



Newsletter

Prostate Cancer 101, Inc.

<http://prostatecancer101.org>

June, 2006

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

Our June 15 Guest Speaker is Dr. Richard Brown

PC101 is pleased to have Kingston resident Dr. Richard Brown as our distinguished lecturer on Thursday, June 15th.

This will be an interactive lecture and demonstration of Stress Reduction with Yoga and Breathing Exercises. This not only helps to relieve the stress that comes with a cancer diagnosis but also enables one to restore their sense of security and belonging.

Dr. Brown is an Associate Clinical Professor of Psychiatry at Columbia University College of Physicians and Surgeons in New York City where he teaches advanced psychopharmacology. He has a large consultation practice in New York and he delivers approximately 200 lectures every year.

After receiving his M.D. in 1977 from Columbia University College of Physicians and Surgeons in New York, Dr. Brown completed his Residency in Psychiatry and a Fellowship in Psychobiology and Psychopharmacology at New York Hospital. Dr. Brown is the recipient of numerous awards, including a Mead-Johnson Neuropsychopharmacology Travel Fellowship, a Mallinckrodt Scholar award, a Fellowship in Neurosciences and Brain Imaging from the Dana Foundation, and several teaching awards.

Dr. Brown is a member of the American Psychiatric Association, the Society of Biological Psychiatry, and the American Society of Clinical Psychopharmacology. He has

authored over 70 articles and book chapters on various topics related to pharmacological and clinical studies in psychiatric disorders.

He was one of several psychopharmacologists to introduce Divalproex in the U. S. for treatment of bipolar disorder. First known for lecturing on many topics in conventional psychopharmacology, Dr. Brown developed an interest in herbal and complementary medicine, especially as relevant to psychiatry.

In 1999 Dr. Brown introduced S-adenosylmethionine (SAM-e) for the treatment of depression, arthritis, and liver disease at the

New York Academy of Medicine Symposium. He gave a special lecture on SAME to the American College for Advancement in Medicine in November 1999. He coauthored the book, *Stop Depression Now*, which presents a holistic approach to the treatment of depression, including SAM-e. He also lectured at a United Nations Symposium on natural, affordable treatments to address the worldwide epidemic of depression that same year. Major magazines and newspapers including Newsweek, *Alternative Medicine*, and the LA Times have published articles about Dr. Brown's and his opinions on CAM. He has appeared on national television including Dateline, Fox News, MSNBC and Up Close and Personal and he was interviewed by Barbara Walters on the Today Show.

Dr. Brown presented a comprehensive neurophysiological theory of the effects of yogic breathing at the 2002 All India Medical Institute International Symposium on the Science of Breath. In January 2003, Dr. Brown lectured on "Spirituality and Health – A Holistic Perspective" at the World Conference on Spirit-

ual Regeneration and Human Values in Bangalore, India. He gave numerous lectures on the neurophysiology of yoga breathing. His neurophysiological theory was published in the February 2005 issue of the *Journal of Alternative and Complementary and Medicine*.

Over the past five years, he has studied and lectured on the unique yoga breathing techniques taught by the Art of Living Foundation, a non-profit humanitarian organization. Dr. Brown has developed a comprehensive neurophysiological model to explain the scientific basis for the effects of yogic breathing on the mind and body, particularly its benefits in anxiety, depression, trauma, violence, and behavioral disorders of children.

Bring your significant other, friends and anyone else who has is living with cancer or any chronic disease and join us on Thursday (note change of day of the week), June 15th at 4:30 p.m. at the Hurley Reformed Church, Hurley, NY for this informative and fun session. The meeting is open to all at no charge so come and lose some of the stress that cancer has brought into your life. Mark your calendar for June 15th!

Thank you for your Contributions

Roy & Lillian Anderson
John & Joan Breithaupt
John & Ruth Decker
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Jan & Doris Metzelaar
Bob Miggins
Lee Ann Muller
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In Memory of Ron Koster

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"Don't compromise yourself.
You're all you've got."
Janis Joplin

"A home is not a mere transient shelter: its essence lies in the personalities of the people who live in it."
H. L. Mencken

Genome breakthrough heralds cancer innovations

By JEFF NESMITH
The Atlanta Journal-Constitution

WASHINGTON — An explosion of scientific discovery growing out of the success in decoding the human genome has put America on the threshold of "an unprecedented new era" in its struggle against cancer and many other diseases, says the head of the National Cancer Institute.

A new clinical trial using individual genetic profiles in treating breast cancer symbolizes changes that in a few years will bring a "totally new" approach to medicine, said Dr. John E. Niederhuber, the institute's acting director.

Niederhuber predicted that people will have their individual genomes recorded on a computer chip they carry like a credit card or have implanted under the skin. Those who already have some of the dozens of mutations necessary for a cancer to form could periodically check their genetic profile the way diabetics monitor their blood sugar levels, he said.

But, sounding a note of caution, Niederhuber noted that cancer is an extremely complex disease. Genetic analysis often shows cancers that have been removed

from the same organ in different patients, look identical under a microscope but are actually different diseases altogether.

And even with the molecular understanding that is now possible, the new cures and preventive strategies will be hard to find, he said.

"Cancer won't be low-hanging fruit in this new era of discovery," he said.

At a dizzying rate, biologists are amassing new facts about the way genes produce protein molecules, and how these proteins move around, fold or unfold, and link up or separate.

The proteins act to stimulate or inhibit cell growth, replication, death and countless other activities in human beings and other organisms.

Just last week, scientific journals reported:

- Cellular biologists in Connecticut and Oregon identified a protein that the malaria parasite needs to survive in human red blood cells.

- Department of Agriculture scientists reported synthesizing a protein that may protect milk cows from mastitis, an infection that costs dairy farmers \$2 billion a year.

- Virginia Commonwealth University researchers said they may have found a way to inhibit a protein that plays an essential role in the ability of the AIDS virus to enter a human cell.

- Harvard researchers reported that a protein called Schnurri-3 combines with another protein to suppress a third protein, Runx2, which promotes new bone formation. A protein to suppress Schnurri-3 might be useful in treating osteoporosis, they suggested.

- University of Florida geneticists said they had identified a gene that enables gum disease bacteria to invade arteries, where it can cause cardiovascular disease.

There were scores of other discoveries, but to Niederhuber, a retired surgeon who has spent more than 40 years cutting tumors out of patients, the new science of proteins is most exciting in the way it is

beginning to piece together the mystifying processes by which mutations cause cancers to form and spread.

Although America has poured billions of dollars into a search for better ways to treat it, the age-adjusted mortality rate for cancer has been basically unchanged for half a century, former National Institutes of Health Director Harold Varmus noted in an article Thursday in the journal *Science*.

Even with the gene science breakthroughs, Varmus said, "most of the effects of the new era in cancer research are promised, not achieved."

The new breast cancer trial will use maps of 21 genes shown to be involved in the most common form of the disease to tailor treatment for individual women. It was hailed by oncologists.

The outcome could allow doctors to withhold unpleasant — and sometimes dangerous — chemotherapy from up to 50,000 patients a year.

"This is a very important study," said Dr. Robert Allen, an oncologist at Piedmont Hospital in Atlanta.

Allen and other doctors have

used the genetic test for several years to withhold chemotherapy from a small percentage of their patients whose tumors are characterized as "estrogen- or progesterone-positive and node-negative."

Such breast cancers, which are diagnosed in more than 100,000 American women each year, appear to be fired up by the two hormones, but are at an early stage and have not spread to the lymph nodes.

In most cases, these cancers are treated by removal of the tumor with surgery and in some cases radiation, then use of a hormonal therapy such as tamoxifen to block estrogen and progesterone receptors, finally followed by chemotherapy.

The trial promises to open the way for more women to avoid the chemotherapy's side effects. In the new trial, 4,500 women volunteers who have recurrence scores in that intermediate range between 11 and 25 will be randomly assigned to groups that either receive or do not receive chemotherapy. They will be followed for at least 10 years, then their outcomes compared and whether they received chemotherapy.

*Source: The Atlanta Journal-Constitution
ajc.com/news*

NCI Launches New Initiative to Identify Genetic Risk Factors for Breast and Prostate Cancer

The National Cancer Institute (NCI), part of the National Institutes of Health, today launched an initiative to identify genetic alterations that make people susceptible to prostate and breast cancer, two of the most commonly diagnosed cancers in the United States. Cancer Genetic Markers of Susceptibility (CGEMS) is a three-year initiative, funded for \$14 million, that will conduct scans of the entire human genome (genotyping) to identify common, inherited gene mutations that increase the risks for breast and prostate cancer.

The initiative will begin with the scanning of a total of 2,500 samples from men who have been diagnosed with prostate cancer, and men who have not. San Diego-based Illumina Inc. will conduct the rapid genotyping for the project. The most common human genetic variations that occur in humans are called single nucleotide polymorphisms or SNPs.

Previous studies have successfully identified single gene mutations that cause cancer or are linked to other inherited diseases. These studies have pro-

vided early insights into potential mechanisms of inherited cancer susceptibility, but these mutations are rare in the general population and directly related to only a small proportion of human cancer. In fact, most human cancer risk appears to be due, at least in part, to mutations that have low penetrance, meaning that they convey a low risk for cancer, but combinations of these mutations increase risk. One of the main goals of CGEMS is to identify genetic alterations that contribute to cancer risk, particularly the common low-penetrance, low-risk mutations. These alterations are also often referred to as susceptibility or modifier genes, since it is thought that they affect risk by increasing or decreasing a person's susceptibility to the cancer-causing effects of environmental and lifestyle exposures.

Recent advances, such as the sequencing of the human genome and the development of technologies for very large-scale SNP genotyping, now make it possible to use common variants across the entire genome to map the low-penetrance gene mutations most often involved in an individual's risk of cancer. What makes CGEMS and other association studies different from candidate gene studies is that these association studies investigate the entire genome, with no

assumptions about which alterations cause prostate or breast cancer. In addition, CGEMS has incorporated important follow-up studies in its design. The promising SNPs will then be analyzed and validated in a series of large, population-based studies. The validated SNPs will be further investigated to develop new strategies for prevention, earlier detection, and treatment of these cancers.

"The mapping of the human genome opened new frontiers of science. Projects like The National Cancer Institute's CGEMS, and the collaboration between NCI and the National Human Genome Research Institute on The Cancer Genome Atlas, will expand our knowledge and understanding of the genetics of disease, said NIH Director Elias A. Zerhouni, M.D.

"The CGEMS initiative represents the largest, comprehensive undertaking to identify the genetic risk factors for two cancers that take the lives of a combined total of more than 70,000 men and women every year," said NCI Deputy Director Anna D. Barker, Ph.D. "This project promises to provide a needed database to support the development of novel strategies for the early detection and prevention of these diseases."

Coordinated through NCI's Division of Cancer Epidemiology and

Genetics, its Core Genotyping Facility, and its Office of Cancer Genomics, CGEMS will draw upon the expertise of scientists both within and outside NCI. The initiative will use the latest genetic technologies and scan the human genome by analyzing as many as 500,000 or more SNPs in each cancer case or control individual.

"CGEMS is among the first large whole genome scanning projects in cancer, and we are hopeful that its results will provide promising new insights into understanding genetic risk and common cancers, like breast and prostate cancer," stated Stephen J. Chanock, M.D., director of NCI's Advanced Technology Center Core Genotyping Facility.

"For many years, we've known that genetics contribute to an individual's risk of cancer. Capitalizing on the extraordinary momentum generated by advances in human genomic research, CGEMS is truly a different approach," explained David Hunter, M.D. an NCI Eminent Scholar and professor of cancer prevention at the Harvard School of Public Health.

To facilitate and encourage

the development of this new research, CGEMS will make the data available to the entire cancer research community via NCI's caBIG™ (the cancer Bio-medical Informatics Grid), available at <http://cabig.nci.nih.gov/>.

There were an estimated 232,090 new prostate cancer cases and 211,240 new breast cancer cases in the United States in 2005. Prostate cancer is the second leading cause of cancer-related death in men, and breast cancer is the second leading cause of cancer-related death in women. In the United States alone, in 2005, prostate cancer took the lives of an estimated 30,350 men, and breast cancer claimed the lives of approximately 40,410 women.

For more information about cancer, please visit the NCI Web site at <http://www.cancer.gov>, or call NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237).

For more information about the Cancer Genetic Markers of Susceptibility initiative, please visit <http://cgems.cancer.gov>.

“Always leave something to wish for; otherwise you will be miserable from your very happiness.”
Baltasar Gracian

Cancer Worries Continue Long After Treatment Ends

Main Category: Cancer / Oncology News

Article Date: 01 Jun 2006 - 21:00pm (PDT)

The doctor may give the cancer patient a clean bill of health, but worries about recurrences, lingering effects from treatment, a second cancer and a shortened life plague the thoughts of approximately one-third of long-term, older-adult cancer survivors, according to researchers from Case Western Reserve University's Cancer Survivor Research Project. This is one of the first studies to look at the worries experienced by long-term survivors.

It may be that these long-term survivors of five or more years after the end of their treatments may be worriers in general, said Gary Deimling, Case professor of sociology and lead investigator on the "Cancer-Related Health Worries and Psychology Distress among Older Adult, Long-Term Cancer Survivor" article in the journal, *Psycho-Oncology*.

But he adds that it raises concerns that cancer continues to impact survivors' lives.

Overall most survivors are not letting these worries compromise the quality of their lives either physically or psychologically, report Deimling and co-investigators Karen Bowman, Samantha Stern, Louis Wagner from Case's sociology department and Boaz Kahana from Cleveland State University, but these worries are linked to both depression and anxiety.

The researchers' concerns led to the study of 321 long-term survivors of breast, colorectal or prostate cancer in National Cancer Institute-funded Cancer Survivors Research Project at Case.

While much research focuses on cancer during and immediately after, this study looked at the survivors who average slightly more than 10 years after their last treatment and are over the age of 60. They felt that years after treatment the survivors might have different worries about cancer than those experienced during

the disease.

While the five-year point is often considered a milestone in surviving cancer, Deimling points out that most survivors recognize that it is no guarantee of a cancer-free future. "Many cancers can recur long after five years, and the possibility exists that another cancer will result from the carcinogenic effects of treatment," added Deimling.

In general, survivors who have an optimistic outlook also have less worries, and lower depression and anxiety.

They did find an association between having chemotherapy and functional difficulties which in turn may result in depression.

At diagnosis, the cancer patient worries about surviving, during treatment about the side effects from the therapies or surgery, and at the end of treatment, a recurrence.

With the passage of time, the cancer survivor thinks about second cancers from radiation or chemotherapy or a new primary cancer.

Also continued testing and monitoring for cancers raises distress in the survivor, the re-

searcher report.

The researchers reported some of their findings were

-- Between 27% to nearly 40% of survivors continue to have concerns about a recurrence, with male colorectal and prostate survivor having the greatest concerns.

-- Depending on the type of cancer, between 34-41% worry that current symptom might indicate that cancer has returned.

-- Depending on the type of cancer, some 26-36% of the survivors expressed concerns about getting a second cancer, with prostate cancer survivors having the highest concerns.

-- Depending on the type of cancer, follow-up testing continued to bother 36-44% of the survivors, again with colorectal cancer survivors with the most concerns.

The researchers also said that while men reported more cancer-related health worries, women had higher anxiety scores. Women survivors of breast cancer and cancer in general also had more depression than male survivors of prostate cancer.

"The cancer-related health worries reported by survivors should be an important consideration for oncologists, primary care practitioners and mental health professionals treating older adult long-term survivors," said the researchers, who pointed out they may be linked to depression which is suffered by as much as 17% of the older population.

Case Western Reserve University is among the nation's leading research institutions. Founded in 1826 and shaped by the unique merger of the Case Institute of Technology and Western Reserve University, Case is distinguished by its strengths in education, research, service, and experiential learning. Located in Cleveland, Case offers nationally recognized programs in the Arts and Sciences, Dental Medicine, Engineering, Law, Management, Medicine, Nursing, and Social Work. <http://www.case.edu>

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Source: Medical News Today

New Screening Guidelines for Prostate Cancer

The National Comprehensive Cancer Network (NCCN) has released the 2006 version of their professional practice guidelines for Prostate Cancer Early Detection.

Additions to the guidelines this year include:

For men with a family history of prostate cancer or men of African American descent, NCCN recommends annual screening starting at age 40. Previously, the guidelines only recommended annual screening starting at age 40 for men with a baseline PSA level above 0.6 ng/mL.

For men with a PSA level lower than 4.0 ng/mL, NCCN recommends considering a biopsy if the rate of increase in PSA level is greater than or equal to 0.5 in one year. NCCN generally recommends a biopsy for all men with a PSA level over 2.5 ng/mL. They had previously set this cut-off level at a 0.75 increase in PSA level over one year.

NCCN now recommends a TRUS guided biopsy for all men with an ab-

normal or positive DRE result, regardless of PSA level.

NCCN now includes "percent free PSA" as an option for follow-up, for men with a PSA between 4-10 ng/mL who may want to avoid biopsy or treatment due to other medical conditions and expected life-span. In this case, they recommend a biopsy if free PSA is less than or equal to 10 percent.

NCCN's guidelines are considered the standard for the industry, as they are compiled by doctors and researchers from 20 leading Cancer Centers and generally reflect a high degree of consensus

Source: aware-newsletter of the national prostate cancer coalition

Past Year's DVDs?

If you would like a DVD or video tape of any of this past year's lectures, get in touch with Yavuz Birturk and specify which lecture and format you would like. The cost for each is \$15.00 and includes mailing.

His address is PO Box 142, Cottekill, NY 12419.

Doctors Say Futile Cancer Treatment Rising

By MARILYNN MARCHIONE

Doctors are reporting a disturbing rise in the number of cancer patients getting chemo and other aggressive but futile treatment in the last days of their lives.

Critics of the practice say doctors should be concentrating instead on helping these patients die with dignity and in comfort, perhaps in a hospice.

Nearly 12 percent of cancer patients who died in 1999 received chemotherapy in the last two weeks of life, a large review of Medicare records revealed. That is up from nearly 10 percent in 1993, and the percentage probably is even higher today, researchers said.

"Patients don't like to give up," and neither do physicians, said Dr. Roy Herbst, a cancer specialist at the University of Texas' M.D. Anderson Cancer Center in Houston who had no role in the study.

Overly aggressive treatment

gives false hope and puts people through grueling and costly ordeals when there is no chance of a cure, cancer specialists said.

"There is a time to stop," said Dr. Craig Earle of the Dana-Farber Cancer Institute and Harvard Medical School. "It's sometimes easier to just keep giving chemotherapy than to have a frank discussion about hospice and palliative care."

Earle led the federally funded study and presented the findings Friday at a meeting in Atlanta of the American Society of Clinical Oncology.

He examined Medicare records on the care of 215,488 people who died of cancer in the 1990s.

Admissions to hospital intensive care units in the last month of life climbed from nearly 8 percent in 1993 to 11 percent in 1999. Emergency room visits rose from about 24 percent to more than 28 percent.

The number of cancer patients entering hospice in the last three days of life also rose, from roughly 12 percent to 15 percent.

"That's like a waste of the whole hospice process," which stresses preparing the patient emotionally and physically for death, Herbst said. "People have to be

ready to do that."

Part of the problem is that doctors cannot predict how soon an individual patient will die, even when they know the cancer has spread widely and is incurable.

The study found variations around the country in how aggressive doctors were, but researchers would not give specifics.

This study focused on traditional chemotherapy and was done before newer medicines like Herceptin, Avastin and Gleevec, which more precisely target cancer, came into wide use.

"They're clearly not as toxic as the chemotherapy," so a patient's quality of life may not be harmed by late treatment with these drugs, Earle said.

Still, Ellen Stovall, president of the National Coalition for Cancer Survivorship, said doctors and patients have to be more realistic.

"I see, in cancer care, so much treatment being used in the last three months of somebody's life that doesn't really help," she said.

However, another study presented at the cancer meeting on Friday showed the opposite problem: people not getting enough care.

A survey of nearly 700 primary care doctors in Wisconsin found that only 11 percent would refer a patient with advanced lung cancer to a cancer specialist and only 25 percent would refer a woman with advanced breast cancer.

"We also found a general lack of knowledge about the benefits of newer treatments" that can help such patients, said Dr. Timothy Wassenaar of the University of Wisconsin-Madison, who reported on the study at the cancer meeting.

"That's horrible," Herbst said of the unwillingness to refer such patients. He noted that newer chemotherapy treatments have extended lung cancer survival from 20 percent at one year to nearly 50 percent now.

Dr. Sandra Horning, a Stanford University cancer specialist who is president of the oncology group, said the good news is that doctors in the survey were not influenced by whether a lung cancer patient had smoked. The notion that smokers bring the disease on themselves should not interfere with treatment, she said.

Source: 2006 Associated Press

Chemical in Plastics Is Tied to Prostate Cancer

Bisphenol A, found in baby bottles and microwave cookware, permanently altered genes in newborn lab rats, a study finds. By Marla Cone, Times Staff Writer

June 1, 2006

Linking prostate cancer to a widespread industrial compound, scientists have found that exposure to a chemical that leaks from plastic causes genetic changes in animals' developing prostate glands that are precursors of the most common form of cancer in males.

The chemical, bisphenol A, or BPA, is used in the manufacture of hard, polycarbonate plastic for baby bottles, microwave cookware and other consumer goods, and it has been detected in nearly every human body tested.

Scientists and health experts have theorized for more than a decade that chemicals in the environment and in consumer products mimic estrogens and may be contributing to male and female reproductive diseases, particularly prostate cancer.

The new study of laboratory rats suggests that prostate cancer, which usually strikes men over 50, may develop when BPA and other estrogen-like, man-made chemicals pass through a pregnant woman's womb and

alter the genes of a growing prostate in the fetus. One in every six men develops prostate cancer, a rate that has increased over the last 30 years.

Researchers at the University of Illinois at Chicago and the University of Cincinnati exposed newborn rats to low doses of BPA and found the structure of genes in their prostate cells was permanently altered, a process of reprogramming in early life that promotes cancer in adulthood. One key gene was switched on, producing too much of a cell-damaging enzyme that has been detected in cancerous prostate cells but not normal cells.

Also, as the rats aged, they were more likely than unexposed animals to develop precancerous lesions, or cellular damage, in the prostate that have been known for years to lead to prostate cancer in humans.

"The present findings provide the first evidence of a direct link between developmental low-dose bisphenol A ... and carcinogenesis of the prostate gland," according to the researchers. Results from the team, led by Gail S. Prins, associate professor of andrology at the University of Illinois at Chicago, and Shuk-mei Ho,

chair of environmental health at the University of Cincinnati, are reported today in the journal *Cancer Research*.

Exposure to the chemical "may provide a fetal basis for this adult disease" in humans, the report said.

Dr. Rebecca Sokol, a USC medical school professor who specializes in male hormone research, called the study "cutting-edge." She said it added to a growing body of research, called epigenetics, that suggested environmental chemicals could alter how DNA sequences turned on and off in a fetus, permanently imprinting the genes of a child and sensitizing him or her to disease in adulthood.

Such findings could have major implications for human disease and could, in part, explain why the prostate cancer rate has surged. BPA, used for about half a century, is a key building block in the manufacture of polycarbonate plastic and ranks among the world's most widely used industrial chemicals.

Prins, Ho and other researchers cautioned that the study was conducted on rats, which sometimes reacted differently to chemicals than humans

did. Replicating the work in humans is virtually impossible because 50 or more years usually pass from exposure in the womb to the onset of prostate cancer.

"You can't say from the results of this study that this is going to affect humans," Sokol said. But she said the results were in line with previous animal research that showed chemicals could induce genetic changes that altered sperm and other reproductive functions.

The prostate gland, which develops in human males when they are fetuses, is extremely sensitive to natural estrogen. As a result, scientists have long theorized that prostate cancer could be increasing in men because of their exposure to estrogen-like chemicals in the womb.

Unlike carcinogenic chemicals that can cause profound damage to DNA, BPA seems to inflict subtle changes that are passed from one generation to the next, Sokol said.

"The big focus today is whether or not environmental toxicants will induce heritable changes in gene function.... In other words, is there something that happens to alter genes without actually altering the genetic code?" asked Sokol, who studies the effects of chemicals on sperm. "This [new study] is cutting-edge research in this field and the role that envi-

ronmental toxicants may play in altering the genetics of exposed offspring."

Steve Hentges, a representative of the American Plastics Council, called it "fascinating research, a good piece of research" that should be studied further. But he said the "real question is what does this mean for human health," because there are too many limitations in the study for it to apply to humans.

"No one has actually observed prostate cancer after any treatment with BPA," he said.

The study's authors said the animals developed the precancerous lesions and genetic changes when exposed to low concentrations of the chemical similar to the amounts found in human blood and fetuses.

But Hentges said the rats were injected with doses 100 to 1,000 times higher than the most recent human testing done by federal officials in 2004.

In recent years, evidence has been building that BPA causes changes in the hormones and reproductive tracts of male and female animals. Lower sperm counts, decreased testosterone and enlarged prostates were reported in male animals, and early puberty and

disrupted hormonal cycles in female animals.

Of more than 100 studies that examined low doses of the chemical, 94 funded by government agencies found harmful effects in lab animals, and 11 funded by industry reported no effects, according to a 2005 review by Frederick vom Saal of the University of Missouri.

Polycarbonate, which cannot be manufactured without BPA, is a clear and shatter-free plastic. In addition to beverage bottles, utensils and food packaging, it is used in automobiles, medical equipment and compact discs.

Small amounts of the chemical can leach from plastic containers, especially when heated, cleaned with harsh detergents or exposed to acidic foods or drinks. It also is used in children's dental sealants and as a resin lining metal food cans.

Last year, the California Legislature considered a bill, introduced by Assemblywoman Wilma Chan (D-Oakland), that would have banned children's products that contained BPA or other plastic compounds called phthalates. It died in an Assembly committee after sparking a scientific debate and intense lobbying by the plastics industry.

Source: Los Angeles Times

Prostate Cancer 101, Inc.
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“Age appears best in four
things: old wood to burn, old
wine to drink, old friends to
trust, and old authors to read.”

Francis Bacon

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Mind your own business.”

Ann Landers

“Never make your home in a
place. Make a home for yourself
inside your own head. You'll
find what you need to furnish it
- memory, friends you can trust,
love of learning, and other such
things. That way it will go with
you wherever you journey.”

Tad Williams

If you need or want to help:

Prostate Cancer 101 Seminar

First Tuesday of every month

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