Treatment of Advanced Stage Disease

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Dr. Heath

Thank you, Virgil. All that The Prostate Net brings on a United-States-and-beyond level is very important and contributory in advancing the cause. You deserve many kudos. The words advanced disease has many implications. I am a GU medical oncologist and I specialize in phase 1 clinical trials, which means I do clinical trials for a living. Most patients see me once they have exhausted other agents; it is by definition a very sad group because everyone is full of hope, but not many can go on.

Patients are accustomed to hearing from friends and family and coworkers about the surgeon, the urologist, the radiation guy, but where does the chemotherapy person coming onto the scene? The word chemotherapy itself triggers a very adverse reaction in most people. The reality is we in chemotherapy are involved, even upfront, because people are getting diagnosed earlier, people are being more aggressive with their diagnosis, so if they are overtreated, that means they are still alive and dealing with PSAs that are going up or down. Fifteen percent of my patients come with advanced disease, and advanced disease has extremes ranging from metastatic bone disease down to seminal vesicle invasion with involvement of a couple of lymph nodes.

Here is an example of one of my patients in Detroit whose PSA was rising, so I got him on a couple of trials to reduce PSA. He eventually required chemotherapy because he had terrible bone pain, and has been on chemotherapy for 34 months. By us changing our paradigm in how we treat patients, we have to be involved the minute changes occur in our patients. No one likes to hear the words castration or orchiectomy; I am my patient's advocate and want to hear why options are chosen for my patient in terms of other treatments from other treating clinicians. Our patients need the full team including not only urologists, radiation doctors, pathologists and radiologist, but also nurses, nurse practitioners, social workers, and dieticians; we have added spiritual counselors as well, someone who is not biased.

When I say hormone therapy, men's eyes usually glaze over. Bottom line is I am putting a man into male menopause. These injections are very big and not to be taken lightly; patients need to be counseled beforehand regarding these shots. Also, levels of testosterone are dropping and all sorts of things occur with this change; even once the shots cease, it will take months for testosterone to recover. These side effects are real: sweats, weight gain, irritability, change in mood, sexual dysfunction, and bone changes. There is also a misconception that one is on hormones forever: if you undergo an orchiectomy, that is permanent; however, a shot only lasts for a certain period of time. Good supportive care must be maintained for patients on hormone therapy because bones start to whittle away: DEXA scans, calcium, and vitamin D. Now we have a standard therapy looking at bone metastases using IV zoledronic acid, which is effective in

reducing bone breaks. Also, a monoclonal antibody is currently being looked at for prevention of bone fractures rather than solely treatment.

Regarding Provenge, this is an emotionally charged medication. A few years ago, there were picketers at an ASCO meeting claiming there was denial of this helpful therapy: the expense of the drug is $93,000, but to the patient, he is asking, why can't I have it? The company is selecting 50 centers in the first year to be able to start rationing this medication. Provenge is important because there is no other approved vaccine for any kind of cancer. This is not a cancer vaccine to prevent prostate cancer: a patient already has cancer of the prostate which has spread outside of the original prostate area; this is a treatment to try to make the prostate cancer either go away, or go into remission, or in control.

[abrupt end to talk]