

RECURRENCE OF PROSTATE CANCER

Meanwhile, another Brigham and Women's study, led by Dr. Anthony D'Amico, found new evidence that blood tests screening for prostate cancer can be important in detecting which men are in greatest danger of a recurrence.

The study found men whose prostate-specific antigen (PSA) levels rose quickly after cancer treatment or surgery and then fell slowly, were 13 times more likely to have a fatal recurrence than those whose PSA levels rose slowly and fell sharply.

That can help doctors design effective treatment for the disease, D'Amico reported.

BOST. GLOBE 4-7-04

MARCH 17, 2004 - BOSTON GLOBE A230

Prostate study finds recurrence treatable

By Lindsey Tanner

ASSOCIATED PRESS

CHICAGO — A recurrence of cancer after a diseased prostate is removed is not necessarily as dire as doctors once believed, and radiation could save the lives of many men with such a condition, a study found.

Until now, doctors believed that certain ominous signs, including rising levels of a protein called PSA, usually meant that the cancer had not only returned but had spread to other parts of the body and was incurable. These men generally were not offered radiation but were treated only with hormones, which can slow the disease but cannot stop it.

But the new study suggests that many of these men can be cured with radiation, because the cancer has not spread after all.

The study, published in today's Journal of the American Medical Association, involved 501 men whose disease returned an average of about 10 months after their prostates were removed. All received radiation to treat the recurrence; half remained cancer-free an average of four years later.

For these men, radiation "changed the natural history of that disease," said lead author Dr. Kevin Slawin, director of the prostate center at Baylor College of Medicine in Houston.

Previous data suggest that in two-thirds of men who do not get radiation for cancer recurrence after surgery, the disease will spread elsewhere within 10 years and probably prove fatal, Slawin

said.

Fewer than 20 percent of patients who suffer a recurrence get radiation treatment, known as salvage radiation, Slawin said.

Dr. Mitchell Anscher, a Duke University radiation oncologist, said salvage radiation is used too infrequently and often too late. The study is significant and suggests that radiation is warranted for the majority of patients whose recurrence was identified via PSA levels, Anscher said.

Prostate cancer is the second-most common malignancy in men after skin cancer. It is diagnosed in more than 200,000 men nationwide each year. While surgery is usually effective, cancer recurs in about 30,000 men yearly who have their cancerous prostates removed.

After surgery, rising levels of PSA — prostate-specific antigen — are usually used to diagnose a recurrence of cancer.

The results will provide useful guidance to help doctors better select which patients will most benefit from salvage radiation, Anscher said.

The study found that among patients with moderately aggressive initial prostate tumors, cancer cells at the edge of the surgically removed tissue, and a PSA level that doubled in less than 10 months after surgery, 77 men, or 64 percent, were cancer-free four years after radiation.

The success of the radiation suggests that the cancer had not actually spread beyond the pelvic area, Slawin said.

While surgery is usually effective, cancer recurs in about 30,000 men yearly who have their prostates removed.

3) DECISIONS ON RADIATION FOR PROSTATE CANCER MAY AFFECT LIFE EXPECTANCY

The Spokesman Review, July 20, 2004

The question: Some men who have had their prostate and surrounding lymph nodes removed because of cancer decide to have radiation soon after surgery to kill any remaining cancer cells. Others hold off, waiting to see if the cancer returns. Is one decision wiser than the other?

This study analyzed the recurrence of cancer and survival rates among men who had surgery for prostate cancer that had not spread, comparing 237 men treated with radiation within six months with 178 men who either had no radiation or delayed treatment until the cancer returned. Based on prostate-specific antigen (PSA) levels after an average of five years, 69 percent of the men treated with radiation remained free of cancer, compared with 31 percent of those who had foregone early treatment. The men not treated within six months faced a four times greater risk of death during the study than those who had received prompt radiation.

(US TOO international Hot Sheets - Summer 2004)

Stan's comments: The addition of a second treatment like radiation will add more side effects, such as INCREASED RISK OF BONE FRACTURES & BONE LOSS, LOOSE TEETH IF PROLONGED USE, HOT FLASHES, FATIGUE & POOR OVERALL FEELING. SOME DRs SAY SIDE EFFECTS WORSE THAN DISEASE

Study touts prostate treatment breakthrough

By MICHAEL LASALANDRA

A study suggests that patients who have their prostates removed because of cancer can cut their recurrence rates by two-thirds if they follow the surgery quickly with radiation treatments.

The Lahey Clinic study, by Dr. John A. Libertino, chairman of the department of urology, followed 296 patients who were found to have some cancer cells that had spread into the margins around the prostatic capsule.

In this study, presented at the annual meeting of the American Urological Association in Anaheim, Calif., 66 such patients got radiation therapy soon after having their prostates removed.

The rest of the patients got no additional treatment.

Of the group that got radiation, only 12 percent saw their cancer recur, compared to 38 percent of those who got surgery only.

"That's a big difference," Libertino said.

And the radiation treatment was associated with minimal side effects, he said.

In many cases, doctors prefer to hold off on radiation until a later PSA (Prostate Specific Antigen) test indicates a recur-

rence of cancer.

Libertino said a third group of study patients followed this treatment regime and had a 34 percent failure rate - about the same as the group that got surgery alone. "There was no difference between no treatment and late treatment," he said.

Patients who got the early radiation received 30 treatments starting eight weeks after surgery.

"Radical prostatectomy is a good treatment but can be made even better if you add early radiation therapy to those who have positive margins," he said.

About one-third of all who have prostatectomies have cancerous cells that have spread beyond the margins of the prostate gland, researchers have found.

James Ellis, 68, of West Barnstable was diagnosed with prostate cancer eight years ago and it had spread through the margins.

Libertino, his doctor, recommended surgery followed by radiation and he agreed.

"I had total faith in his judgment," he said. "I wanted to face it head-on and not wait."

Today, he is cancer-free.

"My PSA is as low as you can get," he said.

RISK OF BONE FRACTURES & BONE LOSS, LOOSE TEETH IF PROLONGED USE, HOT FLASHES, FATIGUE & POOR OVERALL FEELING. SOME DRs SAY SIDE EFFECTS WORSE THAN DISEASE

RADIATION AFTER SURGERY

6-4-2001 - BOSTON HERALD

THIS IS FREQUENTLY DONE AFTER SURGERY FAILS - Stan - Jan 2015

IN A NEW YORK TIMES STORY ON 4-9-2002, DR OTIS BRAWLEY, NOW NAT. CANCER INSTITUTE DIRECTOR, SAID 38% OF MEN WHO HAD SURGERY & WERE TOLD THEY HAD NEGATIVE MARGINS, WILL HAVE A RISING PSA. THIS IS A RECURRENCE

40% OF MEN WHO HAD RADIATION, HAD A RISING PSA WITHIN 5 YEARS ACCORDING TO STATISTICS

Predicting The Return Of Prostate Cancer: New Study Betters The Odds Of Success
ScienceDaily (July 1, 2009) — Cancer experts at Johns Hopkins say a study tracking 774 prostate cancer patients for a median of eight years has shown that a three-way combination of measurements has the best chance yet of predicting disease metastasis

The new prediction method comprises the length of time it takes for PSA (prostate-specific antigen) to double, Gleason score (a numeric indicator of prostate cancer aggressiveness as seen under the microscope), and the interval between surgical removal of the prostate and the first detectable PSA level. According to Johns Hopkins investigators, combining these three measurements more accurately estimates risk that the cancer has spread than do other methods and should help determine which patients may benefit from additional therapy when PSA levels rise after surgery to remove the prostate. Findings from the study presented at the June 2009 annual meeting of the American Society of Clinical Oncology (ASCO) may also help resolve the debate on when and in what form secondary treatments should occur.

"There is much debate on whether to prescribe immediate treatment for a man whose PSA begins to rise after he has had prostate cancer surgery, or to delay it," says Emmanuel Antonarakis, M.D., Johns Hopkins Kimmel Cancer Center investigator. "Studies suggest that most men live the same length of time overall whether they receive therapy at the first sign of a rising PSA or wait until the cancer has spread to other sites."

After reviewing the records of 774 men whose PSA rose after surgery to remove the prostate, the researchers found that Gleason score and two measurements for PSA were the strongest risk factors for prostate cancer metastasis. Men with Gleason scores in the highest range, between eight and 10, were twice as likely to develop metastatic cancer. In men whose PSA became detectable within three years after surgery, cancer was more than three times more likely to spread to other organs. Finally, men whose PSA doubled the fastest, within three months, were more than 20 times more likely to develop metastatic cancer than men whose PSA took longer than 15 months to double.

For men enrolled in the study, it took a median of 10 years for the disease to reappear on imaging scans. "The 10-year average will not apply to every man, so we wanted to know what factors put men at higher risk for their cancer progressing earlier," says Mario Eisenberger, M.D., professor of oncology at the Johns Hopkins Kimmel Cancer Center.

An increase in PSA, or prostate specific antigen, occurs in approximately 20 percent to 30 percent of men after surgery to remove the cancerous prostate, says Antonarakis. In these patients, the newly emerging prostate cancer cells are rarely detectable on imaging scans. When faced with the likelihood that their cancer has spread, many men opt to undergo hormone therapy, which blocks testosterone production, a fuel for prostate cancer. The side effects, which mimic those of menopausal women, include hot flashes, night sweats, osteoporosis, metabolic syndrome and coronary disease, and can be debilitating, says Antonarakis.

Besides immediate hormone therapy, other options for men whose PSA is rising are to use hormone therapy intermittently, enroll in clinical trials testing experimental therapies or combinations of them, or to "watch and wait" until imaging scans can locate metastatic disease.

Data on the prostate cancer patients involved in this study were collected from a database maintained by Patrick C. Walsh, M.D., at the Johns Hopkins Brady Urological Institute. The information spans nearly 20 years of patient records at Johns Hopkins.

The research was funded by the National Cancer Institute, the Prostate Cancer Foundation, and the Department of Defense Prostate Cancer Research Program.

In addition to Antonarakis and Eisenberger, the following researchers participated in the study: Bruce Trock, Zhaoyong Feng, Elizabeth Humphreys, Michael Carducci, Alan Partin, and Patrick Walsh from Johns Hopkins.

NOTE 1 - NOW LIKE 3 measurements over 6 month period

▼ continued from page 51

their study were released in a paper delivered at the American Urological Association meeting in Anaheim, CA, by Samuel H. Shuffler, MD, a senior resident in urology at Lahey Clinic in Burlington, MA.

"The use of radiation within six months of a prostatectomy in which the disease has spread beyond the prostate capsule can make an enormous difference in recurrence of the disease," says John A. Libertino, MD, chair of the Department of Urology at Lahey Clinic and principal investigator of the study.

"The addition of radiation did not increase the incontinence rate nor did it have other major side effects," adds Theodore C. Lo, MD, a radiation oncologist at Lahey Clinic who also participated in the study.

Lahey researchers followed 296 participants, average age 61, who underwent a radical prostatectomy for prostate cancer that had spread into the margins around the capsule. Sixty-six of those people were given early adjuvant radiation therapy following the radical prostatectomy. The remaining people received hormonal or delayed radiation therapy at the time of recurrence of disease. Participants who had early radiation therapy experienced a 12 percent recurrence rate (8/66) as compared to a 38 percent recurrence rate (105/276) for those who received no adjuvant radiation.

Common Prostate Cancer Treatment May Cause Severe Bone Loss
Men may be losing bone as a result of a commonly used treatment for prostate cancer, according to researchers at the University of Pittsburgh Medical Center and Beth Israel Deaconess Medical Center. The findings, published in the *Journal of Clinical Endocrinology and Metabolism*, suggest that gonadotropin-releasing hormone agonists, a frequently used treatment for prostate cancer, causes severe drops in bone mass and results in an increased risk of fracture in men.

Quality of Life Study on Men with Localized Prostate Cancer Released
Results of a prospective health-related quality of life (HRQOL) study on men with prostate cancer were presented at the American Urological

Association meeting in Anaheim, CA, by M. Craig Hall, MD, associate professor of urology and director of urologic oncology at Wake Forest University Baptist Medical Center.

The study assessed health-related quality of life changes over a one-year period for men with clinically localized prostate cancer treated with radical prostatectomy, interstitial brachytherapy

or external beam radiation therapy. The results of the analysis demonstrate that there are significant decreases in HRQOL the first month following interstitial brachytherapy or radical prostatectomy, but not following external beam radiation therapy. However, one year following treatment the scores were not significantly different from baseline measure for any group, meaning each group returned to the quality of life level they had prior to treatment.

Ninety people completed self-administered Functional Assessment of Cancer Therapy (FACT-P) and International Prostate Symptom Score (IPSS) questionnaires pre-treatment (baseline score), and at one-month, three-months and 12-months post-treatment. For all treatment groups, most of the HRQOL decreases were observed in the physical well-being, functional well-being and prostate cancer symptom domains.

"The importance of prospective data collection cannot be overemphasized," says Dr. Hall. "The results of this study suggest that HRQOL changes are likely to be treatment specific, emphasizing the importance of randomized trials comparing different treatment options in this population of men."

The FACT-P is a 41-item self-report questionnaire that measures physical, functional, social/family, emotional well-being, doctor/patient relationship and specific quality of life issues related to men with prostate cancer. The IPSS specifically measures lower urinary tract symptoms.

Largest-Ever Prostate Cancer Prevention Trial Opens
Healthy men age 55 and older are needed for the largest-ever prostate cancer prevention study, recently launched by the National Cancer Institute (NCI) and a network of researchers known as the Southwest Oncology Group. The Selenium and Vitamin E Cancer Prevention Trial, or SELECT, will determine if these two dietary supplements can protect against prostate cancer. The study will include a total of 32,400 men. Men in the study will visit their study site once every six months. For more information about SELECT and a list of participating centers, call the NCI's Cancer Information Service at (800) 4-CANCER. ■

START HERE



Early Radiation Therapy After Prostatectomy May Reduce Cancer Recurrence
Researchers at Lahey Clinic report that early radiation therapy following a prostatectomy in properly selected participants may reduce the likelihood of cancer recurrence by two-thirds. The results of

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PAGE.

NOTE 3 - NOT TRUE.
EVERY TREATMENT
HAS SIDE EFFECTS.
THE DR. IS WRONG.
Stan

THIS ARTICLE STILL TRUE
THE CONCEPT OF
THIS ARTICLE IS
STILL TRUE IN 2015