

Chairman's Corner

Dick Gillespie

Despite Virginia's continuing high prostate cancer mortality rate, the seventh highest in the nation, our Coalition remains committed to fighting prostate cancer, and has recently seen some success. We have made further contacts among African Americans in the Hampton Area, and the 5-year Virginia Cancer Plan to eradicate all cancers is finally on a well-funded, well-managed path. Our members remain actively involved in this important endeavor.

Remaining on message and progressing in our VPCC work has been difficult this spring, however. The-unpleasant tone of our national political dialogue, failure of our advocacy work for increased research funding of the past 12 months, and continuing controversy over screening programs are really disheartening!

The ignoring by Congress of our very sensible recommendation, in line with 14 other advocacy groups across America, for a modest \$45 million addition to the Defense Department's effective prostate cancer research funding is disappointing! We will continue to educate the decision makers with ever more passion in the future. Our members are as dedicated to fighting prostate cancer as ever and we are confident we will continue to make progress.

We have launched our Father's Day Campaign. Please read the article in this issue on this important effort. We are asking faith communities in Virginia to address prostate cancer in their services up to and including June 20th. We will also be contacting service organizations and prostate cancer support groups to help convey our message.

I feel strongly our Father's Day message -- prostate cancer can be life-threatening -- is a moral imperative! It will address families -- younger men, parents and grandparents of these individuals, and even their own children -- in a non-threatening context to pay attention and learn more about this dread disease.



FDA Approves Provenge

PROVENGE
(sipuleucel-T)

The US Food and Drug Administration has approved Provenge. Here are the high points:

- o First autologous cellular immunotherapy for treatment of asymptomatic or minimally symptomatic metastatic, castrate-resistant (hormone-refractory) prostate cancer.
- o Activates the immune cells against prostate cancer cells to help the immune system better fight the disease.
- o Within the first year of FDA approval, anticipate being able to support treatment of about 2,000 patients.
- o Initially, available through 50 previous clinical trial sites. Over next 12 months, more broadly available.
- o Clinical trial results: Reduced risk of death by 22.5%; increased survival by 4.1 months, to 25.8 months.
- o Most common side effects: chills, fatigue, fever, back pain, nausea, joint ache, and headache.
- o Provenge course of treatment involves three infusions, each two weeks apart, each of which occurs as follows:
 - Day 1: Collection of patient's blood
 - Day 2-3: Provenge manufactured at Dendreon
 - Day 3-4: Blood infused into patient
- o Cost for the three infusions: \$93,000. Expect Medicare Part B will cover.

Visit Dendreon.com for more information. In addition, Dendreon has provided a toll-free number for the latest information: 1-877-336-3736.

Virginia Prostate Cancer Coalition (VPCC)
www.vapcccoalition.org
703-339-0508

Active Surveillance - Criteria

This is the third in a series of articles on Active Surveillance. The first and second parts are available in the September and December 2009 newsletters on www.vapcacoalition.org.

Jim Waldenfels

In previous newsletters we have looked at the emergence of active surveillance as the preferred approach for newly diagnosed patients with low-risk case characteristics. In fact, the National Comprehensive Cancer Network (NCCN) just this year split the low-risk group into: a "low-risk" subgroup, and a "very low-risk" subgroup, advising that active surveillance should be the preferred therapy in the first group, but the only therapy considered for men in the very low-risk group. Let's look at the eligibility characteristics for active surveillance.

Leading centers and institutions are now gradually converging on a consensus of eligibility criteria. While one of the few critics, Dr. William Catalona, sees the absence of absolute consensus as a problem, it is actually a sign of the continuing improvement of active surveillance beyond a level of success that is already impressive. Here are some of the leaders and institutions who are publishing research and advice about active surveillance: Dr. Laurence Klotz; other leaders and institutions that can be found with a PubMed search (www.pubmed.gov) - including at least one combined results paper; the NCCN; the Prostate Cancer Research Institute; Dr. Charles "Snuffy" Myers (especially in an excellent recent series in his Prostate Forum newsletter; and Dr. Duke Bahn (one of Dr. Myers "go-to" pathology doctors). As Dr. Bahn's guidance is quite similar to Dr. Myers' advice, and as Dr. Bahn looks at a few more criteria than most other programs, let us look at what his criteria are and what they involve.

Fundamentally, the idea is to look at each of the areas in a case where a truly aggressive cancer might reveal itself. If any one of them turns out positive, then that suggests that it would be risky to defer treatment under an active surveillance approach; but if results under all criteria are all negative, then active surveillance can be pursued with confidence. While there seems to be movement toward using active surveillance also with younger patients or even patients of any age, as we look at the different sets of criteria, we see that doctors have greater comfort in accepting more risk if the patient has a shorter life expectancy, because of advanced age, other serious medical conditions, or both. Note that *age is not a criterion* in Dr. Bahn's view.

Dr. Bahn's approach using ten criteria was highlighted in the March 2010 issue of the PCRI Insights newsletter. The first three criteria are commonly accepted: Gleason 6 or lower,

but possibly up to 7 if based on a primary grade of 3 and a secondary grade of 4; PSA less than 10 ng/mL, with a PSA density less than 0.15; and stage T1c to T2a, but stage T2b if the patient has another significant medical condition. The PSA density (PSA divided by the prostate volume in cc, preferably determined by TRUS or endo-rectal MRI) gets at whether the observed PSA is consistent with the size of a prostate that does not contain cancer; for example a man with a 30 cc prostate with a PSAD of 0.14 would have a PSA of 4.2, satisfying this criterion. On the other hand, a PSA of 6 for that man, for example, would mean there was some extra PSA that was not explained by the size of the prostate, suggesting cancer.

The next three criteria are also fairly commonly accepted: fewer than one third of biopsy cores positive; less than 50% of cancer invasion in the cores; and a PSA doubling time greater than two years, with a preference for greater than three years. For a 12 core biopsy, 3 cores could be positive and the criterion would still be favorable, but 4 would tip the scale toward the negative side. The PSA doubling time is based on research by the D'Amico team that essentially adds this velocity indicator as a fourth main clue about risk, in addition to PSA level, Gleason Score and stage.

However, what sets Dr. Bahn apart is his routine use of color Doppler ultrasound. He's looking for a result showing little presence of new blood vessels, as these suggest a growing cancer, and so he wants to see "tumor neovascularity" on color-Doppler ultrasound of 1+ or lower. His eighth criterion is a tumor volume on color Doppler Trans Rectal Ultra Sound (TRUS) of less than 1 cc; size matters.

His last two criteria are genetic: a urine PCA-3 gene test with a result of less than 35 and a ploidy pathology analysis resulting in a diploid reading. But first I want to mention that Dr. Bahn's use of color Doppler to reveal the location of the cancer. For instance, a tumor by the thin apex or by the nerves passing through the capsule would be concerns. Location is not mentioned in the Insights article, but Dr. Bahn has addressed it in his presentations.

The color Doppler and genetic tests are not used in some active surveillance programs, but they provide additional ways of lowering the risks of needing treatment as the years go by. That is one of the reasons Dr. Myers especially likes the extra clues for younger men, such as men in their thirties and forties. With approximately 60% of men on active surveillance programs able to stay with the program long term without these extra clues, it is likely that adding these clues will cause the long-term success odds to soar.

Comments on this Newsletter or suggestions for future issues? E-mail Jim Kearns, Editor, at info@vapcacoalition.org

Dr. Snuffy Myers Videos



Dr. Myers offers a series of free videos on pertinent Prostate Cancer topics. Recent topics have included:

- o Avodart & Heart Problems
- o Best Diet for Prostate Cancer
- o PCa Dangers: Alkalization
- o Sugar and Hormonal Therapy
- o Supplements to Avoid

View the videos at: <http://askdrmyers.wordpress.com>

Moving Beyond PSA Debate

The Prostate Cancer Foundation (PCF) has released an informative three-part video, described as follows:

“PCF hosted a roundtable discussion among top experts addressed the growing controversy around PSA testing in men and provided clarity around what is currently the best available first-use tool in the process of diagnosing prostate cancer. The panel discussed who should be getting the PSA test, and what men and their physicians should know about using and interpreting results. The panel also previewed promising blood and urine tests still in development that may ultimately replace PSA testing and lead to more targeted treatment of aggressive prostate cancers.”

You may view the videos on the PCF website. (http://www.pcf.org/site/c.leJRIRORepH/b.5955299/k.E214/Moving_Beyond_the_PSA_Debate.htm)

VPCC at Work



discussing prostate cancer awareness with a visitor to the Expo.

On April 24th, the American Cancer Society conducted an African American Men’s Health Forum at Norfolk State University. The Forum addressed Prostate Cancer, Hypertension, and other health issues. Pictured is VPCC’s John Goulait, on the right,

VPCC Participating Events

Come see us!

May 6 - CPAC Northern Virginia Forum -- VPCC exhibiting and participating on panel

May 12 - City of Alexandria Health Fair -- VPCC exhibiting

May 14 - 15: Marine Corps Half Marathon, Fredericksburg -- VPCC exhibiting

May 15 - 16: Relay for Life, Forest Park High School, Woodbridge – VPCC materials at ‘Galway Boys’ team

June 7 - VPCC Quarterly Board of Directors meeting, Westminster at Lake Ridge, 11:00 AM

Virginia Prostate Cancer Coalition (VPCC)

Officers and Directors:

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Dick Gillespie PhD

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Jim Waldenfels

Barbara Dykes

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Anthem Grant for Health Forums

Anthem has provided a \$64,000 grant to support two African American men's health forums -- April 24th in Hampton Roads and October 30th in Richmond at the Arthur Ashe Center. (See ‘VPCC at Work’ article in left column on this page.) This is amazing, exciting news! Included will be the offer of a voucher for a free prostate examination. For more information, visit:

<http://sacancernews.org/2010/03/anthemgrant/>

Father's Day Rally Against Prostate Cancer

Chairman's Comment: For the several weeks leading up to Father's Day Sunday, June 20th, we are asking faith communities to address prostate cancer. I feel strongly our Father's Day message -- prostate cancer can be life-threatening -- is a moral imperative! Dick G.

In an effort to bring attention to prostate cancer prevention and treatment, VPCC invites the members of our faith communities to recognize the crisis of prostate cancer this Father's Day. We request the faith communities recognize prostate cancer survivors, their families, and friends and families of victims and that offer a prayer on behalf of all men and their families who are dealing with prostate cancer.

June 14-20 is National Men's Health Week so we are targeting Father's Day, June 20th, as an appropriate time for this prayer.

A suggested prayer is offered below. Any prayer that a faith community prefers would be welcome.

"We pray for all those suffering with prostate cancer and remember those who were taken from us by this disease. May Your healing presence give strength and sustenance to their families and loved ones. Lord, help us, especially young men, to be vigilant in caring for our earthly bodies. Bless those survivors who have been cured of this cancer. We also call upon You to provide insight to those in the forefront of research as they seek to find a cure for prostate cancer. In Your name we pray. Amen."

Help VPCC!!

Please donate and help continue to fight prostate cancer. VPCC is exempt from federal income tax under section 501(a) of the IRS Code, as an organization described in section 501(c)(3).

Donate on vapccoalition.org or VPCC's Facebook page or send your tax deductible donation to:

**VPCC
% J Goulait, Treasurer
430 E Gwynnfield Rd
Tappahannock, VA 22560**

Latest Virginia Prostate Cancer Mortality Rates

The latest report from the Virginia Center for Health Statistics shows that young men continue to die each year of prostate cancer.

2008: 8 white men and 8 black men ages 45-54 died.

2007: 5 white men and 8 black men ages 45-54 died.

Overall, 645 men died in 2008 of prostate cancer – 195 were black men and 443 were white men. The mortality rate for white men was 15.5 but for black men was 25.7.

A major, continuing campaign to eliminate this disparity by race is necessary. More awareness programs such as the African American Men's Health Forum in Norfolk held on April 24th and in Richmond to be held on October 20th are truly needed.

If you are receiving this Newsletter via snail mail, please let us provide the newsletter to you via e-mail. You get it faster and in color. VPCC saves printing and postage costs. Provide your e-mail address to Jim Kearns, Editor, at info@vapccoalition.org

Virginia Establishes Cancer Caucus

On March 2, 2010, the statewide cancer coalition, Virginia Cancer Plan Action Coalition (CPAC) hosted a breakfast at the General Assembly to establish Virginia's first Cancer Caucus with the mission to reduce the burden of cancer by promoting policy and legislative change through the General Assembly.

The program highlighted CPAC's activities, the state cancer plan, and opportunities for collaboration. Kierra Sewell was the guest speaker. Ms. Sewell, a 17 year old student from Virginia Beach, shared her motivational story of being diagnosed with breast cancer when she was 14 years old.

With more than 20 legislators and their aides in attendance, the breakfast was a success. "We are thrilled with this show of support," said CPAC Co-chair, Diane Cole.

To date, with 39 legislators from across the state officially joining the Cancer Caucus (24 House members and 15 Senate members), every corner of Virginia is represented. You can read more about CPAC at: www.virginiacpac.org

Hampton University Proton Therapy Institute (HUPTI) Health and Wellness Expos

The Hampton University Proton Therapy Institute, located in the Tidewater area, is sponsoring a ‘Health and Wellness Expo’ June 19th, 11 am to 3 pm. The event will include: free PSAs, free health screenings, and health vendors. No registration is required.

In anticipation of treating its first patients later this year, the Institute will be conducting a seminar and tour of its facility June 19th, 12 Noon. Registration is required for the seminar and tour. Visit www.hamptonproton.org/events.

Update to VPCC Website

VPCC will be updating its website at vapcacoalition.org. As we make the changes, you might experience some delays or outages. In advance, we thank you for patience.

Meet Your VPCC Volunteers

Carol Noggle lives in Prince William County and works tirelessly on prostate cancer awareness and support activities. Carol works with support groups across Virginia, coordinating activities and updating the Calendar of Upcoming Events on VPCC’s website. Carol is also VPCC’s representative on CPAC and coordinates VPCC’s outreach at the annual State Fair. Thank you, Carol!



Gloucester County and Hampton Roads Support Group

Ken Doyle is looking for active participants for a support group in the Gloucester County and Hampton Roads area. If interested, contact Ken at: ken.hvac-conserve@att.net

Calendar of Upcoming Events

WHO	WHAT	WHEN ↓	WHERE
UsTOO, Westminster at Lake Ridge	Advanced & Recurrent Prostate Cancer monthly meeting discussing prostate cancer issues	Tuesday, May 11 11:00 AM (2 nd Tuesdays of the month)	Westminster at Lake Ridge; 2085 Steeple Place; Lake Ridge, VA 22192 Dick Gillespie; 703-497-0628, Chesterii@aol.com
UsTOO, Westminster at Lake Ridge	PCa prevention research: PCPT, REDUCE, SELECT studies. Dr. Howard Parnes, NCI Free heart healthy buffet!	Saturday, May 15 9:30 AM to Noon	Westminster at Lake Ridge; 12191 Clipper Drive; Lake Ridge, VA 22192 Dick Gillespie; 703-497-0628. Chesterii@aol.com ,
Us TOO, Richmond	“Vitamin D and Prostate Cancer” Dr. Matt Beckman, Vit. D researcher, Massey Cancer Center	Thursday, May 20 7 PM	Auxiliary Bldg, Ridge Baptist Church. Please use side door off parking lot on 1515 East Ridge Rd. near Regency Mall. Peter Moon, 804-346-4407 (evenings)
Virginia Hospital Center, Arlington	“Chemotherapy for Advanced Prostate Cancer” Dr. Robert Christie, Medical Oncologist	Tuesday, May 25 7 to 8 PM;	Please <u>Register</u> at 703-558-0912 Certificates for complimentary PSA test will be given to eligible attendees
Us TOO, Richmond	Updates on Prostate Cancer treatment and research Dr. Snuffy Meyers	MONDAY, June 14 7 PM	Auxiliary Bldg, Ridge Baptist Church. Please use side door off parking lot on 1515 East Ridge Rd. near Regency Mall. Peter Moon, 804-346-4407 (evenings)
Us TOO, Richmond	Men Only Meeting: Issues in your treatment and its side effects that you want to discuss with other men to help them and yourself be better able to cope	Thursday, June 17 7 PM	Auxiliary Bldg, Ridge Baptist Church. Please use side door off parking lot on 1515 East Ridge Rd. near Regency Mall. Peter Moon, 804-346-4407 (evenings)
Suburban Hospital Prostate Support Group; Bethesda, MD	“Nutrition and Prostate Cancer: What the Latest Research Means to You”, Lynda McIntyre, RD,LD, Dietitian Specialist, Johns Hopkins Hospital	Monday, June 21 7 to 8:30 PM	Susan Jacobstein 301-896-2193 SJacobstein@SuburbanHospital.org 8600 Old Georgetown Rd, Bethesda No registration required.

Visit <http://www.vapcacoalition.org/Calendar.htm> for updates to the calendar of events. Support group leaders may e-mail event information to Carol Noggle at cnogg@comcast.net

Virginia Prostate Cancer Coalition
2085 Steeple Place
Lake Ridge VA 22192



Included in this issue:

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- *Virginia Establishes Cancer Caucus*

The Virginia Prostate Cancer Coalition

Making Prostate Cancer History in Virginia

A Father's Day Letter for My Husband

Kathy Meade

My dear husband, since the day we met you have made me happy. Over the years we have shared our dreams, hopes, and life experiences. As Father's Day approaches, I have one desire - YOU. That is correct, I want you around for a very long time, together we have been the bedrock of our family and I want that to continue.

My gift for Father's Day is for you to have a physical with our family physician. The physical is to include a PSA test and a DRE. These two tests, in combination are very good indicators of prostate cancer. Everyone fears cancer and prostate cancer is no longer a life - ending disease if diagnosed in its early stages. For those who are diagnosed with prostate cancer, there are many treatment options available as well as numerous clinical trials.

The American Cancer Society estimates that in 2008 roughly 186,320 men will be diagnosed with prostate cancer and about 28,660 will die of the disease. I do not want you to be a statistic our family does not want you to be a statistic.

Please do this for yourself, if not for yourself, for me and our family. WE WANT YOU ALIVE AND WELL FOR A VERY LONG TIME. Happy Mother's Day is best expressed with the gift of life from a loved one - YOU.
