

Chairman's Corner

Dick Gillespie

The Provenge and Satraplatin sagas and other developments over the past several months are prompting our Coalition board to review our patient advocacy work and re-energize programs as necessary. Our executive committee will be increasing our oversight over this important activity, with the help of our legislative, alliances and partnerships, and volunteer committees. We'll keep members posted.

Woodrow Dick, our webmaster who has been crucial to our operation for several years, is moving with his spouse to Tennessee. We wish them well in this major transition. Dr. Harry Gong will replace Woody as our webmaster.

We have accepted with regret the withdrawal of Dave and Judy Bash from our Board. We are grateful for their dedication and participation in VPCC's major programs and activities since the initial meeting of VPCC. We are pleased that they intend to remain active Coalition members.

Reviewing research: Several members worked three days in July at the Department of Defense Congressionally

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Meet the VPCC Board Members

Randy A. Jones, PhD, RN

Dr. Randy Jones is currently a Roberts Scholar, Assistant Professor at the University Of Virginia School Of Nursing. He holds a Bachelors of Science in Nursing (BSN), a Masters of Science degree in Nursing and a Post-Masters as a Psychiatric-Mental Health Nurse Practitioner. Dr. Jones graduated with his Doctor of Philosophy (PhD) from UVA in 2005, where his dissertation focused on how African American prostate cancer survivors in rural central Virginia reconcile conventional allopathic health treatments with complementary and alternative practices and products. His research interest continues in screening and treatment decision-making among men with prostate cancer, particularly African Americans. (His interest is partly personal because his uncle died of prostate cancer.)

He has been involved in several NIH-funded grants that focus on health disparities and chronic illnesses, such as diabetes and prostate cancer. These are three of the four studies that Dr. Jones is currently involved with: 1) how rural African American men decide on whether or not to get a prostate cancer screening, 2) an examination of the healthcare system barriers and facilitators of African Americans who are cancer survivors, and 3) the use of barbershops to implement educational programs relating to prostate cancer.

Now, he is completing the analysis part of the research on "Decision-making for Prostate Cancer Screening among Rural Black Men" that he is conducting through the School of Nursing's Rural Health Care Research Center. One of the preliminary findings is that the men had limited education about prostate cancer. They were not aware of many of the risks for prostate cancer as it relates to African Americans, and they wanted to know more about it. It appears that there still is a great need for men to know more about prostate cancer.

Getting the word out often takes effort and creativity. An example of how this can work took place in July, 2007, when Dr. Jones served on a panel for STRIVE, a wellness initiative forum, sponsored by the National Black Nurses Association in Atlanta. He found it was a great success when about 80 African American men came out from the Atlanta community to get a better understanding about prostate cancer. Dr. Jones was responsible for talking about the myths of prostate exams



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Directed Medical Research Program (DOD CDMRP) on panels reviewing prostate cancer research proposals received under this important program.

Panels comprise researchers and scientists (85-90%) and cancer survivors (10-15%). Alvin Chin, Jim Waldenfels, Ray Walsh, Leo Shanley, Ron Perreault, Bill Bright, and Paul Finneran, among others, reviewed several hundred proposals for the next fiscal year. Proposals surviving this peer review panel will undergo further screening before final selection for the \$80 million funds available. This is very important work, so we thank each of the above-cited individuals, and the UsTOO and Man to Man chapters recommending them.

Review of the accomplishments of the DOD CDMRP prostate cancer research program over the last several years will take place September 5-8 in Atlanta, Georgia at the meeting of Innovative Minds in Prostate Cancer Today (IMPACT). At least 3 VPCC members have been invited to participate. We look forward to this event!

My input at the IMPACT meeting will focus on the major need for chemoprevention. An excerpt from my presentation, *seen below*, draws from multiple sources and represents *my views only* and is not a statement of the Coalition's position.

Chemoprevention Needed

by Dick Gillespie

Current chemotherapy research is focused on applying "The Taxotere Plus" regimen much earlier in a patient's treatment, either as a complement to or alternative to hormone therapy. Interest in developing chemoprevention approaches at the same time is fueled by frustrated cancer patients who feel something better than cytotoxic drugs that promise only modest increases in human survival is badly needed now.

Chemoprevention uses natural and synthetic compounds to intervene in the early stages of cancer, before invasive disease appears. These agents can prevent or stop genetic mutations that lead to cancer, and they can also prevent or stop processes that lead to excessive replication of damaged cells.

The criteria for selecting chemopreventive agents that are ultimately evaluated in clinical trials can now rely on leads from several distinct areas of investigation. Epidemiologic profiling of those who die prematurely due to prostate cancer, the focus of a current report from Arkansas, hopefully will assist in fostering chemopreventive measures and avert deaths.

NCI has made chemoprevention research a top priority, with more than 400 potential agents, including vaccines, currently under investigation for various cancers. Hormones, hormone agonists, vitamins and their synthetic analogues and growth factors are currently the most widely used anticancer agents for this purpose. While the results of this research sometimes have been dramatic, the overall record to date is very much a mixed bag of successful and not-so-successful tests.

A major catalyst to prostate cancer chemoprevention research was the results from the studies using the pharmacological agent finasteride (sold today as Proscar) that demonstrated some promising prevention effects. Proscar is now prescribed for individuals with advanced prostate cancer. Other agents, now under study as preventatives, include selenium, vitamin E, vitamin D, other 5- α reductase inhibitors, COX-2 inhibitors, lycopene, and green tea. Some studies, notably Tormifene, have proved disappointing.

Obtaining FDA approval can be especially difficult and lengthy. Chemoprevention drugs need a higher threshold for approval than treatment drugs. The safety requirements for a chemopreventive agent may be more stringent than for therapeutic agents & the cost of these trials is high.

Researchers today estimate that more than two-thirds of cancers may be prevented through lifestyle modification, diet and regular exercise. A major prevention strategy, the National Cancer Institute's "5 A Day for Better Health" program, encourages men to consume more fruits and vegetables.

Vitamins, food-derived products, and dietary micronutrients are not usually perceived as medicines, but some of them are popular with scientists. Such supplements have not yet received FDA approval, although some -- pomegranate juice, for example -- have been seriously tested and proven safe by their manufacturers.

More research into supplements is badly needed because too many men today are taking supplements or nutrients that have not been adequately tested. Doctors recommending these substances do not understand them either because they have not been well studied. ❖

**VPCC BOARD MEETING: September 19 in
Earlsville at Noon.**

Men Need Your Help-Action Necessary

THE ISSUE: Program Needed for the Uninsured

In the 109th Congress, HR 6135 "*The Thomas J. Manton Prostate Cancer Early Detection and Treatment Act of 2006*" was introduced into the House of Representatives.

Unfortunately, this was just before the November election recess and the bill died in committee conference with the ending of that Congressional session.

The bill has now been reintroduced into the 110th Congress as **S. 1275** by Senator Charles E. Schumer (D. NY) and as **H.R. 2131** by Representative Jim Marshall (D. GA)

"*The Thomas J. Manton Prostate Cancer Early Detection and Treatment Act of 2007*" is an act to amend the Public Health Service Act and title XIX of the Social Security Act to provide for a screening and treatment program for Prostate Cancer, in the same manner as is provided for Breast and Cervical cancer, for uninsured or underinsured men who currently fall through various coverage cracks.

The Breast and Cervical Cancer Early Detection program has recently been reauthorized by the current Congress and signed into law by the President. It provides CDC funding to the states for screening programs for these cancers for uninsured and underinsured individuals who meet certain income guidelines. It assists states with funding for treatment through Medicaid if cancer is detected. This bill would add Prostate Cancer to the current programs, putting it on an equal footing with Breast and Cervical Cancers.

This bill has been sent to the House Committee on Energy and Commerce and the Senate Finance Committee. The quickest way to get these out of Committee and into voting is to increase the number of co-sponsors.

ACTION NEEDED:

Call, fax or email your U.S. Congressperson and Senators TODAY about this important legislation. To find a sample letter go to this website: <http://www.naspcc.org/advocacy/Manton.asp> Push the "Contact Congress" button at the bottom of the page to get contact information and automatically email your legislator. If you do not have internet access you can reach the Capitol switchboard and they will connect you to your legislator's office by calling 888-460-0813.

Show our Virginia legislators in Washington that we care about the men who are having difficulty getting tested or accessing treatment for their prostate cancer. ❖

and why it's important to get annual prostate exams. Not only does Dr. Jones do research but he also teaches in the School of Nursing and sees patients on the Psychiatric-Mental Health unit. Individuals on the unit have mental health/medical issues such as depression, schizophrenia, bipolar, alcohol and drug detox, and brain injuries, and may be individuals who have cancer and cannot cope well. ❖

HENRY MACK

VPCC welcomes Henry Mack, a true asset to the central Virginia area, to our Board. After high school in Piscataway, New Jersey, where he was a State wrestling champion, and a division winner in AAU wrestling at New Jersey State, Mr. Mack started service in the US Navy. After 3 combat tours in Viet Nam in 1965, '66 and '67 where he served in the Mekong Delta working with Swift Boat and Special Forces and in the South China Seas with battle groups. He later served in reserve units where he was active in training personnel. In 1994, with over 30 years of service, he retired as a Chief Warrant Officer 4. He remains a member of the Disabled American Veterans and the Veterans of Foreign Wars. He seems to have been able to have a double career because he earned a BS degree in Business Administration from Virginia Union University in 1974 and remains active with the VUU Alumni Association chapter in Richmond.

However, retirement has not meant being inactive. The list of his volunteer community activities is long and significant and shows his strength of leadership and motivation in a wide array of roles. His concern to improve the welfare of residents of the Richmond and Chesterfield areas and his advisory skills for organizations is very apparent.

For example, Mr. Mack has served on the Chesterfield County Youth Services Citizen Board, as President of the Blackwell Civic Association, as a Stakeholder in the Hope VI Blackwell Community, as a member of the Hull Street Business Owners' Association, as a member of the Career and Technical Education Advisory Board of the Chesterfield County Technical Center, and as an organizer of the Veterans Helping Veterans self-help group for Viet Nam Veterans.

The list goes on! Mr. Mack has also been an organizer of the Bridge Day Camp for youth in urban areas, and is a Board member for "The Healing Place" that provides shelter and social and medical outreach for the homeless in Richmond, and a member of an advisory council addressing health disparities in the Afro-American community.

Additional activity in the health arena now includes his help in planning prostate cancer awareness drives such as three in June in these Southside communities: St. Paul's College in Brunswick County, the Community Memorial Health Center in South Hill, and at the Halifax Regional Hospital. Not only was his help strategic in forming collaborations for success but he was the Motivational Speaker at the Brunswick County event.

The Virginia Prostate Cancer Coalition welcomes Henry Mack and recognizes our fortune in having him as a partner to help meet our goals in Virginia. ❖

News Briefs

Compiled by Kathy Meade

Men Should Be Encouraged To Watch Their Weight

Obese men have a greater risk of developing one of the most aggressive and life-threatening forms of prostate cancer, scientists warn today.

Researchers in Sweden found that while obese men have an overall lower risk of getting prostate cancer, those who do are more likely to develop a severe form of the disease that quickly spreads around the body and is more likely to kill them.

The finding emerged from a study of 784 men, half of whom were being treated for prostate cancer. Those who were insulin-resistant, a condition closely linked to obesity, were at greatest risk of aggressive prostate cancer, the scientists said.

For the entire article:

<http://www.guardian.co.uk/science/2007/aug/20/medicineandhealth.cancer>

Blogs for Advocates

Kathy Meade, board member of Virginia Prostate Cancer Coalition, has a new blog where she highlights issues and resources that are of interest to prostate cancer advocates. Topics are varied and include clinical trials, tips for adult education, tissue donation, resources for finding statistics, along with additional topics that will be helpful to advocates. If you have topics that you would like to see discussed send Kathy an email at kmeade@vapcacoalition.org. To read the blog go to <http://prostatecancerblog.org>

Jim Waldenfels, another board member, also has a blog. He has one entry that is of particular interest to advocates, CANCER'S IMPACT VERSUS THE SEVERE FUNDING PROBLEM. It can be read at this link:

http://www.mycancerplace.com/forum/?action=view_topic&id=47&fid=14. He can be emailed at jwaldenfels@vapcacoalition.org

New Briefs Continued

Race and Ethnicity Make a Difference in Prostate Cancer Prognosis

A new study focusing on Asian-American men gives prostate cancer patients one more factor to ponder—on top of many well-established considerations—when selecting a treatment strategy. The data, which appear in the September issue of *Cancer*, highlight that the disease can follow significantly different courses in different ethnic groups.

Previous studies have shown that Asian-Americans get diagnosed with prostate cancer less frequently, while African-Americans get diagnosed more frequently and at an especially advanced and lethal stage in comparison with whites. (Consequently, early and frequent screening is particularly important in blacks.)

Now, researchers have found another advantage to being of Asian descent: Some factor seems to partially shield most groups even when they do develop the cancer. The study found that average survival time was longer in five of the six Asian ethnic groups that were analyzed than it was among whites, even though initial factors suggested the Asians might die first. The risk of a Japanese-American prostate patient dying, for example, is 34 percent lower than it is for a white patient, according to the study. An exception, however, highlights the limitations of clumping multiple Asian ethnicities into one group: South Asians have worse survival rates than whites by some 40 percent, the study found.

For the entire article:

<http://health.usnews.com/usnews/health/articles/070817/17prostate.b.htm>

Virginia Prostate Cancer Coalition (VPCC)

www.vapcacoalition.org