

VIRGINIA PROSTATE CANCER COALITION

Volume 3, Issue 1

Making Prostate Cancer History in Virginia

Spring 2009

Chairman's Corner:

Dick Gillespie

Our coalition's capabilities have been strained to the limit this spring as we tackle new goals in advocacy, education and outreach, while re-energizing and updating our website. The Richmond African American Health Forum in February proved inspiring! Board member Henry Mack was one of the major planners for the second consecutive year -- we applaud him for his effort. We are already committed to a number of other health fairs this year.

We now find ourselves deeply involved along with 13 other prostate cancer advocacy organizations in trying to increase funding for prostate cancer research and treatment. While acknowledging the need for much larger funding for NIH and the National Cancer Institute, VPCC has identified and helped focus other advocacy groups on the DOD Congressionally Directed prostate cancer research program, and its need for a \$45 million increase in FY 2010 up to \$125 million.

The DOD program, while much smaller than NCI's prostate cancer research effort, has proven flexible, transparent, and focused on goals which have uniquely advanced the science of the disease itself, and also accelerated patient access to new therapies. We survivors understand and support the DOD research because so many of us have been involved in helping decide what research to fund. This program is under-funded & truly deserves our support.

Two recent prostate cancer studies now divert our attention because of the encouragement they give to those who feel that physicians over-treat this disease and that current funding could be better spent elsewhere. Some people feel these studies are deeply flawed. Commentary will be made by prominent scientists and doctors in the weeks to come. See our website's home page and Page 6 of this newsletter to read the press release recently signed by 18 organizations. Dr Charles "Snuffy" Myers in his annual lecture in Woodbridge on March 21st, critiqued these studies; his message will be available on our website in the near future.

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CONTENTS:

- 1 Chairman's Corner**
- 2 News Breaking in March**
- 3 Footnotes**
- 4 Advocacy**
- 5 Calendar**
- 6 Press Release**



News Breaking in March

*Has research, as reported in the New England Journal of Medicine, given clear evidence that screening does or does not decrease prostate cancer mortality? VPCC members are monitoring these research reports and one prostate cancer survivor shares his thoughts on the subject (See his comments on page 3.)¹

*Has research given us clear evidence that drugs such as finasteride and Avodart, should be prescribed to prevent prostate cancer? (See joint AUA/ASCO guidelines⁴ and national news⁵)

*What bills and budget items should we expect our legislators to give priority to? Imaging technology research as advocated by 12 Congressmen² or for the Comprehensive Cancer War plan requested by Senators Kennedy and Hutchins⁷ or for the DOD CDMRP fund? What success will the prostate cancer community have in seeking appropriations for an increase to \$125 million in the DOD CDMRP Prostate Cancer Research Program.⁸ (See... www.fundresearchnow.org and “Advocacy” at www.vapcacoalition.org)

*What will the AUA release about screening Best Practices in April? On March 26th the AUA released its statement regarding screening.³

More News

VPCC Annual Meeting March 21st

...Chairman delivered Annual Report (See VPCC website: www.vapcacoalition.org)
...A Challenge was made by Dr. Charles “Snuffy” Myers for survivors to participate in advocacy to improve prostate cancer research and care.
...Five members were elected for 3-year terms: Barbara Dykes, Jim Kearns, Kathy Meade, Jim Waldenfels, Dr. Charles Myers
...Update on prostate cancer mortality in Virginia was given.

Virginia Prostate Cancer Mortality Data 2006 & 2007: **More deaths in 2007 than in 2006...**

2007: 705 deaths: Rate: 18.6

2006: 686 deaths: Rate: 18.3

White men: 480 (Rate: 17.0)

White men: 464 (Rate = 16.5)

Black men: 218 (Rate: 28.9)

Black men: 215 (Rate = 28.7)

Source: VDH: Virginia Center for Health Statistics

Virginia General Assembly Health Issues in 2009 Session:

...Smoke-Free Restaurant bills passed No increase in tobacco tax.
...Mandated medical coverage, including annual PSA & DRE, may convert to “mandate-lite” coverage for small businesses. (HB2024) Gov. Kaine may return the bills to the GA with amendments. See current statutes.⁶
...Check box on Virginia income tax return will provide opportunity to contribute to breast cancer trust fund to support “Every Woman’s Life” program.

FOOTNOTES

1) Comments on screening

Jim Waldenfels has contributed these key points to consider in the screening decision-making process.

- prostate cancer has a very wide range of seriousness (“from dandruff to pancreatic”, many men with low-risk cases base their treatment decisions on abhorrence of prostate cancer rather than fact, reason and logic;
- overtreatment is a problem;
- without screening, under-treatment will become a problem;
- the Active Surveillance option, which has emerged with solid and extensive, multi-expert center research backing during this decade, has now been established for men with low-risk cases as a successful approach to minimizing both overtreatment and under-treatment;
- the high-value, PSA velocity information established by the D’Amico teams in 2004 and 2005, which should be a key consideration in treatment decision making, will not be available without annual screening, thereby powerfully underlining the need and value for screening for most men.

2) Imaging Research ... Twelve US Representatives have already advocated in 2009 to directors of NIH & NCI for prostate cancer imaging research, “Last June, the House unanimously approved *House Resolution 353* calling for ‘increased support for research and development of advanced imaging technologies for prostate cancer detection and treatment.’ Now, we have given you new resources to accomplish this worthy goal. The medical research community is more than “shovel-ready” to put these resources to work. We hope that you will increase significantly the amount of funding for prostate imaging research aimed at early detection and improved treatment of the second most lethal cancer in men.”

<http://prostatecancerinfolink.net/2009/03/26/12-us-representatives-request-greater-focus-on-prostate-specific-imaging-research/#more-4838>

3) AUA <http://prostatecancerinfolink.net/2009/03/26/aua-issues-formal-statement-about-psa-testing/>

***“The AUA is presently finalizing a new Best Practice Statement about prostate-specific antigen testing that will be unveiled during our upcoming Annual Meeting. These studies are being addressed in more detail in the Statement, but do not change the AUA’s position that PSA is a valuable screening tool and should be appropriately offered to men. This document will be made available to the public in April.”

4) AUA on finasteride for prevention, “Talk with your doctor about the benefits and risks....”
<http://www.cancer.net/portal/site/patient/menuitem.169f5d85214941ccfd748f68ee37a01d/?vgnnextoid=088008f16a6af110VgnVCM100000ed730ad1RCRD>

5) Washington Post: “More Men Are Urged to Take Drug Against Prostate Cancer”
<http://www.washingtonpost.com/wp-dyn/content/article/2009/02/24/AR2009022402934.html>

6) Current Virginia statutes for **required insurance coverage for annual PSA and DRE** that men and physicians should know:

Section 38.2-3418.7 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage (i) to persons age 50 and over and (ii) to persons age 40 and over who are at high risk for prostate cancer, according to the most recent published guidelines of the American Cancer Society (ACS), for one prostate-specific antigen (PSA) test in a 12-month period and digital rectal examinations (DRE), in accordance with the ACS's guidelines.

... **Required Coverage of patient costs for Clinical Trials**

Section 38.2-3418.8 of the Code of Virginia requires that insurers, health services plans, and HMOs provide coverage for patient costs incurred during participation in clinical trials for treatment studies on cancer, including ovarian cancer trials.

7) Senators Kennedy and Hutchison: "Reinvigorate the Country's War on Cancer"

Houston Chronicle, March 25, 2009

<http://www.chron.com/disp/story.mpl/editorial/outlook/6342313.html>

ADVOCACY

8) Men With Prostate Cancer Need Your Help By Requesting Additional Funds For Research

The Congressionally Directed Medical Research Program (CDMRP) differs from other federal research programs by funding high risk-high reward research and by employing a multi-year strategic plan that involves scientists and patients in the grant review process. Funding from the CDMRP has already led to breakthroughs in the war on cancer with the breast cancer drug Herceptin and the leukemia drug Gleevec.

Why is the Prostate Cancer Community Requesting \$125 million for the CDMRP?

More research will lead to better diagnostic tools, better treatments, better quality of life after treatment and ultimately a cure. It will also allow the CDMRP program to conduct vitally important human clinical trials. Clinical trials are the only way to get promising treatments tested and approved for use by patients.

What has been cut due to lack of funding?

Human clinical trials have not been fully funded in eight years as the program has not been able to match medical inflation during that time. Currently, the CDMRP cannot directly fund clinical trials in fiscal year 2009. Without adequate funding, clinical trial studies that might produce potentially lifesaving medicines will never have the opportunity to make it to the patients who need them most.

What you can do.

Support the Virginia Prostate Cancer Coalition and leading prostate cancer organizations by writing today to your legislator. This can be done easily by going to http://www.vapccoalition.org/mailing_congress.htm or www.fundresearchnow.org. By taking this action you can be part of the solution for this difficult cancer that impacts so many men and their families in Virginia.

Calendar:

See www.vapcacoalition.org for updates.

- May 16 Woodbridge UsTOO meeting; speaker Dr. Howard Parnes of NCI
May 18 Richmond UsTOO meeting; Speaker: Dr. Charles “Snuffy” Myers
(NOTE: May 18th is a Monday.)
June 9 CPAC Annual Meeting: Bon Secour, Mechanicsville
www.virginiacpac.org/
June 15 VPCC Quarterly Board Meeting; Glen Allen

AUA STATEMENT ABOUT PROSTATE-SPECIFIC ANTIGEN TESTING

The statement below is attributable to Dr. John Barry, president of the American Urological Association. This statement is being issued in response to two studies recently published in the New England Journal of Medicine about prostate-specific antigen (PSA) testing.

The American Urological Association has read with great interest the coverage surrounding the two studies about prostate-specific antigen (PSA) testing recently published in the *New England Journal of Medicine*, and is concerned about the alarm these two studies have raised with patients. The decision to screen for prostate cancer is a personal one that a man should make in conjunction with his physician or urologist. Because most cancers need to be caught in their earliest stages to achieve the best outcome for the patient, disparaging the PSA test puts men — particularly with certain risk profiles — at risk for life-threatening disease. Prior to the use of the PSA test, tumors were found mostly in advanced — and less treatable — stages, giving patients far fewer options for treatment. These studies, as well as the 2008 United States Preventive Services Task Force recommendation that men stop PSA testing after the age of 75, have potential for harm if they are not explained clearly to patients or reviewed in the context of the full debate on PSA. It is the opinion of the AUA that the PSA test is a valuable screening tool that saves lives — and men with concerns about elevated PSA scores should consult their urologists about next steps.

These two studies do not clearly assert that PSA testing causes more harm than benefit. In one of the two studies, 52 percent of men in the “non-screened” arm had recent PSA tests, thus enriching the non-screened arm with men who had normal PSA levels and reducing the chance for prostate cancer death in this arm of the study. This means that more than half of the men in the non-screening arm of the study were screened, making it difficult to demonstrate a difference. In the other study, there was actually a 20 percent reduction in death from prostate cancer with a relatively short follow-up of only nine years. This is an important point. The benefit of screening may not be demonstrable until significantly longer follow up is reached for both trials. These studies therefore do not lead to the conclusion that PSA screening should be abandoned.

Men who are concerned about these studies should talk with their urologists about their particular risk profile and whether regular PSA testing is best for them.

The AUA is presently finalizing a new Best Practice Statement about prostate-specific antigen testing that will be unveiled during our upcoming Annual Meeting. These studies are being addressed in more detail in the Statement, but do not change the AUA’s position that PSA is a valuable screening tool and should be appropriately offered to men. This document will be made available to the public in April.

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National News Release

A JOINT STATEMENT FROM AMERICA'S PROSTATE
CANCER ADVOCACY, EDUCATION, AND SUPPORT
ORGANIZATIONS

WASHINGTON DC, March 23, 2009

Since 1993, when the PLCO trial was started, we have awaited the results of this trial with eager anticipation, as have others. The initial report of the results of this study -- and those of a comparable European trial -- published last week in the New England Journal of Medicine have told us two things:

...The studies offer conflicting evidence about the possibility of a prostate cancer-specific survival benefit associated with the regular use of prostate specific antigen (PSA) testing and digital rectal examination (DRE).

...These studies provide no convincing evidence that mass screening of men over 50 or 55 years of age will lead to a prostate cancer-specific survival benefit within 10 years.

We have come together to make two clear statements about these trials:

...Above all we thank the patients, the investigators, and the national authorities that funded these two trials for their efforts. The development and implementation of these trials over the past 16 years has been an enormous commitment by all concerned.

...We enthusiastically support the continued follow-up of patients in the prostate cancer arm of the PLCO study for at least a further 5 years, through 2014, as originally envisaged.

In addition, in the long-term interests of the health of every man in the USA, and with health reform recognized as a national priority, we wish to state the following:

...Every man, regardless of his age, has the right to know whether he is at risk from prostate cancer, a disease that still kills over 28,600 American men every year, and many more around the world. We encourage all men to be proactive, and to seek out information and support in regard to their health.

...We shall continue to encourage every man to discuss his individual risk for prostate cancer with his doctors, and to request the appropriate use of PSA and DRE tests until better options are available. Further clinical action based on results of these tests is also a matter for serious discussion between each patient and his physicians.

...We call upon the federal government to emphasize the need for more research into early detection technologies and methods that will lead to better and more accurate diagnosis of prostate cancer.

...We call upon Congress to increase funding for the Prostate Cancer Research Program at the Department of Defense.

...We call upon the National Institutes of Health to

increase funding for prostate cancer research through the National Cancer Institute.

...We call upon the medical research community to place greater emphasis on the development of new clinical tests that can differentiate between those men at greatest need for aggressive prostate cancer treatment and those with indolent forms of the disease who can be well managed without invasive treatment.

This statement is approved by the following US-based prostate cancer advocacy, education, and support organizations:

... Alliance for Prostate Cancer Prevention –
www.apcap.org

...American Urological Association Foundation
www.auafoundation.org

...Malecare Prostate Cancer Support
www.malecare.com

...Men's Health Network
www.menshealthnetwork.org

...National Alliance of African American Prostate Cancer Advocates

...National Alliance of State Prostate Cancer Coalitions www.nasppc.org

... New York State Prostate Cancer Coalition
www.newyorkprostate.com

Pennsylvania Prostate Cancer Coalition
www.4ppcc.org

...Prostate Cancer Foundation www.pcf.org

...Prostate Cancer International
www.pcainternational.org

...Prostate Conditions Education Council
www.prostateconditions.org

...Prostate Health Education Network
www.prostatehealthed.org

...The Prostate Cancer Mission
www.pcmission.org

...The Prostate Net www.prostatenet.org

...Us TOO International www.ustoo.org

...**Virginia Prostate Cancer Coalition**
www.vapcacoalition.org

...Women Against Prostate Cancer
www.womenagainstoprostatecancer.org

...**ZERO** - The Project to End Prostate Cancer