

Prostate Cancer Tutorial,,,,,2aug11

“Invasion of the Prostate Snatchers”

By Ralph Blum and Mark Scholz, MD, 2010

1. Prostate Cancer Is Over-treated Worldwide.

Invasion p.3: “Every year, nearly a half-million men in the United States and Europe are diagnosed with prostate cancer. Most of them are under the terrifying impression that they are about to die. They don’t realize that prostate cancer is different from other cancers. In reality, only one of seven men with the disease --perhaps 15%--are truly at risk. New research shows that there is an indolent variety of the disease that is not life threatening, a type that can be safely monitored without immediate treatment.”

2. Systemic Reasons Why Over-Treatment Continues.

Invasion p.4: “Why, given recognition of over-treatment, are so many prostate operations still being performed. The answer is rarely discussed, but easy to understand. Urologists, who are surgeons, dominate the field of prostate cancer. This is the only cancer where this is the case. Medical oncologists, the cancer specialists who manage all the other cancers, are almost never involved in the management of newly diagnosed prostate cancer.”

Invasion p.4: “There are over 10,000 medical oncologists in USA. Fewer than 100 specialize in prostate cancer. Defying all logic, medical oncologists are not trained in treatment of early stage prostate cancer to this day.”

3. The Patient-Doctor Relationship

Invasion p.11: Every doctor takes the Hippocratic Oath to Do No Harm. A significant part of every doctor’s job is to create a relationship based on trust, confidence and hope. Andrew Weil

called attention to medical pessimism about the human potential for healing. At its extreme a kind of medical hexing.

Invasion p.11: Uncomfortable with doctor? Get a second opinion, and a third until you find someone who supports you in your healing process. It is OK to make a decision based on instinct rather than reason. I learned to give myself permission to be angry at abusive authority. I learned to say no when I didn't feel the decision was right for me.

Invasion p.14: All patients seek caregivers who really care. Few things are more frightening than trusting your life to an impersonal and detached cancer specialist.

4. Low-, Intermediate- and High Risk Prostate Cancer.

How can the PMO help a newly diagnosed patient? *Invasion p.4: "Now we can make a clear distinction between the aggressive form and the more common Low-Risk variety. The latter form of the disease should probably be treated as a chronic condition. The surgical, one size fits-all way of thinking is both harmful and obsolete."*

Invasion p.42: The great peril is the terrible misperception that prostate cancer is ONE illness. Dr. Anthony D'Amico, Harvard Medical, was the first to outline the three major types: Low-, Intermediate- and High Risk.

5. TIP: Reversible Alternative To Radiation & Surgery.

Invasion p.96: Cells of prostate gland are uniquely sensitive to testosterone; cancer cells retain the same dependency on testosterone for survival. When testo levels drop, cancer cells commit suicide (apoptosis).

Invasion p.97: Men who start TIP before metastasis respond for more than ten years before developing resistance to TIP.

Invasion p.100: Hard to find qualified doctor familiar with methods for minimizing TIP side effects. While side effects are manageable, they are not trivial: weight gain without diet management; muscle weakness without weight training; loss of libido.

Invasion p.102: No incentive among surgeons and radiologists to support TIP research because it competes directly with their preferred methods.

Invasion p.102: Only TIP circulates through the whole body, attacking cancer where it has metastasized. Why the hesitation to consider TIP for newly diagnosed intermediate and high risk disease?

6. Comparing Radiation & Surgery Cure and Side Effects.

Invasion p.118: Table 4 by Dr. Grimm in 2007 compares surgery (12 institutions) and seeds (24 institutions). Without a time delay correction factor, the data will favor seeds (Johns Hopkins).

Invasion p.119: Or seeds may simply be better because of close clearances for surgery.

Invasion p.119: Either seeds or IMRT as effective at cure as surgery, with less toxicity long-term.

Invasion p.120: Unfortunate that PMOs are as rare as hen's teeth.

7. Quality Imaging: Doorway To Less Toxic Treatment

Invasion p.131: Color Doppler with contrast finds more high-grade cancers than a random biopsy with double the cores.

Invasion p.132: Color Doppler more useful info than simple PSA.

Invasion p.133: Why ablate whole prostate when only a small portion contains cancer? Focal treatment is very controversial.

Invasion p.135: With color Doppler ability to track more accurately, we are bolder in using less aggressive therapy. Using less toxic drugs is essential in elderly, frail men to maintain quality of life. Important for younger men to maintain sexual function.

Invasion p. 136: Too often, treatment based on false assumption that all types of cancers are equally dangerous. Neither over-treatment (undesirable side effects) nor under-treatment (disease progression) is acceptable. Rather than periodic biopsies, color Doppler is excellent for tracking cancer activity.

8. Deciding On Your Treatment

Invasion p.148: Mayo Clinic 2208: Only 2% of Intermediate-Risk and 5% of high-Risk die from prostate cancer within 10 years. Ignoring risk category guarantees total confusion. Each risk must be dealt with separately.

Invasion p.149 High Risk: Radiation combined with TIP is superior to either alone. Without expert pre-op evaluation, surgery is a crap-shoot with high chance of failure.

Invasion p.149 Intermediate Risk: An array of choices. Quality of life is most important factor.

Invasion p.150: Local treatment ablates the prostate. TIP affects the whole body. Local therapy advantage is cure while TIP stays away from permanent impotence, incontinence or

rectal damage, but has its own reversible side effects, falling into two groups: pill-preventable and not so simple (above in 4.). The pill preventable include hot flashes, breast growth, osteoporosis, arthritis and mood swings.

Invasion p.153: Taking TIP for a year is a considerable undertaking. Then 3-4 months to regenerate testosterone. Generally life reverts to normal as long as appropriate measures are followed during treatment.

Invasion p.153 Intermediate Risk: Local treatments (seeds, IMRT, surgery) eradicate the prostate; considering the side effects in advance is essential because they are often irreversible (see Table 5).

Invasion p.154 Surgery: Urinary incontinence a year after is permanent. Penis shrinkage and stricture (scarring blocks urine).

Invasion p.154 Seeds: Urethritis, a radiation burn thru urinary passage, like urinary tract infection.

Invasion p. 154 IMRT: Proctitis, a radiation burn of the rectum, a year or two later (pain, urgency, bleeding, fecal incontinence). Problem lasts for years.

Invasion p.155 Surgery: Cancer left behind (positive margins) 25% of time. In experienced hands newer robotic has same outcomes as old fashioned open for key factors (potency and margins). Removed gland informs about relapse. Provides a clean slate, which simplifies PSA monitoring (slight elevations above .07 indicate relapse).

Invasion p.156 Surgery & Radiation: Outdated fallacy—do radiation after surgery but not surgery after radiation; implies

surgery is preferred. This may be true 10-20 years ago. It is true that radiated tissue does not heal properly. Today, high-dose radiation rarely relapses, and can be corrected with cryo-therapy.

Invasion p.156 Seeds: Relatively convenient treatment. Impotence, if it occurs is delayed several years. Non-cancerous PSA "bump", 30% of the time, thought to be inflammation, can confuse post-treatment PSA monitoring. Relapse (steady rise) and bump (see-saw up and down) can be separated by monthly PSAs. Shockingly, some doctors unfamiliar with the bump mistakenly assume relapse, start TIP, which lowers PSA, and believe cancer is responding.

Invasion p.157 IMRT: Lowest incidence of short-term side effects. 2-4% long-term proctitis which most likely will not heal. Severe cases lead to rectal leakage, loss of normal sensation, and inability to sense difference between gas and stool.

Invasion p.158 Intermediate Risk: Final Thoughts—Run from experts who preach simplistic solutions. The less people know, the stronger they express their opinions. TIP is attractive because the side effects are reversible. At best TIP only leads to Active Surveillance after TIP is stopped. Local treatments are appealing because they often lead to cure—not a longer life—but an improved quality of life by achieving closure. However radiation and surgery involve betting all your chips on one roll of the dice. If no major side effects occur, you win big. Conversely, when side effects occur, they can be permanent.

9. The Art Of Being A Patient.

Invasion p.182: The doctors words are heard at a very deep level and have a profound impact. If his words are positive,

they plant positive expectations. The reverse is also true. The doctor can literally scare us to death. An art to being a patient, and practicing that art must include protecting yourself against hexing in any form.

Invasion p.183: Words can have a powerful impact whether we are physically conscious or not.

Invasion p.185 Self Hexing: When diagnosed, natural to ask "Why did this happen to me? Did I do something to bring this on?" No evidence that prostate cancer is some involuntary atonement for past behavior.

Invasion p.189: To all the "bad boys" who are sabotaging their recovery by wallowing in guilt, now is the time to consider the toxic effects of self-hexing and forgive yourselves. Forgiveness along with love and gratitude rank at the top for mind-body healing.

10. Diet & Supplements: You Are What You Eat.

Invasion p.191: Diagnosis of prostate cancer is a wakeup call to make important lifestyle and diet changes.

Invasion p.192: Disregard animal and laboratory studies altogether (merely exploratory, never conclusive). When two separate and completely independent research groups come to the same conclusion, their findings can probably be trusted. A deceptive and misleading myth: medical industry is suppressing a marvelous cure because it competes with more expensive medicines.

Invasion p.193 Diet: This critically important topic is under-emphasized. Most important finding of a beautiful summary called The China Study: The more animal protein you eat, the higher your risk of dying of cancer.

Invasion p.196: Along with lycopene, selenium displays strong antioxidant properties; higher levels mean lower incidence of prostate cancer. Enthusiasm for Vitamin E is waning. Cruciferous vegetables reduce cancer risk.

Invasion p. 197 Vitamin D: Studies show inhibits prostate cancer. Deficient in general population. Minimum dose geater than 1000 IU daily.

Invasion p.197 Multivitamins and Minerals: Increased prostate cancer risk with excess multivitamins, zinc, iron and copper.

Invasion p.198: Table 6. Recommended Supplements.

Invasion p.204: Good nutrition and staying physically active play a key role in healthy immune system.

11. Hope For Relapsed Disease

Invasion p.226: The return of prostrate cancer is far less serious compared to other cancers because PSA testing signals a relapse when the disease is still microscopic. Therefore with relapse the theme is once again selecting treatment based on quality of life.

Invasion p.227: Intermittent therapy provides patients with a holiday from TIP. Back then this was considered radical. Randomized prospective studies now show this is safe and effective.

Invasion p.227: Resistant cells need testosterone to survive and proliferate. They proliferate despite low levels of testosterone because they learn to manufacture their own testosterone.

Invasion p.227 New Drugs: Abiraterone induces significant PSA decline in TIP-resistant men. MDV 3100 works like a super-charged Casodex. These two may one day be used in combination.

Invasion p.228 Radiation: Directed at lymph nodes of pelvis may be curative. With flexibility of IMRT the risk of bowel damage is greatly reduced.

Invasion p.229 Radiation: Also increases immune activity which disrupts cell architecture and kills traitorous regulatory immune cells.

Invasion p.230: Leukine stimulates rapid growth of bacteria-fighting white blood cells. With Revlimid 70% experienced PSA decline. An effective cocktail is Celebrex, Cytosan and Leukine.

Invasion p.230 Ipilimumab: Mayo Clinic sees dramatic cancer regression in combination with TIP. The Holy Grail of cancer research.

Invasion p.232: Thirty years ago oncology was the bleakest of specialties. Cancer was always diagnosed late, and the treatments were toxic and ineffective. But prostate cancer is much less malignant and improved treatments are arriving. Low risk prostate cancer should be renamed the Un-cancer, and should in no way be viewed as a death sentence. It should be looked at as a chronic condition. The light at end of the tunnel is getting much brighter and the discovery process is still accelerating.

Invasion p.241: Specialists at centers of excellence are in the best position to judge the benefits of new therapies because of their large numbers of patients.