

In sights

A PUBLICATION
OF THE
NORTHEAST
REGIONAL
CANCER INSTITUTE

SPECIAL EDITION - PROSTATE CANCER

.....
*this
special
issue...*

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Prostate Cancer: Most Common Cancer in American Men

Among American men, prostate cancer is the most common type of cancer (other than skin cancer).

Each year, more than 10,000 new cases of prostate cancer are diagnosed in Pennsylvania and more than 1,650 men die from the disease, according to the Pennsylvania Department of Health.

Each year, approximately 575 men in Northeastern Pennsylvania are diagnosed with prostate cancer.

Prostate cancer can occur in men of any

age. Typically, however, it occurs in men over 50 and is most common in men over 65.

The incidence of prostate cancer varies by country throughout the world. Prostate cancer rates are highest in North America and Northwestern Europe; conversely, the disease is rare in Asia, Central America and South America. Since the mid 1990's, incidence rates for prostate cancer are increasing at 1.3 percent for American men. However, the mortality rate for prostate cancer has decreased over this same time period.

Risk Factors for Prostate Cancer

Relatively little is known about what causes prostate cancer; however, there are some known risk factors.

♦ **Age:** As stated above, the probability of getting prostate cancer increases with age, particularly over 50 and especially over 65.

♦ **Family History:** Men whose family members (for example, father or brother) have had prostate cancer are at increased risk of getting the disease.

♦ **Race:** While the reasons are not yet fully understood,

African American men have the highest rate of prostate cancer of any group or population in the world. African American men are also likely to get the disease at an earlier age and often in a more aggressive form.

Researchers are studying the link between race, family history and prostate cancer risk.

♦ **Diet:** Research in recent years suggests a strong link between diet and prostate cancer. Studies suggest that a high-fat diet might increase the risk of prostate cancer



A family history of prostate cancer, especially among a man's father or brothers, increases the risk of getting the disease.

and could cause the cancer to grow. Recent studies also suggest that diets high in fruits and vegetables may decrease the risk of getting the disease.



A Guide to Prostate Cancer Detection

The chances for long-term survival are very good when the tumor is confined to the prostate gland and has not spread to other parts of the body. If the cancer has spread to other parts of the body, it is harder to treat successfully.

There are two tests used to detect the presence of prostate cancer.

PSA (Prostate-Specific Antigen)

Blood Test - PSA is a protein produced by prostate cells. Men with prostate conditions, including prostate cancer, typically have high levels of PSA in their blood. PSA levels over 4 ng/ml are considered high. Because certain noncancerous prostate conditions such as benign prostatic hyperplasia (BPH), inflammation or infection of the prostate gland, and older age can also cause elevated PSA levels, a high PSA may not necessarily be a sign of cancer. Still, the exam provides valuable

information, the results of which can be confirmed through further medical testing.

Digital Rectal Exam (DRE) -

This procedure is performed by a physician who inserts a gloved, lubricated finger into the rectum to examine the prostate gland. This exam also helps to detect rectal tumors in their early stages.

If either the PSA or the DRE show abnormalities or areas of concern, further tests are typically performed.

A biopsy is the most conclusive way to determine the presence of cancer. Tissue samples are removed from the prostate, usually with a needle, and are then examined under a microscope. Biopsies are usually performed as an office procedure without the need for anesthesia. Sedation is usually not needed, though some men prefer to be mildly sedated.

If there is a single word that summarizes the current debate around prostate screening it is caution. Regardless of screening policy, men and their family members should be thoroughly educated about the pros and cons of prostate cancer screening and management.

To help you decide whether to have a PSA test, make sure you:

- ♦ Understand the facts about prostate cancer and the PSA test
- ♦ Get more information about anything that is unclear to you
- ♦ Ask questions about the value of the PSA test for You

For more information please contact the Northeast Regional Cancer Institute.

Symptoms of Prostate Cancer

In its earliest stages, prostate cancer usually does not cause symptoms. Sometimes, prostate cancer can cause difficulty in urinating, including a need to urinate frequently, painful or burning urination, or difficulty starting urination or holding back urine. However, these are also symptoms of BPH, which is a non-cancerous medical condition that blocks the normal flow of urine.

Men experiencing any urinary symptoms should consult with their physician or a urologist.

The American Cancer Society Recommends that, at age 50, men begin to speak with their health care provider about starting annual PSA blood tests and DRE's of the prostate gland. Men in high-risk groups for developing prostate cancer, such as African-Americans or men with a family history of prostate cancer, should begin screenings at age 45.

Source: American Cancer Society

Prostate Cancer Staging

If tests determine the presence of cancer, the next step is for health care professionals to establish the stage, or extent, of the disease. Staging is important in that it determines, to the extent possible, whether or not the cancer has spread and, if so, where. Once the stage of the disease is determined, a treatment plan can be established.

The following are the main stages of prostate cancer:

Stage I or Stage A - There is a small volume of low-grade cancer that is usually found because of an elevated PSA or by accident when surgery is done for another reason. The cancer has not spread outside the prostate in this stage.

Stage II or Stage B - The cancer is found because of an abnormal rectal exam and is confined to the prostate.

Stage III or Stage C - The cancer has spread to tissues outside of the prostate, but has not spread to distant organs.

Stage IV or Stage D - The cancer has spread to lymph nodes, bones or other parts of the body.



PCT Foundation Raises Awareness of Prostate Cancer

The PCT Foundation is a local organization dedicated to raising awareness of prostate cancer with the goal to achieve greater outcomes through early detection and treatment.

To raise awareness of prostate cancer, the PCT Foundation has continued to host its signature golf tournament event each year. The money raised from the event is used to help community organizations increase prostate cancer awareness. Over the years money has been given to the Northeast Regional Cancer Institute for programs that specifically target prostate cancer. Additionally, patient information kits have been donated to the Community Library at Moses Taylor Hospital.

The PCT Foundation has also been involved in a prostate cancer awareness night at the Red Barrons baseball game.

Through these efforts, the PCT Foundation along with community organizations help continue to raise awareness of prostate cancer in Northeastern Pennsylvania.



Members of the PCT Foundation, Northeast Regional Cancer Institute, and Delta Medix all participated in the 2004 prostate cancer awareness night at Lackawanna Stadium.

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Methods for Treating Prostate Cancer

Treatment varies and is dependent on the stage of the disease and the grade of the tumor. A man's age, general health and feelings about treatment and treatment side effects also plays a role in treatment decision-making.

Patients should learn all that they can about various treatment options, evaluating the short-and long-term risks and benefits, and consider quality-of-life issues. There are five main treatment options for prostate cancer patients.

- ♦ **Observation with monitoring of PSA levels** - This is also known as “watchful waiting” and may be appropriate for men whose prostate cancer is found at an early stage and appears to be slow growing. This is also an appropriate treatment choice for older men or men with other serious medical problems.

- ♦ **Surgery** - This is a treatment option that is often used for patients in the early stages of prostate cancer. There are various types of surgery,

including: *Radical retropubic prostatectomy*, where the entire prostate and nearby lymph nodes are removed through an incision in the abdomen; and *Radical perineal prostatectomy*, in which the entire prostate is removed through an incision between the scrotum and the anus. Nearby lymph nodes are sometimes removed through a separate incision in the abdomen.

- ♦ **Cryotherapy** - This is a newer and developing procedure that involves freezing of the prostate tissue to kill the cancer cells. The effectiveness of this therapy is still being studied.

- ♦ **Radiation Therapy** - Also known as radiotherapy, this treatment option uses high-energy x-rays to kill cancer cells in a specific area. It can only affect the cancer cells in the treated area. There are two types of radiation, external beam radiation and internal radiation (seed implantation). Radiation can be used instead of surgery in early stages of prostate

cancer as well as after surgery to destroy any cancer cells that might be remaining.

- ♦ **Hormonal therapy** - While hormonal therapy does not cure prostate cancer, it is often used to treat prostate cancer that has spread to other parts of the body or has come back after treatment.

Hormonal therapy prevents cancerous cells from getting the male hormones that they need to grow. Hormonal therapy options include the following:

Orchiectomy - surgery to remove the testicles, which are the main source of male hormones

LH-RH Drugs - drugs such as leuprolide, goserelin and buserelin that help to prevent the testicles from producing testosterone

Antiandrogens - drugs such as flutamide and bicalutamide that can block the action of androgens
Ketoconazole and aminoglutethimide - drugs that can prevent the adrenal glands from making androgens.

Side-Effects of Prostate Cancer Treatment

Each of the treatment options explained above presents the possibility of side effects. Because the side effects vary so much from one treatment to another and from one patient to another, it is best to discuss potential side effects with a health care professional when evaluating treatment options.

The following is an overview of some of the potential side effects of each treatment option.

- ♦ **Observation with monitoring of PSA Levels** - The “side effects” of this treatment option are that the cancer might spread. For older men, it may become more difficult to manage surgery and other treatments as time goes on. The “watchful waiting” option may also cause anxious feelings; however, it is important to note that other treatment options can be reconsidered at any time.

- ♦ **Surgery** - Discomfort associated with surgery can usually be controlled with pain medication. Fatigue following surgery usually lasts about a week. Surgery also presents the long-term risks of urinary incontinence, impotence and rectal injury. Speak with your doctor about

the medical advances that may improve some of these side effects.

- ♦ **Cryotherapy** - The treatment can cause irritation to the bladder or urethra, resulting in frequent urination, burning, and blood or pain with urination. Almost half of men who have cryotherapy experience some sort of penile or scrotal swelling, though this is usually temporary.

- ♦ **Radiation Therapy** - Patients can become extremely tired, especially in the later weeks of treatment. External radiation can cause the skin in the treated area to become red, dry and tender and can result in hair loss in the treated area. Radiation might cause impotence, although internal radiation is less likely to do so. Conversely, internal radiation is more likely than external radiation to cause temporary incontinence.

- ♦ **Hormonal Therapy** - Side effects vary with the specific treatment used. Side effects of orchiectomy and LH-RH agonists include impotence, hot flashes and loss of sexual desire. Antiandrogens can cause nausea, vomiting, diarrhea, or breast growth.



The greatest challenge...

One man tells the story of his battle with prostate cancer, and offers his advice to all men

By COL (Ret.) James E. Williams, Jr.

I am a 14-year survivor of prostate cancer. Growing up as a black male in America had its challenges. Two combat tours in Vietnam also had its challenges. However, nothing in my life was as devastating as being told that I had cancer.

Why me? There must be a mistake. What will happen to my family? How about the work undone and the places unseen? All of these reactions occur because I believed that the diagnosis of cancer was a death sentence. As a youth, the word cancer was never spoken in my home. Instead, it was called the "Big C."

Today, more than 9 million Americans are living with cancer - a tribute to modern science and medicine.

Lois, my wife saved my life. Routine annual physicals during my 25 years of military service were normal. Since my retirement from the Army, a physical examination had been taken every three years to validate my private pilot license; however, by 1991 I had not had a physical in a couple of years.

Although I felt fine and wasn't aware of any physical problems, Lois insisted I schedule a physical with our family physician.

Prostate cancer is an asymptomatic disease. There are no early warning signs in the early (curable) stages. The physician included in



James Williams credits his wife Lois with saving his life by insisting that he have a physical, which determined that he suffered from prostate cancer.

PHOTO COURTESY OF GOOD HOUSEKEEPING

the battery of tests, a blood test, called PSA.

Every African-American male 40 or older and every white American 50 or older - or earlier if he has a family history of prostate cancer - should receive a PSA test, as well as a digital exam (DRE), as part of his annual physical.

My tests indicated that I had a PSA of 11 (4 was considered normal in 1991). I was referred to an urologist where a biopsy of prostate tissue was taken. That biopsy discovered cancer in my prostate.

Today I am a board member and regional director with US TOO International, Inc., a prostate cancer

support group. Together my wife and I work to help others learn about prostate cancer.

Even if the doctor says your PSA is "OK," ask for the specific number. Once you know your baseline PSA number, you can track whether it remains stable over time or how much it increases. The rate of increase is more telling than just the raw PSA number.

Knowing your PSA number might not seem as exciting as knowing that your favorite quarterback is leading the league in passing statistics, but in the long run, annual PSA testing for prostate cancer is one ball you don't want to fumble.



Cancer Institute Offers Education & Survivorship Programs

The Cancer Institute education staff regularly presents the following prevention and early detection programs to various groups.

Prostate Cancer Education

The Cancer Institute's prostate cancer education program provides information about the disease, risk factors, and prevention. Participants will also receive information designed to help assess the risks and benefits of prostate cancer screening.

Cancer In My Family: Understanding the Risk

Cancer in My Family: Understanding the Risk is offered through the Cancer Institute's Cancer Risk Program to individuals who have questions or concerns about their risk or a family member's risk for cancer due to a personal or family history of the disease. This program is also a must for anyone with questions about cancer genetic testing.

Healthy Choices: Tips for Reducing Cancer Risk

Healthy Choices: Tips for Reducing Cancer Risk helps individuals identify and understand the risk factors that can lead to the development of cancer. Strategies to lower cancer risk are offered including proper nutrition, exercise and lifestyles choices.

Cancer Clinical Trials Awareness

Most of the best cancer treatments we have today are based on what we learned from clinical trials. This program provides basic information on the importance of clinical trials, how participant safety is protected and types of trials and how they work. Resource information is also available for program participants interested in finding out more about clinical trial availability in their community.

Survivorship Programs

These programs are designed to support individuals coping with cancer, including patients, their families, friends and caregivers, as well as people who have moved beyond the disease.

Cancer Survival Toolbox

The Cancer Survival Toolbox provides practical tools to individuals and families dealing with a cancer diagnosis. Topics addressed include: communication, finding information, making decisions, solving problems, finding

ways to pay for care, and caring for the caregiver. Participants receive a free set of Toolbox audiotapes as well as other helpful resource information.

Coping With Fear of Recurrence

Fear of recurrence is a phenomenon experienced by many cancer survivors and concerned family members. This program provides information about the impact of recurrence concerns on cancer survivors and family members as well as tips for coping with recurrence concerns.

Survivors Celebration

The Cancer Institute honors the courage and strength of cancer survivors with an annual Survivors Celebration,

held the second Sunday of June at Montage Mountain, Moosic. Survivors Celebration offers survivors the opportunity to unite with others who understand firsthand what it means to celebrate life!

Cancer Survivors Park

Cancer Survivors Park, created by the Cancer Institute in collaboration with numerous community-minded individuals and organizations, serves as a tangible tribute to the many people from Northeastern Pennsylvania who have been

affected by cancer. The park, located within McDade Park in Scranton, features over 1,000 hand-painted tiles created by local cancer survivors. Lining the walkway are engraved brick pavers that honor or memorialize friends and family members.

Cancer Survivors Tile Project

The Cancer Institute offers the Cancer Survivors Tile Project to cancer patients in Northeast Pennsylvania. Through this project patients are encouraged to express feelings about their cancer experience in the form of a hand-painted ceramic tile. Completed tiles are then added to the display at the Institute's Cancer Survivors Park. Arrangements to paint a tile can be made by contacting the Institute.

Family of Survivors Program

This program pays tribute to the Family of Survivors, cancer survivors, their family members, friends, and caregivers, as well as family members and friends of those who have died from cancer. The free program is held annually in October at Cancer Survivors Park.





Resources for Prostate Cancer Patients

There are many excellent brochures, books and websites that help prostate cancer patients understand diagnosis and treatment options.

National Cancer Institute

The Cancer Information Service (CIS) is a nationwide information and education network for cancer patients, their families and friends, the public and health care professions sponsored by the National Cancer Institute (NCI). CIS offers a variety of English and Spanish publications. To learn more about these publications or request copies, call 1-800-4-CANCER (1-800-422-6237). The number for TTY callers is 1-800-332-8615.

Web Sites

<http://www.ustoo.com> is a website hosted by US TOO, an independent network of prostate cancer support groups. The group helps newly diagnosed prostate cancer patients.

<http://www.cancer.gov> is the primary website of the National Cancer Institute. The site contains information about the Institute and its programs.

<http://cancertrials.nci.nih.gov> is NCI's clinical trials information center. The site includes information on understanding clinical trials, finding specific trials, and deciding whether to participate in trials, as well as research news and resources.

<http://cancernet.nci.nih.gov> contains information for health professionals, patients and the public, including information about cancer treatment, screening, prevention, supportive care and clinical trials.

www.nih.gov focuses on research to prevent, detect, diagnose, and treat disease and disability, from the rarest genetic disorder to the common cold. The National Institutes of Health (NIH) is one of the world's foremost medical research centers, and the Federal focal point for medical research

in the United States.

Prostate and Cancer, A Family Guide to Diagnosis, Treatment and Survival by Sheldon Marks, M.D.

This book uses a question and answer format to explore many issues relative to prostate cancer. Topics include:

- ♦ Screening and early detection
- ♦ How to determine the right treatment for you
- ♦ Noncancerous enlargement of the prostate
- ♦ Alternative treatments for prostate cancer - benefits and risks
- ♦ Support groups and resources for help and information
- ♦ Overcoming impotence and incontinence
- ♦ Pills for impotence
- ♦ The effects of diet and nutrition on prostate cancer

The Northeast Regional Cancer Institute with the financial support of the PCT Foundation has purchased a number of copies of *Prostate and Cancer* for use in waiting rooms of local physicians. The book is also available in bookstores for a cost of \$17.95.

Man to Man

Man to Man is a support group for prostate cancer patients and is offered by the American Cancer Society.

The Man to Man Program offers group education and support where men can learn about diagnosis and treatment options through presentations, written materials and videos. During informal and confidential meetings, men and their families discuss their concerns and share solutions to problems.

One-on-one patient support from specially trained prostate cancer survivors is also available through the Man to Man Program. Additional services include a newsletter and a website at www.cancer.org.

Local Man to Man Groups

Lackawanna County

Man to Man support group and one on one support available. Group meetings held at Northeast Radiation Oncology, 1110 Meade Street, Dunmore the 2nd Monday of each month at 7p.m. For more information contact ACS - Lackawanna Unit at (888) 227-5445.

Luzerne County

Man to Man one on one support available. For more information contact ACS - Wyoming Valley Unit at (888) 227-5445.

Also, Man to Man support group and one on one support available. Group meetings held at Saint Gabriel House, 132 S. Wyoming Street, Hazleton the 1st Thursday of each month at 7p.m. For more information contact ACS - Greater Hazleton Unit at (888) 227-5445.

Pike County

Man to Man one on one support available. For more information contact ACS - Pike Unit at (888) 227-5445.

Susquehanna/Wyoming County

Man to Man one on one support available. For more information contact ACS - Susq./Wyom. Unit at (888) 227-5445.

Wayne County

Man to Man one on one support available. For more information contact ACS - Wayne Unit at (888) 227-5445.



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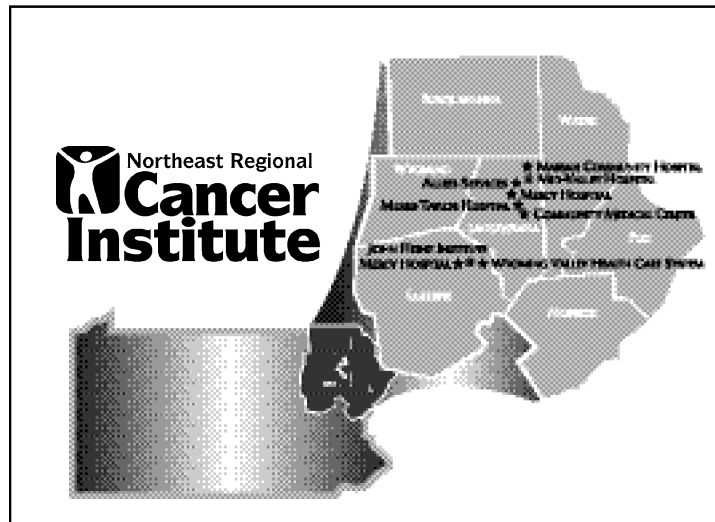


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*The Northeast Regional Cancer Institute is a non-profit
community-based agency working to ease the burden of cancer in
Northeastern Pennsylvania throughout Lackawanna, Luzerne,
Pike, Susquehanna, Wayne, and Wyoming Counties. Focusing on
research, education, and survivorship, the Cancer Institute invests
all of its resources in this region.*

*Partnering with the Cancer Institute to achieve its goals are
community leaders, volunteers, healthcare professionals, and a
cooperative network of nine partner organizations in Northeastern
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