Newsletter

Prostate Cancer 101, Inc.

http://prostatecancer101.org

September, 2012

The Prostate Cancer Information and Support Group of the Mid-Hudson

Members – Take Note

by Diane Sutkowski

In case you have not heard the news, Dr. Elizabeth Tapen, an excellent doctor and head of the Benedictine Cancer Center, has left local practice and will not be seeing patients for the foreseeable future. She was a reliable and trustworthy resource for our group and a person we would call, friend. She will be sorely missed. We wish her all the very best in her new endeavor and hope we will hear even more good things about her.

Dr. Nelson Stone, another reliable resource, has had to retire from the practice of medicine due to personal medical difficulties. I'm sure all those who were fortunate enough to see Dr. Stone over the years wish him the best of good health and I know we all thank him for his quality service to the prostate cancer community. Another good doctor who will be sorely missed.

Our own, John Decker, one of the founding fathers of Prostate Cancer 101, along with the late lamented Ron Koster and John Breithaupt, has retired from active duty as Vice President of PCa101 and been awarded Emeritus Status by the Board of Directors. He will come to First Tuesday meetings, as time permits, and will always be welcome at Board meetings. His suggestions will find open ears from us all. John, we all thank you for everything you have done since 1995 to help us to continue to help those men and their families who have been visited by prostate cancer gremlin. Who would have thought back then that by starting this group you would have been able to reach and help hundreds of men? We wish you a long, healthy life, good fortune and even a bit of fun at Woodland Pond.

Thank you all for your Contributions

Roy & Lillian Anderson
Ed Donnelly
Anthony & Hong DosReis
David Lustig
Kevin Reynolds

Prostate Cancer 101 is a 501 (c) (3) IRS approved non-profit organization. Your tax deductible donations should be mailed to:

Prostate Cancer 101
c/o Diane Sutkowski, Treasurer
8 Alcazar Avenue
Kingston NY 12401-4302

Xtandi Receives FDA Approval for Prostate Cancer Patients

New Drug Supported with Early Funding from the Prostate Cancer Foundation Represents New Treatment for Advanced Disease

SANTA MONICA, CA/August 31, 2012—Xtandi, formerly known as MDV3100, today received approval from the U.S. Food and Drug Administration (FDA). This drug is a new-generation anti-androgen treatment that can prolong life for men who have failed hormone and chemo therapies. Support from the Prostate Cancer Foundation (PCF) through every step of development—from idea through clinical trials—helped this new drug make its way to treatment-resistant patients in a comparatively short timeframe.

"The discovery of Xtandi started with a pilot grant to university scientists with a bigger and more novel idea that pharmaceutical companies had missed. Now Xtandi is a new molecule for treating patients," commented Jonathan W. Simons, president and CEO of PCF. "This hardly ever happens. When it does, it reminds us how much more might be done by unleashing creativity."

"We are so pleased to see the approval of Xtandi for patients who are in need of new drugs for advanced disease. Together with Zytiga (abiraterone), which was approved in April of last year, we now have an expanded arsenal of tools to prolong and enhance the quality of life for prostate cancer patients," added Simons.

The development of Xtandi began with a PCF Board of Directors meeting held at UCLA where the world's top cancer scientists in leukemia were invited to apply for funding and work on prostate cancer. What ensued was a 2002 competitive CaP CURE (PCF) research award to Owen Witte, MD, Michael Jung, PhD, and Charles Sawyers, MD. Michael Jung, a professor in organic chemistry, discovered the compound after working with Dr. Sawyers on the mechanisms of flutamide resistance.

Xtandi has a novel mechanism of action, inhibiting the androgen receptor (AR) at three distinct points in the signaling pathway. The drug directly blocks the activity of the androgen receptor, the engine of prostate cancer progression. In its Phase III clinical study, Xtandi increased median survival by 4.8 months, providing a 37 percent reduction in the risk of death compared to placebo. Some patients have very durable remissions well beyond the average while others do not respond. Thus, the median survival is a statistical description for the FDA and clinical researchers.

The Xtandi clinical trial marks the second time the trial of a prostate cancer drug was stopped early and the drug offered to patients in the placebo arm, due to its effectiveness in causing remissions and high tolerability in patients. The first case was with Zytiga (abiraterone) which was approved in 2011. Zytiga, also supported with funding by PCF, affects prostate cancer progression by shutting off the supply of fuel, testosterone. Having both drugs available to patients represents an important advance in patient treatment.

Xtandi will be distributed jointly by Medivation, Inc. and Astellas Pharma, Inc. On July 24 of this year, Medivation, which developed the UCLA experimental prostate cancer drug, was granted priority review status by the U.S. Food and Drug Administration, potentially reducing the review time by half, based on proven clinical benefits.

Already, both Xtandi and Zytiga are now being evaluated in Phase III trials in patients who have failed hormone therapy but prior to chemotherapy. Results are not yet available, but efforts will concentrate on testing both new drugs in men with early recurrence of disease. Xtandi and Zytiga are also being tested in the pre-surgical setting—prior to prostatectomy—with funding from PCF Challenge Awards, with curative intent for primary high-risk prostate cancer.

The research and development period for Xtandi has been a comparatively short nine years. PCF's total investment of $14.75 million in this new medication was also supported by the PCF's investment in the Prostate Cancer Clinical Trials Consortium.

About the Prostate Cancer Foundation

The Prostate Cancer Foundation (PCF) is the world's largest philanthropic source of support for accelerating the most promising research for better treatments and cures for prostate cancer. Founded in 1993, PCF has raised $490 million and provided funding to more than 1,600 research programs at nearly 200 cancer centers and universities in 15 countries. PCF advocates for greater awareness of prostate cancer and more efficient investment of governmental research funds for transformational cancer research. Its efforts have helped produce a 20-fold increase in government funding for prostate cancer. More information about the PCF can be found at www.pcf.org

Source: Prostate Cancer Foundation www.pcf.org

New Drug For Prostate Cancer Gets F.D.A. Nod

By ANDREW POLLACK
Published: August 31, 2012

The Food and Drug Administration approved a new life-prolonging drug for men with late-stage prostate cancer on Friday, adding to an increasingly crowded field.

The new drug, which will be called Xtandi, was developed by Medivation, a small San Francisco pharmaceutical company, in partnership with the Japanese firm Astellas Pharma.

In clinical trials, men who received the drug, which was previously known as MDV3100, lived a median of 18.4 months, nearly five months longer than the median of 13.6 months for those who received a placebo.

While the approval was not a surprise, its timing was. The F.D.A. approved the drug after only a three-month review, three months ahead of the deadline in late November. This is fairly rare, although a number of other cancer drugs have been approved at least a month ahead of deadline in recent years.

"The need for additional treatment options for advanced prostate cancer continues to be important," Dr. Richard Pazdur, the director of the agency's cancer drug office, said in a statement.

Xtandi is one of several new prostate cancer drugs that have come to market in the last two years after a long fallow period. While the new drugs have been good for men with the disease, they could add billions of dollars to the nation's medical bills.

Xtandi will cost $7,450 a month, Medivation said. That is higher than some analysts had expected.

Before 2004, the only drug shown to prolong the survival of men with advanced prostate cancer was the chemotherapy drug docetaxel. Now there are four others on the market — Jevtana from Sanofi, Provenge from Dendreon, Zytiga from Johnson & Johnson and Xtandi, which is known generically as enzalutamide.

Xtandi is expected to compete most directly with Zytiga. Both are pills, while the other drugs are given intravenously. And both are aimed at the same patient population — men whose cancer has spread elsewhere in the body or recurred despite treatment aimed at suppressing production of the hormone testosterone, which fuels prostate cancer growth.

Both drugs are approved for men who have already tried docetaxel, though both Medivation and Johnson & Johnson hope to eventually win approval for their drugs to be used before docetaxel, a potentially much larger market. Many patients would prefer to use the pills before having to try chemotherapy.

Zytiga prolonged median survival by 3.9 months, as initially reported, though Johnson & Johnson later updated that figure to 4.6 months. Zytiga, which was approved in April 2011, had worldwide sales of $432 million in the first six months of this year.

Xtandi and Zytiga have not been compared head-to-head in a clinical trial. But some analysts say Xtandi would have an edge because it does not have to be given with prednisone, a steroid, to minimize side effects, as Zytiga does.

Xtandi has its own side effects, however, the most worrisome being seizures, which were suffered by about 1 percent of men taking it in the clinical trial.

There are expected to be about 241,000 new cases of prostate cancer this year in the United States and about 28,000 deaths.

Many men are treated with drugs like Lupron that, in effect, induce a chemical castration, suppressing production of testosterone. But the cancers can eventually become resistant to castration therapy.

Xtandi works by blocking the downstream effects of the action of testosterone, rather than by turning off its production.

It is the first product to reach the market for Medivation. The company previously developed an old Russian antihistamine as a potential treatment for Alzheimer's disease, signing a big partnership with Pfizer. But that drug failed in late-stage clinical trials.

Shares of Medivation closed at $104.86 Friday, up nearly 8 percent. The share price is about six times as high as it was before Medivation announced the results of its clinical trial last November.

A version of this article appeared in print on September 1, 2012, on page B3 of the New York edition with the headline: New Drug For Prostate Cancer Gets F.D.A. Nod.

Source:
http://www.nytimes.com/2012/09/01/business/fda-approves-prostate-cancer-drug.html?_r=2

Study: PSA Screening for PCa and Risk of Overt Metastatic Disease at Presentation
The upshot of PSA screening demonstrated in new study

The upshot of PSA screening demonstrated in new study
August 01, 2012—A new study gives important counterbalance to the recent recommendation by the U.S. Preventative Services Task Force (USPSTF) against routine prostate-specific antigen (PSA) testing for prostate cancer. The results of the new study, published online yesterday in the journal Cancer, found that if PSA testing (in widespread use currently) were widely rolled back, three times the number of men would be diagnosed with advanced prostate cancer that had spread outside the organ and is much more difficult to treat.

The pitfall of widespread testing is over diagnosis of prostate cancers that lack the potential to shorten a man's life; the benefit is catching the disease early, before it has time to spread in men for whom that would occur. The study showed steep declines in the prevalence of men diagnosed with metastatic prostate cancer around the time PSA testing came into widespread use in the United States in the early 1990s; this was especially pronounced in men over the age of 60.

Currently with widespread PSA testing, some 8,000 U.S. men are diagnosed each year with metastatic prostate cancer; the study calculated that number would be 25,000 if not for PSA testing.

The pitfall of widespread testing is over diagnosis of prostate cancers that lack the potential to shorten a man's life; the benefit is catching the disease early, before it has time to spread in men for whom that would occur. The Catch-22 is that currently there is no definitive way to determine which man diagnosed with early prostate cancer will go on to metastatic disease and which can live comfortable with his non-lethal tumor.

The senior author on the study, Dr. Edward M. Messing, was quoted in HealthDay as saying that the USPSTF recommendation on PSA testing this year, "wasn't a brilliant conclusion." Dr. Messing won a PCF Competitive Award in 1993 in the amount of $100,000 at the University of Rochester.

Dr. Stuart Holden, director of the Louis Warschaw Prostate Cancer Center at Cedars-Sinai Medical Center and the medical director of the Prostate Cancer Foundation, who was not involved in the study, said, "It's definitely true that wholesale screening using PSA leads to over detection and over treatment, but within that group of men there is a subset of patients—and not an insignificant subset, as shown by this study—that are surely benefited by PSA screening and treatment."

Dr. Holden also said that he and many other urologists who practiced medicine in the pre-PSA era, witnessed changes that are undeniably positive in the PSA era—meaning doctors see a lot fewer men diagnosed with late-stage prostate cancer that is likely to significantly shorten their lifespans. "It strikes me as horrifying to think someone would make a recommendation which might take us back to that era again," he said.

In fact, he said, China is now in a pre-PSA era, where much of the prostate cancer doctors see in that country has progressed to the advanced metastatic stage that is often lethal. Ultimately the answer, both in the U.S. and around the world, will be better science that can, with good accuracy, determine at an early state of diagnosis, which prostate cancer is destined to become lethal and which is so slow-growing that treatment can be avoided.

Source: Prostate Cancer Foundation

New Pathway to Potential Therapies for Advanced Prostate Cancer

7 July 2011

Dr. Nima Sharifi

PSA Rising /DALLAS/ – July 25, 2011 – UT Southwestern Medical Center researchers have narrowed the potential drug targets for advanced prostate cancer by demonstrating that late-stage tumors are driven by a different hormonal pathway than previously was thought.

"We have recently discovered that castration resistant prostate cancer (CRPC) is unexpectedly driven by dihydrotestosterone synthesis from adrenal precursors in a pathway that circumvents testosterone," says Dr. Nima Sharifi, assistant professor of internal medicine and senior author of a study in Proceedings of the National Academy of Sciences.

"The dominant pathway to DHT synthesis from adrenal precursors in CRPC [castration resistant prostate cancer] follows an alternative route that bypasses T and requires steroid 5a-reductase isoenzyme-1 (SRD5A1)," Dr. Sharifi writes.

Prostate cancer cells express higher than normal levels of the enzyme SRD5A1. The 5a-reductase inhibitor . A clinical trial is planned at Dana Farber Cancer Center to test dutasteride plus abiraterone acetate (Zytiga) for metastatic castration resistant prostate cancer.

Upstream of the testosterone blockade

While testosterone is generally known to stimulate the growth of the disease, advanced prostate cancer that is resistant to standard hormonal therapy actually is driven by a pathway that circumvents testosterone, Dr. Sharifi says.

In advanced prostate cancer, testosterone driving the disease is converted into a more potent hormone that speeds up tumor growth. The standard treatment has been to block and deplete testosterone in the tumors, but the cancer cells eventually become resistant to hormone depletion because they make their own androgens, or male hormones.

In the current study, UT Southwestern scientists analyzed prostate cancer cell lines, mouse models and fresh tumor tissue from patients. Their findings suggest that potential drug therapies ought to target an enzyme responsible for initiating hormone production earlier in the process. The specific enzyme found relevant by the current research is as stated steroid 5a-reductase isoenzyme-1 (SRD5A1).

Dr. Sharifi hopes his findings will also help researchers develop accurate biomarkers of response and resistance to hormonal therapies, which eventually will help identify why and how prostate cancer tumors become resistant. He writes in the PNAS article:

Our observation that DHT is synthesized through an alternative pathway involving conversion of AD to 5a-dione by SRD5A1 has broad implications for the development of new therapeutic agents and for determining mechanisms of resistance to hormonal therapies for CRPC. These data suggest that blocking the conversion of AD to T will not significantly inhibit DHT synthesis in CRPC. Furthermore, our findings suggest that T

may not be the best marker for monitoring the intratumoral response or resistance to upstream inhibitors of adrenal steroid synthesis, such as abiraterone acetate. Future studies of intratumoral androgens should include previously unappreciated DHT intermediates.

"This now suggests that a potential drug target is one step upstream in the pathway," Sharifi said. "This can be thought of as charting a map of the correct pathway. You have to figure out which way the river flows before you can block the river."

Article abstract:
Dihydrotestosterone synthesis bypasses testosterone to drive castration-resistant prostate cancer

In the majority of cases, advanced prostate cancer responds initially to androgen deprivation therapy by depletion of gonadal testosterone. The response is usually transient, and metastatic tumors almost invariably eventually progress as castration-resistant prostate cancer (CRPC). The development of CRPC is dependent upon the intratumoral generation of the potent androgen, dihydrotestosterone (DHT), from adrenal precursor steroids. Progression to CRPC is accompanied by increased expression of steroid-5a-reductase isoenzyme-1 (SRD5A1) over SRD5A2, which is otherwise the dominant isoenzyme expressed in the prostate. DHT synthesis in CRPC is widely assumed to require 5a-reduction of testosterone as the obligate precursor, and the increased expression of SRD5A1 is thought to reflect its role in converting testosterone to DHT. Here, we show that the dominant route of DHT synthesis in CRPC bypasses testosterone, and instead requires 5a-reduction of androstenedione by SRD5A1 to 5a-androstanedione, which is then converted to DHT. This alternative pathway is operational and dominant in both human CRPC cell lines and fresh tissue obtained from human tumor metastases. Moreover, CRPC growth in mouse xenograft models is dependent upon this pathway, as well as expression of SRD5A1. These findings reframe the fundamental metabolic pathway that drives CRPC progression, and shed light on the development of new therapeutic strategies.

The study was supported by the Howard Hughes Medical Institute, the Prostate Cancer Foundation, the U.S. Army Medical Research and Materiel Command; the Burroughs Wellcome Fund, and the Charles A. and Elizabeth Ann Sanders Chair in Translational Research.

Dr. Sharifi and and a colleague declare that they have worked as paid consultants to Ortho Biotics, which developed abiraterone acetate, brand name Zytiga. Ortho Biotech, part of Cougar, has been bought out by Janssen Pharmaceutical Companies and Johnson & Johnson. Zytiga was FDA approved after clinical trials showed it extended lives of advanced prostate cancer patients by median 4 months.

Other UT Southwestern researchers participating in the study were lead author Dr. Kai-Hsiung Chang, postdoctoral researcher; Dr. Rui Li, research assistant in internal medicine; Mahboubeh Papri-Zareei, research associate; Dr. Lori Watumull, professor of radiology; Dr. Yan Daniel Zhao, associate professor of clinical sciences and the Simmons Cancer Center; and Dr. Richard J. Auchus, former professor of internal medicine.

http://www.utsouthwestern.org/cancercenterto learn more about clinical services for cancer at UT Southwestern.

Source: http://www.psa-rising.com/blog/2011/07/new-pathway-to-potential-therapies-for-advanced-prostate-cancer/

Stop-start hormone therapy better than continual hormone therapy for prostate cancer

Thursday 6 September 2012 Cancer Research UK Press Release

Men with prostate cancer who receive hormone therapy intermittently respond as well as those who receive it over a continuous time period, and enjoy quality-of-life benefits, according to a new Cancer Research UK-funded study* published in the New England Journal of Medicine today.

The researchers showed there was potential benefit for intermittent over continuous therapy in terms of fewer urinary problems and hot flushes, as well as improved libido and erectile function.

The international trial - which in the UK was funded by Cancer Research UK and led by The Institute of Cancer Research, London - included nearly 1,400 men for whom treatment with radiotherapy had not cleared their cancer. Around half the men had the new timing of intermittent hormone therapy and the other half had the standard, continuous hormone treatment.

Intermittent hormone therapy was delivered for eight months and then stopped. Doctors decided when to restart a patient's treatment by testing for the level of prostate specific antigen (PSA) in their blood. If the PSA reached a certain level the hormone treatment began again and was given for another eight months. This cycle then continued.

Results showed that survival was not reduced when the intermittent therapy was given and that, for many men, side-effects were reduced and could lead to an improved quality of life. The men were followed for an average of around seven years.

UK chief investigator Professor David Dearnaley, professor of uro-oncology at The Institute of Cancer Research and honorary consultant at The Royal Marsden NHS Foundation Trust, said: "This large-scale trial has shown that periodically stopping men's hormone therapy can give them fewer side-effects without reducing their chance of survival, and should lead to a change in clinical practice. More than 10,000 men are treated with potentially curative radiotherapy for prostate cancer each year in the UK and so our findings have the potential to benefit thousands of men."

Cancer of the prostate depends on the male hormone testosterone for its growth. Hormone therapy for prostate cancer works by lowering the amount of testosterone in the body, helping to reduce the chance of an early prostate cancer coming back after radiotherapy. Or it can shrink an advanced prostate tumour down or slow its growth.

More than 40,800 men are diagnosed with prostate cancer in the UK every year. In 2010 around 10,700 men in the UK died from prostate cancer.

Kate Law, Cancer Research UK's director of clinical research, said: "Results such as these highlight the value of clinical trials. Refining treatment to reduce side-effects and improve the outcome for patients remains the key goal. And being able to reduce the side-effects of prostate cancer treatments from currently available treatments offers patients and their doctors the potential of a new option of how their treatment is delivered."

The study was led globally by the National Cancer Institute of Canada Clinical Trials Group and co-ordinated in the UK by The Institute of Cancer Research's Clinical Trials and Statistics Unit.

Source: Cancer Research UK Press Release

Prostate Cancer Gene May Determine Tumor Growth, Return

By Nicole Ostrow - Aug 27, 2012 3:00 PM ET

Scientists may have found a clue to one of the most vexing questions in cancer care: How to determine which prostate tumors will return after surgery and spread aggressively, and which won't.

A gene called SPARCL1 may be the switch that makes some prostate tumors more destructive than others, according to a study today in the Proceedings of the National Academy of Sciences. When the amount of protein secreted by the gene declined, cancer recurrence rose, researchers at the Johns Hopkins University medical school found.

Prostate malignancies are the second leading cause of cancer death in U.S. males, with more than 240,000 cases diagnosed yearly, according to the American Cancer Society. About 40 percent of cases carry a higher risk that the disease will spread after surgery, said Edward Schaeffer, a study author. Today's report suggests doctors may one day be able to know early on which patients have the most aggressive disease.

"It's very important to identify patients who are going to do really well after surgery, and maybe don't need to worry so much about cancer recurrence," said Schaeffer, an associate professor of urology and oncology at the Johns Hopkins University School of Medicine in Baltimore. "Those individuals who are at an increased risk may need closer follow up or more intensive interventions with treatments such as radiation."

When the prostate is forming, SPARCL1 turns off to allow the gland cells to grow. It then turns itself back on after puberty to produce a steady level of its protein to a healthy prostate, Schaeffer said by telephone.

Higher Risks

The researchers examined the DNA within the prostates of men who had the gland surgically removed, said Paula Hurley, the lead study author and an instructor of urology at Johns Hopkins. After identifying the SPARCL1 gene as a possible cancer culprit, they determined an 86 percent increased risk of recurrence over 10 years in men in whom the gene was shut off who had highly aggressive prostate cancer, Schaeffer said.

The researchers are now trying to design a test to look at SPARCL1 in men, he said.

"Although this work focused on prostate cancer, our work also suggests that it may play a role regulating other cancer recurrences as well," Schaeffer said. "Mechanisms that regulate SPARCL1s expression are key next steps so this molecular pathway can be modulated."

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Source: http://www.bloomberg.com/news/2012-08-27/prostate-cancer-gene-may-determine-tumor-growth-return.html

New treatment for prostate cancer gives 'perfect results' for nine in ten men: research

A new treatment for prostate cancer can rid the disease from nine in ten men without debilitating side effects, a study has found, leading to new hope for tens of thousands of men.

By Rebecca Smith, Medical Editor
10:00PM BST 16 Apr 2012

It is hoped the new treatment, which involves heating only the tumors with a highly focused ultrasound, will mean men can be treated without an overnight stay in hospital and avoiding the distressing side effects associated with current therapies.

A study has found that focal HIFU, high-intensity focused ultrasound, provides the 'perfect' outcome of no major side effects and free of cancer 12 months after treatment, in nine out of ten cases.

Traditional surgery or radiotherapy can only provide the perfect outcome in half of cases currently.

Experts have said the results are 'very encouraging' and were a 'paradigm' shift in treatment of the disease.

It is hoped that large scale trials can now begin so the treatment could be offered routinely on the NHS within five years.

The National Institute for Health and Clinical Excellence will say in new guidance next week that the treatment is safe and effective and larger scale trials should go ahead.

A larger trial is already recruiting patients and men interested in the treatment should speak to their cancer doctor or GP about being referred, experts said.

Prostate cancer is the commonest cancer in men with more than 37,000 diagnoses each year approximately 10,000 deaths.

Current treatments include surgery to remove the whole prostate or radiotherapy. Both of which can effectively treat the cancer but often cause side effects such as incontinence and impotence.

However in many men prostate cancer will not progress to a life threatening disease meaning that radical treatment risks side effects unnecessarily. For this reason, research is now focused on reducing side effects.

Focal HIFU involves careful selection of tumors, as small as a grain of rice, within the prostate gland and targeting them with highly focused ultrasound to heat them and destroy them.

The advantage over previous HIFU and other treatments is that damage to surrounding tissue is minimized, meaning there are far fewer side effects.

In the study published in the journal *Lancet Oncology,* 41 men were treated with focal HIFU. After 12 months, none were incontinent and one in ten suffered impotence.

The majority, 95 per cent, were free of cancer after 12 months.

Dr Hashim Ahmed, who led the study at University College London Hospitals NHS Foundation Trust and University College London, said: “This changes the paradigm. By focusing just on the areas of cancer we reduce the collateral damage to surrounding tissue.

"Our results are very encouraging. We’re optimistic that men diagnosed with prostate cancer may soon be able to undergo a day case surgical procedure, which can be safely repeated once or twice, to treat their condition with very few side-effects. That could mean a significant improvement in their quality of life.

“This study provides the proof-of-concept we need to develop a

much larger trial to look at whether focal therapy is as effective as the current standard treatment in protecting the health of the men treated for prostate cancer in the medium and long term."

He said after Nice guidance is issued next week, he expected other doctors to consider using the treatment.

He said: "These results will encourage more physicians to look at it more carefully.

"If men are interested in this concept they should speak to their cancer doctor or their GP.

"The next step is a large scale randomized controlled trial. This needs to be evaluated in a timely way so men can benefit."

The research program is led by Professor Mark Emberton, of UCL and UCLH. He said: "Focal therapy offers harm reduction – it is a strategy that attempts to redress the balance of harms and benefits by offering men who place high utility on genito-urinary function an alternative to standard care.

"In fact, the concept is not new - tissue preserving strategies have been used successfully in all other solid organ cancers such as breast cancer by offering women a lumpectomy rather than mastectomy."

Professor Gillies McKenna, director of the Medical Research Council and Cancer Research UK Gray Institute for Radiation Oncology and Biology, said: "Clinical trials, like this one supported by the MRC, are a fantastic tool for telling us whether experimental new treatments are likely to be effective in the clinic.

"If these promising results can be confirmed in a randomized controlled trial, focal therapy could soon become a reasonable treatment choice for prostate cancer alongside other proven effective therapies."

The research was funded by the MRC, the Pelican Cancer Foundation and St Peter's Trust.

Jacqui Graves, Interim Head of Healthcare at Macmillan Cancer Support, said: "We welcome any research that shows early signs of improving the outcomes of treatment for prostate cancer patients.

"Significant reduction in the likelihood of common side effects, such as incontinence, will enable men to recover better and go on to lead good quality lives. We hope that a larger trial will be supported to ensure that the UK achieves the best outcomes for men affected by prostate cancer."

Owen Sharp, Chief Executive of The Prostate Cancer Charity said: "We welcome the development of any prostate cancer treatment which limits the possibility of damaging side effects such as incontinence and impotence. These early results certainly indicate that focal HIFU has the potential to achieve this in the future.

"However, we need to remember that this treatment was given to fewer than 50 men, without follow up over a sustained period of time. We look forward to the results of further trials, which we hope will provide a clearer idea of whether this treatment can control cancer in the long term whilst ridding men of the fear that treating their cancer might mean losing their quality of life."

Source: The Telegraph

Memorial Tributes

We now have available individually printed cards for memorial tributes.

Send the name of the person in whose memory it is to be made and the address to which the In Memoriam card should be sent along with your donation.

The card will be printed with the name of the individual and sent to the family with you noted as the contributor.

Cards can also be sent to honor any one for a special occasion.

Diane Sutkowski,
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1st Tuesday

SEMINAR For Newly Diagnosed

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Distinguished Lecturer Series

4:30 p.m. monthly

Hurley Reformed Church Hall, Hurley, NY

Poughkeepsie Man to Man Group
Our brothers in support and education

Meetings are held the First Thursday of the month at the Central Hudson Auditorium on South Road in Poughkeepsie, starting at 6:30 p.m. Various doctors and speakers are on the agenda and one on one help is available after the meeting.

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If you need or want to help:

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