



A Report From the American Society of Clinical Oncology 2007 Annual Meeting

Prostate Cancer

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Each year, nearly 220,000 men in the United States are diagnosed with cancer of the prostate, a walnut-size gland located just below the male bladder and in front of the rectum. It is the most commonly diagnosed cancer in American men. Most of the time, prostate cancer grows slowly. But sometimes prostate cancer grows and spreads quickly. Even with the latest methods, it is hard to tell which prostate cancers will grow slowly and which will grow quickly.

Prostate cancer can often be found early by testing the amount of **PSA (prostate-specific antigen)** in the blood. (PSA is a protein produced by the prostate gland. Blood levels of PSA often rise as cancer advances.) Another way prostate cancer is found early is when the doctor does a digital rectal exam

(DRE). Because the prostate gland lies just in front of the rectum, during the exam the doctor can feel if there are any bumps or hard places in the prostate that might be tumors.

Although no one knows exactly what causes prostate cancer, certain risk factors are linked to the disease. Among them are age (about two out of every three prostate cancers are found in men over the age of 65) and race (prostate cancer is more common among black men than among white men). Family

history plays a role. There are more effective treatment options now for men with prostate cancer.

Early-Stage Prostate Cancer

TREATMENT DEPENDS ON THE TYPE OF DOCTOR CONSULTED

The chances of successfully treating prostate cancer are excellent when doctors find it at an early **stage**. However, no one treatment



What's New, What's Important

- The treatment chosen by men with localized prostate cancer may have a lot to do with the type of doctor they consult.
- Teaching stress-management techniques to men with early-stage prostate cancer who are about to undergo surgery has immediate and long-term benefits.
- Among men who are treated with radiation for early-stage prostate cancer, more are seeing their doctors for follow-up visits, which may translate into a higher level of care.
- Intermittent treatment to stop the production of testosterone appears to be as safe and effective as continuous treatment, and may even improve quality of life for men with advanced prostate cancer.

has proved to be better than another for early prostate cancer, so men are faced with a major decision. The treatment they choose may have a lot to do with the type of doctor they consult.

Researchers from Memorial Sloan-Kettering Cancer Center in New York City have found that different medical specialists often have different ideas on the most appropriate way to treat localized prostate cancer. They studied more than 85,000 men older than age 65 who were treated for localized prostate cancer. About half of the patients saw only a urologist. A little less than half of the patients saw a radiation oncologist after being diagnosed by a urologist.

Men who saw only a urologist were more likely to be treated with surgery. Just 5 percent of the men who saw only a urologist were treated with radiation. However, the men who were also seen by a radiation oncologist were more likely to be treated with radiation than with surgery.

Researchers encouraged urologists and radiation oncologists to work together to provide balanced information about treatment options to men who have prostate cancer.

STRESS MANAGEMENT BEFORE AND AFTER SURGERY

Men with early-stage prostate cancer who are about to undergo surgery to completely remove the prostate gland may benefit from stress-management techniques. In fact, just two hours of attending a stress-management program may have long-lasting effects.

Researchers in Houston at The University of Texas M. D. Anderson Cancer Center and Baylor College of Medicine studied 150 men with early-stage prostate cancer in a clinical trial. They wanted to compare the effects of a stress-management program, supportive attention, or usual care.

Men in the stress-management group had four individual sessions with a psychologist before and after surgery. During the sessions, these men received coaching on what would happen the day of surgery, as well as advice on coping after surgery. They were taught relaxation techniques and guided-imagery exercises. Men who were given supportive attention met with psychologists to discuss their concerns about their upcoming surgery. Men in the usual-care group had no meetings with a psychologist.

The men who received either stress management or supportive attention had significantly less stress in the week before surgery than those who received just usual care. On the morning of the surgery, men who received stress management had the least amount of stress. In addition, researchers discovered that the benefits of learning stress-management techniques continued for a year.

FOLLOW-UP VISITS AFTER RADIATION

Men with early-stage prostate cancer who are treated with radiation are more likely than ever to receive appropriate follow-up care. This is the finding of researchers at Memorial Sloan-Kettering Cancer Center who reviewed Medicare medical claims. During the eight-year period for which the claims data were reviewed, there was a substantial rise in the number of

follow-up visits to a specialist, either a radiation oncologist or a urologist. Eighty percent of men had two follow-up visits and about 90 percent had at least one visit.

According to researchers, the quality of care that men receive after completing radiation treatment may be as important as the care they receive during the treatment, and having follow-up visits is an important factor in successful treatment. The researchers also noted that it was important for radiation oncologists and urologists to communicate with each other about the follow-up visits. In that way, any medical issues that may arise after men complete their treatment can be addressed.

Advanced Prostate Cancer

INTERMITTENT VERSUS CONTINUOUS HORMONE-SUPPRESSING TREATMENT

When prostate cancer begins to spread beyond a man's prostate gland, he is often treated with **androgen suppression**—drugs or surgery aimed at stopping the production of the male hormone testosterone. Because testosterone can fuel the growth of prostate cancer, removing the hormone sometimes shrinks the cancer.

In the past, doctors have preferred to give androgen-suppression treatment continuously. But researchers

wondered whether giving treatment intermittently might be as effective and perhaps even improve quality of life for these men.

In a German study, more than 300 men with advanced (stage 4) prostate cancer received either continuous or intermittent treatment with two drugs: goserelin (Zoladex)



plus bicalutamide (Casodex). The cancer was considered to be growing in the men if their PSA levels rose three times or if **metastasis** was found on a bone scan or in soft tissues.

About two-thirds of men in both groups experienced cancer growth sometime during the study. However, it took longer for the cancer to grow in the men who received intermittent treatment—almost 17 months compared with almost 12 months for those receiving continuous treatment.

Regarding side effects, there was no difference between the two treatment groups. However, after completing treatment, the men were asked to assess their overall health and sexual activity. Those who received intermittent treatment seemed to have a more favorable response than those receiving continuous treatment.

Even though intermittent androgen-suppression treatment cannot yet be considered the standard of care, the results of this study show that it should be considered a reasonable alternative for men with advanced prostate cancer.

RADIATION AFTER SURGERY

Doctors have been able to effectively treat men with early prostate cancer using surgery and radiation. Sometimes, no treatment—known as “watchful waiting”—is an option as well. But the treatment choices after surgery for advanced prostate cancer remain controversial.

Researchers in Germany tested two options—radiation and watchful waiting—to see which was better in stopping the growth of cancer. More than 300 men with advanced prostate cancer (in this case, stage 3) took part in the clinical trial. All of the men had already had surgery to remove their prostate gland.

Successful and complete removal of the prostate and the entire cancer should result in a PSA level that is undetectable. The cancer was considered to have grown if a patient had two consecutive increasing PSA levels that were in the detectable

What’s New, What’s Important

- Using radiation treatment in men with stage 3 (advanced) prostate cancer significantly reduces the risk of biochemical relapse (a detectable increase in PSA level, which could indicate that cancer is growing again) after surgical removal of the prostate.
- In combination with the steroid prednisone, the new drug satraplatin seems to reduce the risk of prostate cancer growing in men for whom hormone therapy failed.
- Flaxseed, a dietary supplement, appears to slow the growth of cancer cells in men with prostate cancer.

range. In other words, patients had what is called biochemical relapse of their cancer. If the PSA level stayed undetectable, the patients would be considered to have biochemical control of their cancer.

After almost six years, more than 70 percent of the men who received radiation showed biochemical control of their cancer. Only about 50 percent of the men who were assigned watchful waiting showed biochemical control of their cancer.

According to the researchers, the results of this study mirror those of three previous studies, which also found that radiation offered a 20 percent advantage over watchful waiting in controlling the biochemical growth of prostate cancer.

On the Horizon

SATRAPLATIN FOR HORMONE-RESISTANT PROSTATE CANCER

Hormone treatments are often used for men with advanced prostate cancer. When this approach does not work, the cancer is considered to be **hormone refractory**, and chemotherapy is sometimes considered. However, chemotherapy options for treating hormone-refractory prostate cancer (HRPC) are limited.

HRPC is generally defined as advanced prostate cancer that has resulted in three consecutive rises in the PSA blood levels while the person is still on hormone treatment.

A great deal of research is now under way to find more effective ways to treat advanced prostate cancer. One promising approach has been tested. A new drug called satraplatin, a type of platinum drug, has been added to prednisone treatment in men with HRPC to see whether improvements could be made in the amount of time it takes for tumors to begin growing after treatment. Prednisone is a steroid—a hormone—used to treat some cancers and other medical conditions.

In the international clinical trial known as SPARC (Satraplatin and Prednisone Against Refractory Cancer), more than 900 men with HRPC took part at 170 centers in 16 countries. Among the men who received both satraplatin and prednisone, there was a more than 40 percent improvement in the amount of time they went without the cancer growing. The researchers defined cancer growth as the first occurrence of cancer on an X-ray, side effects such as bone breaks, or an increase in pain.

Currently, the U.S. Food and Drug Administration is awaiting more data on satraplatin. It may become a new and more convenient treatment option for men with **metastatic** HRPC. Unlike other drugs now available, satraplatin can be taken by mouth, so men with HRPC would be able to take their medication at home without having to visit their doctor's office or a hospital to receive it intravenously (through a blood vein).

An Alternative Treatment

FLAXSEED AND PROSTATE CANCER

Since many patients with cancer take a variety of dietary supplements, researchers are studying some of these supplements to see whether they can slow the growth of cancer. For instance, in one clinical trial, flaxseed, a dietary supplement that contains large amounts of omega-3 fatty acids, was added

to the diet of men with prostate cancer for about 30 days before prostate-removal surgery. Omega-3 fatty acids are believed to be important in slowing the growth of cells, including cancer cells.

This is the first clinical trial to carefully examine the effects of flaxseed on prostate cancer. Researchers from Duke University and the Duke Prostate Cancer Center in Durham, North Carolina, studied 161 men. The patients were assigned to one of four groups. The first group continued a regular diet. The second group took 30 grams of flaxseed (ground and mixed with food or drink). The third group followed a diet with no more than 20 percent fat. The fourth group took flaxseed *and* limited the amount of dietary fat.

After the men's prostate glands were removed, researchers examined the tissue to see how fast the cancer cells were growing. Prostate tumor cells from the men who added flaxseed to their diet grew 30 percent to 40 percent more slowly than cells from men who did not take flaxseed or who simply followed a low-fat diet. Researchers concluded that flaxseed may protect against the growth of cancer cells. But further clinical trials are needed to confirm these findings before doctors can recommend flaxseed for men with prostate cancer.



Please note: Although the treatments discussed in this chapter are showing promise, most are still in clinical trials—some in earlier phases of research—and may not be available yet to the general public. Your doctor can help guide you as to which new medications could be right for you and whether you are eligible to take part in the clinical trials of these new treatments.