

*In The*

# Know

Confronting Prostate Cancer

March 2015



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## MARCH, 2015 - EAU SPECIAL EDITION Coverage of the European Association of Urology Congress

Cancer, and the presentation of relevant information, is no longer a regional or national issue. Significant advances are being seen globally as the expansion of research centers moves outside of the U.S.

What we see reported in Madrid from the primarily European community also reflects the key issues to be seen later in New Orleans at the American Urological Association.

Science and healthcare truly go beyond borders and, as patients and advocates, we must seek information where we can find it and assess its value. Prime example: PSA validity in the U.S. vs. Europe; who do we believe? In this instance, the European studies carry the weight for me.

## EDITORIAL



As I sit in the various sessions here at the European Association of Urology congress, and yesterday those focused on patient issues, I am still struck by the fact that, for the most part, the healthcare establishment and many patient organizations, Just Don't Get It!

So much conversation on what type of social media should be used to reach patients; patients not receiving enough information from their doctors; gaining representation in medical conferences for patient groups; and how patients can address the global concerns of the establishment; etc., etc. leaves me wondering whether anyone has been looking at the progress that has occurred thanks to patient-led initiatives in the U.S., and whether the silo thinking seen here can be reversed.

Comments from Prof. Dr. Bertrand Tombal (BE) seek to refine the focus: "At the bigger sessions about prostate cancer surgery, I think the results that relate to patient QoL might be overstated a bit. At sessions like this, when results come from people who are not in charge of the surgery, the results can be quite different."

"Also, we must not forget that the diagnosis alone can affect QoL, just as much as the treatment or the cancer itself. As urologists, we might be too much centered on surgery. Monitoring and a patient-centered approach should be a more important cultural aspect of urology."

An important factor, but more, much more, is needed in order to achieve true patient centricity among all of the stakeholders with capacity to impact patient care and quality of life. As therapies improve, ever greater numbers of people are surviving cancer. It is estimated, based on 2012 data, that there will be approximately 14.1 million new cancer cases each year worldwide with increasing incidences of diagnosis and concomitant increases in the numbers of survivors.

Survivorship mandates more, and comprehensive, partnerships between healthcare professionals, research groups, public health agencies, financial providers and community organizations with necessary patient input to ensure that patient-centricity remains constant and consistent from, as stated by the American Cancer Society, 'the time of diagnosis through the balance of life.'



## Sex and Surgery

Study shows regaining normal sexual functioning is “rare” after prostate operations.

In a presentation at the European Association of Urology meeting (Abstract #629), Dr. Mikkel Fode, from the Herlev Hospital in Copenhagen, said that new research indicates that achieving an erection of the same quality as before the operation (radical prostatectomy) is rare, and may have been significantly overestimated by doctors.

The standard way of measuring erectile function is via a questionnaire, the International Index of Erectile Function (IIEF), but this is not specifically aimed at prostate cancer patients. Some researchers had felt that the questionnaire did not take into account the special circumstances of a sudden change in erectile function brought on by surgery.

Commenting on this study was Professor Dr. Francesco Montorsi, from San Raffaele University Hospital in Milan: “As the average age of patients undergoing radical prostatectomy is decreasing, maintaining the ability to have an erection after an operation is increasingly important to men facing surgery.”

## Current Smokers

Current smokers, and those who have quit smoking less than 10 years previously, have twice the risk of a recurrence of prostate cancer after surgery, according to new research presented at the European Association of Urology conference (Abstract S508).

An international group of scientists and clinicians from the U.S. and Europe looked at biochemical Pca recurrence among 7,191 men who had their prostates removed with radical prostatectomy.

The results showed that after a median of 28 months, current smokers had around double the chance of the cancer recurring than did patients who had never smoked. Even those who had quit smoking within the last 10 years still had a significantly higher risk of cancer recurrence. It wasn't until 10 years after a patient had quit smoking that the risk of cancer recurrence dropped significantly.

## Pre-Act

Clinical trials drive the research around prevention, diagnosis and treatment of cancer, yet only about 5% of eligible patients actually participate.

The American Society of Clinical Oncology (ASCO) has recently set up a clinical trial education program to address that situation - PRE-ACT, which can be accessed through: [www.cancer.net/pre-act](http://www.cancer.net/pre-act)



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The   
Prostate  
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## Cost Of Dealing With Incontinence After Prostate Cancer Treatment

In a presentation (Abstract #630) at the European Association of Urology Congress, a study of approximately 17% of the Dutch prostate cancer population (n=2834) showed the costs of urinary incontinence averaged approximately 210 euros/year, and more critically, the 20 year expected financial burden could be as great as 50,000 euros.

Urinary incontinence following radical prostatectomy were shown to be as high as 80.4%, with a mean average of 22.6% in the first year after treatment. While rates declined in the second year following treatment, approximately 15% of men still reported problems with urinary control. The study hypothesized that this financial burden will only continue to increase unless new strategies and/or protocols were adopted to improve the instances of over-diagnosis and over-treatment of prostate cancer.

## Antibiotic Resistance

Antibiotic resistance, or the failure of an antibiotic to be effective in treatment, is one of the most important medical problems facing the medical world in the 21st Century, as reported at the European Association of Urology conference (Abstract #136).

While the presentation focused on the use of antibiotics in urological surgery, it pointed to the greater problem of how we use antibiotics in general. The over usage of antibiotics for common maladies and viruses has promoted a resistance to these same antibiotics when necessary for more significant medical uses.

Given that there is an absence of new drugs in the global pharmacopeia and in pharmaceutical pipelines, the tendency to use the existing antibiotics as before will result in bacterial resistance to these compounds increasing in the future.



## A Better Way To Biopsy

A diagnosis of prostate cancer is a tripartite mechanism wherein an abnormal (higher than average range) PSA (prostate specific antigen) test along with a digital rectal exam (DRE) provides a suspicion of prostate cancer and then a 6 to 12 core sample (biopsy) of the prostate tissue is taken for pathologic analysis. The summary of all of these factors helps to determine the probability of prostate cancer being present and staging (Gleason score) of the disease.

While this is the current Gold Standard, it leaves much to be desired relative to certainty of cancer, anxiety as to treatment options, and often to detection of cancers that are insignificant, or not really life-threatening.

Several presentation at this years meeting of the European Association of Urology focused on the emerging use of multi-parametric MRI in conjunction with a newer image-guided biopsy. The studies have shown with MRI-guided biopsy:

- fewer men are biopsied overall
- a greater proportion of men with clinically significant prostate cancer are biopsied
- fewer men receive a diagnosis of prostate cancer that is clinically insignificant

This is especially important for men who are candidates for active surveillance in that clinically significant disease can more readily be identified at repeat biopsy because those biopsies can be targeted at suspicious lesions seen during the MRI.

The take-away message from these presentations is that MRI-targeted biopsy has a higher rate of detection of significant prostate cancer and a lower rate of detection of insignificant prostate cancer compared with traditional TRUS (trans-rectal ultrasound) biopsy.

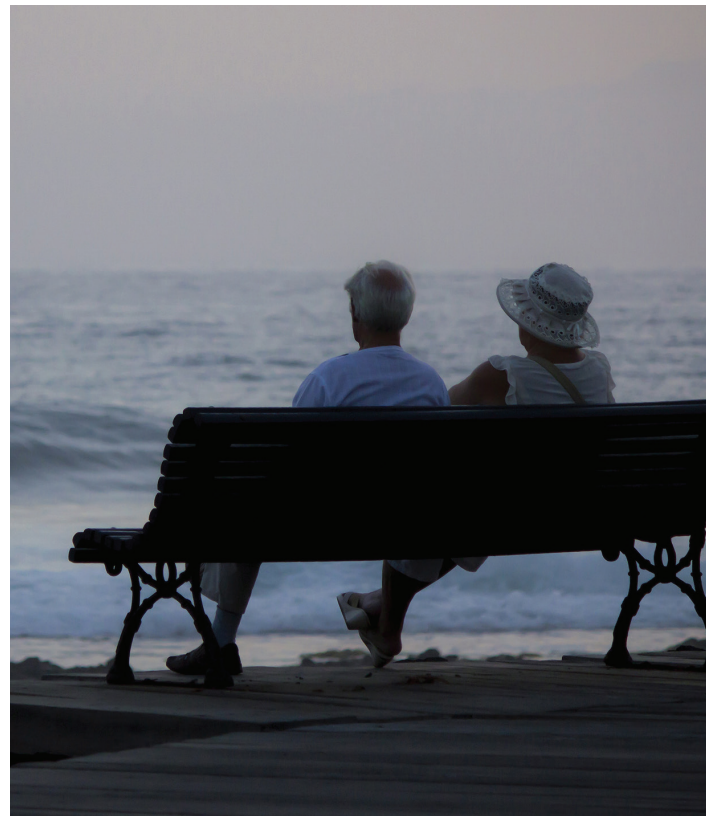
## PSA and MRI

Screening for prostate cancer using the PSA test is a controversial modality in the U. S. versus the rest of the world. The European Randomized Study of Screening for Prostate Cancer (ERSPC) has shown significant reduction in mortality with PSA screening for men 55 - 69, while in the U.S. the Preventive Services Task Force has recommended against its use.

A new study (abstract #24) presented at the European Association of Urology, led by a group of Swedish and U.S. researchers, showed that combining the PSA test with MRI, followed by MRI-targeted biopsy only in men with a suspicious MRI gave better prostate cancer detection (as confirmed by biopsy) than PSA scores alone followed by standard random biopsy.

The results also showed that more significant (potentially aggressive) cancers were detected with PSA+MRI combined compared with using PSA as a stand-alone test in screening. Further clinical trials in a cohort of 40,000 men will be done to validate these initial results, and, according to lead author, Dr. Anna Grenabo-Bergdahl: "If we can replicate the results from our pilot study this may lead to a paradigm shift in future screening and fundamentally change the way we handle early detection of prostate cancer."

A cautionary note was raised by EAU Treasurer, Prof. Dr. Manfred Wirth: "These initial results, which confirm some of the work we have been doing here in Dresden, shows that MRI-targeted biopsy has the potential to change how we diagnose prostate cancer. There are still real issues to address; for example, MRI is currently not cost-effective to use in routine screening. But this is a positive proof of principle, and certainly merits more investigation."



## Age and Outcomes

Does age affect the outcomes of men after radical prostatectomy for high-risk prostate cancer?

In a study presented at the European Association of Urology congress, Dr. Marco Bianchi, from Ospedale San Raffaele in Milan, research showed that in patients younger than 60 years of age, there was a higher probability of dying of prostate cancer than of other causes in the first 10 years after a radical prostatectomy.

However, after that initial period, cancer deaths diminish and other causes of death become more significant. Dr. Bianchi said: "After that time patients should worry less about prostate cancer and priorities may need to shift to other health risks, even though regular urological check-ups should be continued."

What this means in practice is that each patient needs close, personalized regular monitoring, where the urologist should not focus only on prostate cancer features, but also on the general health status of the patients. This is particularly important especially with increasing time after surgery, since new co-morbidities, such as heart disease, may develop and become a more immediate risk to the patient's health."





## Is PET/CT Helpful In Diagnosis and Initial Staging Of PCa?

This question was posed by Dr. Stefano Fanti (IT) in pointing out the limitations of PET/CT in the diagnosis and initial staging of prostate cancer in a presentation at the European Association of Urology Congress.

Several studies have shown that PET/CT has no use in prostate cancer diagnosis, and is actually not recommended in this setting. In staging N+ and M+ disease, Fanti showed PET/CT's specificity is not bad but its sensitivity is below 50% which is unacceptable. Moreover, lesions that are smaller than 5 mm are invisible on the scans.

"We can't make any predictions for the future," Fanti concluded, "... but today PET/CT has no use in diagnosis and staging of prostate cancer." The only setting in which the technique currently proves its value is in biochemical recurrence.

Clinical trials drive the research around prevention, diagnosis and treatment of cancer, yet only about 5% of eligible patients actually participate.

The American Society of Clinical Oncology (ASCO) has recently set up a clinical trial education program to address that situation - PRE-ACT, which can be accessed through: [www.cancer.net/pre-act](http://www.cancer.net/pre-act)

The European Association of Urology has recently published a new center for patient information on prostate cancer. You can view and use the information seen at:

<http://patients.uroweb.org/prostate-cancer/>

## Why Loneliness May Be the Next Big Public-Health Issue

*By Justin Worland reprinted from Time Magazine*

March 18, 2015

Loneliness kills. That's the conclusion of a new study by Brigham Young University researchers who say they are sounding the alarm on what could be the next big public-health issue, on par with obesity and substance abuse.

The subjective feeling of loneliness increases risk of death by 26%, according to the new study in the journal *Perspectives on Psychological Science*. Social isolation — or lacking social connection — and living alone were found to be even more devastating to a person's health than feeling lonely, respectively increasing mortality risk by 29% and 32%.

"This is something that we need to take seriously for our health," says Brigham Young University researcher Julianne Holt-Lunstad, an author of the study. "This should become a public-health issue."

The researchers emphasized the difference between the subjective, self-reported feeling of loneliness and the objective state of being socially isolated. Both are potentially damaging, the study found. People who say they are alone but feel happy are at increased risk of death, as are those who have many social connections but say they are lonely. People who are both objectively isolated and subjectively lonely may be at the greatest risk of death, says Holt-Lunstad, though she notes that more data would be needed to know with certainty.

"If we just tell people to interact with more people, that might solve the social-isolation issue, but it might not solve the loneliness issue," she said. "I think we need to acknowledge that both of these components are important."

Many social scientists say technology and housing trends are increasing the risk of loneliness. More Americans are living alone than ever before, and technology like texting and social media has made it easier to avoid forming substantive relationships in the flesh and blood. Yet research shows that relationships can improve health in a variety of ways, by helping us manage stress, improving the functioning of the immune system and giving meaning to people's lives.

Holt-Lunstad says that maintaining meaningful and close relationships, as well as a "diverse set of social connections" is key. Policy interventions for loneliness may be more difficult to imagine but could range from encouraging doctors to identify at-risk patients to rethinking the way neighborhoods are designed, Holt-Lunstad says.

"People's response is oftentimes to say, 'What are you going to do, tell everybody to give someone a hug?'" she says. "But there are many potential ways in which this could be implemented."

The Prostate Net® is a non-profit patient education and advocacy organization founded 17 years ago by Virgil Simons, a 19-year survivor of prostate cancer and a patient advocate. The Prostate Net has become an international organization that uses a matrix of informational techniques to address disease risk awareness and early disease interdiction.

## The core objective of The Prostate Net's mission is to:

1. Educate consumers most at-risk from a diagnosis of prostate cancer
2. Inform the community on other diseases and conditions of negative impact
3. Motivate consumers to make informed choices as to healthcare and lifestyle management
4. Provide on-going health care interaction between patient and professional communities
5. Create an interactive network to maximize actionable healthcare messages

The strength of The Prostate Net's mission is aided by organizations with which we are associated: American Society of Clinical Oncology, Department of Defense Prostate Cancer Research Program, American Association for Cancer Research and European Association of Urology among others.

## Our active initiatives include, but are not limited to:

### Education:

- Patient and professional Website - [www.theprostatenet.org](http://www.theprostatenet.org)
- Spanish language site - <http://theprostatenet.org/espanol/>
- Educational Symposia - <http://theprostatenet.org/Symposium.html>

### Research:

- Continuing partnerships with university based community studies
- Consulting relationships to local government agencies; materials for patient education/recruitment; training of agency staff, etc.

### Community Interventions:

- Gentlemen, Check Your Engines TM, focuses on Men's & Women's health issues featuring on-site health education and testing - <http://theprostatenet.org/programs.html>

Through the 17 years of our existence we have expanded our reach throughout the U.S. and to more than 50 countries. Our overarching objective is to continue to provide service to an expanding range of consumer, healthcare, government, university and service agencies to aid in reducing health disparity through education, research and community intervention. We inform to fight.

*The "In The Know" newsletter is partially supported by an unrestricted educational grant from TEVA Pharmaceuticals, Millennium: The Takeda Oncology Company and Astellas Pharmaceuticals.*

