



September
is Prostate Cancer
Awareness Month!

Special points of interest:

- About the Prostate
- What to consider when you've been diagnosed with early stage disease
- Questions & Answers with Patrick C. Walsh M.D.
- Racial Differences Again Seen in Prostate Cancer
- Join The Fight



ABOUT THE PROSTATE

Understanding what happens when prostate cancer begins to grow also helps explain how each of the different treatment options for prostate cancer is utilized.

Normal Anatomy.

The prostate is a small, squishy gland about the size of a walnut that sits under the bladder and in front of the rectum. The urethra, the narrow tube that runs the length of the penis and that carries both urine and semen out of the body, runs directly through the prostate; the rectum, or the lower end of the bowel, sits just behind the prostate and the bladder.

Sitting just above the prostate are the seminal vesicles, two little glands that secrete about 60% of the substances that makes up semen; running alongside and attached to the sides of the prostate are the nerves that control erectile function.

Normal Physiology and Treatment Related Changes.

Despite the best efforts of physicians, treatment strategies for prostate cancer can disrupt normal urinary, bowel, and sexual functioning. Under normal circumstances, the urinary sphincters, bands of muscles tissue at the base of the bladder and at the base of the prostate,

remain tightly shut, thereby preventing urine that is stored in the bladder from leaking out. During urination, the sphincters are relaxed and the urine flows from the bladder through the urethra and out of the body.

During prostatectomy, after the prostate is removed, the

conscious relaxation of the anal sphincter. Damage to the rectum caused by radiation, or, more rarely, by surgery, can result in a number of bowel problems, including rectal bleeding, diarrhea, or urgency.

If the erectile nerves are damaged during prostatectomy, which was standard during this type of surgery up until the mid 1980s, the ability to achieve erection is lost. Sexual desire is not affected, but severing or otherwise damaging the nerves that stimulate the processes by which erection occurs leads to erectile dysfunction.

Finally, because about 10% of men have what is known as seminal vesicle invasion, meaning that the prostate cancer has either spread into the seminal vesicles

or has spread around them, the seminal vesicles are typically removed during prostatectomy and are targeted during radiation therapy. The loss of the prostate and the seminal vesicles renders men infertile.

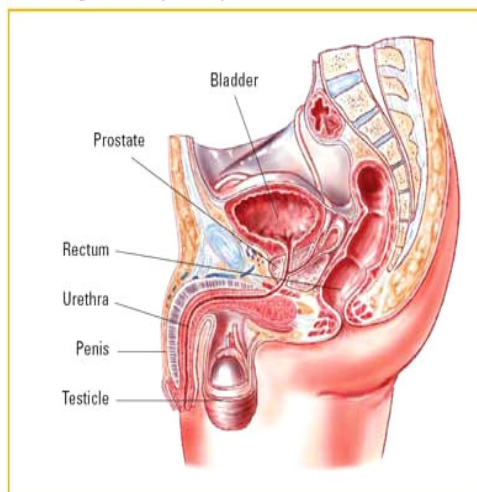
Additional information about prostate cancer can be found at “Why Me?” The Antigua and Barbuda Cancer Society.

Call: 764.2561

P.O. Box 104

St. John's, Antigua

Basic male genitourinary anatomy



bladder is pulled downward and is connected to the urethra at the point where the prostate had sat. If the sphincter at the base of the bladder is damaged during this process, or if it is damaged during radiation therapy, some measures of urinary incontinence or leakage will occur.

Solid waste that is filtered out of the body moves slowly down the intestines, and under normal circumstances, the resultant stool is excreted through the anus following

Questions & Answers with Patrick C. Walsh, MD. (Pioneering Prostate Cancer Surgeon, Johns Hopkins Medicine)

What makes prostate cancer unique?

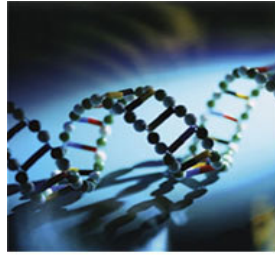
It is the cancer that occurs most commonly with aging. It is a very common disease, although many men who develop it will often die of something else before prostate cancer that is what make it a tricky disease. Prostate cancer can lead to a painful death; it breaks down your bones and you die in pain.

As urology leads the way in treating prostate cancer, how have newer forms of treatments found their way to patients?

One thing is very nice is that, as we raise the bar, everyone else has to come to that bar. When surgery was the only option, every man was impotent and incontinent. Then radiation came along, and the bar is constantly being raised. When competitive forms of treatment come along, the field of urology and the patients are better for it.

What should a prostate cancer patient look for in a urologist?

They need to see an expert. At a minimum, they should see a urologist and a radiation oncologist. You want to see an expert who encourages you to explore your options and you want to become well informed. That can be tricky, as many internet sites are sponsored by somebody who wants to sell you something. They should gather information that spells out their



options and find a doctor that they trust the most and put their faith in that person's hands. If

you have an operation, you want someone who is the best at it. Prostatectomy is an unforgiving operation if it's not done by the right person and, with all of the emphasis on robotics today, it's not the robot—but the person behind the robot—that matters.

Knowing that it is important for patients to seek multiple opinions, how often do you direct prostate cancer patients toward a non-surgical option?

All the time. I'm a prostate cancer doctor and I do what is best for the patient. I offer expectant management if they are candidates, and tell patients to have radiation therapy, and talk them out of surgery. Or, I tell people that surgery may be the best option for them, when appropriate.

Do you receive a lot of resistance from men who think that simply removing their prostate is the best way to treat the cancer?

I do, and you have to counter that with facts. You listen and talk to them. You explain that the amount of cancer in their prostate is very small, and that amount, if we didn't treat it, would not affect them in their lifetime. They say they are very active, but how active can they be if they are incontinent? I have seen a lot of patients who, in their enthusiasm to do something, have done things that are not best for them.

Is the problem of prostate cancer going to get worse before it gets better?

We have the "baby boomers" that include a lot of men and women who just turned 60 in 2006. We are going to have so many more men entering this risk category and unless we come up with better ways to prevent this disease, there will be twice as many new cases over the next 25-40 years and there could be more deaths unless we find a better way to cure it.

For more Information:

www.UrologyHealth.org

Why Me? The A & B Cancer Society
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**Prostate Cancer
Men Get It!**

Racial Differences Again Seen in Prostate Cancer

Researchers found an elevated risk of death of 10 percent to 25 percent for black men.

Wednesday, August 6 (Reuters Health)—Black men with prostate cancer, compared with their White counterparts, have a poorer prognosis that is not fully explained by other "co-morbid" illnesses, or by different screening rates or access to health-care, researchers from the UK report.

The findings stems from a systematic review and pooled analysis of 48 published studies that reported Black-White differences in prostate cancer prognosis.

"Some of the differences in prostate cancer mortality may reflect less aggressive management amongst Black men, particularly in older cohorts," Dr. Yoav Ben-Shlomo from the University of Bristol and colleagues suggest in a report in the *International Journal of Cancer*.

"However, even in the presence of optimal care of equal standard for both Black and White men, there may remain differences due to underlying biological factors," they note.

In their analysis, Ben-Shlomo and colleagues found that Black men had worse overall survival that was not due to the presence of other illnesses.

Deaths due specifically to prostate cancer and recurrence of prostate cancer, as indicated by rising levels

of the prostate cancer specific blood protein PSA, shown a persistent elevated risk of around 10% to 25% for Black men, they report.

The researchers suggest that either management for early "organ-confined" prostate cancer and/or biological differences "may be behind Black-White differences in prostate cancer prognosis."

SOURCE: *International Journal of Cancer*, July 15, 2008.



What to Consider When You've Been Diagnosed with Early Stage Disease

Most men with prostate cancer will live with their disease for many years. It's therefore important to focus on the key issues to consider at each stage of the disease. The information provided is by no means exhaustive, and there might be other points to think about as well. The goal is to focus on what to know about each stage of disease, to be able to hold meaningful, regular dialogue with all members of your health care team.

- **The Gleason grading** scale runs from 1 to 5, where 1 represents cells that are very nearly normal, and 5 represents cells that don't look or act much like normal prostate cells at all. The Gleason score, or sum of the two most common Gleason grades (and therefore on a scale from 2-10), tends to predict the aggressiveness of the disease and how it will behave in your body. Tumors with higher Gleason scores, typically above 7, tend to be more aggressive.
- **The PSA level** that you had before you were diagnosed with prostate cancer, known as your diagnostic PSA, is often used as an indicator of how advanced your cancer was before it was detected. Usually, the higher the PSA, the more aggressive the disease.
- **Nomograms** are simplified charts that have been specially constructed to weight different contributing factors and to provide a single assessment of the likelihood of remaining disease free after treatment. They can play an important role in helping to decide whether to undergo additional treatments or whether to enroll in clinical trials assessing new therapeutic regimens or agents.
- **Active surveillance** might be appropriate for men who, for one reason or another, have decided not to undergo immediate surgery or radiation therapy. For example, immediate treatment might not make sense for men who have very slow or very early cancers, while men who have other serious medical conditions might not be healthy enough to undergo surgery or radiation therapy.
- **During prostatectomy**, the prostate and nearby seminal vesicles are removed. If performed laparoscopically, a few small incisions are made and blood loss is typically minimized. However, the procedure is technically difficult and the learning curve is steep. Surgical skill with this approach is key.
- **The decision on** whether to attempt a

nerve sparing procedure should be yours—only you can know how important it is to maintain your erectile function. But ultimately the decision on whether to perform the nerve sparing procedure is up to the surgeon based on his or her years of experience and expert clinical judgment. If the surgeon does not feel that he or she can cure your cancer and leave the nerves intact, the nerves will not be spared.

- **The goal of radiation therapy** is to kill the prostate cancer cells where they live. To accomplish this, very high doses of x-rays are delivered to the prostate, concentrated on the small clusters of tumor cells that comprise the cancer within the prostate gland.
- **The most common** type of radiation therapy is external beam radiotherapy. Radiation oncologist and technicians use CT scans and MRIs to map out the location of the tumor cells, and x-rays are targeted to those areas. With brachytherapy, tiny metal pellets containing radioactive iodine or palladium are inserted into the prostate. Over the course of several months, the seeds give off radiation to the immediate surrounding area, killing the prostate cancer cells.
- **A number of studies** have shown that the use of neoadjuvant hormone therapy can shrink larger tumors, thereby making it easier for oncologist to localize the radiation needed to kill the tumor cells, and significantly improving outcomes. This approach is now used in many institutions for men with high grade or bulky cancers.
- The three most significant clinical factors used to determine which initial therapy might be best are the extent of your tumor, your overall health, and your age. Psychological factors can also play an important role: only you can know how you want to deal with your disease and whether the potential side effects of one treatment outweigh those of another.
- **Techniques** plays an important role in determining whether urinary control and functions will be maintained after surgery, and sparing the urinary sphincter is key. But pre-surgical urinary function can play an important role as well. If you've already experienced some hesitation and/or lack of

bladder control, it will be harder for you to regain full control and function.

- **During prostatectomy**, damage to the rectum is rare, and the bowel changes seen in the first few weeks following surgery are more likely the result of the body adjusting to the increased abdominal space with the loss of the prostate. Radiation therapy, however, can cause significant damage to the rectum, resulting in diarrhea or frequent stools; fecal incontinence or the inability to control bowel movements; and/or rectal bleeding. Much depends on practitioner skill, so be sure to select a doctor who possesses the experience and skill to spare the rectal tissue as much as possible.
- **Regardless of whether the nerves** were spared during surgery or whether the most precise dose planning was used during radiation therapy, nearly all men will experience some erectile dysfunction for the first few months after treatment. However, within one year after treatment, nearly all men with intact nerves will see a substantial improvement.
- **Despite the best efforts of surgeons and radiation oncologist**, it is nearly impossible to a man to retain his ability to father children through sexual intercourse after undergoing localized treatment for prostate cancer. For men who wish to father children after surgery or radiation therapy, the best chance for fertility is sperm banking; after thawing the frozen semen, up to 50% of sperm will regenerate and can be used for artificial insemination.
- **Dietary and lifestyle changes** should be an important part of every man's battle with prostate cancer, complementing any drug therapy, surgery and/or radiation treatment you might undergo.

"Why Me?"

THE BLUES

"Why Me?" The Antigua & Barbuda Cancer Society

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The only thing as relentless as cancer...is our commitment to fighting it.

Routine PSA screening remains controversial, however, and questions such as which men stand to benefit most from screening are still unresolved...But time and time again researchers suggest that routine PSA testing can save men's lives—something that has long been an open question.

The PSA tests measure the amount of a protein called prostate-specific antigen in a man's blood. Because prostate tumors cause PSA levels to rise, routine PSA testing can catch the cancer early. But PSA screening is controversial because it is not clear that the benefits outweigh the risks. Prostate cancer is often very slow growing, and PSA screening may lead to treatment of tumors that would never have become life threatening; treatment can carry side effects, like incontinence and erectile dysfunctions. In addition, PSA concentrations can increase for a reason other than prostate cancer and confirmation of prostate cancer requires a biopsy of the prostate gland, which itself can have side effects, such as infection or bleeding.

In current studies, early detection through widespread PSA screening is likely the driving force behind the greater drop in death rates seen. Although the questions will always be there as to which men stand to benefit most from screening are still unresolved.

September is Prostate Cancer Awareness month and the light Blue ribbon is the symbol.

Prostate Cancer is the Number One Cancer Killer in Antigua & Barbuda

In general, experts recommend that men speak with their doctors about the potential benefits and risks of PSA screening for them personally.

"Why Me?" recommends that doctors offer most men PSA testing and a digital rectal exam yearly, starting at age 45 (African/Caribbean) and 50 all others.



**Volunteers Needed!!
Help Improve
Old MacDonald's
Farm with Why Me?
When: M-F
Time: 8am-3pm
Planting, Watering,
Building Wheelchair
Access, and more
Call: 764.2561
"OUR GREEN ISLE"**



Prostate Cancer is the number one cancer killer for Antigua and Barbuda. At "Why Me?" The Antigua & Barbuda Cancer Society, we are on a mission to help find a way to reach out to prostate cancer patients and their families.

Men with prostate cancer can improve their prognosis by combining dietary changes, regular exercises and relaxation techniques.

There is increasing evidence that lifestyle factors, including diet, physical activity and stress, contribute to the development and progression of prostate cancer. High intake of soy foods, tomatoes, and vegetables has been shown in many studies to reduce the risk of prostate cancer. Diets

JOIN THE FIGHT!!

rich in foods containing high levels of selenium, vitamin C and vitamin E have also been found to be protective.

Our mission is to reach out to individuals, corporations and others to harness society's, resources, financial and human to fight this deadly disease. We would like to continue to promote education, research, patient services and become a strong advocate in our one common goal eliminate cancer from every man, woman and child in Antigua and Barbuda.

"The Blues" will help promote a greater awareness of prostate cancer and resources resulting in a more developed and remove any barriers that impede progress.

"The Blues" is a funding project for Prostate Cancer Awareness.

Listed below are many ways you can support "The Blues". Your funds are a high impact to better treatments and hopefully a cure, especially to recurrent prostate cancer.

- *General Donation*
- *In Memory of Donation*
- *In Honor of Donation*
- *Call to Action*
- *Volunteer*

This newsletter is published during the month of September. Hard copies can be ordered by calling "Why Me?" @ 764.2561.