



# Newsletter

Prostate Cancer 101, Inc.

April, 2005

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

## Dr. Daniel Petrylak, April 19

**"Recent Developments In Therapeutic Outcomes with Advanced Prostate Cancer"** will be the topic of April 19th's Distinguished Lecture Series speaker Dr. Daniel Petrylak.

A Board Certified Medical Oncologist at Columbia Presbyterian Medical Center in New York City, he obtained his M.D. at Case Western University School of Medicine, Cleveland, Ohio in 1985 and completed his residency in Internal Medicine in 1998 at Montefiore Medical Center, Albert Einstein College of Medicine. He then went on and achieved a Clinical Fellowship at Memorial Sloan Kettering Cancer Center in Medical Oncology. At present he is an Assistant Professor of Medicine and Program Director Genitourinary Oncology.

Many of our newly diagnosed members have often asked, "What does a Medical Oncologist do for a Prostate Cancer patient, compared to a Urologist or a Radiation Oncologist, and how does one know which one to choose and when?" Dr. Petrylak sums it up very simply....."Basically, Urologists operate; Radiation Oncologists administer radiation; Oncologists medically manage prostate cancer patients either through the administration of hormones or chemotherapy, or recommend other treatments

which may help to improve the quality of life of patients with advanced prostate cancer. For patients who are in a quandary relative to deciding surgery or radiation as the treatment for localized disease, a Medical Oncologist may help guide the patient in making a decision."

For those with early stage localized prostate cancer there is a plethora of choices which will lead to good outcomes. However, with patients diagnosed with advanced prostate cancer there are also many options and we are most fortunate to have someone of Dr. Petrylak's caliber to walk us through this maze of anxiety and confusion. Some of the options that Dr. Petrylak will speak about are the hormone naive patient entering into a trial of intermittent therapy or one with a combination of a new chemotherapeutic agent with androgen blockage. For hormone refractory patients, when should a 2nd hormonal therapy be used? Isotopes? Chemotherapy? Investigation trials? As a Medical Oncologist, Dr. Petrylak assists the patient and families make an informed decision based on their quality of life issues.

This past June it was announced at the ASCO conference that for the first time in several

years there is now renewed hope and excitement over the developments of new drug therapy - namely Taxotere and Estramustine which have resulted in synergistic ( 2 agents working together) anti-tumor activity. The use of small doses of a cortisone-like drug was also evaluated during this clinical trial which was headed up by our speaker.

The hope was that the cortisone would reduce the pain and give a feeling of well-being but the flip side is that steroids may worsen osteoporosis or other bone damage associated with hormonal blockade and Dr. Petrylak concluded that it did not significantly contribute to the PSA response rate of the two drugs. As a result of Dr Petrylak's successful clinical trial, the FDA approved Taxotere for the treatment of patients with hormone-refractory metastatic prostate cancer this past June. Further studies have shown that this combination may increase survival time by 20% .

Please plan to attend this very important and informative lecture that will be held the third Tuesday of the month (April 19th) at 4:30 p.m. at the Hurley Reformed Church.

Arlene Ryan, PCa101

## FDA Approves New Device for Diagnosing and Treating

The U.S. Food and Drug Administration recently approved a new medical device for prostate biopsies and improving the accuracy of less-invasive cancer treatments.

Created by St. Louis-based Envisioneering Medical Technologies, TargetScan(R) is the latest innovation in prostate mapping, biopsy and cancer treatment guidance. Combining 3-D image acquisition with a stationary probe, this new technology helps physicians plan and execute targeted prostate biopsies -- potentially improving patients' cancer treatment outcomes with less-invasive procedures.

Current procedures require urologists to hold and pivot a probe with one hand, while performing a needle biopsy with the other hand. The inherent variables of this existing biopsy technique can force doctors to miss as much as 20 to 30 percent of potential cancers, according to Dr. Gerald Andriole, professor of surgery and chief of urology at Washington University School of Medicine and director of the Urological Research Center at Barnes-Jewish Hospital in St. Louis. "We've learned that current diagnostic tools are inadequate -- missing cancer in some patients while over testing others," said Andriole, who after examining TargetScan joined Envisioneering's medical advisory board. "With TargetScan, we anticipate improved cancer detection -- saving time, money and possibly lives."

TargetScan also impacts cancer treatment, according to Dr. Jeff Michalski, Department of Radiation Oncology at Washington University School of Medicine.

"The clinical benefit from the TargetScan 3-D probe is obvious," says Michalski. "By eliminating the need to physically move the probe, the prostate position will be stabilized allowing for improved radioactive seed implantation and better brachytherapy clinical outcomes."

Today, TargetScan is available in select urology clinics across the country for field testing. Envisioneering is planning a widespread TargetScan launch in conjunction with the American Urology Association conference held in San Antonio this May.

"We have met with urologists from across the country and heard their call for a better biopsy strategy to combat the disease that kills one man every 13 minutes," said Robert G. Mills, Envisioneering president. "With TargetScan, we have tried to answer this appeal by offering technology that we hope will reduce inconsistencies and produce conclusive test results from the first biopsy. This diagnostic and treatment delivery innovation is not only critical to a physician's medical practice, but it also is imperative for beating a cancer that is nearly 100 percent survivable if detected early."

### **About Envisioneering Medical Technology**

*Based in St. Louis, Mo., Envisioneering Medical Technologies is dedicated to developing, manufacturing and marketing proprietary diagnostic and treatment technology for the physician community. For more information, please visit <http://www.envisioneeringmedical.com>*

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### Newsletter & Other PCa 101 Activities

Ron Koster

## **Impotence Drugs Restore Erections After Radical Surgery**

Anti-impotence drugs could offer long-term help to some men who have had prostate surgery or who otherwise lose their sexual potency, researchers reported.

A U.S. study found 30 percent of men who had a radical prostate removal procedure regained their ability to have an erection without drugs after taking Viagra for nine months. A German study of men who took the drug every night for a year found 58 percent regained full ability to perform.

“Our study suggests that sustained, long-term rehabilitation of erectile function is possible,” Dr. Laurence Levine, a urologist at Rush University Medical Center in Chicago, who led the U.S. study, said in a statement.

Levine’s team studied prostate cancer patients who had undergone an operation called a bilateral nerve-sparing retropubic radical prostatectomy. More than 90 percent of men who have the operation suffer from erectile dysfunction afterward, they told a meeting of the American Urological Association in San Francisco. That could be related to nocturnal erections, which men normally have every night. No one understands why but it seems to be an exercise for the penis that, when disturbed, can result in erectile dysfunction, Levine said.

### **Benefit of daily use**

The operation may disrupt the regular nightly exercise, said Levine. Use of Viagra or similar drugs could restore it. “The implications of this study are that

Physicians may have a dramatic, one-shot chance to prevent erectile dysfunction following a radical prostatectomy,” Levine said.

For the study, Levine’s group watched 54 men for 36 weeks. They were tested for nocturnal erection using a specially designed machine. After nine months, spontaneous erectile function returned in 29 percent of the patients treated with Viagra, made by Pfizer under the chemical name sildenafil.

For the second study, Frank Sommer and colleagues at the University Medical Center in Cologne, Germany, tested 76 patients who had suffered erectile dysfunction for more than six months.

They found 58.8 percent of the patients who took Viagra every night for a year enjoyed a full return of sexual function, compared with 9.7 percent of those who only took it when they wanted to. “After only one year, sildenafil taken regularly at bedtime may be able to bring about regression of erectile dysfunction or can be a useful tool for curing erectile dysfunction,” they told the meeting

## **Rapid Rise in PSA May Signal Deadly Prostate Cancer**

Prostate cancer is much more likely to kill if a man’s PSA level rises rapidly before the cancer is even diagnosed, according to a study that suggests a new and far more meaningful way of looking at PSA test results.

The finding could help patients and doctors make the often difficult decision of whether to undergo surgery or merely wait and watch. The PSA test is widely used to diagnose prostate cancer

by measuring levels of a substance called prostate-specific antigen in the blood. Up to now, doctors have focused largely on the PSA level itself, and not on how it changes over time.

Change over time is key But researchers at Brigham and Women’s Hospital and elsewhere found that how fast PSA levels increased in the year before prostate cancer was diagnosed predicts which tumors are deadly nearly 10 times better than the PSA level itself.

“The study is pretty definitive,” said lead researcher Dr. Anthony D’Amico, a radiation oncologist at Brigham and professor of radiation oncology at Harvard Medical School. “It’s not the level of PSA that matters, it’s the change from year to year.”

The finding underscores the importance of getting regular PSA screenings, so that doctors can spot trends. When doctors find prostate cancer, they often recommend “watchful waiting” over prostate-removal surgery, because the operation can cause impotence and incontinence and because some prostate tumors are so slow-growing that men die of something else before the cancer kills them.

But most men do not want to wait, so doctors are seeking better ways of predicting which tumors will be lethal. PSA levels alone inconclusive PSA levels alone are not always reliable. A recent study found the tests missed about 15 percent of prostate cancers in older men whose readings were supposedly normal — that is, at or below a count of 4.

The new study, reported in Thursday’s New England Journal of Medicine, followed

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1,095 men, 65 years old on average, who had prostate cancer; they received PSA screenings at least once a year and underwent prostate surgery between 1989 and 2002.

Twenty-eight percent of the men whose level rose more than 2 points the year before diagnosis died of prostate cancer within seven years — despite having the gland and adjacent lymph nodes and seminal vesicles surgically removed. D'Amico said the findings make clear which patients need aggressive treatment, but not which ones can safely be monitored through repeated testing.

PSA is a protein that helps liquefy semen for ejaculation. An elevated PSA level can indicate benign prostate enlargement or prostate cancer. So when a man is found to have an elevated PSA level, doctors do a biopsy, withdrawing cells from the gland by needle for examination under the microscope for signs of cancer.

Guidelines call for annual PSA tests beginning at age 50 — or 45 for men with a family history of prostate cancer. D'Amico said a baseline PSA level should be determined at age 35 to spot changes.

### ***Guidelines for deciding on surgery***

Dr. Mark Jordan, professor and chief of urology at University of Medicine and Dentistry of New Jersey in Newark, said he believes the initial PSA level, and the percentage increase, are just as important as the rate of increase, or PSA velocity, but there are not enough guideposts for deciding on surgery.

"We're not even sure if prostate cancer surgery prolongs life," said Jordan.

Dr. Howard Parnes, chief of the National Cancer Institute's prostate and urological cancer research group, said a high PSA velocity indicates substantial risk of relapse after surgery and death. But he said larger studies with longer follow-up are needed. Parnes and D'Amico said the PSA velocity can be used now to identify which high-risk men could participate in studies of such treatments as radiation, hormones to suppress testosterone and cancer drugs that could be given in addition to surgery.

## **“Prostate cancer is the No. 2 cancer killer among men”**

Prostate cancer is the No. 2 cancer killer among men, with an estimated 30,000 deaths and 230,000 new cases each year, according to the American Cancer Society. Despite that, only about 60 percent of American men over 50 have had a PSA screening. Men have a one-in-six lifetime risk of getting prostate cancer. However, the death rate has fallen nearly 20 percent since the PSA test became widely used in the mid-1990s, a drop attributed to both earlier detection and better treatment.

Dr. William J. Catalona of Northwestern Memorial Hospital, who worked with D'Amico and helped develop the PSA test to determine risk of prostate cancer, said he thinks a biopsy should be done once the PSA level hits 2.5 or PSA velocity reaches 0.75 — as the National Comprehensive Cancer Network recently recommended.

## **Prostate Cancer More Lethal After 15 Years**

*Study Finds “watchful waiting”*

One of the longest studies of early prostate cancer suggests that untreated, slow-growing tumors become more lethal after 15 years — findings that argue for more aggressive treatment in younger men.

The Swedish study looked at a widely used practice known as “watchful waiting,” in which doctors forgo surgery or radiation and merely keep an eye on the patient's tumor.

It is an option doctors choose for many patients with slow-growing tumors, particularly older men who might die of other causes before the cancer spreads. Another reason for waiting is that surgery and radiation can cause impotence and urinary incontinence.

### **Tumors may become more aggressive**

The study found that the death rate from prostate cancer increased almost threefold after 15 years. The research could indicate that some tumors become increasingly aggressive, said one of the study's authors, Dr. Jan-Erik Johansson of Orebro University Hospital in Sweden. Johansson said the findings suggest that doctors should consider radical treatment in younger men who have more than 15 years left to live.

The study involved 223 Swedish men with initially untreated, early-stage prostate cancer. They were followed for an average of about 21 years, until 2001. The men were 72 on average when they joined the study. (continued page 5)

The study began before the development of many current prostate cancer treatments. It also predated the standard screening test: the prostate-specific antigen test, or PSA, which has greatly increased the number of men diagnosed with prostate cancer.

PSA testing was called into question in a study published last month showing that the tests miss many tumors in older men.

Those results, in the *New England Journal of Medicine*, also added to the debate over when to recommend aggressive treatment. In the latest study, 203 of the participants died from various causes.

The death rates from prostate cancer remained fairly constant during the first three five-year periods after diagnosis — about 5 percent to 7 percent.

But after 15 years, 16.7 percent of the 48 participants left in the study died of prostate cancer. The number of instances in which cancer spread beyond the prostate also became more frequent.

**'Watchful waiting'  
not recommended  
for younger men**

Dr. Alfred Neugut, the head of medical oncology at Columbia University Medical School, said it is possible that detection methods became so much more sophisticated in the study's final years that prostate cancers that had turned aggressive earlier were only detected then. A totally new cancer could also have developed in the prostate, he said.

Johansson said his group's research might be most useful for doctors who currently recommend aggressive treatment for men under 70 with early prostate cancer.

"For those patients with early

prostate cancer, perhaps one can choose watchful waiting down to 65 years of age if the tumor is more 'benign' in the microscope," he said.

He said it would not be wise for younger men to choose watchful waiting, because of the danger after 15 years.

*An Answer to a Prayer*

**Device Aims to  
Take the Stigma Out of  
Male Urinary Incontinence**

Nine years ago, Tommy Boyce was fighting for survival. The Richmond man won that battle but has since paid a heavy price.

"I had prostate cancer in the worst way. It was real bad surgery," he said.

It saved his life but dramatically changed the way he lived it.

"I was left very, very incontinent. I always had to wear pads, and I never knew when those pads would get full," said Boyce, who is 76 and lives at the Masonic Home of Virginia, on Nine Mile Road.

Plagued by a constant flow of urine, on some days he would use six pads, changing every time one got soaked.

"I was paying a lot of money out of my pocket," he said. At one point, he estimates, the cost approached \$50 to \$60 a week.

About four years ago, a Pennsylvania man suffered similar problems after prostate surgery.

Boyce had no way of knowing it at the time, but John Miskie's predicament would ultimately lead to an invention that has made huge improvements in Boyce's life -- and could help many of the 4 million American men who suffer from urinary incontinence.

Miskie's surgery cured his prostate cancer, too. Afterward, the retired research chemist tried several of the most popular methods for con-

trolling incontinence, including catheters and pads. He was not satisfied with any of them.

So he decided to do something about it. Miskie, now 69, designed his own system to stem the flow.

It was an improvement, but still not good enough. So he asked his son for help.

"My dad said: 'I designed it as best I could.' But he thought there must be a better way," said Mark Miskie, who was a manager with John Deere Consumer Products in Charlotte, N.C. "He knew I had product development experience, so he asked me to design something. It was a way to give something back for all the things my father did for me."

At first, Mark wasn't sure what to think about his father's device.

"Dad had created a crude version. He's had a lot of crazy ideas and that was my first impression -- another one of Dad's crazy ideas."

Or maybe not.

After some intensive research, Mark Miskie came up with a product that was simple and ingenious. He was ready to take a risk.

"I'm not sure the world needs a better chain saw, but it does need a better urology-collection device," he said.

In early 2002, the younger Miskie quit his job at John Deere so he could devote more time to improving and marketing his system for controlling male urinary incontinence. He created a company -- Arcus Medical LLC -- to support his efforts.

"If it hadn't been for my dad being so dissatisfied with the existing products, I would never have started looking into incontinence," Miskie said. "This entrepreneurial experience has been a blend of altruism and capitalism. It's been a long, steep climb, but well worth it because we have already improved the quality of life for so many people."

Boyce is one of them. Life has gotten easier since he began using

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Miskie's device, known as afex, which stands for adhesive-free external collection system.

"I was one of the first guys to try it," Boyce said. "It's much more comfortable. It's made me feel more free to do a lot of things I used to do that I couldn't do when I was using the pads.

"It's the greatest thing that's come down the pike, as far as I'm concerned. Nothing else on the market can touch it."

But before he was ready to take his product to market, Mark Miskie hit the road to Richmond, where he won some very important medical and financial support.

Virginia Urology Inc. is one of the nation's largest urology practices, with 31 physicians working out of six offices in the Richmond-Petersburg, area and three more around the state of Virginia.

Miskie showed his invention to the group.

"He brought a rough idea to us. He wanted to know, did it make sense?" said Dr. Bryan Duck, a urologist at the practice.

The doctors were impressed.

"In the 25 years I've been practicing, we have not had anything new come out to help people with this problem," Duck said.

There are many products on the market, including catheters, condoms, clips and pads. All of them have drawbacks, including discomfort, odor, cost and a tendency to leave the skin wet, at last part of the time. Male urinary incontinence can also be addressed by surgery or medication, though neither is fool-proof or without side effects.

"We said we'd test it with our patient population, and it tested well,"

Duck said. "We all got very excited about the possibilities and the broad reach this has for the quality of life issue. We just don't have anything good to offer people in the mar-

ket right now."

Early last year, Arcus Medical raised about \$1 million in private equity placement. Several of the physicians at Virginia Urology, including Duck, invested in the company. The practice also owns a small stake in the business. Their combined investment does not exceed 40 percent. Miskie said Virginia investors own a majority of the shares in Arcus Medical, while his stake is less than 50 percent.

"Some of the investors are people who use the product," Duck said. Virginia Urology has helped refine Miskie's original design.

"We got ideas from the test patients about how to make improvements," Duck said. "We're still getting ideas."

So how, precisely, does the afex system work?

It basically has three parts.

A pair of cotton briefs hold the other two pieces together -- a plastic receptacle that holds the penis and a collection bag that attaches to the receptacle.

The receptacle is designed to be comfortable and keep skin dry all the time. The bag includes a specially designed valve that opens at the slightest pressure -- just a drop of urine -- but only moves in one direction, preventing any backflow.

"It took two years to get that valve to work," Miskie said.

The bag holds a little more than a quart and is slightly larger than a typical human bladder, Duck said. It has a drain port at the bottom that can be emptied while standing at a urinal. No need to unhook the bag. Odor is not a problem.

The afex system is mainly designed for daytime use.

"You can't see it. You don't know somebody has it on," Duck said. "I've tested it myself -- in surgery; while I was driving. My wife thinks I'm crazy."

A typical system kit costs \$150.

Replacement bags cost \$13, undergarments \$25 and receptacles \$30. The annual cost of using the system, including cleaning materials, should be around \$375, Duck said.

All of its components are made in the United States. Miskie said the product has about 500 customers nationwide, and he is working to expand the marketing and distribution channels. The company has also developed female-incontinence products and is about to unveil incontinence pads for beds and wheelchairs.

In June, the afex system made its retail debut, right here in Richmond. It is sold in all 22 pharmacies at Ukrop's Super Markets, including those in Fredericksburg and Williamsburg.

"I thought it was a great product when they showed it to us," said Jim Beckner, director of pharmacy and health services for Ukrop's.

"I wish more people knew about it," he said. "There are so many people out there who don't know there is more to this health issue than adult diapers."

Ukrop's, which began selling the afex system in June, also carries adult diapers. They can easily cost a customer \$1,000 or more every year, Beckner said.

The afex system, he believes, "is a great option for people who are stuck with diapers and are stuck with the wetness and odor."

So far, the afex kits, which include two undergarments, two bags and two receptacles, have "sold fairly well, but I wouldn't say the product is jumping off the shelves," Beckner said. "It's an awareness thing. This is a problem people tend not to talk about. We're still seeing there's a stigma attached to incontinence."

Private health insurance generally will not pay for the product, but the company is working hard to persuade Medicare to foot the bill for patients who are 65 or older.

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Urinary incontinence can cause problems that extend well beyond cost, discomfort and inconvenience for the estimated 4 million men and 16 million women in the United States who must endure it.

Causes include spinal and pelvic injuries, diabetes, prostate surgery, even some medications prescribed to treat heart disease and other illnesses.

It can be particularly hard on men, Duck said.

"Women seem to deal with it better than men," the urologist said. "It is devastating for men to become urinary incontinent. They become reclusive. Men are just not used to any wetness."

He believes urinary incontinence is the No. 1 reason older men decide to go into nursing homes.

"Carpets get wet, chairs get wet. It's socially unacceptable," Duck said.

"It just becomes more and more difficult to keep the place clean and nice, so men just give up and go to a nursing home."

The afex system can alleviate a lot of those problems, Duck said, as well as easing serious health concerns, such as sores, caused by unrelenting dampness.

Duck decided to invest in the afex system because he sees significant profit potential, but he also has become something of a crusader for the product, convinced that it could offer enormous quality-of-life benefits and save money for patients across the country.

"People are absolutely desperate who have to deal with this day-to-day," he said.

Boyce, the Richmond man who was one of the first to test the afex system, remains sold on it a year later.

"This device is the greatest. It gives you more comfort. It gives you more freedom. I don't have to carry a bag with a bunch of big pads in it

anymore. Now, you just go in the bathroom and do your thing."

Miskie, the inventor, believes he has found a great business opportunity, but he also sees it as more than that.

"In many ways, we don't sell a product, we sell an answer to a prayer. In some ways I feel I've been called to this by someone a lot more powerful than Wall Street."

To learn more: go to [www.arcusmedical.com](http://www.arcusmedical.com)

#### WHERE TO GET THEM

To buy the afex system, you can call, toll-free, (877) 272-8763 Monday-Friday, 7:30 a.m. to 4:00 p.m.,

#### Distinguished Lecturers

If you missed Dr. Howard Scher, our March Distinguished Lecturer, an excellent video tape is available for the nominal fee of \$15.00. Dr. Scher delivered an outstanding lecture entitled "**Recent Developments in the Treatment of Recurring and Refractory PCa**", and the video tape is very professional. Make your check payable to **Yavuz Birturk** and send it to him at P. O. Box 142, Cottekill, NY 12419-0142.

**D**r. T. Ming Chu, of Roswell Park Cancer Institute in Buffalo, New York, will be our Distinguished Lecturer on May 17. Dr. Chu is the researcher whose work is responsible for discovering the Prostate Specific Antigen, resulting in the PSA test that we know today. The topic of Dr. Chu's presentation is: "**Historical and Personal Perspectives on the Discovery of PSA & the PSA Test**" This is the 25th anniversary of the PSA assay.

Don't miss any of our *Distinguished Lecturers* we are fortunate to have the very best!

## April Birthdays



Gordon Brown	1-Apr
Daniel Gaponiuk	2-Apr
Joseph Lofgren	2-Apr
Charles Geiger	4-Apr
Henry G. Ingber	4-Apr
J. Edward Knittle	4-Apr
Sandy Bernstein	7-Apr
Donald L. Droulette	7-Apr
Kristen L. Jensen	7-Apr
William Ryan	8-Apr
LeRoy Connell	9-Apr
Robert H. Sudlow	11-Apr
George Biesele	12-Apr
Yavuz Birturk	12-Apr
Gerard S. Brice	12-Apr
John Brewer	15-Apr
Jan Metzelaar	15-Apr
Luke Reed	15-Apr
Marv Millens	16-Apr
Floyd H. Vogt	17-Apr
Joseph Torraca	19-Apr
Donald R. Barbour	20-Apr
Daniel E. Sickles	20-Apr
Walter Maxwell	22-Apr
Gene D. Mentzer	22-Apr
Robert L. Smith	23-Apr
Kevin W. Reynolds	25-Apr
Michael Cahill, Jr.	26-Apr
Frank Guido	26-Apr
John S. Schonger	27-Apr
George Heppner	30-Apr

Birthdays "from The Gang" are announced on Kingston radio stations between 7:15 and 7:25 a.m. on WKNY (1490 am) and between 7:40 and 7:50 a.m. on WGHQ (920 am) each day on the early morning shows.

Each station also draws a name from all the men, women and children celebrating birthdays each day for the award of "special gifts." Many of our members have been selected as winners.

Celebrate your birthday at Mariner's Harbor at the Rondout, where you will receive a free Lobster or Prime Rib Dinner on your actual birth date.

# STRESS INCONTINENCE EXERCISE PROGRAM

DEPT OF THERAPIES ST. PAUL'S HOSPITAL, SASKATOON

The following exercise program has been developed to increase awareness of the function and coordination of the muscles of the pelvic floor. Consistent and progressive exercises will increase the strength of these muscles and allow greater control over primary; leakage for people with anatomic urinary stress incontinence. The exercises will allow for the re-education of the muscles that control urinary flow, and promote a return to normal muscle function. Each exercise will be explained in 3 parts. (1) purpose (2) position and (3) action. For relief of urinary leakage, it is essential that you adhere strictly to the exercise program.

## WEEK ONE

### 1. Overflow Exercise

A. Purpose: The purpose is to gain a general awareness of the pelvic floor and the surrounding muscles.

B. Position: Lay flat on the floor, on your back, with your knees slightly bent, and with your feet flat on the floor, and your buttocks raised up on a double-folded pillow.

C. Action: Relax..and then tighten, as hard as you can:

- (1) your pelvic floor, as if stopping urine flow,
- (2) tighten your buttocks as if to check a bowel movement,
- (3) tense up your inner thighs together,
- (4) tighten your lower abdominals by pulling in your stomach.

Hold for 3 seconds, and then relax. Repeat this five times in succession, with a short rest between each session. Work up to ten repetitions, three times per day. Do not hold your breath while tightening.

### 2. Awareness Exercise

A. Purpose: to give you an awareness of the pelvic floor muscles that are involved in controlling urination. This exercise should be done every

time you urinate.

B. Position: Sit on the toilet with your feet flat on the floor, and your knees spread apart.

C. Action: Start your flow of urine. Try to stop it in midstream by squeezing together the pelvic floor muscles. Start the flow again, and when you finish, squeeze together again, and hold for 3 seconds, then relax. At first you may find it difficult to stop the flow completely. You may dribble, but do not get discouraged. Control will come with practice.

**DO THIS EXERCISE SEVERAL TIMES DAILY FOR THE FIRST THREE WEEKS.**

### 3. Pelvic Tilts

A. Purpose: This exercise is a favorite activity for improving posture and strengthening the lower abdominals. Strengthening them is very important in the support of the surrounding pelvic floor muscles.

B. Position: Lay on your back, on the floor, with your knees slightly bent. (as you did for the overflow exercise)

C. Action: Stick your hands in the hollow of your back. Can you feel the space between your back and the mat? Now, remove your hands and place them at your side. Tilt your pelvic to flatten the low back, on the floor, by pulling up and in with your lower abdominal muscles. You are trying to push your back into the floor, so you should not be able to stick your hand under the small of your back. Hold the back flat, and breathe in and out easily. Hold this position for 5 seconds, then relax. Repeat this ten times in succession. **DO NOT HOLD YOUR BREATH.** Work up to holding this position for 10 seconds. Do this exercise three times per day.

## WEEK TWO

Now that you have got the general awareness of the pelvic floor muscle

structure, you will begin to work on isolated muscle strengthening. We will work on isolating the pelvic floor muscles, and do exercises specific to them.

### 1. Pelvic Floor Contractions

A. Purpose: You have worked on strengthening your abdominals; now you will incorporate a pelvic floor contraction with your pelvic tilt, to increase the strength and coordination of your "urine stopping" muscles.

B. Position: Lay on your back with your knees slightly bent.

C. Action: Tilt your pelvis to flatten your low back by pulling up and in with the lower abdominal muscles, as you did in last week's pelvic tilt exercise. Hold the back flat while breathing in and out easily for 5 seconds. Then contract your pelvic muscles, as if checking the flow of urine, and hold for 4 seconds. Slowly relax. Repeat this ten times in succession, at least three times daily.

### 2. Pelvic Tilt With Pelvic Floor Contractions

A. Purpose: You have worked on strengthening your abdominals. Now you will incorporate a pelvic floor contraction with your pelvic tilt, to increase the strength and coordination of your "urine stopping" muscles.

B. Position: Lay on your back, with your knees slightly bent, as you did for the overflow exercise during Week 1.

C. Action: Tilt your pelvis to flatten your low back, by pulling up and in with the lower abdominal muscles, as you did in last week/s pelvic tilt exercise. Hold the back flat, while breathing in and out easily for 5 seconds. Then contract your pelvic muscles as if checking the flow or urine, and hold for 4 seconds. Slowly relax. Repeat this ten times in succession, at least three times daily.

### 3. Awareness Exercise

Continue to stop and start your flow or urine, several times daily.

(continued page 9)

## WEEK THREE

Hello. Keep up the good work!

### 1. Pelvic Floor Contractions

A. Purpose: You have worked on accomplishing this exercise in the lying position. Begin this week by performing this exercise in the sitting and standing position, in order to develop your strength against gravity.

B. Position: Sit and / or stand.

C. Action: Squeeze together, and pull up and in, your pelvic floor muscles, as in the previous exercise. Relax. Repeat five times in succession, every hour. At the end of the exercise, draw up and squeeze your pelvic floor into a neutral hold. Try to keep some tension on these muscles throughout the day. Keep aware of your muscles during the day, and avoid letting your muscles go totally lax. Work up to doing ten repetitions of this exercise - every hour. You can contract your pelvic floor muscles at any time. No one will know you are doing them! Do them while standing in the check-out line in the grocery store, while you are brushing your teeth, washing dishes, or while you are in the car stopped at a red light.

### 2. Pelvic Floor Contractions - Quick Repetitions

A. Purpose: To isolate the pelvic floor muscles responsible for quick, immediate contraction.

B. Position: Lay flat on your back with your knees slightly bent - as you did for the overflow exercise in Week One.

C. Action: Squeeze together, and pull up and in, your pelvic floor muscles. Hold only momentarily, but repeat five times in quick succession. Your muscles may tire after only 2 or 3 contractions, but don't be discouraged. This will improve. Rest for 30 seconds. Then try another set of five. Work up to ten repetitions, four times per day.

### 3. Pelvic Tilt with Pelvic Floor Contractions

Continue the exercise (#2 from Week 2) of strengthening the lower ab-

dominals with the pelvic floor muscles. Work up to holding the pelvic tilt and contracting your pelvic muscles simultaneously, for 10 seconds, then relax. Repeat this ten times in succession, four times per day.

### 4. Awareness Exercise

Just a reminder to continue starting and stopping your urine flow.

## WEEK 4

Hello. I hope you are finding your exercises helpful in increasing your awareness and strength in your pelvic floor musculature.

### 1. Bracing

A. Purpose: This exercise is designed to prepare you for taking on any increased stress. If the pressure from within the abdomen and bladder is suddenly increased, without any increase in resistance, a leakage is inevitable. Bracing will hold the pelvic floor muscles tight, and prevent urine from leaking.

B. Position: Variable

C. Action: If you are about to lift, squat, jump, push, strain, cough, laugh, sneeze, or any downward thrust activity, it is important for you to contract and squeeze together, while pulling in and up with your pelvic floor muscles. Hold it tightly until the exertion is over. This bracing should be done whenever you take on any strain, and should over time become HABITUAL.

### 2. Pelvic Floor Contractions

Continue contracting up and in, on your pelvic floor muscles (as in #1 of Week 3). Hold for 4 seconds, then relax. Repeat ten times in succession, eight to ten times per day. Get into the habit of doing these exercises during certain daily chores.

### 3. Pelvic Floor Contractions - Quick Repetitions

A. Purpose: You have worked on accomplishing this exercise in the lying position. Begin this week, by performing this exercise in the sitting or standing position.

B. Position: Sit and / or stand.

C. Action: Squeeze together, and pull

up and in, your pelvic floor muscles, as before. Hold only momentarily, but repeat five times in quick succession. Work up to ten contractions, four times a day.

### 4. Pelvic Tilt With Pelvic Floor Contractions

Continue with this exercise. Work up to holding the pelvic tilt, while simultaneously contracting your pelvic floor muscles, for 15 seconds, for ten repetitions, four times daily.

## WEEK 5

Congratulations! You are more than halfway through your exercise program! I hope you are beginning to see some increased awareness of function and control in your pelvic floor musculature.

### 1. Bracing

Continue to "brace yourself" against urinary leakage, every time you have increased abdominal exertion, by contracting and pulling up, your pelvic floor muscles, before you exert. You should do this consciously every time you stand up from a seated position, laugh, cough, or otherwise increase your abdominal pressure. It will gradually become an automatic reaction - a habit.

### 2. Pelvic Floor Contractions - Slow and Fast

Continue to squeeze and pull up your pelvic floor muscles, many times per day. Increase the length (duration or time) of your contractions, both when doing the "slow" contractions, and increase the number of repetitions that you do, when doing the quick contractions. Remember to keep some tension of those muscles throughout the day. You should draw up your pelvic floor into a neutral hold, and always avoid letting these muscles go totally lax.

### 3. Pelvic Tilt With Pelvic Floor Contractions

Continue this exercise. Work up to holding the pelvic tilt, while simultaneously contracting your pelvic floor muscles for 20 seconds, then,

(continued page 10)

relax totally. Repeat this 20 second contraction, ten times in succession, four times daily.

### WEEK 6

#### 1. Pelvic Tilt Plus Curl-Up

A. Purpose: To increase strength of your pelvic musculature and surrounding supportive muscles.

B. Position: Back flat, with your knees bent, and feet flat on the floor.

C. Action: This exercise is similar to your pelvic tilts, except, in addition to a simultaneous contraction of your pelvic floor muscles, you will do an 8 second count curl-up. This may sound confusing, but it is just a combination of exercises: 1) Tilt your pelvic to flatten your back against the floor. 2) Contract your pelvic floor muscles. 3) With arms extended forward, tuck your chin onto your chest, as you breathe out, and slowly raise your head and shoulders about eight inches off the floor. Hold this raised position, while you are reaching out over your knees for eight seconds. Slowly relax. Then, again hold your pelvic tilt, contract your pelvic floor muscles, touch your chin and raise your head slightly, while you reach out to the right of your knees. Again, relax. Now, perform these same exercises while you reach to the left of your knees. Those three exercise positions are considered one repetition of this exercise. Repeat the exercise for five repetitions. Do this cycle two times per day. Work up to performing ten repetitions per cycle, three times per day over the next week.

#### 2. Single Leg Lowering

A. Purpose: This is another exercise designed to increase the strength of your lower abdominals.

B. Position: Flat on your back position, with knees bent and feet flat on the floor.

C. Action: Flatten your back against the floor tightly. In your pelvic tilt position, contract your pelvic floor muscles, straighten one kneed, and slowly lower it as far as you can BEFORE your lower back threatens to arch.

**KEEP YOUR BACK FLAT AGAINST THE FLOOR AT ALL TIMES** - Do NOT let it arch. As soon as you feel your back beginning to arch, bend your leg back down, with your foot flat on the floor as you were in your original position. Now, again do a pelvic tilt. Contract your pelvic floor muscles and straighten your other leg. Slower lower it until your back begins to arch up. These two exercises are considered to be ONE repetition. Repeat five repetitions, two times per day. Work up to ten repetitions, three times per day. Remember to do these slowly, and breathe normally.

#### 3. Bracing

Continue to actively tighten your pelvic floor muscles before dealing with any exertion or stressful activity.

4. Pelvic Floor Contractions - Slow and Fast Continue to contract your pelvic floor muscles, many times per day, holding the contractions for longer and longer periods. Time yourself, to see how long you can hold a strong contraction. Also, continue with rapid contractions, trying to increase the number you are able to do in succession. Work up to 20 Or 30 repetitions at a time. Be aware of your pelvic floor muscles THROUGHOUT the day, and continue to keep a neutral tension in them.

### WEEK 7

#### 1. Pelvic Tilt Plus Curl-Up

Continue to perform this exercise (as in #1 for Week 6) to further increase the strength in your lower abdominal and pelvic floor muscles. Work up to 15 repetitions, at least three times daily.

#### 2. Bracing

Continue to actively tighten your pelvic floor muscles before any activity. This should gradually become habitual.

#### 3. Pelvic Floor Contractions - Slow and Fast

Continue to squeeze up and in, on your pelvic floor muscles, and hold each

contraction for AT LEAST a count of five. Do this many times per day, during common daily activities, such as writing letters, during television commercials, reading, sitting at your desk, etc. Concentrate on the STRENGTH and DURATION of the contraction. Also, keep aware of your pelvic floor muscles, and keep a neutral tone in them. Also, continue to perform the quick repetitions to contract the muscles for rapid increases in stress.

SUMMARY: Control and self-confidence can be restored. Resolve never to go a day without consciously using your pelvic floor muscles in their supportive role. Pelvic floor contractions can be performed at any time, in any place or position, and entirely in private. Make your pelvic floor exercises become a daily habit. "Bracing" will occur unconsciously

checking flow of urine during increased abdominal stress, and decreasing involuntary urinary leakage. Constant strains must be avoided. Any increase in pressure within the abdomen and bladder will weaken the pelvic floor, unless you "brace" your pelvic floor before the exertion activity. Nagging coughs should be treated and relieved. Constipation and obesity can cause a great deal of abdominal pressure and can strain the pelvic floor muscles. If persistent, this can reverse the beneficial effect of the pelvic floor exercise. Proper attention to DIET and EXERCISE can alleviate problems of constipation and obesity. KEEP A WEEKLY CHART! List the exercises for the week. Make 7 columns, day 1 - 7. Faithfully write down how often each day you do that week's exercise. This way you will know if you have done enough work to move on to the next week. Some find they-sometimes had to stay at one level for an extra week - because they had-n't followed the routine faithfully.

Other materials are posted at [http://www.sasktelwebsite.net/petecope/Petes\\_Web\\_Site\\_Prostate\\_Cancer\\_index.htm](http://www.sasktelwebsite.net/petecope/Petes_Web_Site_Prostate_Cancer_index.htm)

## Inherited Gene Identified Which Greatly Increases Risk of Prostate Cancer

*A single gene variant may increase a man's risk of prostate cancer by 50%, according to a new study led by researchers at Mount Sinai.*

In 2001, Mount Sinai researchers published a study in *Science* that showed that a gene, known as KLF6, fails to function properly in at least 50 to 60 percent of all prostate cancers. This was the first single gene shown to be responsible for the majority of cases of this disease, which affects approximately 200,000 men each year.

This finding led to the question as to whether or not mutations in this gene that are present from birth might increase an individual's susceptibility to prostate cancer. John Martignetti, PhD, Assistant Professor of Human Genetics at Mount Sinai and colleagues addressed this question by analyzing differences in the KLF6 gene in 3,411 blood samples from men in registries of three major cancer centers (Johns Hopkins University, the Mayo Clinic and Fred Hutchinson Cancer Research Center). Blood samples were divided into three groups based on the individuals from which they were taken - those with prostate cancer who had a family history of prostate cancer, those with prostate cancer and no family history of the disease, and those without prostate cancer.

About 17% of the patients with a family history of the disease and 15% of patients with no such history carried at least one copy of a single KLF6 variant, but only 11% of the controls had a copy. The significant difference in prevalence of the variant among

three groups indicates that individuals with this particular gene variant face an approximately 50% increased risk for developing prostate cancer.

In the 2001 study, Dr. Martignetti, Scott Friedman, MD, Fishberg Professor of Medicine and Chief of the Division of Liver Diseases, and Goutham Narla, an MD/PhD student at Mount Sinai discovered that KLF6 functions as a tumor suppressor gene. Its role is to restrict cell growth. When KLF6 fails to function properly cell growth goes unchecked and cancer may result. It has since been discovered that KLF6 defects are implicated in a number of other human cancers, including colorectal, lung and liver.

The variant of the gene investigated in the report published this week produces an altered version of the KLF6 protein. Rather than entering the cell nucleus to suppress cell growth as the KLF6 protein usually does, this altered version remains in the cytoplasm, where it has the opposite effect, thus increasing cell growth and potentially leading to the development of cancer.

Prostate cancer is among the most prevalent cancers worldwide and is the second leading cause of male cancer-related death in the United States.

Incidence is expected to double among men over age 65 in the next 25 years, according to the

## Donations – March, 2005

John & Lois Brewer  
Chester & Myra Cunningham  
H. Lester & Doris Leland  
Marvin & Sabina Millens  
Louis & Mary Smith  
Sidney Sperber

If you wish to contribute financially, mail your check, payable to

### **Prostate Cancer 101**

To:

*Prostate Cancer 101*  
*c/o Diane Sutkowski,*  
*Treasurer*

*8 Alcazar Avenue*  
*Kingston, NY 12401-4302*

authors. "Our findings highlight a completely novel and previously unexplored pathway for the development of prostate cancer," said Dr. Martignetti. "Ultimately we plan to investigate the potential of this gene as a diagnostic tool, an indicator of a patient's risk for prostate cancer, and as a potential target for new treatments."

Many thanks to

*Walt Sutkowski*

Who has served  
With distinction  
as our Newsletter editor.

Walt has resigned as  
Newsletter editor, but will  
remain as Webmaster.

If you have a computer and  
are willing to learn how to  
use Microsoft Publisher,  
please contact Ron Koster.

Prostate Cancer 101, Inc.  
75 Florence Street  
Kingston, NY 12401-3017

**1<sup>st</sup>**

**Tuesday**

**Seminar for  
Newly Diagnosed  
& Treated Men  
with Concerns**

4:30 p.m. monthly

**3<sup>rd</sup>**

**Tuesday**

**Distinguished  
Lecturer  
Series**

Hurley Reformed Church Hall, Hurley, NY

### *A Note from Ron Koster*

Long before we became an independent organization, our sponsor refused to pay for display advertising. In order to comply with our Program Goals and Mission Statement, we established an independent treasury. We sought assistance from pharmaceutical corporations and donations from the membership. For two or three years, we ran raffles, usually raising about \$25.00 per member. Organizing and running the raffles was a lot of work, and it was generally agreed that the members didn't sell the tickets to non-members, but simply bought the tickets to support our Mission and Goals, so we abandoned the raffles and membership support continued.

We have since become an independent organization – a decision strongly encouraged and supported by the membership. Now, in addition to the monthly display advertising costs (about \$500 a month), we must cover the costs of producing and mailing our Newsletter—about \$1.00 a copy, as well as the expenses associated with our envied DISTINGUISHED LECTURER SERIES. We increased our efforts to obtain funding from pharmaceutical companies and

others in the PCa business, but recent developments have made it more difficult for these companies to grant funds to organizations like ours.

We immediately reduced the number of hard copies we send to the entire membership, and started making the Newsletter available on the web. Previous subscribers, who were not members of the organization, were asked to subscribe to the Newsletter at a cost of \$12.00 a year. Members who wanted to receive a hard copy on a monthly basis could also purchase paid subscriptions.

Returns of our Updates and Feedback form has made it clear that the membership prefers to receive a hard copy of our Newsletter on a monthly basis. The membership has also made some specific content requests which we have started to address in this issue. We will continue to respond to the feedback in future issues.

While examining the membership issues, we recognized that (1) we have a *small number* of members who regularly make financial contributions to support Prostate Cancer 101, its mission and goals, (2) we have a large number of members who have not volunteered or made a fi-

nancial contribution to support Prostate Cancer 101 for a long time-if ever, (3) we still have a large number of members who have not returned the "Update/Feedback" forms distributed twice this year, and made available on-line, (4) many of our members would like us to improve the quality of the sound system in the church hall so that they could hear our Distinguished Lecturers better.

Send a subscription check in the amount of \$12.00 to Diane Sutkowski, our Treasurer, if you want to be sure that you'll receive the Newsletter on a monthly basis for the next year. Better yet, send a more sizeable donation which will allow us to continue to address our Mission and Goals. With your contribution, maybe we can afford to improve the sound system in the church hall.

If you are among those who have not yet returned the Update/Feedback form, please return it to me immediately. It may be necessary for us to remove your name from the membership list if that information is not received. This is a good time for all who have been neglecting this matter to consider a subscription and a generous donation to help support Prostate Cancer 101.

*Ron Koster*