



## Save The Dates...

**January 1 – 31**  
National Cervical Health  
Awareness Month

**January 13**  
Cervical Health:  
A Cry for Help – Maria's Story  
Trenton War Memorial  
Trenton, NJ  
[www.state.nj.us/health/cancer/njced/cervical.shtml](http://www.state.nj.us/health/cancer/njced/cervical.shtml)

**January 18 -20**  
Word of Mouth Marketing  
Association  
Basic Training Conference  
Orlando, FL  
[www.womma.org](http://www.womma.org)

**February 1 – 28**  
Heart Month  
American Heart Association  
[www.americanheart.org](http://www.americanheart.org)

**February 24 -26**  
American Society of  
Clinical Oncology  
Prostate Cancer Symposium  
San Francisco, CA  
[www.asco.org](http://www.asco.org)

**March 1 – 31**  
National Colorectal Cancer  
Awareness Month  
Cancer Research and Prevention  
Foundation  
[www.preventcancer.org/colorectal](http://www.preventcancer.org/colorectal)

**March 1 – 31**  
National Nutrition Month  
American Dietetic Association  
[www.eatright.org](http://www.eatright.org)

**March 13 – 19**  
Brain Awareness Week  
Dana Alliance for Brain Initiatives  
[www.daana.org/brainweek](http://www.daana.org/brainweek)

**March 30 – 31**  
Clark Atlanta University  
Minority Health Symposium  
Atlanta, GA  
[www.cau.edu](http://www.cau.edu)

**April 1 – 30**  
Alcohol Awareness Month  
[www.mentalhealth.org](http://www.mentalhealth.org)

**April 1 – 5**  
American Association for Cancer  
Research Annual Meeting  
Washington, DC  
[www.aacr.org](http://www.aacr.org)

# EPCA: A New Weapon In The Battle For Early Detection of Prostate Cancer

The gold standard for detecting prostate cancer for almost 20 years has been the PSA blood test in conjunction with a digital rectal exam. PSA is an enzyme that is expressed in normal prostate glands and usually increases with the presence of cancer. Using it as a marker to determine prostate cancer, however, is problematic. Up to 15% of men who have normal PSA's are still found to have cancer. Only about 25% of men with elevated PSA's actually have cancer when the gland is biopsied. Beyond the problem of false positives, high PSA levels can also indicate benign conditions such as prostatitis. In addition, PSA levels fluctuate making cancer detection difficult without performing several biopsies.



Now there is a new weapon in the battle for early detection and treatment of prostate cancer. EPCA (Early Prostate Cancer Antigen) is a new blood protein that was discovered by a team led by Dr. Robert Getzenberg, Director of the Brady Urological Institute at Johns Hopkins. This biomarker has been produced in two forms: a biopsy stain and a blood serum test.

In results published in the April 2004 issue of the Journal of Urology, the EPCA antibodies were used to stain "negative" prostate cancer biopsies. The sample group included not only men with prostate cancer, but also healthy individuals, other cancer patients, and men with prostatitis. The EPCA protein was detected only in men with prostate cancer and was accurate 94% of the time. This test can now be used to doublecheck some of the 25 million men who have had at

least one negative biopsy and tell them whether they should be re-biopsied or go home and not worry about it. The biopsy stain (marketed as ProstaMark by UniPath) is now available to pathologists. UniPath is using it on all of their negative biopsies and Dr. Getzenberg expects that other pathologists will soon do the same.

The results of the EPCA blood serum clinical study were published in the May 2005 issue of Cancer Research and since revalidated. This blood test detecting elevated levels of EPCA correlated with existing prostate cancer more than 90% of the time in the sample group. Unlike PSA, EPCA is present only in cancerous prostate tumor tissue. EPCA is also highly sensitive so false positives are avoided, along with the need for repetitious biopsies. The EPCA test detects the earliest cellular changes that occur during the development of cancer and can distinguish between non-aggressive and aggressive cancers. Used in conjunction with the PSA test and biopsy, the EPCA test could identify prostate cancer up to five years earlier than a PSA test alone. Early detection leads to early treatment and a much higher probability of cure. Dr. Getzenberg sees the EPCA test being used as an adjunct to the PSA test in order to limit the number of men that go to biopsy.

Next steps: Larger clinical trials are underway to revalidate these results and make the blood serum test even more sensitive (able to detect even smaller traces of the marker.) An independent study from Japan that also verifies the results above will be published in the August issue of the Journal of Urology. After the studies are completed, FDA approval is required. Dr. Getzenberg estimates that the EPCA blood test could be available to the public in as little as two years. ♂

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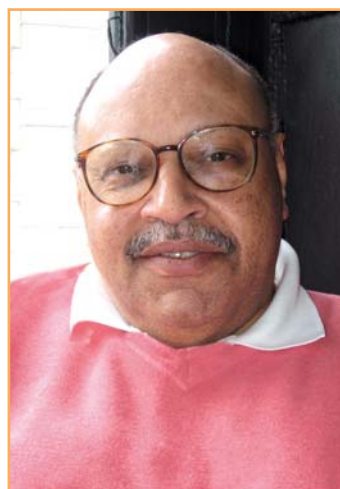
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Since last May, when reports began to appear questioning whether or not the PSA (prostate specific antigen) test was of value in the diagnosis and treatment of prostate cancer, I have been torn about speaking on the subject or even whether or not I should. After all, several august bodies are split on the subject; while the American Cancer Society recommends it, the National Cancer Institute doesn't and the American Urologic Association does for those in a high-risk group. However, all sides state that it is an individual decision that should be made after discussions with a physician and personal review of the facts in each individual's case.

Let me state unequivocally: I favor screening for prostate cancer; did I not have that first PSA test (7.2 PSA level), my cancer would not have been discovered until a later stage and I might not be here 10 years later venting to you. The issue is not the test or the results, but what is done with the information resulting from it. Too often we've seen that an "abnormal" test value demands an immediate biopsy and even faster treatment; but the fault is not with the test, but in all that leads up to it.

Are effective communications occurring between doctor and patient to review "what if" scenarios? Are the full spectrum of current medical evidence and data being employed to look at the PSA test as a continuum and not just in isolation? Is the patient really making an informed choice or being guided by the doctor's training/experience and desire to cure what seems to be cancer? Given the pressure that many physicians face to generate revenue and the reality of less face time with the patient, are we treating disease or working the system?

Are many cancers being treated unnecessarily? Yes! Would many men with detectable PSA levels lead a healthy life without treatment of the disease? Yes! But how will we be certain which category a person falls into. Our cover story with the work that Dr. Bob Getzenberg is doing to develop more accurate predictors of aggressive disease points up the trend that we need to follow; but what are we to do until then in the face of statistics that show African American men still die at a rate twice as great as white men from prostate cancer. Our interview with Dr. Richard Payne gives us some insight, but for myself I'll take the implicit endorsement provided by the Harvard Health Letter that reported on the preventive health habits of over 15,000 Harvard Medical School faculty physicians. Despite the debate over the PSA test, 84% of the men over 50 reported that they had been tested. Dr. Anthony Komaroff, editor-in-chief of the Harvard Health Letter stated, "PSA screening has not been shown to reduce the risk of suffering or death from prostate cancer, although studies of that question are under way (Editor's Note: results of several international randomized trials are expected by 2008). Some doctors probably figure that it's worth getting the blood test until and unless it is definitely shown not to be of value."



# Inflammation and Prostate Cancer

The American Association of Cancer Researchers gathered in April this year for their 96th annual conference in Anaheim, California. An integral part of the conference for the last six years is the Scientist—Survivor program, a partnership designed for the exchange of information, resources, and priorities. The first presentation to the survivor/advocates was

an update on Prostate Cancer by Dr. William G. Nelson, V, MD, PhD, Professor at the Johns Hopkins School of Medicine.

Dr. Nelson began his presentation by describing how most cancers develop: with some sort of injury, infection or irritant which causes inflammation. The body's immune system activates cells that move in to isolate the damaged area and promote healing. If the response is out of proportion to the injury or the immune system doesn't turn off as it should, abnormal inflammation occurs. As a result DNA is scrambled; cellular mutations, deletions, and translocations occur and the normally protective immune system begins to attack itself instead, creating a state of permanent inflammation. This on-going damage ultimately leads to cancer. And the process begins early. 250 autopsies done in 1994 in Wayne County, Michigan were analyzed for evidence of Prostate Cancer cells. They found those cells in 10% of the men in their 20's and 30% of the men in their 30's, and increasing about 10% per decade of age.

*It has been proven in studies of familial clusters that as many as 42% of Prostate Cancer cases may be due to inherited genetic factors.*

The source of the inflammation for some cancers is well-known, for example: smoking and lung cancer, hepatitis viruses and liver cancer, HPV and cervical cancer. But in the case of Prostate Cancer, the cause is still unknown. It does not appear to be a direct result of the level of testosterone circulating in the system or because of smoking (although if a man already has Prostate Cancer, smoking can make the cancer worse). If a man has prostatitis (chronic inflammation), his chances of getting Prostate Cancer

are doubled, but this is complicated by the fact that many men with prostatitis have no symptoms at all. Add a carcinogen to chronic prostatic inflammation and mutations will occur at an alarming rate. For example, eating red meat appears to increase the risk of Prostate Cancer by as much as two to four times the normal rate. One reason may be that carcinogens can form during cooking or char-broiling that can cause DNA damage in prostate cells.

It has been proven in studies of familial clusters that as many as 42% of Prostate Cancer cases may be due to inherited genetic factors. Two genes have been identified that are keys to a genomic linkage to Prostate Cancer: RNASEL and MSR1. Interestingly, the first is an enzyme that fights off viral infections and the second exists to see and eat bacteria. If infections cannot be cleared because of defects in these genes, relentless inflammation becomes essentially permanent. Other indicators are being found, such as prostate cells that are missing the enzyme GSTP1, which makes them vulnerable to oxidative genome damage, and a process called Proliferative Inflammatory Atrophy that is one of the earliest precursors for Prostate Cancer.

Prostate Cancer is not a simple enemy. It becomes incredibly efficient and more complex over time. Most men who have been diagnosed have not one, but several independent cancers in their prostate at the same time. Dr. Nelson summarized by stating that the inflammatory process that is the cause of most common cancers appears to be operative in Prostate Cancer as well. Thanks to genomics, in the near future tests that are more sensitive and specific than the PSA test can be developed and anti-inflammatory agents created. Reducing the rate of the disease progression and catching it as early as possible has the most impact. Over 230,000 men will be diagnosed with Prostate Cancer this year. More than 30,000 men will lose their lives. That our fathers, our brothers, our husbands, and our sons might someday be spared the fear and pain of Prostate Cancer is the hope that motivates us all. ♂

## Financial News Highlights

Many financial analysts are touting the stock of Dendreon, the maker of Provenge a vaccine therapy for the treatment of advanced stage prostate cancer, as reported by SmartMoney.com, because of the customization process required to treat each patient will result in a significant revenue stream. The company plans to file a "fast track application" with the Food and Drug Administration in 2006 with hopes that the product could be launched in early 2007. In the 3rd Quarter of 2005 Dendreon reported revenues of \$58,000 and a net loss of \$19.7 million. They are reported to be actively seeking sales partnerships for non-U.S. markets and possibly for the U.S. An analyst at Needham & Co. estimates a sales potential of \$1 Billion by 2011, though more conservative estimates place achievement of that level by 2014.

Celgene, maker of Thalomid and Revlimid, was given a strong "Buy" endorsement by Jim Cramer on his "Mad Money" program and on the "Today" show. The stock has risen over 100% in the past year.

Datamonitor reports that there is a major shift in the treatment of cancer from traditional chemotherapy toward more innovative targeted therapies. The range of these new products include: angiogenesis inhibitors, signal transduction inhibitors, apoptosis stimulators, monoclonal antibodies, cell cycle regulators and histone deacetylase inhibitors with the greatest development and commercial opportunities occurring in the first two sectors. Further details can be seen at: [www.datamonitor.com](http://www.datamonitor.com)

AEterna Zentaris – despite increased losses the company increased revenue and expenditures for research and development in the advancement of its product pipeline of anti-cancer drugs. Most promising is ozarelix (D-63153), which recently completed multi-center Phase II clinical trials in Europe for the treatment of hormone-dependent prostate cancer. The company is traded on the NASDAQ (AEZS) and more details can be seen at: [www.aeternazentaris.com](http://www.aeternazentaris.com)

## Medical News Highlights

Impotence may be a warning sign for heart disease. In a study from the **University of Texas (San Antonio) Health Science center**, reported in the *Journal of the American Medical Association* (12/21/05), men aged 55 and older experiencing erectile dysfunction were more likely to experience chest pain, a heart attack or a stroke in the next 7 years compared with other men. Dr. Ian Thompson, a co-author of the study, is the first large scale study (over 8,000 men) that confirms many previously known connections between cardiovascular disease and factors such as, erectile dysfunction, diabetes, smoking, etc. Commentators on the results noted some questions on the methodology, but expressed positives in getting people to change lifestyles and participate more in health dialogues with the medical community.

**The US Food and Drug Administration** has approved lenalidomide oral capsules (Revlimid™, Celgene Corp.) for use in patients with transfusion-dependent anemia associated with myelodysplastic syndromes (MDS). The drug is also in clinical trial for the treatment of prostate cancer. Additional information can be found at: [www.fda.gov/cder/foi/label/2005/021880lbl.pdf](http://www.fda.gov/cder/foi/label/2005/021880lbl.pdf) and at [www.Revlimid.com](http://www.Revlimid.com)

In an effort to eliminate medical errors and the duplication of medical tests, **Hackensack (NJ) University Medical Center** will be implanting radio frequency ID (RFID) chips in Alzheimer's and lung disease patients, who may be unable to communicate during an emergency.

— *BusinessWeek*, November 21, 2005, p. 103

**GPC Biotech AG (Germany) is partnering with Spectrum Pharmaceuticals (CA)** on a Phase III trial of satraplatin as a second-line chemotherapy treatment for patients with hormone-refractory prostate cancer as well as opening other studies to explore the drug in other tumor types.

**Xechem International (NJ)** has acquired the worldwide licensing rights to a heterocyclic anti-sickling compound developed by Virginia Commonwealth University for the treatment of sickle cell disease.

# BOARD MEMBERS SPOTLIGHT

The Prostate Net/Knowledge Net works to empower our audience through education that leads to informed action. Much of our strength comes from the committed Board of Directors Members who guide our vision. The following is the first in a series of articles that focus on these individuals and the good that they do.

## Board Member | Raj Shah



Mr. Shah serves as the Chairman of Capital Technology Information Service, Inc ([www.ctisinc.com](http://www.ctisinc.com)). Mr. Shah is committed to supporting and improving the healthcare system through Information Technology. He believes that proper use of information technology will reduce the burden of the disease across the areas of awareness, surveillance, epidemiology, research, treatment and chronic stage care with specific emphasis of the use of prevention mechanism for diseases such as cancer, HIV/AIDS, heart and diabetes. Mr. Shah's work, both professionally and philanthropically, reflect his dedication to combating chronic diseases around the world.

CTIS donates annually over \$3 million in funding and in-kind services to the philanthropic and non-profit activities.

Mr. Shah is Chairman of the Information Technology and Fundraising Committees of the Board of Governors of the International Network of Cancer Treatment and Research (INCTR).

Mr. Shah is Chairman of an international cooperative group (ICOG) of major academic medical and hospital centers; and founded a non-profit organization, Worldwide Assistance for chronic disease management. He is Vice Chairman of International Spirit of Life Foundation (ISOLF), which provides awareness and fundraising support for cancer programs. Mr. Shah is member of an advisory board to the Johns Hopkins University. He serves as a board member of the Bhagwan Mahavir Cancer Research Center in Jaipur, India, as well as the Prostate Net Board of Directors. Mr. Shah is on the advisory board for fundraising for INOVA Fairfax Hospital. Mr. Shah serves as an advisor to Community Ministries of Rockville though which he supports MobileMed, a non-profit organization that provides medical care to the uninsured of Montgomery County, Maryland. He and his wife are on the fundraising committee of the International Children's Festival. ♂

## RT-PCR PSA test predicts progression in Hormone Refractory Prostate Cancer patients undergoing chemotherapy

Prostate cancer cells detected by the RT-PCR PSA test are an independent prognostic factor for survival in men with hormone refractory prostate cancer (HRPC). A recent study now suggests an expanded potential role for this test: as a prognostic tool in HRPC patients being treated with chemotherapy. The study was conducted by a team led by Dr. Philip Kantoff, Director of the Lank Center for Genitourinary Oncology at the Dana Farber Cancer Institute.

RT-PCR PSA – reverse transcriptase polymerase chain reaction for prostate specific antigen – is a highly sensitive test that can detect small amounts of circulating prostate cancer cells. In men with HRPC, positive RT-PCR PSA status is associated with poor survival. A main goal of the study was to determine whether a change in RT-PCR PSA status during treatment has prognostic value. Models were used to evaluate correlation of RT-PCR PSA and PSA response with time to progression.

Results showed that patients beginning chemotherapy with a positive RT-PCR PSA status had a shorter median time to progression, further validating previous studies that support the prognostic value of this test in HRPC. The study was the very first to suggest that a change in RT-PCR PSA status during chemotherapy may predict the time to progression. The investigators suggest that larger trials are needed to explore this possibility further. ♂

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# Dr. Richard Payne:

## A Physician Becomes the Patient



*“You’ve got Prostate Cancer” – those words strike terror into the hearts of every man and his family who has been given that diagnosis. Apart from the fear of death that is manifest, we are immediately thrown into asking ourselves “What do I do now?!” “What do I need to know to fight this disease?” When you’re a doctor, do these questions arise at all or are the solutions easier?*

*We have the unique opportunity and honor to speak this month with Dr. Richard Payne, who is the Director of the Institute on Care at the End of Life at Duke University, the President of the American Pain Society and the Founder of the Initiative to Improve Palliative Care for African-Americans. Most importantly for us, he is also a recent survivor of prostate cancer.*

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**VS:** Dr. Payne, knowing the risks faced by American men today and particularly men of color, did you participate in regular screenings and how was your cancer identified?

**RP:** Because both my father and uncle died from prostate cancer, and because I am an African-American, I had an increased risk factor, so I have participated in regular screenings from the age of 40. Fortunately my cancer was picked up early, but I still experienced the sensations of fear, the potential of death and disability that the word “cancer” conjures up in any man. Even though I’m a cancer doctor and have worked in some of the major cancer care centers in the U.S., it was still a very frightening moment for me. We know that there are many things that we can do to prevent cancer, but we can never prevent 100% of all cancers; therefore it puts a greater premium on all of us to participate in screening programs to identify the disease early on, giving us the most options for cure and/or control.

**VS:** Given that you are a medical professional, how did you approach the process of dealing with your cancer?

**RP:** It’s one thing to advise someone as a doctor, but something else entirely when you’re the one needing advice! Like everyone who faces a diagnosis of prostate cancer, I talked with friends and my professional colleagues and I read everything that I could find on the disease, even going back to my medical school textbooks. I searched the Internet and went to sites like yours to try to discover all of the options for treatment that were available for me. I found that there were many options open to me, which was both a blessing and a curse: a blessing in that there were so many choices for treatment, and a “curse” in that it was difficult to understand what choice to make!

The other issue that I, and all men, had to deal with was in recognizing that professional bias is an issue in talking with your doctor: urologic surgeons favor surgery as the way to deal with the disease; radiation oncologists obviously support using their protocols; sometimes a medical oncologist can help to make a balanced decision.

**VS:** Obviously you had an ideal set of favorable conditions that provided a high degree of comfort – Chief of a department at a Comprehensive Cancer Center, access to the best doctors at that facility – but tell us a bit about your secret fears.

**RP:** Even in the hands of the best doctors, there can be downsides related to surgery: incontinence that goes beyond the time of surgical healing and impotence, the ability to get or maintain an erection. The nerve-sparing surgical technique, practiced at most of the better medical centers can help to minimize many of the complications related to surgery. So, with the recommendation of my doctor, who is also a good friend, I chose the nerve-sparing surgery.

**VS:** Many of us need a friend or family member to be with us during consultations with the doctors to be certain that we hear all we should and tell all we’re supposed to. Did you utilize anyone in that role?

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## Medical News Highlights

**Chemokine Therapeutics and Wayne State University** have agreed to a program of research using Chemokine’s drug CTCE-ChondroGene Limited reported improvements in revenue, net losses and cash and cash equivalents. Additionally, they reported significant advances in developing a blood test for the detection of colorectal cancer and precancerous polyps. Research partnerships were also formed to include the University of California San Francisco and Kaiser Permanente.

—PRNewswire-FirstCall

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—PRNewswire-FirstCall

**Mayo Clinic** researchers have reported that prostate specific antigen (PSA) velocity and doubling time are more critical measures of disease progression than the PSA level after radical prostatectomy surgery. Details were seen in The Journal of Urology. Further information can be found at: [www.mayoclinic.org](http://www.mayoclinic.org)

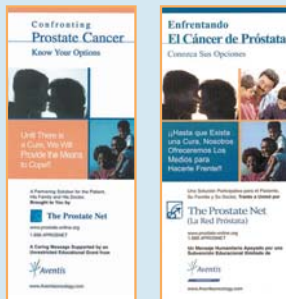
**Columbia University Department of Urology** has demonstrated in preliminary research that Zyflamend, an herbal extract, suppresses the growth of prostate cancer cells and induces cell death (apoptosis). The data were reported in Nutrition and Cancer and hold the hope for early stage treatment of the disease. Phase I human clinical trials have begun with patients manifesting prostatic intraepithelial neoplasia (PIN). Details can be seen at: [www.cumc.columbia.edu](http://www.cumc.columbia.edu)

**The Food and Drug Administration** has authorized limited, qualified health claims for tomatoes and/or tomato sauce and reduction in the risk of prostate, gastric, ovarian and pancreatic cancers based on their lycopene content. However, the FDA denied comparable claims for tomatoes, tomato-based foods (other than tomato sauce) and dietary supplements containing lycopenes. Additional details can be viewed at: [www.fda.gov](http://www.fda.gov) and [www.AmericanLongevity.net](http://www.AmericanLongevity.net)

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**Virgil's Prostate On-line**  
patient information site  
www.theprostatenet.com

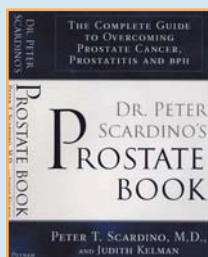
**Prostate Net Patient Hotline**  
1.888.4ProsNet (477.6763)  
24/7 live operator (in English  
and Spanish) intake for  
counselor follow-up



**Know Your Options**  
informational brochure on  
understanding the process of  
diagnosis and treatment - in  
English and Spanish



**Talking With Your Doctor**  
informational brochure for  
patients and physicians to  
encourage effective  
communication between doctor  
and patient to achieve best  
treatment protocols



**The Complete Guide to Overcoming Prostate Cancer, Prostatitis and BPH**  
A definitive new book by  
Dr. Peter Scardino of Memorial  
Sloan-Kettering Cancer  
Center in New York

## Dr. Richard Payne: A Physician Becomes the Patient

**RP:** As soon as I recovered from the shock of hearing the diagnosis that I had prostate cancer, I told my wife and she came to play a big role in the entire process. She was with me at all of my appointments and she discussed all of the information and options with me to face the risks together. I also faced a very different reversal of roles with my family. As a cancer doctor, everyone was used to coming to me with questions about the disease, but now they didn't feel comfortable in trying to give me advice! However, their support and emotional caring was tremendously important. The one thing that I did do was use this opportunity to reinforce to my brothers, cousins, nephews and male friends the importance of screening and being aware of their options.

**VS:** One of the tenets that you emphasize in your practice and beliefs is the interdisciplinary perspective necessary to insure appropriate care. How would you counsel someone in achieving that standard?

**RP:** Most men receive the diagnosis of prostate cancer from their urologist. Every man should ask their doctor for referrals to radiation oncologists and medical oncologists that he or she works with so that the patient can make an informed decision as to what option may be best. Ultimately you must have one doctor you can trust! A good doctor always encourages dialogue and is willing to answer whatever questions are necessary for you to feel comfortable with your choice.

**VS:** Has your experience as a patient altered how you interact/counsel patients or the general public?

**RP:** Sure, Sure (laughing!) I practice a particular specialty of medicine – palliative care – which emphasizes the need and ability to see the whole person – physically, emotionally, spiritually -- to be sensitive to their concerns and communicate effectively in medical and psychological terms in order to treat them and not just view them as a disease. However, after my experience as a patient, I became even more sensitive to their fears and more responsive to their questions. The last thing that you need to have happen is to be rushed in and out of an office!! You want to be in an atmosphere where you have confidence that the doctor and nurse will answer your questions and your confidentiality will be respected.

**VS:** The issue of discrimination is very important to you in your professional life; to the point that you were instrumental in founding the Initiative to Improve Palliative Care for African-Americans. What motivated you to take up this cause?

**RP:** By palliative care we mean care that approaches patients as a whole person and not just a disease and which incorporates the medical treatment with their spiritual and psychological well-being. While palliative care should start at the time of diagnosis and continue through the course of treatment, it is particularly important for those patients faced with advanced stage and potentially terminal disease where attention to pain and other quality-of-life issues is paramount. As with other areas of medicine, we know that there are disparities and inequities in care for African-Americans and other people of color as it relates to palliative care. Our communities typically don't have access to specialists who practice this type of care. In addition, our communities of color who have historically, and still today, been denied access to care, there is the belief that "palliative care" is another way of saying they are not being given curative therapy. This is a major misconception because palliative care is something that is not done instead of, but is a complement to, effective curative treatment for your disease.

We felt that we needed an organization, that said that these issues are as important to us as to any other segment of society. So we created the Initiative to Improve Palliative Care for African-Americans and other people of color to deliver the message that palliative care is a part of quality medical care. As we deny ourselves access to palliation, we are denying ourselves the highest standard of medical care.

**VS:** This brings up a similar problem: the unwillingness and/or fear of minority patients to participate in clinical trials. How do you help them through this process?

**RP:** I have often been frustrated in many of the clinical trials that have been done at my institution by the lack of minority participation. We still face the vestiges of the "Tuskegee" experience and the reality that our medical system in many cases has breached the trust of minority patients. However, as African-Americans, we have to get past this and become active participants in the clinical trial process. In reality clinical trials are as old as the Bible: in the Book of Daniel it's told that the Israelites were being forced to change their diets by King Nebuchanezzar. Daniel suggested that his people could retain their dietary customs, and the King's people theirs, and then a comparison could be made. This is what clinical trials are all about--whether or not one type of drug or therapy works

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better than another. Given that medications can work differently dependent on metabolisms, genetic conditions, etc., if African-Americans do not participate fully in clinical trials, we can't be certain that the medications are best indicated in treating their disease effectively.

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**VS:** Is it safe to say that, despite the fact that the trial will be testing a new drug or procedure, the participant will be getting the minimum "standard of care" available?

**RP:** Not only will you get a minimum level of care, but because you will be under frequent observation with regular check-ups, you will normally receive the BEST standard of care.

**VS:** If any of our viewers want to contact you as patients, please provide the appropriate details.

**RP:** If they want to have a consultation with me as a patient, they can make an appointment at: 919.660.3553.

**VS:** Thank you, Dr. Payne, for sharing your own experiences and providing some necessary guidance for insuring a desired quality-of-life. ♂

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**EDITOR'S NOTE:** You can view the entire interview with Dr. Payne, Parts 1 and 2, online now at [www.theprostatenet.com](http://www.theprostatenet.com).

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## The Patient Advocate Foundation has announced...

a new initiative to provide financial assistance to insured patients (those with breast, prostate, or lung cancer, or macular degeneration) to help them pay for out-of-pocket co-payments, including Medicare.

This personal service is provided by Co-Pay Relief call counselors, who first determine if a caller is eligible and then complete an application for the program. Once approved, the payments are remitted directly to the supplier/provider of the pharmaceutical products they have been prescribed. The process takes between five and seven days once the application is completed. The CPR program can provide up to \$2500 a year in financial support. They may be reached at 866-512-3861 or at [www.copays.org](http://www.copays.org).

*\*The Patient Advocate Foundation is a national non-profit group that is a liaison between patients and their insurers, employers, and/or creditors to resolve insurance, job retention, and/or debt crisis matters relative to their diagnosis. PAF seeks to safeguard patients through effective mediation.*

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## Financial News Highlights

**Progenics Pharmaceuticals** showed a revenue increase for the year coupled with increased expenses associated with increased clinical trial activity on key drugs for the treatment HIV. Additionally the company announced positive preclinical results for its joint venture drug (with Cytogen Corp.), prostate-specific membrane antigen (PSMA) antibody-drug conjugate (ADC). The vaccine is designed to stimulate an immune response to PSMA and is currently in Phase I testing. Additional information can be found at: [www.progenics.com](http://www.progenics.com); the company is listed on the NASDAQ (PGNX)

**Sanofi-aventis** – 3rd quarter results confirmed the financial analysts guidance for a strong 2005 for the merged company with strength seen in the entire product portfolio. Major products noted were: Lovenox, Plavix, Eloxatin, Taxotere, Ambien, Allegra among others. Details can be seen at: <http://en.sanofi-aventis.com/index.asp>; American Depository Receipts (ADR) are traded on the NYSE

**Cytogen** announced receipt of the 2005 Frost & Sullivan Technology Innovation Award for its contributions to the development of novel therapies incorporating PSMA for combating prostate cancer. The company also plans to file an investigational new drug (IND) application in early 2006 for its drug for the treatment of hormone refractory prostate cancer. Key products to date have been, and will continue to be, Prostascint and Quadramet. The company trades on the NASDAQ (CYTO)

**Walgreen's** drug stores have been given a strong "hold" rating by Standard & Poor's and increased the target price to \$50/share from \$48. The positive rating comes increased volumes of 7.7% on comparable store sales and the expected increase in sales of generic drugs. The stock trades on the NYSE under the symbol (WAG).

## New Program Partners

The success of the Barbershop Initiative has been realized in no small part because of the support of many diverse partners, who have all come together to wage the fight against prostate cancer and other diseases of negative impact on underserved communities.

Here are a few of the most recent participants in the program:

### National Association of Barber Boards of America

[www.nationalbarberboards.com](http://www.nationalbarberboards.com)

### Fannie E. Rippel Foundation

[www.fdncenter.org/grantmaker/rippel](http://www.fdncenter.org/grantmaker/rippel)

### Safe At Home Prostate Awareness Network

[www.safe-at-home.net](http://www.safe-at-home.net)

# SCIENTISTS + SURVIVORS = A COMPASSIONATE CURE

by Diane Cousineau

Every year for the past 96 years, the American Association of Cancer Researchers, led by Dr. Margaret Foti, has been coming together to share the fruit of their labors. Over 15,000 member scientists, researchers, and physicians from all over the world gathered last year in Anaheim, California to present more than 6200 abstracts containing countless hypotheses and conclusions and yet inevitably posing more questions. This diverse group of people all have one thing in common: the desire to find a way to control and cure cancer. Simply stated by the National Cancer Institute's Director, Andrew von Eschenbach, the goal is to: "Eliminate death and suffering from cancer by 2015."

And yet with the combined resources of major medical and research institutions and overwhelming amounts of data culled from thousands of experiments, there was one thing missing: the patient, the very person all of this was supposed to benefit. In an effort to help the scientists better understand the complexity of cancer survivorship, the AACR began an innovative program in 1999 called the Scientist--Survivor Program. This partnership promotes the exchange of information between the two groups in an effort to bridge that gap and make an impact on the direction of cancer research and public policy. Since its inception, 82 scientists and 130 advocates from 80 different organizations have participated. The advocates' role is to spread the news about their organizations and, on their return, inform their constituents about the recent advances and current direction of research.



This year, 35 advocates, most cancer survivors themselves, representing regional, national, and even worldwide organizations, met with an advisory panel of 20 physicians and researchers. I was fortunate enough to be included as an advocate representing the Prostate Net. The scientists gave seminars on the intricacies of research and biology. The advocates shared stories of the people with cancer (more than 10 million in the U.S. alone) who are desperately hoping for a cure. The scientists translated complex research terminology and findings into lay language. The advocates learned about cutting edge research and got a sense of both the enormity of the task and the incredible progress that has been made.

We heard about developments in the battle against cancer that often sound more like science-fiction than science.

For instance, nano-technology, a field that is developing rapidly, could create "magic bullets" the size of atoms that can be custom-designed for each person, delivered into the body to bind only with cancer cells, and activated from the outside to destroy the cancer cells on-demand---all monitored in a lab-on-a-chip in a doctor's office. The science of genomics is exploding but this prohibitively expensive process is not currently an option for diagnosis. If it is true that, within five years, genome sequencing could cost as little as \$1000, this enormously valuable tool can be used to identify those men at risk for Prostate Cancer, for example, and, if they are already diagnosed, create an individual genetically-correct "cocktail" to treat it.

Findings and discoveries are announced everyday and this leaves many patients wondering where and if they fit into the process. As with the Scientist--Survivor program, research is just research without practical application. Clinical trials are one way to connect the dots between science and the patient. While most clinical trials involve patients who are in advanced stages of cancer, there are currently several on-going prevention trials as well, including one testing the efficacy of selenium and Vitamin E in the prevention of Prostate Cancer [see SELECT trial in this issue]??.

The AACR's Scientist--Survivor Program is a partnership that works. Through it, advocacy organizations have worked together on ideas and events leveraging scarce resources. The scientists and the survivors have learned from each other: internalizing each other's compassion and sharing their hopes for the future. Lifelong connections and friendships have been made. And, most importantly, a network of people from "the bench and the bedside" has been formed that will move forward in strength and optimism. ♂



# The Passion To Make A Difference



## 2005 Catherine Logan Award for Service to Survivorship Awarded to The Prostate Net

In the heart of Washington D.C.'s historic and majestic Andrew Mellon Auditorium, guests of the National Coalition for Cancer Survivorship gathered on a recent warm spring evening for the 2005 Ribbon of Hope awards. Since 1986 the NCCS has been on a mission to improve the nation's healthcare and the lives of the almost 10 million survivors who are living with cancer in the U.S. today. This annual awards ceremony, chaired by President George W. Bush and Mrs. Laura Bush, honors people in the forefront of this battle--innovators and pioneers who have focused their compassion and drive on a common goal. Among the honorees were Dr. Robert Galvin, Director of Global Health Care for the General Electric Company, Clifton Leaf, the Executive Editor of Fortune Magazine, and Karen Duffy, author and actress, and included a special tribute to the life and music of the late Celia Cruz.

But for some of us in attendance, the highlight of the evening was the Catherine Logan Award, named for the founder of the NCCS, honoring individuals or organizations at the grassroots level who work for cancer survivors. This year's award was given to The Prostate Net and its founder, Virgil Simons.

Since its humble beginnings in 1996, the Prostate Net has grown exponentially under Virgil's direction into a multi-faceted corporation addressing health care disparities, providing professional outreach and an extensive resource network, all with an eye to fiscal realities. As Ellen Stovall, President and CEO of the NCCS said in recognition of the Barbershop Initiative, "...we will honor the Prostate Net and Virgil Simons who are committed to improving prostate cancer screening rates in underserved communities." She also added, "The NCCS applauds all of our honorees... who exemplify...having a passion to make a difference."



Virgil accepted the award on behalf of all of the people who have worked and continue to work so tirelessly on the Prostate Net's many projects and initiatives and in remembrance of those who have gone ahead. The evening's recognition and celebration combined to move and inspire all of us. In the flickering candlelight that night, the faces of friends and family, many survivors themselves, glowed with a renewed passion for hope and survival. ♂

### Did You Know...

The American Society of Clinical Oncology (ASCO) will be sponsoring two Ask The Experts sessions on their patient information website – [www.plwc.org](http://www.plwc.org) - as well as specific Live Chat forums during the month of March on the issues:

- Cancer and Aging America
- Preventing, Screening and Treating Colon Cancer

Details can be found on the website or by calling – **1.888.651.3038**

The Center for Biological Diversity filed a motion in California U.S. District Court to protect the California red-legged frog from over 60 various pesticides. The primary component of concern is atrazine, which has been shown to produce "deformities, abnormal immune system functions, diseases, injury and death of red-legged frogs and other amphibians." Atrazine has also been linked to decreased sperm count and increased prostate cancer in men and an elevated risk of breast cancer among women. Further details can be seen at: <http://enn.com/aff.html?id=1096>

Newark Now, in conjunction with the Newark Asset Building Coalition and the Internal Revenue Service is sponsoring their 3rd Annual Volunteer Income Tax Assistance program wherein, depending on certain qualifications, eligible families can have their income tax returns prepared for free. Details can be found at: <http://newarknow.org/vita.htm>

The National Cancer Institute is now accepting applications for five positions to be filled on the NCI Director's Consumer Liaison Group (DCLG). Information and applications can be found at: <http://deainfo.nci.nih.gov/advsoy/dclg/applications/DCLGmemberApplication2006.pdf>

The NCI publishes a weekly online update of cancer issues of importance to consumers, patients and professionals. You can subscribe to the NCI Cancer Bulletin by going to: [www.cancer.gov/ncicancerbulletin](http://www.cancer.gov/ncicancerbulletin)

# “Going to the *BARBERSHOP* to Fight Prostate Cancer”

A national initiative to promote disease risk education and Prostate Cancer Screening



## Get the Deadly Facts:

- Prostate Cancer is the single most diagnosed of all cancers
- Prostate Cancer is the 2nd leading cause of cancer death in men
- African-American men incidence rate is 59% greater than white males
- African-American men death rate is 128% higher than white males
- Latino/Hispanic males have the 3rd highest rates of Prostate Cancer
- Medically underserved patients are usually diagnosed with advanced stage disease

## Become Part of the Solution...

For more information on how to become a part of our program, please visit us online at [www.prostatenet.org/barbershop](http://www.prostatenet.org/barbershop)

The  
**Prostate**  
Net

[www.prostatenet.org](http://www.prostatenet.org)  
1.888.4PROSNET (477.6763)

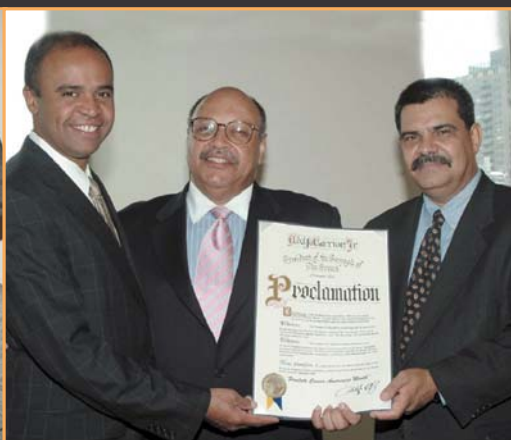
*"Until there is a cure, we will provide the means to cope"*

# 2005 "IN THE KNOW" AWARDS

POWER BREAKFAST AND AWARDS CEREMONY



In September The Prostate Net presented its **1st Annual 'In the Know' Awards for Eliminating Health Disparities** at a power breakfast and awards ceremony held at New York University's Kimmel Center for University Life in Manhattan



**H**onorees were selected for their demonstrated leadership, implementation of novel strategies and/or commitment in time, energy and resources toward the elimination of health disparities among people of color – including prostate cancer, heart disease, diabetes and obesity. Celgene Corporation sponsored the awards ceremony.

**"In the Know Awards"** were presented in the following categories to: Congressman (now Senator) Robert Menendez (D-NJ) – National Government; Dr. Eric Whitaker – Local Government (Illinois); Ms. Mary Goss Robino of SONY Pictures – Corporate Vision (California); Maya Angelou Research Center on Minority Health – Medical Center (North Carolina, Mr. Jeffrey Swaim accepting); Mr. Lawrence McRae – Community Leader (Alabama); Public Health Television – Educational Technology (Ohio, Dr. Wornie Reed accepting); Mr. Craig Atkins – Barber Advocate (Illinois); Ms. Beth Kobliner-Shaw – Family Advocacy (New York); Mr. Robert Samuels – Lifetime Advocacy (Florida); and Mr. Clifton Leaf – Excellence in Journalism (New York).

Program participants included: Virgil H. Simons, Founder & President, The Prostate Net; Clifton Leaf, Senior Editor-at-Large, FORTUNE Magazine, Master of Ceremonies; The Honorable Adolfo Carrion, Jr., Bronx Borough President, City of New York, who offered remarks and a proclamation in commemoration of the **"In the Know Awards"**; Allen McFarlane, Assistant Vice President for Diversity & Student Community Development, New York University; and Alfonso Wyatt, Vice President, Fund for the City of New York.

The Awards will continue and will take place again in September 2006; details and call for nominations will be seen in coming issues of **"In The Know."** ♂

## Did You Know...

**Did You Know.....**  
The **"Health Care COSTS Act"** has been introduced by Congressman (soon to be Senator!) Robert Menendez of New Jersey to make it easier and more affordable for individuals between jobs to keep their health insurance by providing tax credits to cover half the monthly premium for COBRA health insurance. Details can be seen at: <http://menendez.house.gov>

**Did You Know.....**  
**The American Academy of Allergy, Asthma & Immunology** recently issued a new set of treatment guidelines aimed at eliminating all asthma symptoms. The new guidelines require "active" patient participation to insure maximum effect, but can result in a significant reduction in preventable death. Details can be seen at: [www.aaaai.org](http://www.aaaai.org)

**Did You Know.....**  
**The Commonwealth Fund**, in a study titled "Taking the Pulse of Health Care Systems: Experiences of Patients with Health Problems in Six Countries", reported that approximately one-third (34%) of U.S. patients said that they had experienced at least one type of medical error: a mistake in treatment or care; were given the wrong medication or dose; were given incorrect test results; or experienced delays in receiving abnormal test results. These results compare with Canadian responses (30%), Australia (27%), New Zealand (25%), Germany (23%) and the U.K. (22%). More critically the report detailed that the incidence of patient-reported errors rose sharply with the number of doctors seen. Details can be seen at: [www.cmwf.org](http://www.cmwf.org)

**Did You Know.....**  
**Endorectal MRI** improves prostate cancer detection. In a study published in the American Journal of Roentgenology, a study led by Dr. Dirk Beyersdorff showed that the image quality for detecting prostate cancer is significantly better using an endorectal-bodyphased-array coil. Details can be seen at: [www.arrs.org](http://www.arrs.org)

**The Patient Advocate Foundation** has announced a new initiative to provide financial assistance to insured (breast/prostate/lung cancer) patients to help pay for out-of-pocket costs, including Medicare. This is a personalized service that can be accessed by calling 866.512.3861 or on the Web at: [www.copays.org](http://www.copays.org)

# Updates: Prostate Cancer Prevention

Dr. Eric Klein, Head of Urologic Oncology at the University of Pittsburgh School of Medicine, reported on two large-scale prostate cancer prevention trials: PCPT (the Prostate Cancer Prevention Trial), which studied the effects of finasteride treatment, and SELECT (the Selenium and Vitamin E Cancer Prevention Trial).

**PCPT:** The two key findings of the Prostate Cancer Prevention Trial were a 25% decrease in the prevalence of prostate cancer over a 7-year period of time and a higher prevalence of high grade tumors (Gleason grade 7-10) in the finasteride group vs. placebo group. The second finding – assumed to be a factor inhibiting widespread use of finasteride for prevention – has also been challenged by some.

The trial results were based on two assumptions: (1) that the excess of high grade tumors may be due in part to sample error and (2) that there may have been an over-detection bias in the trial's finasteride arm. Ultimately, this model may help experts more accurately calculate the risk/benefit ratio of finasteride as a preventive strategy. Further review of the trial's findings are expected.

**SELECT:** The creation of SELECT was driven by evidence that selenium and vitamin E (individually) may prevent prostate cancer.

Selenium is an essential trace element occurring both organically (grains, fish, meat, dairy) and inorganically, and it is an important element in many antioxidant enzymes. Vitamin E is a family of essential, naturally occurring, fat-soluble vitamin compounds that functions as the major lipid-soluble antioxidant within cell membranes. Data suggests that selenium and vitamin E can induce cellular effects such as apoptosis (cell death), cell cycle arrest, and antiandrogen effect.

Started in July 2001, SELECT reached a remarkable achievement: full enrollment of 32,400 men in April 2004 – 27 months ahead of schedule. The first analysis of primary data is scheduled for July 2006. Additional information can be found at: [www.cancer.gov/select](http://www.cancer.gov/select)

## Information on Clinical Trials

### Understanding Clinical Research

[www.prostate-online.com/research.html](http://www.prostate-online.com/research.html)

### Locating a Clinical Trial

[www.prostate-online.com/astclinic.html](http://www.prostate-online.com/astclinic.html)

### National Cancer Institute

1.800.4.Cancer  
[www.cancer.gov/clinical\\_trials/](http://www.cancer.gov/clinical_trials/)

### The Prostate Net "Hotline"

1.888.477.6763

### Data Sources of Clinical Research

[www.prostate-online.com/clinicresearchdata.html](http://www.prostate-online.com/clinicresearchdata.html)



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