

Prostate News

Arkansas Prostate Cancer Foundation

January Update

The Arkansas Prostate Cancer Foundation hopes that your Holiday season was a great one and that 2018 is a great year for you. Thank you for taking a moment to read our newsletter.

The Foundation had a very impactful 2017 with over 2500 taking advantage of free

screenings held throughout the State. APCF had a fantastic September awareness campaign boosting prostate cancer education. We are hopeful that 2018 will be even better

Staying informed with the latest news on prevention and screening because there

are no early signs or symptoms of prostate cancer. Should a diagnosis occur the Arkansas Prostate Cancer Foundation is here to help with access to current, in-depth treatment information, support groups, literature, and patient support services. Please contact APCF at **501-379-8027** or visit **www.arprostatecancer.org** to find information and screenings near you!



Black Men Should be Screened for Prostate Cancer Earlier

Reuters Health 26 April 2017

Compared with white men, black men develop preclinical prostate cancer at an earlier age and face a higher risk of metastatic progression, researchers report. Prostate cancer incidence is 60% higher among black men than white men, and black men are more than twice as likely to die from it. Several studies have explored the likely drivers of these racial disparities without reaching definitive conclusions. Dr. Etzioni and colleagues used prostate cancer incidence trends in the Surveillance, Epidemiology, and End Results (SEER) program to investigate and explain the differences in the natural history of prostate cancer in black and white men. Relative to the general population, black men were less likely to receive at least one PSA test in all but the youngest ages, with the greatest disparities in PSA testing in the oldest age groups. Based on the results of three natural history models, the risk of developing preclinical disease is

24% to 29% in the general population. Among black men, the risks rise to 30% to 43% (28% to 56% higher than those of the general population). Similarly, the risks of clinical diagnosis are 33% to 70% higher in black men than in the general population, according to the April 24th report published online in Cancer. "Black men are not an average-risk population when it comes to prostate cancer and they should be recognized as such," Dr. Ruth Etzioni from Fred Hutchinson Cancer Research Center in Seattle told Reuters by email. "Guidelines for the general population do not apply to them. It is important for black men to be well informed about the potential benefits and risks of prostate cancer screening so that they can make a decision that is right for them. It is appropriate for this to happen at an earlier age than is recommended for the general population." Among men who already have preclinical disease, the risk

of clinical diagnosis is similar for blacks and all races, and this translates into times from disease onset to diagnosis that are very similar for black men and for the general population. Black men, however, are 44% to 75% more likely than the general population to develop metastasis before diagnosis. "The model results consistently demonstrated that the risk of onset of a preclinical prostate cancer explains a majority of the observed incidence disparities," the researchers note. "On the basis of these results, we conclude that black men have more preclinical and progressive prostate cancer than men in the general population. They are more likely to develop prostate cancer at a younger age, and they are more likely to progress to a metastatic state and/or higher grade before clinical diagnosis." "We have not figured the exact most preferred approach for black men," Dr. Etzioni added, "but if the U.S. Preventive Services Task Force (USPSTF) is recommending that average-risk men start shared decision making about prostate cancer at age 55, then probably black

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men should be doing this at age 50 or between 45 and 50 if we agree that we want to provide black men the same opportunity to improve their chances (in terms of reducing the burden of disease) as we are providing to the average risk population." Dr. Lauren P. Wallner from the University of Michigan in Ann Arbor, who co-authored an editorial related to this report stated, "While the results of the study were not surprising, they are interesting and very timely because they inform the discussion about the appropriateness of having a 'one size fits all'

approach to prostate cancer screening." She continued: "The findings that African American men are much more likely to progress to metastatic disease prior to diagnosis, when compared to the general population, suggest that early detection via screening may be particularly important in this group. However, studies directly evaluating the effectiveness of PSA screening in African American men are still lacking. Therefore, it remains unknown whether PSA screening offers African American

men a greater benefit in terms of preventing mortality due to prostate cancer when compared to the general population." Dr. Firas Abdollah from Henry Ford Hospital and Vattikuti Urology Institute, Detroit, Michigan told Reuters Health by email, "Unfortunately, the currently available trials addressing the role of PSA screening have included a very limited number of black men and, as such, are not necessarily generalizable to this population. The issue of under-representing minorities is common to many clinical trials, and this should be avoided in future trials."

"Turmeric/ Curcumin Supplements Cure

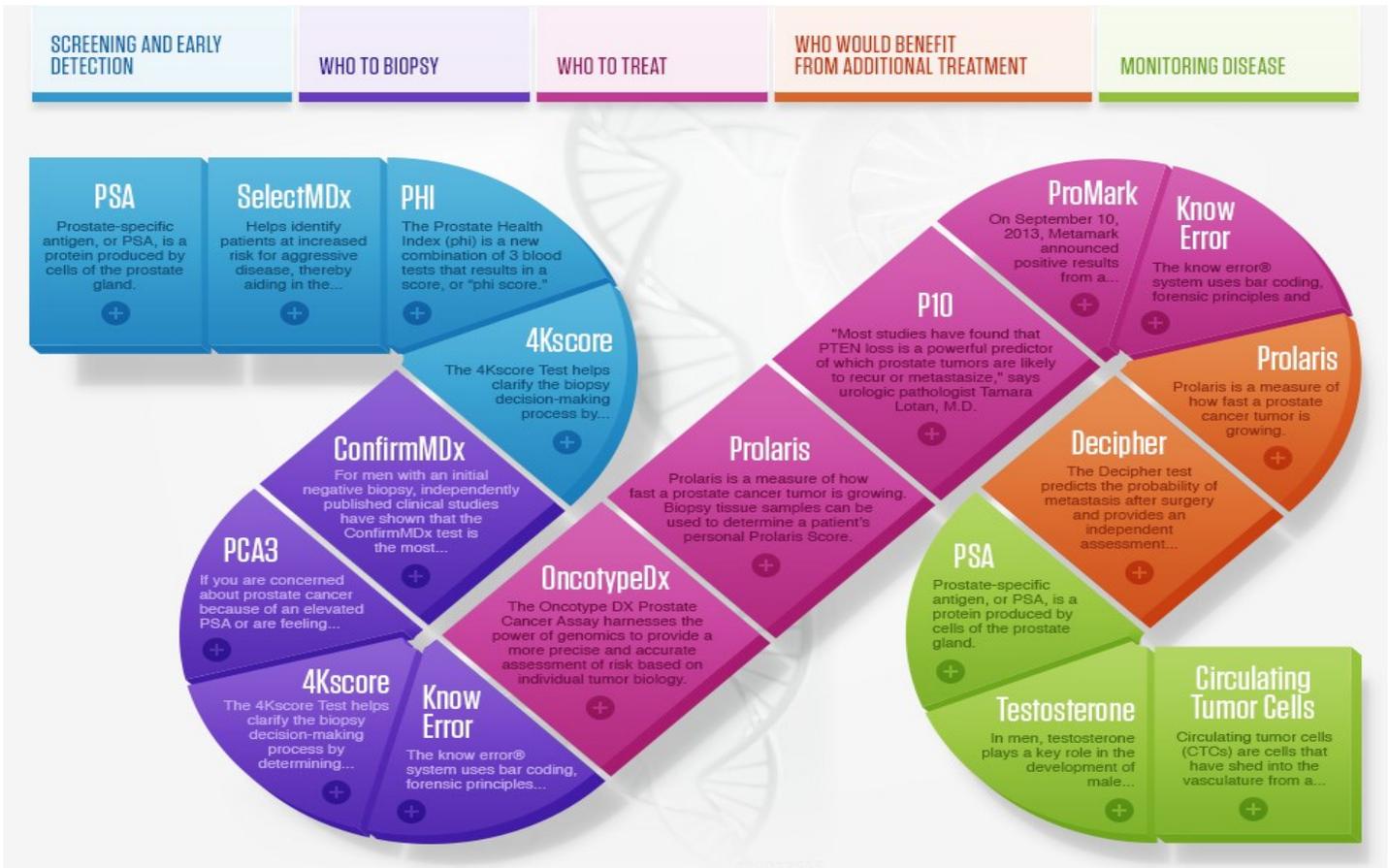
By: Mark A. Moyad, MD, MPH, University of Michigan Medical Center, Department of Urology

One of the hottest supplements in the US is turmeric and/or one of the potentially active ingredients in the spice known as "curcumin." It is an anti-inflammatory darling with preliminary data showing that it fights cancer, arthritis, depression and blah blah blah. However, it may increase the risk of kidney stones (especially turmeric supplements); it did not work in one recent prostate cancer study, and has other issues. Well, you could call this objective reporting or just real life. Turmeric contains a compound that is responsible for the yellow color of this spice and it has some ingredients (in theory) that seem to have anti-inflammatory effects. And, the name of that compound is "curcumin." As a part of a supplement to reduce PSA it showed some preliminary activity in men with localized prostate cancer. Also, it was recently combined with chemotherapy for castrate resistant prostate cancer (CRPC) in a new small study.^{1,2} Importantly, this is preliminary research and results DO NOT convincingly demonstrate that curcumin is having this impact because it has been combined with drugs or other compounds. In addition, preliminary research studies suggest that it could help in the treatment of depression and even treat different types of arthritis. So, then what is the catch with turmeric supplements? They are high in soluble oxalates, which means they absolutely could increase the risk of kidney stones (curcumin not as much but this has not been well tested and studied).^{3,4} And, in another recent study of prostate cancer patients receiving radiation treatment, curcumin appeared to have no impact (aka did nothing), but this is also preliminary

short-term research.⁵ And, in most of these other cancer studies the dosages being used are no joke, for example 6,000 mg a day with chemotherapy (that equates to 12 CAPSULES PER DAY, in some cases more, and in some cases slightly less). So, there is definitely the potential for toxicity with these dosages. Oral intake can cause nausea and diarrhea and intravenous administration may potentially cause a change in blood cells. This has caused some cancer trials to be stopped early or dosages to be reduced because of side effects.⁶ I am excited about seeing what curcumin could do at 500, 1,000 or 1500 mg – similar to the doses being tested for other medical conditions outside of cancer. Failing to mention the potential catches does not do anyone any favors except some folks that sell turmeric/curcumin supplements that claim it is the greatest thing since sliced pizza. Don't get me wrong, I PAGE 3 am excited about the role of curcumin in some areas of medicine but I am not overly excited that it causes me to fail to mention the catches! References 1.Thomas R, Williams M, Sharma H, et al. Prostate Cancer Prostatic Dis 2014; 17:180-6. 2.Mahammedi H, Planchat E, Pouget M, et al. Oncology 2016; 90:69-78. 3.Tang M, Larson-Meyer DE, Liebman M. Am J Clin Nutr 2008; 87:1262-7. 4.Ghosh Das S, Savage GP. Plant Foods Hu Nutr 2012; 67:186-90. 5.Hejazi J, Rastmanesh R, Taleban FA, et al. Nutr Cancer 2016; 68:77-85. 6.Epelbaum R, Schaffer M, Vigel B, et al. Nutr Cancer 2010; 62:1137-1141.

Prostate Cancer Markers

2018 Prostate Conditions Education Council



Prostate cancer markers are making an impact on the world of prostate cancer by helping to individualize patient care in the early detection, diagnosis and treatment choices for prostate cancer. Through advanced science researchers from many different institutions and companies have developed a variety of tests that look at

each person's genes and biomarkers and help to determine individual risk for having prostate cancer, the need for biopsies or repeat biopsies and often the best course of treatment.

Go to www.prostateconditions.org/about-prostate-conditions/prostate-cancer/biomarkes form more information

Spring Screening and Event Schedule

For more information about screenings scheduled after publications of this quarterly newsletter see www.arprostatecancer.org. For more information or question about setting up a screening in your area, please contact Jeremy Sasse at 501-379-8027 or jsasse@arprostatecancer.org.

Lawrence/ Randolph County Agriculture Expo (Pocahontas-Screening Open to Public)	February 2	Lake Village Community Health Fair	April 14
Midsouth Summit Black Expo (Little Rock)	February 24	Drew County Health Fair (Monticello)	April 28
Watkin Chapel Community Health Fair (Pine Bluff)	March 16	Omega Psi Phi Prostate/Colon Cancer Awareness 5K Run Walk (Little Rock)	April 28
March Man-ness (Little Rock)	March 24	Dads and Dugouts Prostate Cancer Awareness Game (Dickie Stephens Park—Little Rock)	May 5

Champion Spotlight

Prostate Cancer- Not just an old mans disease...

January's APCF Champion Spotlight goes to James Howard. James was diagnosed in December of 2009 at the age of 37 year old, the possibility of prostate cancer had never entered his mind. In the summer of 2009 James was concerned about his low sex drive "I was confused and didn't know where to go, which is why I ended up in the mental health office" After speaking with a mental health professional, they recommended seeing a primary care doctor to perform tests and look for any underlying physical cause. James' doctor ordered a full round of tests which included the PSA. "This was the first time I had ever had a PSA test. The test results came back and showed an elevated PSA for a man of my age. My doctor placed me on a regime of antibiotics in case I had an infection. When the test was repeated almost a month later my PSA had actually increased. At this point I was referred to Arkansas Urology where I saw Dr. Edwin Diaz. After reviewing all the previous tests from my PCM, Dr. Diaz scheduled me for a prostate biopsy." The process of scheduling and having a biopsy took some time, it was December before I went back to the doctor. "I had developed a highly optimistic outlook about the entire experience, so as a result I went to the appointment by myself, without my wife. When I got into the room and Dr. Diaz came in, he started by going over the process of the biopsy and the results. He opened up the patient chart he was holding and flipped to a page with a diagram of a prostate. He started in the lower right corner and explained how that core sample was negative. He proceeded to work his way around the diagram, but I skipped ahead and read the words next to the arrows pointing to the sections of the prostate. About ¾ of the way around there was an arrow with the word "carcinoma" printed at the far end. I knew what that meant. I didn't hear anything else Dr. Diaz said to me. The rest of the appointment was a blur. All I could think about was what this might mean to me. How would I tell

my wife? Why hadn't I brought her with me? I left and immediately drove to my wife's office to tell her the results. She took it as hard as might be expected for a person who was confident there was no reason to worry." James has no known family history of prostate cancer. "I was completely ignorant of

the disease. Overnight I went from being overly optimistic to being extremely pessimistic. This, coupled with my hardheadedness meant that I didn't seek out any help, guidance, or mentorship concerning prostate cancer. Not that there were many 30 something prostate cancer survivors to speak with, but I didn't seek out any help." After consulting with a urologist about treatment options James had a prostatectomy on April 15, 2010. "I have sought to be an advocate for early detection and treatment. I do not know how my cancer might have progressed without treatment, but I felt that at my age, with a young wife and small children at home, I did not want to take any chances on the cancer having a chance to spread. I'm not a medical professional, and I hope that by sharing my experience, both the good and bad, I can help other men make the best decisions for themselves and their families." James currently serves on APCF's Patient and Caregivers Advisory Council, sharing his experience and being available for peer mentor support is one of the many reasons he is our January Champion Spotlight.



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