Newsletter

Prostate Cancer 101, Inc.

http://prostatecancer101.org

March, 2012

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

The "after-effects" of Prostate Cancer Treatment Options

By Chuck Maack Aug. 20, 2011

The following email was sent to several Urologists, Radiation Oncologists, and Medical Oncologists to provide emphasis of the importance of appropriate and sufficient counseling to patients and their spouses/partners regarding the effect impotence will likely have when administered most any of the treatment options when diagnosed with prostate cancer or its recurrence. Similar words were in the comment portion of the article in the St. Louis Post-Dispatch email edition.

Gentlemen,

There was an August 18th article in the Health section of the St. Louis Today Post-Dispatch titled "Treatment for Prostate Cancer Leap Forward" http://tinyurl.com/3jdtszf that included the remark:

"The major changes have been in the area of treatment. The surgery no longer leaves men disabled for weeks and sorry they had surgery or treatment, doctors say.

The rate of after-effects has diminished to where 80 to 90 percent of men can expect to be back to normal after prostate cancer, doctors say."

A vast number of prostate cancer patients and their spouses/partners challenge that statement.

I would suggest reading the entire article. You may have to search for it in the Health section, since it was published a few days ago. It identifies a few treatment options and the possible "con's" to those options – and even the comments regarding these options and "con's" leave much to be desired.

What the article hugely fails to report is the realization to the patient and his spouse "after-the-fact" that most treatment options are going to have a devastating effect for many on incontinence, but more importantly and even more devastating, especially to couples, is impotence. Support lists regarding prostate cancer for patients and caregivers are jam-packed with the effect impotence has had on the man, on his spouse or partner, and on their relationship.

Urologists and Radiation Oncologists, and for that matter Medical Oncologists when ADT medications are prescribed, are, for the most part, guilty of a great injustice in not fully explaining to both the patient AND his spouse the effects the intended treatment procedure is likely to have on incontinence and/or, even more importantly, impotence. They need to know up front, not after-the-fact, what to expect. These are **NOT** minor considerations. They are extremely MAJOR and require either the physician or a trained staff member to be open, honest, and forthright in

explaining what will likely occur subsequent to the treatment procedure.

When men are confronted with their impotence, way too many go into a shell of embarrassment and a feeling of complete inadequacy as a man. They too often tend to shun their spouse/partner because of that feeling of being "less a man," leaving that spouse/partner confused, concerned, and experiencing both a loss in knowing what to do as well as also feeling less loved and inadequate, This is HUGELY IMPORTANT. I would not be sending this email to you , if I was not fully aware in reviewing not just hundreds, but thousands of comments on the prostate cancer support lists seeking help from we laymen – fellow prostate cancer patients/survivors or from even spouses/partners – in understanding why this has happened when their physicians had failed to include such an explanation during the appointments prior to the treatment, as well as failed to provide necessary counseling after the treatment in this regard.

Simply asking the patient "How is your recovery going?" will more often get an "okay" because the patient is embarrassed by what has actually occurred and uncomfortable in anyone – even, you, his physician – (being) aware of his impotence. We patients need YOU to become much more actively involved in this important issue and if not having sufficient knowledge in counseling regarding impotence and its effect on spousal/partner relationships, then you should either hire an educated, professional sexual therapist/counselor as part of your staff or refer that patient and spouse/partner to such a professional. And since the man became your patient from the diagnosis of prostate cancer or recurring prostate cancer, you should take measures for follow-ups with whomever therapist/counselor as well as patient to ensure such issues have been resolved.

I have tried to address this issue with men and spouses/partners with the following, but the same information in the following should be part of what you, the physician, can provide:

http://tinyurl.com/cy2wds

Please recognize that this email was sent to you more with the intent to make you aware of an issue that has had a huge impact on prostate cancer patients and their spouses/partners, and the disappointment these thousands of couples have, and are, experiencing with their physicians. I know that if such issues are not brought to your attention, you would likely be unaware. I would hope that with this recognition, if you have not already done so, you will take steps to address this important issue.

Respectfully,

Charles(Chuck)Maack

Prostate Cancer Advocate/Mentor, Wichita, Kansas, Chapter, Us Too

Biography:

http://www.ustoowichita.org/leaders.cfm?content=bio
http://www.ustoowichita.org/leaders.cfm?content=bio&id=1&id=1

Email: maack1@cox.net

Chapter Website

"Observations":
http://www.ustoowichita.org/observatons.cfm

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. The comments or recommendations I make are not intended to be the procedure for you to now follow; rather, they are to be reviewed along with the comments or recommendations of others for your own further research, study, and discussion with the physician providing your prostate cancer care to come to your own, personal conclusion.

"What you leave behind is not what is engraved in stone monuments, but what is woven into the lives of others."

Many Men Underestimate Prostate Surgery Side Effects Incontinence, impotence often worse than anticipated, study finds

Randy Dotinga HealthDay Reporter

FRIDAY, Aug. 12 (HealthDay News) -- New research finds that men who undergo prostate removal often suffer more from incontinence and impotence than they expected, even when counseled beforehand about possible aftereffects.

The findings suggest there's a wide gap between what men with prostate cancer expect post-surgery and what actually happens -- and that many are shocked by the level of dysfunction after the operation.

After the surgeries, "we find that men are very disappointed and very sad. It's as if they really didn't hear what was being told to them," said study lead author Daniela Wittmann, a sexual health coordinator at the University of Michigan's prostate cancer survivorship program.

Removal of the prostate, a treatment for prostate cancer, is especially common among younger men, while older men often turn to radiation, said Dr. Stephen Freedland, an associate professor of urology and pathology at Duke University in Durham, N.C. The procedure can lead to urinary incontinence, sometimes to the point where men need to wear padding, as well as difficulty attaining and maintaining an erection.

Prostate cancer is also sometimes treated with hormonal therapy, which can also lead to impotence and other serious side effects, or by "watchful waiting," which means having regular exams while doctors keep an eye on the tumor to see if it grows or spreads. The latter is usually recommended when physicians feel someone's age will allow them to outlive the generally slow-moving cancer.

The study appears in the August issue of the Journal of Urology.

The problem is that the prostate is located right next to the urinary sphincter and nerves that contribute to erections, Freedland said. The operation to remove the prostate can disrupt those other parts of the body.

Competition among doctors may cause them to downplay the risks, Freedland said. "If one doctor says, 'Look, almost everybody I operate on leaks a little bit,' and the guy next door says, 'None of my patients leak,' one of them is telling the truth and the other isn't."

Compassion can be another factor preventing physicians from telling the entire story about risks. And patients themselves may be overly hopeful due to human nature, he said. "You're going to always have a mismatch between realities and expectations."

The new study tries to measure that gap. A total of 152 men undergoing radical prostatectomy (prostate removal) took part in the study. They received counseling about the surgery and were questioned before the operation and a year later.

The counselors talked to the patients for about 20 to 45 minutes with a focus on side effects, said study lead author Wittmann. That's more time than patients typically get with a urologist, she

said.

A year after the surgery, 46 percent reported that urinary incontinence was worse than expected, while 44 percent said the same about sexual function. Most of the rest said their experiences in those areas were what they expected.

The researchers concluded that patients had "unrealistic expectations" despite the extensive counseling about side effects. They also discovered that a minority of the men (12 to 17 percent) expected to have better bladder control and improved erections after the surgery, which is the opposite of what usually occurs. Many more had thought that their bladder and sexual functioning post-surgery would at least remain the same, they noted.

Wittmann said the researchers plan to test another approach -- two-hour seminars for the patients and their partners about side effects, including tips men can use to try to alleviate them. "It includes the kinds of things that men can do to help themselves afterward," she said. "It's not just information on what you can expect, but what you can do."

Source: HealthDay News

New Urine Test Shows Prostate Cancer Risk; Test for Gene Fusion Can Assist in the Early Detection of Prostate Cancer

ScienceDaily (Aug. 3, 2011) —

A new urine test can help aid early detection of and treatment decisions about prostate cancer, a study from the University of Michigan Comprehensive Cancer Center and the Michigan Center for Translational Pathology finds.

The test supplements an elevated prostate specific antigen, or PSA, screening result, and could help some men delay or avoid a needle biopsy while pointing out men at highest risk for clinically significant prostate cancer.

The test looks for a genetic anomaly that occurs in about half of all prostate cancers, an instance of two genes changing places and fusing together. This gene fusion, TMPRSS2:ERG, is believed to cause prostate cancer. Studies in prostate tissues show that the gene fusion almost always indicates cancer. But because the gene fusion is present only half the time, the researchers also included another marker, PCA3. The combination was more predictive of cancer than either marker alone.

Results of the study appear Aug. 3 in Science Translational Medicine.

"Testing for TMPRSS2:ERG and PCA3 significantly improves the ability to predict whether a man has prostate cancer," says lead author Scott Tomlins, M.D., Ph.D., a pathology resident at the U-M Health System. "We think this is going to be a tool to help men with elevated PSA decide if they need a biopsy or if they can delay having a biopsy and follow their PSA and urine TMPRSS2:ERG and PCA3."

The researchers looked at urine samples from 1,312 men at three academic medical centers and seven community-based hospitals. The men all had elevated PSA levels and had gone on to receive either a biopsy or prostatectomy, surgery to remove their prostates. The researchers evaluated the urine

samples for TMPRSS2:ERG and PCA3 and stratified patients into low, intermediate and high scores, indicating their risk of cancer. They then compared this to biopsy results.

Biopsies indicated cancer in 21 percent of men from the low-score group, 43 percent in the intermediate group and 69 percent in the high group. Further, the urine test scores correlated with how aggressive the cancer was, based on tumor size and Gleason score, a measure of how abnormal the cells look. Only 7 percent of men in the low-score group had an aggressive tumor while 40 percent of those in the high-score group did.

"Many more men have elevated PSA than actually have cancer but it can be difficult to determine this without biopsy. This test will help in this regard. The hope is that this test could be an intermediate step before getting a biopsy," says senior study author Arul Chinnaiyan, M.D., Ph.D., director of the Michigan Center for Translational Pathology and S.P. Hicks Professor of Pathology at the U-M Medical School. Chinnaiyan is also a Howard Hughes Medical Institute researcher.

Prostate biopsies are done with a needle in an office setting, but they do pose some discomfort and risk to the patient. In addition, a biopsy can offer an incomplete picture since urologists are testing the prostate as a whole, rather than a specific lesion.

The combined TMPRSS2:ERG and PCA3 test is not yet available as a prostate cancer screening tool. The Michigan Center for Translational Pathology is working with Gen-Probe Inc., which has licensed the technology, and hopes to offer it to U-M patients within the year. U-M currently offers PCA3 screening alone as follow-up to elevated PSA. Men with questions about prostate cancer screening should speak to their doctors or call the U-M Cancer Answer-Line at 800-865-1125.

Prostate cancer statistics: 217,730 Americans will be diagnosed with prostate cancer this year and 32,050 will die from the disease, according to the American Cancer Society

Additional authors: From U-M: Javed Siddiqui, Robert J. Lonigro, Laurie Sefton-Miller, Radhika Varambally, Bo Han, David Wood, Lei Wang, Daniel Rhodes, Brent Hollenbeck, Stephanie Meyers, Nallasivam Palanisamy, John T. Wei; from Gen-Probe: Sheila M.J. Aubin, Siobhan Miick, Sarah Williamsen, Petrea Hodge, Jessica Meinke, Amy Blase, Yvonne Penabella, John R. Day, Harry Rittenhouse, Jack Groskopf; from Harvard Medical School: Martin G. Sanda; from Weill Cornell Medical College: Mark A. Rubin; from University of California San Diego Medical Center: Kyoko Sakamoto, Jonathan L. Silberstein; from Universite Laval, Quebec: Yves Fradet; from Dianon Systems Inc.: James B. Amberson

Funding: Gen-Probe Inc., the Early Detection Research Network, National Institutes of Health, Prostate Cancer Foundation, Burroughs Wellcome Fund, Doris Duke Foundation, Howard Hughes Medical Institute

Source: ScienceDaily
http://www.sciencedaily.com/releases

Experimental Drugs Do Battle Against Advanced Prostate Cancer
By Denise Mann
HealthDay Reporter | HealthDay

Thursday, Feb 2, 2012. Two new drugs, taken alone or potentially together, may boost survival for men with advanced prostate cancer, studies suggest.

The results were so promising that both trials were stopped early to make sure all participants could benefit from the drugs.

Men enrolled in both studies had what's known as "metastatic castration-resistant prostate cancers" -- tumors that had continued to grow and spread despite standard treatment aimed at lowering testosterone levels. (The male hormone testosterone is thought to feed prostate cancer).

The data were presented in San Francisco on Tuesday as part of the Genitourinary Cancers Symposium, sponsored in part by the American Society of Clinical Oncology (ASCO).

According to ASCO, more than 241,000 men in the United States will be diagnosed with prostate cancer in 2012, and 28,000 men will die from the disease.

Prostate cancer often spreads to the bone, but one of the new drugs, called radium-223 chloride (Ra-223), improved survival and delayed cancer-related bone problems in men with advanced, spreading tumors, the researchers said. The first in a new class of prostate cancer medications, Ra-223 delivers bursts of radiation to the bone, targeting the tumor.

The study included 922 men with advanced prostate cancer that had spread to the bone. The men were randomly selected to receive either Ra-223 plus best supportive care or a placebo along with similar care. Supportive care was aimed at alleviating the symptoms of the cancer, including pain.

The new drug seemed to help, boosting survival to an average of 14 months compared with just over 11 months for those on the placebo. Additionally, the average time to the first bone-break, fracture or need for radiation or surgery was significantly delayed among men treated with the new drug compared to their counterparts who received placebo -- from 8.4 months without Ra-223 to 13.6 months with it. The treatment also appeared safe, the research team concluded.

"The U.S. Food and Drug Administration said it will fast track [this drug], and I don't think additional data will be required," study lead author Dr. Oliver Sartor, professor of cancer research at the Tulane University School of Medicine in New Orleans, said at a meeting press briefing. He said the hope is that this drug will be available to patients in 2012. Ra-223 is being developed by Algeta ASA and Bayer Healthcare. The study was funded by Algeta ASA.

In a second trial, another experimental medicine, called MDV3100, appeared to boost survival by close to five months among men with advanced prostate cancer. This drug works by preventing male sex hormones (such as testosterone) from binding to receptors on can-

cer cells (the tumor needs these hormones to survive and thrive).

In the study, close to 1,200 men received either MDV3100 or an inactive placebo. Median overall survival was 18.4 months for men treated with the experimental drug compared with 13.6 months for those receiving placebo.

The new drug also reduced the risk of death by 37 percent compared to placebo, the researchers said.

Side effects included fatigue, diarrhea and hot flushes, and were generally considered mild, lead author Dr. Howard Scher, chief of the genitourinary oncology service and chair of Urologic Oncology at Memorial Sloan-Kettering Cancer Center in New York City, said at the press briefing. This drug is being developed by Medivation and Astellas Pharma. The study was funded by Medivation.

"This is very impressive and unprecedented," added Dr. Nicholas Vogelzang, chair and medical director of the developmental therapeutics committee of U.S. Oncology, a research network specializing in cancer clinical trials. He moderated the press conference announcing the new study results. "This is going to change the way we take care of patients who we see in the office," he said.

The real gold may be in combining the two therapies, the experts theorized. "These drugs are going to be used in sequence and we would expect the survival to be fairly dramatically pushed forward," according to Scher. "There will be a major bump up in the overall survival of this group of patients in the next two to three years."

Vogelzang agreed: "The synergistic benefit will have to be demonstrated, but it is very plausible that combining and sequencing these agents may add even more value than what we see here." He was a co-investigator on the Ra-223 study.

Findings presented at medical meetings are typically considered preliminary until they have been published in a peer-reviewed journal.

More information

There's much more on prostate cancer at the American Cancer Society.

Thank you all for your Contributions

Howard & Gesa Adriance
Robert & Alice Barringer
Fred Bell
Sanford & Nancy Bernstein
Kenneth & Anna Brett
John & Ruth Decker
Eugene Groelle
Edward & Evelyn Hill
Joseph & Florence Hoffman
Donald & Janet Lattof
Douglas & Nancy McBride
Earl Prochaska
Peter & Yvonne Randlev
Robert L. Smith
Jack Spyker-Oles
Daniel & Margaret Sickles
Sidney Sperber
Allan Stein
Edward & Barbara Surowitz
Diane and Walt Sutkowski
Joseph Torraca
Donald Van Loan
Edward Weber
Arnie Zepel

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

5-Gene Signature Identifies Lethal Varieties of Prostate Cancer and May Better Direct Patients to Appropriate Levels of Treatment

Discovery enabled by collaborative effort of scientists at more than a dozen institutes in U.S. and Sweden

In treating prostate cancer patients, clinicians agree: no one size of treatment fits all. With more than 25 genetic subtypes of this cancer already identified by PCF-associated researchers at the University of Michigan, we not only know that there are indeed varieties that a man might die with and not of , while other varieties require immediate aggressive treatment, but we are zeroing on which genotypes require aggressive treatment. For decades, our inability to differentiate definitively between the two groups, as well as those in between, has resulted is an estimated $2 billion in overtreatment each year. Not only is this an unnecessary burden on the U.S. healthcare system, such overtreatment can needlessly subject many men to the numerous life-changing side effects that treating this disease can impart.

We may now be steps closer to alleviating this problem and improving treatment for the more than 240,000 men in the U.S. alone who will be diagnosed with prostate cancer this year.

Janet L. Stanford, Ph.D. at the Fred Hutchinson Cancer Research Center is a PCF-funded investigator. She and a team of scientists from Seattle to Sweden have identified a 5-gene signature for lethal prostate cancer. The findings, published online ahead of the September issue of Cancer Epidemiology, Biomarkers and Prevention, might serve as the basis for a new blood test that could be given on initial diagnosis in order to determine which patients need aggressive treatment versus watchful waiting.

"Being able to accurately stratify a patient's disease, predict outcome and direct them to the appropriate treatment would empower us to cure more and overtreat less," explains Jonathan W. Simons, MD, president and CEO of the Prostate Cancer Foundation. "What's more, bringing more assurance to the diagnostic, staging and treatment process may also bring more confidence and clarity to patients and their families as they are force to navigate through a very difficult time.

To discover the five "disease genes" implicated in lethal prostate cancers, Dr. Stanford and her colleagues looked for genetic variants that men with prostate cancer share in common. Called single-nucleotide polymorphisms, or SNPs (pronounced "snips"), these inherited genetic variants are certain genes in the whole prostate cancer human genome that may code—or signal—the development of fatal varieties of the disease. The five SNPs Dr. Stanford identified were linked to five genes that may affect prostate cancer progression: namely, LEPR, RNASEL, IL4, CRY1, and ARVCF.

Dr. Stanford explains that her team "chose to study SNPs in genes that potentially play a key role in biological pathways that may contribute to prostate cancer progression such as inflammation, steroid-hormone production and metabolism, DNA repair, circadian rhythm

and vitamin D activity." With approximately 20% of all human cancers linked to chronic infections and chronic inflammation, the finding associating two of the five genes studied (IL4 and RNASEL) with prostate inflammation may play a part in better understanding whether there is an infectious agent that triggers early prostate cancer. The identification of Helicobacter pylori as an unrecognized infectious cause for stomach ulcers and stomach cancer transformed the entire direction of research around early diagnosis and prevention of gastric cancer.

To find the panel of markers associated with lethal prostate cancer, the scientists studied a population-based group of 1,309 Seattle-area prostate cancer patients who were age 35 to 74 at the time of diagnosis. They investigated 937 SNPs in 156 candidate genes. Of these, 22 SNPs stood out as being associated with more fatal forms of prostate cancer. This result, found through analysis of DNA in blood samples, was compared to a validation study conducted in another population-based group of 2,875 prostate cancer patients in Sweden who were age 35 to 74 at diagnosis. Five of the 22 SNPs were identified in this Swedish study as being implicated in prostate cancer mortality.

The Prostate Cancer Foundation laid the groundwork for genetic studies of this kind through its early work collecting blood from patients and families with prostate cancer for genetic studies in 1994. It provided key funding to help establish the family-based study called the Prostate Cancer Genetic Research Study--PROGRESS. Recognizing the lack of research findings on the causes of prostate cancer and the emerging evidence that a family history of the disease conveyed an increased risk, Dr. Stanford and colleagues Drs. Elaine Ostrander and Lee Hood tackled this problem by initiating the PROGRESS study.

The problem of little research addressing the issue of the inherited causes for prostate cancer was close to home for Dr. Stanford. Family ties led her to become a prostate cancer researcher. After learning her father had been diagnosed with the disease in 1984, she questioned what variable risk factors might have caused his prostate cancer. She realized quickly that there was little research to address this issue.

"There was very little support for prostate cancer research during the 1970's and 80's—few investigators were doing it," says Dr. Stanford, co-Head of Program in Prostate Cancer Research at the Fred Hutchinson Cancer Research Center in Seattle. "Back then the assumption was that almost 100% of men would develop prostate cancer in their lifetime, but they wouldn't develop it until they were quite elderly and would die from some other cause."

In 1995, PROGRESS gained considerable momentum after PCF founder and Chairman Mike Milken made a public appeal to viewers on nationally-televised Larry King Live. With a 1-800 number scrolled at the bottom of television screens during the interview, Milken urged those who had a family history of prostate cancer to call and be a part of the study.

According to Dr. Stanford, Milken's appearance resulted in thousands of phone calls throughout the night of the broadcast. She and her staff had to forward calls to voicemail after inquiries about the study continued to pour in up until the wee hours of 2 a.m.

"The Larry King Live Show

was the best recruitment tool ever," said Dr. Stanford. "The 1-800 number made it easy for people to contact us directly, and it didn't require them to get a physician's referral. PCF's funding was critical, absolutely critical for starting this research," said Dr. Stanford. "PROGRESS would have never happened if it weren't for that initial funding. That support went towards the first critical stages of collecting the families' information, collecting the blood samples and getting them processed, and making the DNA available to researchers for genotyping."

Sixteen years later, the impact of PROGRESS lives on in Dr. Stanford's work identifying the inherited genetic variants for lethal prostate cancer. It may forever change clinical decision-making and vastly improve the quality of life for prostate cancer patients and their families.

The next step is to conduct further studies evaluating the use of the 5-gene signature in other patient populations and continuing to characterize other genetic mutations that might be useful for stratifying patients for more effective and efficient clinical decision-making.

Moving More Biomarker Studies Forward with MOVEMBER

Extending on our commitment to global collaboration to find better diagnostic tools like the 5-gene signature, PCF is leading the U.S. team in the Movember Global Action Plan (GAP). The overall goal of the two-year GAP research program is to better predict aggressive disease and to characterize metastatic biology and treatment resistance by identifying clinical biomarkers that ultimately enhance treatment decisions. This will be achieved through analysis and correlation of patient materials (tissue, urine, circulating tumor cells, serum and exosomes). We hope to accelerate progress and the use of potentially novel biomarkers of early detection.

Movember will create a Wiki-type global docking page for all biomarker discovery scientists where the standard operating procedure is to verify published papers, bio-repository inventories are transparent for collaboration, and postdoctoral students can communicate with one another. Creating an on-line "knowledge exchange" between laboratories around biomarker discovery and validation will foster additional collaboration and accelerate more discovery in genetic biomarkers.

The Global Team: Collaborators on the study included researchers from the Karolinska Institutet in Stockholm; Umea University in Umea, Sweden; the National Human Genome Research Institute of the National Institutes of Health in Bethesda, Md.; Wake Forest University School of Medicine in Winston-Salem, N.C.; and Johns Hopkins University in Baltimore.

The research was conducted via the National Cancer Institute-funded Pacific Northwest Prostate Cancer Specialized Program in Research Excellence, which is co-led by Stanford and based at the Hutchinson Center. Additional support was provided by the Hutchinson Center, the National Human Genome Research Institute, the Cancer Risk Prediction Center, the Swedish Research Council, the Swedish Cancer Foundation, the Hedlund Foundation, the Soderberg Foundation, the Enqvist Foundation and the Stockholm City Council.

Source: prostate cancer foundation http://www.pcf.org/

FDA: Prostate Cancer Risk From BPH, Hair Loss Drugs Proscar, Propecia, Avodart, Jalyn Increase Risk of High-Grade Prostate Cancer

By Daniel J. DeNoon

WebMD Health News Reviewed by Laura J. Martin, MD June 9, 2011 -- The prostate drugs Proscar, Avodart, and Jalyn and the hair-loss drug Propecia add to the risk of high-grade prostate cancer, the FDA warns.

All of the drugs must change their labels to warn of the risk, which unexpectedly appeared in two different large-scale clinical trials.

Ironically, Proscar and Avodart appear to reduce the risk of low-grade prostate cancer, which is less aggressive than high-grade prostate cancer. But the increased risk of high-grade prostate cancer means the drugs can't claim to lower overall prostate cancer risk.

The FDA ruling follows the December 2010 vote of an FDA advisory panel, which rejected requests from Merck (for Proscar) and GlaxoSmithKline (for Avodart) to claim that the drugs prevent prostate cancer.

The male hair-loss drug Propecia has the same active ingredient as Proscar, although at one-fifth the dose. But the FDA says Propecia should carry the same prostate cancer warning as Proscar.

Even though the drugs are linked to prostate cancer, the risk is small. Men who are taking Proscar, Avodart, or Jalyn for benign prostatic hyperplasia (BPH) should not stop taking their medications, but should consult their doctors about their prostate cancer risk.

Proscar, Avodart, and Propecia are in the same class of drugs, known as 5-alpha-reductase inhibitors or 5-ARIs. Jalyn has the same active ingredient as Avodart, together with a drug called tamsulosin (Flomax). The FDA warning does not include Flomax, which is in a different class of prostate drugs called alpha blockers.

Other alpha blockers include Cardura, Hytrin, Uroxatral, and Rapaflo. Unlike the 5-ARI drugs, the alpha blockers are effective in treating the symptoms of BPH but have not been shown to reduce the risk of urinary retention due to an enlarged prostate.

Minoxidil is an alternative over-the-counter drug used to treat male pattern baldness.

Source: WebMD

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,
Prostate Cancer 101
8 Alcazar Avenue
Kingston NY 12401

Prostate Cancer 101, Inc.
8 Alcazar Avenue
Kingston, NY 12401-4302

1st Tuesday

SEMINAR For Newly Diagnosed

3rd Tuesday

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.

Contact
Paul Totta 845 297-7992
or Jim Kiseda 223-5007

If you need or want to help:

PCa 101 Seminar
First Tuesday of every month

Fred Bell 845 338-1161
Fwbelljr1@aol.com

Gene Groelle 338-1805
Gro226@aol.com

Website & Newsletters
http://prostatecancer101.org
Walt Sutkowski 331-7241
wsutkowski@hvc.rr.com

Greeters/Church Hall Setup
Bob Miggins 382-1305
GD7M37@verizon.net

Programs
Arlene Ryan 338-9229
Aryan@hvc.rr.com

Diane Sutkowski 331-7241
dsutkowski@hvc.rr.com

wyebee@aol.com
DVD's of past presentations

Membership & Administration
Diane Sutkowski 331-7241
dsutkowski@hvc.rr.com