did badly all had a very rapid rise in PSA. The problem is, so did a lot of other guys that did perfectly well. So it is a flag, but not a trigger. They have the biopsy within a year, which targets the areas that tend to get missed on the first biopsy, and that's very important.

In a normal transrectal diagnostic biopsy, the anterior (the front part of the prostate) doesn't get evaluated very well, which is not usually a problem because most cancers aren't in that area.

But in the surveillance population, a few of them do have these large anterior cancers. So the confirmatory biopsy targets the area of the prostate that tends to get missed in the initial biopsy. And if that's negative, or shows the same thing, then the frequency really falls off and we biopsy the patients around every four years. And when they reach age 80, we stop.

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ACTIVE SURVEILLANCE *(continued from page 12)*

The multiparametric MRI has emerged recently as a very powerful tool in managing patients on surveillance. We don't do it with everyone. But if a patient has a significant increase in the volume of Gleason 6 cancer on their repeat biopsy, or what looks like worrisome PSA kinetics, or if there's Gleason 3 plus a small amount of 4 and the question is 'how much disease does the patient have?' the MRI is very useful. So that's our basic monitoring strategy.

What are your current research interests?

In the lab, we're interested in a micronutrient called capsaicin. This is the micronutrient that is found in hot chili peppers.

The interesting thing about capsaicin is that there's a specific receptor in prostate cells for capsaicin, which is called TRPV-6. When activated, that receptor seems to induce very positive effects, and it inhibits the proliferation of cells and invasion. There aren't many micronutrients that actually have a specific receptor, and it's also increased in advanced prostate cancer compared to benign, and so on.

In the lab, capsaicin actually works very well in mice. If you grow prostate cancer in a mouse, capsaicin basically causes arrest of growth. Whether it is going to work in humans is still something that we are exploring. In patients who are very interested in being proactive about taking micronutrients, it may be worthwhile (and, by the way, it is available in pill form and does not burn either going in or coming out, unlike the real version in the hot chili peppers!).

The other project that your readers might find interesting is a new treatment for prostate cancer that we've been working on for about the last 10 years, in collaboration with a biophysicist named Rajiv Chopra.

Essentially, this treatment is a form of thermal ablation of the prostate. It uses ultrasound energy, delivered by a transducer to heat prostate tissue. The ultrasound waves are converted to heat in tissue, and cells do not tolerate an increase in temperature beyond about 55 degrees Centigrade, which is about 120 Fahrenheit. It's lethal to cells.

So, there are many ways to direct ultrasound energy. In fact, there is a technique which has been used for quite some time called high-intensity focus ultrasound (HIFU), which uses a transrectal probe to direct the energy at the prostate, heat it and kill it. The disadvantage of that approach is related to precision, because there's no way to measure directly what temperature the tissue is reaching. (It is also not approved in the U.S.)

But it turns out that MRI can give a real-time thermal map of tissue. It's really quite amazing: put a patient in an MRI scanner, and you can see what the temperature is in all of the tissues in the body that you're imaging. Now, you can imagine if you're using a treatment that works by heating tissue, that's very powerful in terms of knowing what you're doing.

The approach that we use is transurethral ultrasound transducer. It's about the same diameter as a foley catheter. It has a series of ultrasound transducers on it, each one is about 5mm long, and this is put into the patient, and then he's rolled into the MRI and imaged.

The ultrasound transducers are turned on, they start to heat the tissue, and the thermal map of the tissue then automatically feeds back to control how much energy is delivered.

CONTINUED ON PAGE 14

ACTIVE SURVEILLANCE *(continued from page 13)*

You can heat to the target temperature of 55 degrees with tremendous precision. You can ablate the whole prostate in about half an hour. And the distance from ablated to normal tissue is only about 2mm. So we've reached a point where we started doing this in humans about two years ago, and we're still kind of in the "proof of principle" stage.

In the study we're doing now, we take men who are going for surgery, (usually radical prostatectomy for high-grade cancer), we do an MRI, target the cancer, and then immediately before the surgery, we go back to the MRI unit with the patient having a spinal anesthetic and we ablate the cancer with this technique.

Once we're set up to do it, it takes about 15 minutes. It's a form of focal ablation treating maybe a third of the prostate. And then the patient is taken out of the MRI, goes into the operating room, and we see if we actually killed off the cancer we targeted.

We're going to be finished with this phase in about six months I expect, and hopefully we will show that yes, you can target the cancer, treat it effectively using this technique, leaving the remainder of the prostate untreated, because you're only treating this index target.

And then, we hope, we're going to begin to treat patients with this as a primary therapy. So it's been a long series of technological developments, and we're just at the point where we think this is going to be available to patients. ♦

NOTE:

The National Institute of Health defines the difference between Active Surveillance and Watchful Waiting as such:

"Active Surveillance is a disease management strategy that delays curative treatment until it is warranted based on defined indicators of disease progression.

In contrast, Watchful Waiting is a disease management strategy that forgoes curative treatment and initiates intervention only when symptoms arise."

For more information, please visit

<http://consensus.nih.gov/2011/docs/prostate/Final%20Statement.pdf>

THANK YOU

The Prostate Cancer Research Institute would like to extend a sincere thank you to the generous students of **Grandview High School National Honor Society** in Grandview, Texas, for raising more than \$200 for the PCRI!

The money you raised will be used towards research to help find a cure for prostate cancer. It will also be used to help educate and empower men to know their treatment options when diagnosed, through multiple educational and awareness programs.

Every dollar means so much to us, and helps improve quality of life for men.

Thank you for raising awareness in your community, and for supporting the PCRI!



WELCOME TO NEW STAFF



David Derris, Helpline Facilitator

David was treated for prostate cancer in 1996 after being misdiagnosed with the disease.

His experience has motivated him to become a student of prostate cancer and an advocate, educating men to become empowered to face the many challenges presented by a prostate cancer diagnosis.

Mr. Derris has worked with the Maui Unit of the ACS, Maui and Oahu UsTOO Patient Support Groups, the Hawaii Prostate Cancer Coalition, and in 2004 with Harry Pinchot, Jan Manarite and Jim O'Hara at the PCRI.

After completing the PCRI Mentoring Program in August of 2012, David was invited to rejoin the PCRI Helpline team. He lives in Honolulu, and can be reached at help@pcri.org.



Ferd Becker, MD, Helpline Facilitator

Ferd Becker is an Active Surveillance patient who has worked with both Dr. Stephen Strum and Dr. Charles "Snuffy" Myers. He has a long family history of prostate cancer, and has become very educated about prevention, prostate MRI, color Doppler, and many other topics.

Ferd is a semi-retired facial plastic surgeon from Florida, and can be reached at help@pcri.org.



Helping Men Know Their Options

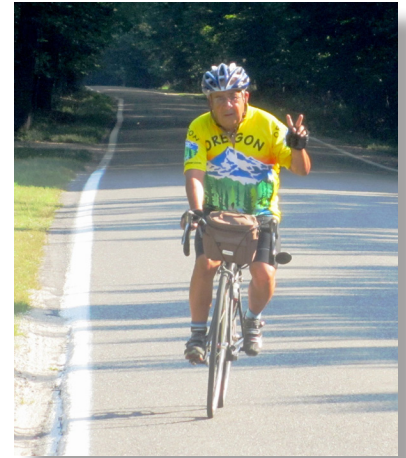
Prostate Cancer Research Institute

5777 W. Century Blvd., Ste. 800 | Los Angeles, CA 90045 | T 310.743.2116 | F 310.743.2113 | www.PCRI.org

Dear PCRI Supporter,

Please show your support for prostate cancer advocates and survivors **Saturday, April 13** as they hit the road on bicycles to pedal for prostate cancer!

In honor of prostate cancer survivor Stan Rose, his wife Helen is holding a 70-kilometer bicycle ride in **Santa Maria, California** to raise funds for the Prostate Cancer Research Institute (PCRI), which seeks to improve the quality of men's lives by supporting research and disseminating information that educates and empowers patients, families and the medical community. This event will mark Mr. Rose's 70th birthday and 10 years of survival since his diagnosis.



Prostate cancer will strike one in six men. Please join us in the fight against this disease by pledging your support to PCRI. Your tax-deductible contribution will fund prostate cancer research, education and advocacy activities for men and their families.

You can make an honorarium contribution for Stan Rose directly to PCRI one of the following ways:

- **Phone:** Call PCRI at 310-743-2116 to phone in your credit card donation.
- **Mail:** You may mail your check, cash or credit card information to PCRI at **5777 W. Century Blvd., Ste 800, Los Angeles, CA 90045**
- **Online:** Please visit PCRI.org/donate to make a contribution online.

******Make sure to reference Stan Rose on your payment******

Since 1996, the Prostate Cancer Research Institute has provided educational resources to men fighting prostate cancer globally. Please support PCRI and Mr. Rose this year with your donation.

We, and the 23 million men fighting prostate cancer around the world, are grateful for your support.

What are you doing this Father's Day?

SAVE THE DATE!



Join PCRI for the Second Annual ZERO Prostate Cancer Run!

This Father's Day, PCRI is committed to **bringing generations together** for our **ZERO Prostate Cancer 10K/5K Run** in Los Angeles!

This fun-filled event will help support prostate cancer research and education. Give Dad the gift of awareness this year by joining PCRI and ZERO for this exciting event!

When: Saturday, June 15, 2013

Where: Los Angeles, California (specific location TBD)

If you will be in the Los Angeles area this Father's Day weekend, don't miss out on the fun! Whether you are a seasoned athlete or a casual walker, this event is a fantastic opportunity to raise awareness for a great cause. There will be food, prizes (including **a chance to win an iPad mini**) and fun for the whole family!

Visit <http://losangeles.zeroprostatecancerrun.org/> for more information and to register today!

Interested in volunteering on race day? E-mail info@pcri.org to learn how you can help!





Food for Thought



Dr. Foster's Vegan Italian Dinner

A prostate-friendly recipe from Jeanne Foster, the wife (and loving chef) of PCRI's Medical Director, Dr. Dean Foster.

This recipe includes:

Ginger water 30 minutes before dinner

Marinara Vegetables

Green salad with almonds and avocado

Power Ingredients:

Tomatoes (lycopene)
Garlic and onion (allium family)
Broccoli (cruciferous)
Spinach (phytonutrients)
Lemon juice (flavonoids)
Almonds (PH, protein, fat)

Preparing meals around cancer-fighting foods is fun!

We try to have marinara sauce and vegetables a couple of times a week, and the ingredients vary according to what

produce looks good and what is in season. This meal is a great year-round standby.

Marinara can be made from scratch or purchased. I would urge you to customize ratios and volume of ingredients according to your individual tastes and needs.

I start with diced bell peppers, onions, and plenty of garlic. Sauté these ingredients before adding the broccoli, and continue cooking, maintaining some firmness to the broccoli. Add marinara sauce, chopped fresh basil, and serve. If we have guests, I serve it over spaghetti squash or whole-wheat pasta, but for just the two of us we love a mound of broccoli with some sauce.

A fresh salad completes the meal, and I like to use organic greens, adding spinach for extra benefit. I keep tomatoes at room temperature (unless they are over-ripe), so the flavor is richer. Also add chopped tomato, fresh herbs, sliced avocado and a light dressing of lemon, olive oil, Balsamic vinegar and a spoonful of almond butter stirred together and drizzled over the greens.

We try to drink our water before the meal (instead of during) for optimum digestion, and recommend fresh ginger slices in the water for added flavor.

As a prostate cancer survivor, my husband has been a believer in diet, exercise, and quality lifestyle choices.

As our busy lives take us off-course at times, we continue to look for inspiration and strive to be our best support to one another. We have been on an adventure since his diagnosis, and are healthier because of it. ♦

Bon Appetit!



ATTENDEE 1 – Primary Contact

Last Name _____

First Name _____

Address _____

City, ST, Zip _____

Country _____

Email _____

Telephone _____

FEES

	Price	Qty.	Total \$
Registration Fee			
Early (thru 05/31/13)	\$60		
Regular (thru 9/5/13)	\$120		
On-Site	\$150		
Saturday Gala Dinner	\$60		
Excursion			
Hollywood Bowl (Fri)	\$50		
Grammy Museum (Sun)	\$30		
Subtotal			

Tax-Deductible Donation to PCRI**

	Level	Qty.	Total \$
Legacy	\$5000		
Patron	\$1000		
Sponsor	\$500		
Supporter	\$250		
Colleague	\$150		
Associate	\$100		
Friend	\$50		
Other Amount			
Subtotal			
Total			

ATTENDEE 2

Last Name _____

First Name _____

The official conference hotel is the Marriott LAX Airport Hotel located at 5855 W. Century Blvd, Los Angeles, CA. A limited number of discounted rooms are available for \$95/night by calling 310-641-5700 and mentioning group code NCPNCPA, or by visiting www.PCRI.org for an online booking link. This group rate is available only until August 14, 2013.

Discounted airline tickets to/from LAX are available by calling American Airlines at 800.433.1790 or visiting www.aa.com. Use group code A5793BH.

Discounted car rentals are available through AVIS by mentioning code D016398 when calling 800.331.1600.

Self-parking at the venue is \$10/day and valet parking is \$25/day. Complimentary hotel shuttles are available at LAX (under the red sign).

Cancellations and refund requests will be honored only if made in writing no later than August 15, 2013.

METHOD OF PAYMENT

☐ Check made payable to PCRI

☐ Credit Card Number

Security Code _____ Exp Date _____

Billing Zip Code _____

Card Holder Name

Signature

TO REGISTER

Mail completed registration form and payment to:

5777 W. Century Blvd #800, Los Angeles, CA 90045

Or Fax: 310.743.2113

Or Call: 310.743.2116

Or Register Online at www.PCRI.org

**Prostate cancer will strike 1 in 6 men. Your generous donation helps us fight prostate cancer through research, education and increasing public awareness.



Prostate Cancer Research Institute
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Los Angeles, CA 90045

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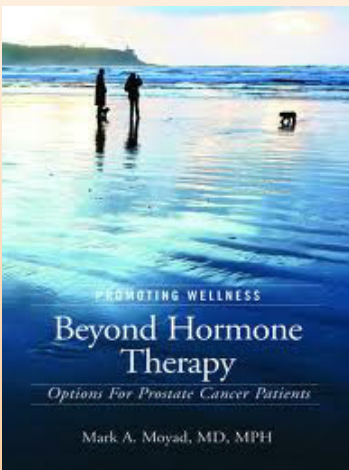
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Facebook!



2013 Prostate Cancer Conference ♦ September 6-8, 2013 ♦ Marriott LAX Hotel ♦ Los Angeles, California



PCRI subscribers: Order your FREE copy of Dr. Moyad's book today!

In our continued effort to empower patients and share excellent information, PCRI is offering free copies of Dr. Mark Moyad's recent book, *Beyond Hormone Therapy*. We are requesting a donation of \$5 for shipping expenses, but PCRI will cover this charge for anyone unable to afford shipping (within the continental United States). This offer is open while supplies last.

This book is an easy-to-read resource for patients who are dealing with hormone refractory, or castrate-resistant prostate cancer.
(It is not targeted to the newly diagnosed.)

Order one for yourself, your support group, or to donate to your local library. Please call **310-743-2116** to order today. Donations may be made via phone, mail, or PCRI.org. **Please provide a mailing address when ordering!** Thank you!