

PCNG

PROSTATE CANCER NETWORKING GROUP

of
Greater Cincinnati

PCNG (www.pcngcincinnati.org) is a chapter of USToo

Founder: Bob Kanter - Conveners Emeriti: Adrian Boie, Lou Stadler - Facilitators: 8/03: Stan Moczydlowski;
9/03: Steven Plymire; 10/03: Tom Young; 11/03: Steve Steiner; 1/04: Jerry Glenn
Newsletter (324 copies this issue) editors: Kees DeJong & Fran Stanton

779-0144 Adrian Boie: 1989, PSA 13, GS 9; RP, EBRT, IHT
751-6888 Kees DeJong: 1996, PSA 24, GS 9; IHT, EBRT+Brachy, IHT
253-6768 John Hoffmann: 1997, PSA 5, GS 6; RP, EBRT

TELEPHONE CONTACTS:

528-2769 Gordon Huntley: 1999, PSA 4, GS 9; RP and Orchiectomy
733-5745 Bill Riggs: 1995, PSA 33, GS 6; RP, EBRT, HT

761-9645 Lou Stadler: 1987, PSA NA, GS 7; EBRT, HT
542-4908 Fran Stanton: 1999, PSA 157, GS 8; HT, EBRT+Brachy, HT
984-3343 Tom Young: 2002, PSA 7.8, GS 6; RP

19xx: year of diagnosis - PSA: Prostate Specific Antigen - GS: Gleason Score - RP: Radical Prostatectomy - EBRT: External Beam Radiation Therapy - Brachy: Brachytherapy ('seeds') - HT: Hormonal Therapy - IHT: Intermittent Hormonal Therapy

Next Large Group Meeting Will Be Held On Wednesday, February 25th

at The Wellness Community, 4918 Cooper Road *Women Are Welcome!*

6:30 pm: hospitality and networking - 7:00 pm: new members & sharing; 7:45 pm: additional networking

8:00 pm – Nutrition for Men with Prostate Cancer

Lauren Niemes, RD

Ms. Niemes is Executive Director of the Nutrition Council of Greater Cincinnati, specializes in vegetarian nutrition, taught at the University of Cincinnati, and has a MEd degree in Nutrition from Tufts University

Next Small Discussion Group Meetings will be held on Wednesday, March 10th from 7:00-9:00 pm at The Wellness Community

One discussion group for men, and a separate discussion group for their spouses, partners, or family members

1 - Good Nutrition Reduces the Incidence of Prostate Cancer!!

No doubt about that. Nutrition with sufficient selenium; boron; onions and garlic; tomatoes, tofu, green tea, etc. etc. reduces the incidence of prostate cancer. This is nice to know, but do we really care? After all, we have prostate cancer, wondering whether eating the proper food can help us.

2 - Good Nutrition Reduces Prostate Cancer Progression

There is no doubt about this either, but the exclamation marks are missing. It can be shown that various foods have a positive effect, often expressed as a lowering of the PSA and this is fine, of course, but will the PSA lowering continue? What about mortality? Thus far lycopene is the only example of a substance that can lower PSA and reduce prostate cancer mortality. Lycopene can be taken as a food supplement but fried or cooked tomatoes (tomato paste) may be even better.

3 - Carbs are Bad for Some Mice with Prostate Cancer

A link between fat content in the diet and the risk of prostate cancer is possible (Moyad MA, Urology, 2002, 41-50). This hypothesis has been checked in mice (Elgavish et al., abstr. B188 in AACR Dec 2003 Conf.): two groups of mice were fed a diet with the same calories, but with different fat and carbohydrate percentages. One group got 45% fat in their diet, the other group 10% fat with carbohydrates replacing the fat. All mice had prostate cancer. At 28 weeks of age, 5% of the mice fed 45% fat had died of prostate cancer as compared with 31.8% of mice fed 10% fat. Carbs are bad for mice with prostate cancer!

4 – Carbs are Good for Men with Prostate Cancer

Prostate cancer is less common in the Mediterranean countries than in the countries in Northern Europe. The sun may play a role (vitamin D!), but the diet may be another factor. “The old Mediterranean diet (based on cereals –carbohydrates-, vegetables, polyunsaturated fats, fruits, fish and low quantities of dairy products and meat) is now sparingly adopted in Italy because of the globalization of the food chain. But the traditional dietary habits are considered of great value in the prevention of cardiovascular or cancerous diseases and particularly of prostate cancer.” (*Arch Ital Urol Androl. 2003 Sep;75(3):166-78, Miano L*).

Well-known are the results of a clinical trial by Dr. Ornish (*presented at the Annual Meeting of the AUA in 2003*). “87 men with prostate cancer were randomized to an experimental group or a control group. Men all had PSA levels of 4 to 10 ng/mL and Gleason scores of less than 7.

The experimental group ate an entirely plant-based low-fat diet that emphasized unprocessed whole foods. Of the total calories, 70% came from complex carbohydrates and only 20% came from protein, a large proportion of which was from soy. Participants also engaged in moderate aerobic exercise, stress management, and psychosocial group support. All men had declined conventional treatment.

The men were followed for one year, during which time PSA was measured twice at the beginning and then once every three months. Mean PS levels decreased by 5% in the experimental group after three months but increased by 1% in the control group ($P = .045$). Similarly, after one year, mean PSA levels decreased by 3% in the experimental group but increased by 7% in the control group ($P = .034$).”

Dr. Ornish suggests that urologists might consider recommending that patients make comprehensive changes in diet and lifestyle, regardless of whether a patient decides to undergo conventional treatment. According to him comprehensive changes in diet and lifestyle might also reduce the risk of recurrence in patients who do undergo conventional treatment.

5 – Lycopene and Tomato Paste Reduce PSA

The effects of lycopene supplementation in patients with prostate cancer were investigated: “Twenty-six men with newly diagnosed, clinically localized prostate cancer were randomly assigned to receive 15 mg of lycopene ($n = 15$) twice daily or no supplementation ($n = 11$) for 3 weeks before radical prostatectomy. ... Eleven (73%) subjects in the intervention group and two (18%) subjects in the control group had no involvement of surgical margins and/or extra-prostatic tissues with cancer ($P = 0.02$). Twelve (84%) subjects in the lycopene group and five (45%) subjects in the control group had tumors <4 ml in size ($P = 0.22$). ... PSA levels decreased by 18% in the intervention group, whereas they increased by 14% in the control group ($P = 0.25$). ... The results suggest that lycopene supplementation may decrease the growth of prostate cancer. However, no firm conclusions can be drawn at this time because of the small sample size” (*Cancer Epidemiology Biomarkers & Prevention v. 10, 861-868, August 2001. Omer Kucuk et al.*).

Another group of authors examined the effects of consumption of tomato sauce-based pasta dishes on PSA levels in patients already diagnosed with prostate cancer. Thirty-two patients with localized prostate cancer consumed tomato sauce-based pasta dishes for the 3 weeks preceding their scheduled radical prostatectomy. “Serum PSA levels decreased after the intervention, from 10.9 ng/mL (95% CI = 8.7 to 13.2 ng/mL) to 8.7 ng/mL (95% CI = 6.8 to 10.6 ng/mL) ($P < .001$). Conclusion: These data indicate a possible role for a tomato sauce constituent, possibly lycopene, in the treatment of prostate cancer and warrant further testing with a larger sample of patients, including a control group” (*J. National Cancer Institute 2001, 1872-1879. Chen L. et al.*).

6 – Small Dosage of Lycopene Reduces Prostate Cancer Mortality

There is only one study in which prostate cancer mortality and taking a food supplement have been correlated. (*BJU Int. 2003 Sep; 92(4):375-8 Ansari MS & Gupta NP*). A total of 54 patients with metastatic prostate cancer were randomized to orchidectomy (castration) or to orchidectomy + 4 mg lycopene per day. Each group had 27 patients. After two years 11 patients in the O-group and 21 in the O+L group had a PSA <0.05 and 4 in the O-group and 8 in the O+L group had a complete bone scan response. Twelve in the O-group and seven in the O+L group died.

An amazing study, in particular because 4 mg lycopene is so little.

7 – Diet Restriction Makes Rats Live Longer

“Take two groups of rats and let the rats of one group eat as much as they want, restricting the diet of the other group. Almost without exception, the starved rats die later of prostate cancer than the well-fed rats” (*J Gerontol.* 1990 Mar;45(2):B52-8. Snyder DL et al.).

In a more recent study tumor growth was compared in *ad libitum* fed rats (they could eat as much as they wanted) and in animals whose energy intake was restricted by 30% using three different methods, i.e., total diet restriction, carbohydrate restriction, or fat restriction. The prostate cancer tumors were smaller in energy-restricted than in control rats ($P<.001$). Restriction of energy intake by reduction of carbohydrate intake, fat intake, or total diet produced a similar inhibition of growth of the tumors, suggesting that energy restriction and not the type of food reduces prostate tumor growth. (*J National Cancer Inst.* 1999, 512-23. Mukherjee P et al.).

8 – Tomatoes More Effective than Lycopene?

In another study rats with prostate cancer were fed diets containing whole tomato powder (13 mg lycopene/kg diet), lycopene beadlets (161 mg lycopene/kg diet), or control beadlets. Notice that the rats eating tomato powder had less than 10% of the lycopene eaten by the lycopene beadlets group. The rats in each of the three groups were randomly assigned to either *ad libitum* feeding or 20% diet restriction

134 rats were killed because they displayed symptoms of prostate cancer and 17 rats had prostate cancer but showed no symptoms. The percentages of rats dying with prostate cancer were 80%, 72%, and 62% for the control, lycopene, and tomato powder groups, respectively, and 79% and 65% for the *ad libitum* and diet-restricted groups, respectively.

Rats fed the lycopene beadlets had higher plasma lycopene concentrations (99 - 118 nmol) than rats fed tomato powder (74 - 85 nmol). “It is interesting that the plasma lycopene concentrations were so similar, given that the lycopene beadlet diet contained more than 10 times more lycopene than the tomato powder diet. These data have several possible explanations: that the efficiency of lycopene absorption declines as the lycopene concentration in the diet increases or that the bioavailability of lycopene from tomato powder is much greater than that from beadlets. In addition, because the lycopene beadlets achieved the greatest plasma lycopene concentrations but did not protect against prostate cancer, these data further support the hypothesis that tomatoes must contain phytochemicals in addition to lycopene that may modulate prostate carcinogenesis” (*J National Cancer Inst.* 2003, 1578-1586, Boileau TW et al.).

9 – Eat tomatoes!

“A diet high in tomato products and thus lycopene has been associated with a reduced risk of prostate cancer. The greatest protection was associated with an intake of 10 or more servings of tomato products each week. In the tomato, lycopene is contained within small packets that are not readily broken down by the stomach and intestines. Cooking tomatoes significantly improves the ease with which you can absorb lycopene and is associated with the greatest impact on the risk of prostate cancer.

The simplest approach is to have an eight-ounce glass of tomato juice or V8 juice every morning with breakfast. For dinner, spaghetti, vegetarian chili or other tomato-based dishes can be used. With this diet, it is easy to eat at least 10 servings of tomato products a week, a more pleasurable and less expensive way than taking lycopene capsules. If you prefer not to eat tomato products, you could take lycopene capsules. If you plan to take lycopene capsules, a dose of 30 mg may be a good starting point.

One interesting property of lycopene is that, once in the body, this pigment persists for several days. If you start to take lycopene, your blood and tissue levels will steadily increase each day for one week. This property means that it is not critical to take lycopene two or three times a day. Even missing one or two days may have only a modest impact on the concentration of lycopene in your tissues”.

(*Eating Your Way to Better Health, The Prostate Forum Nutritional Guide*, Myers, Steck, and Myers, Rivanna Health Publications, Inc, Charlottesville, VA, 2000).

10 – eat tomatoes eat less eat tomatoes eat less eat tomatoes

PROSTATE CANCER NETWORKING GROUP
OF GREATER CINCINNATI

c/o The Wellness Community
4918 Cooper Road
Blue Ash, OH 45242



speaker:

Nutrition and Prostate Cancer

feature:

Lycopene, Carbs, Reduced Diet

In every struggle the only ones who can truly grasp your fear, your pain, your grief, your stamina that may sometimes fail are those who share the battlefield with you.

It is no different when the enemy is prostate cancer, and the fight is for your integrity as a man as well as your life.

www.phoenix5.org

Please, click on 'LINKS' in our Web Site

www.pcngcincinnati.org

You'll find links to Information Sites from Patients, the Government, and several Organizations. There are also Links to Mailing Lists, Books, Print Magazines, Web Magazines, and Much More.

According the Am. Cancer Society - www.cancer.org - 230,110 new cases of prostate cancer will occur in the USA in 2004 (8,620 in Ohio); 29,900 men will die (1,290 in Ohio); 1 man in 6 will get prostate cancer during his lifetime, but only 1 man in 32 will die of this disease. ----- 2,375 clinical trials on cancer are listed at www.clinicaltrials.gov, with 166 trials on prostate cancer -of which 19 trials are in Cincinnati-, and 44,105 citations (of which 32,123 are abstracts) on prostate cancer can be found at www.ncbi.nlm.nih.gov - PubMed (2/17/2004).