

# NATIONAL CONFERENCE ON PROSTATE CANCER 2005

*Exploring New Pathways: Sharing the Journey*

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## **For Immediate Release:**

### **Two New Diagnostic Tests Revolutionize Prostate Cancer Staging Researchers Present Findings At National Conference**

Charlottesville, VA, May 5, 2005: Two new diagnostic tests bode well for men suffering from prostate cancer with lymph node metastasis. The new generation ProstaScint/CT scans and the Combidex/MRI scan have improved the detection of metastatic cancer cells in the lymph nodes. What this means is more accurate treatment for men who were previously candidates for radical prostatectomy, one of the most common treatments for prostate cancer.

Often men who receive radical prostatectomy fail within 5 years because their cancers have been misdiagnosed as localized. Hence, they undergo treatment inappropriate to the stage of their disease.

“Once the prostate cancer spreads outside of the prostate gland, other treatments like radiation combined with hormonal therapy have better results,” says medical oncologist Dr. Charles Myers, of the American Institute for Diseases of the Prostate. Myers, formerly of the National Institute of Health, has been on the forefront of prostate cancer research and treatment for the larger part of his career.

The former tests used to detect metastasis, like the CT and MRI scans, have traditionally been inadequate in detecting metastatic disease. “In fact, numerous studies show that these imaging techniques only identify 15-30% of known metastases. A very unimpressive number,” says Myers.

These below optimal statistics lead to the development of the ProstaScint scan, which uses an antibody to bind to the prostate specific membrane antigen (PSMA). In the randomized controlled trial that led to its FDA approval, the ProstaScint scan identified close to 80% of known cancerous nodes compared with only 15% for CT and MRI.

However some issues have prevented wide acceptance of the ProstaScint scan as a diagnostic tool for detecting lymph node metastasis, especially the issue of false positives demonstrated in a study by Ponsky et. al, from the Cleveland Clinic. What this means is that the test can sometimes identify cancer cells that really aren't there, which can lead to unnecessary surgery to have these lymph nodes removed.

Myers, also a prostate cancer survivor with a now undetectable PSA due to radiation and hormonal therapy, used the ProstaScint scan for his own lymph node metastasis and had a similar

problem. "After the folks at Johns Hopkins removed more than 20 lymph nodes, we found that none were actually cancerous," says Myers, whose cancer did spread to the lymph nodes in his pelvis.

However, the problems with the ProstaScint refer mainly to the first generation of this test. Dr. Bruce Sodee from Case Western Reserve dramatically improved this test by quadrupling the resolution of his scans and then fusing them with a CT so that the PCa-positive areas are assigned a specific lymph node or tissue. "In the patients I send to Dr. Sodee, this technique has repeatedly identified metastatic cancer in men we'd thought were surgery candidates," Myers says.

The other revolutionary test, though still experimental, is the Combidex/MRI scan, which picks up iron particles in the lymph nodes. The iron particles highlight normal lymph nodes on the MRI, leaving the cancerous regions blank. Prostate cancer does not pick up the iron particles and thus looks like a hole in the MRI scan. "The Combidex images are quite sharp and the technique permits detection of very small areas of prostate cancer in the lymph nodes," says Myers.

In a recent study by Dr. Harisinghani published in the New England Journal of Medicine, the Combidex scan identified 90% of the known areas of lymph-node spread compared with only 30% identified by the CT alone.

"These two techniques may help millions of men get the proper treatment and prolong their lives," says Myers. In fact, Myers was so impressed by the results that he asked both doctors to present these findings at the National Conference for Prostate Cancer at the Omni Shoreham Hotel in Washington, DC, of which he is the moderator of over twenty of the world's most erudite prostate cancer professionals, including Johns Hopkins Drs. Donald Coffey, William G. Nelson, and H. Ballentine Carter.

The National Conferences on Prostate Cancer were created to give a voice to men with this disease, but, more importantly, to provide patients and health professionals with the vital educational tools to improve treatment and quality of life.

To support early detection and advocacy, the National Conference on Prostate Cancer 2005 will also make free PSA tests available to both conference participants and community residents who do not attend. Despite the controversy over this test, there is a large consensus that believes early prostate cancer detection means more treatment options and higher success rates.

On the value of this conference, participating radiation oncologist Dr. Michael Dattoli adds, "Having learned the lessons of those before him, it is the informed patient who is most likely to beat the cancer odds."

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*The Foundation for Cancer Research and Education (FCRE) is dedicated to educating cancer patients about prevention and treatment in the context of their overall health. With science based on the most well designed research protocols, FCRE's goal is to prolong patients' lives by making them active participants in their own treatment. For more information or for a list of FCRE's outreach programs call 800-305-2432 or go to [www.cancer-foundation.org](http://www.cancer-foundation.org).*

*The Prostate Cancer Research Institute's mission is to improve the quality of men's lives by supporting research and disseminating information that educates and empowers patients, families and the medical community. For specific questions about prostate cancer, test results, treatments and side effects, call the PCRI Helpline at 800-641-PCRI or go to [www.pcri.org](http://www.pcri.org).*

*Us TOO is a not-for-profit organization providing information, counseling and educational meetings to assist men with prostate disease (and their spouses / partners) in making decisions about their treatment with confidence and support. Us TOO chapter meetings are free and open to newly diagnosed patients, patients currently in their treatment regimen, survivors, family members, friends and healthcare professionals interested in prostate disease. For questions go to 800-808-7866 or log on at [www.ustoo.org](http://www.ustoo.org)*