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## Prostate Cancer Screening

This year over 230,000 men in the U. S. will be diagnosed with prostate cancer. Over the course of a lifetime, one man in six will be diagnosed with the disease. It is the third leading cause of cancer deaths in men and 27,000 are likely to die from it this year. We can anticipate that the number of men diagnosed will continue to increase as the population of the U. S. continues to age.

The good news is that survival rates for prostate cancer are improving. This is at least partly due to improved screening tests that can detect the cancer early and, according to many experts, improve treatment outcomes.

Prostate cancer doesn't usually produce any symptoms in its early stages that would prompt a visit to the doctor's office. So early detection depends on screening for markers of the disease at annual physicals. Most of us are uncomfortably familiar with the DRE or 'digital rectal exam'. Many may not be familiar with the PSA blood test. PSA stands for 'prostate specific antigen'. It is a protein that is only made by prostate cells. When it is elevated in the blood it can indicate the presence of prostate cancer before any physical symptoms are present. The American Cancer Society recommends annual PSA tests--along with the digital exam--for men over 50 and for high-risk men over 40.

On Sept 12<sup>th</sup> and 13<sup>th</sup>, the Southeastern Urological Center will hold its annual free prostate cancer screening clinic. Not all medical institutions and advocacy groups agree on when men should be screened for prostate cancer. But, as is the case with most other types of cancer, early detection often means more treatment options are available and less extensive treatment is necessary.

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*"The PSA test saves lives."  
The U.S. death rate from  
prostate cancer fell 27%  
from 1991 to 2001  
because more men are  
getting tested "*

*Dr. Patrick Walsh, Johns  
Hopkins University School  
of Medicine - inventor of  
modern prostate surgery.  
Bloomberg Market Sept.  
2006*

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*Ronald Norton*  
Director of Research

## Low Testosterone

Low testosterone is also known as hypogonadism and affects an estimated 13 million men in the U.S. Symptoms of low testosterone in men include decreased libido, erectile dysfunction, loss of body and facial hair, weakened bones, increased body fat, and fatigue. Recent research published in the Aug issue of the Archives of Internal Medicine suggests that low testosterone is linked to increased mortality.

In a study published in the *International Journal of Clinical Practice* researchers looked at the prevalence of low testosterone levels among more than 2,100 men aged 45 and over who visited one of 130 different primary care practices in the U.S. for any reason during a two-week period.

Overall, the results showed that more than a third of the men had low testosterone levels (less than 300 ng/dl total testosterone) or were on current testosterone treatment. Men with other chronic health problems were much more likely to have low testosterone than healthy men. The odds of having low testosterone were:

- 2.4 times higher for obese men
- 2.1 times higher for men with diabetes
- 1.8 times higher for men with high blood pressure

The researchers say low testosterone is often overlooked in men because they frequently ignore their symptoms or attribute them to other causes, such as aging or diseases associated with aging.

Androgen, or more specifically testosterone, is widely used to treat low testosterone. There are many types of preparations of testosterone and physicians have a host of choices, including oral or sublingual preparations, patches, gel, pellets, and shots. In the injectable category there are numerous short-acting and long-acting preparations.

As with all medications, benefits must be weighed against the numerous risks. Some of the side benefits include preservation of bone mass, much in the same way estrogen helps prevent osteoporosis in menopausal women. Testosterone also improves strength, physical stamina, and general well-being. It almost sounds like this is the perfect drug.

The downside of testosterone is that it can increase serum cholesterol. It can also increase the growth of the prostate, and if early-stage prostate cancer is present, treatment may stimulate rapid growth. So it is extremely important to be sure you don't have prostate cancer before beginning testosterone replacement therapy.

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*More than a third of men over age 45 may have Low Testosterone*

*Symptoms include decreased libido, erectile dysfunction, loss of body and facial hair, weakened bones, increased body fat, and fatigue.*

*Men frequently ignore their symptoms or attribute them to aging or other causes*

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## Benign Prostate Hyperplasia

Enlarged prostate, benign prostate hyperplasia, or simply BPH is, according to the National Kidney and Urological Disease Information Clearinghouse, the most common prostate problem for men over 50. By age 60, over one-half of men have BPH; by age 85, the number climbs to 90%, according to the American Urological Association (AUA).

There are two classes of drugs used to treat symptoms of benign prostatic hyperplasia (BPH), also called enlarged prostate: alpha blockers and 5-alpha reductase inhibitors.

### Alpha blockers:

- Cardura (doxazosin)
- Flomax (tamsulosin)
- Hytrin (terazosin)
- Uroxatral (alfuzosin)

These drugs relax the muscles of the prostate. This causes an increased flow of urine, which helps relieve some BPH symptoms. All four of these drugs work equally well but with small differences in their side effects. They begin working almost immediately to provide moderate relief.

Side effects can include lightheadedness, fatigue, stomach or intestinal problems, stuffy nose, headache, dizziness, tiredness. In rare cases, patients have low blood pressure.

### 5-Alpha Reductase Inhibitors:

- Avodart (dutasteride)
- Proscar (finasteride)

These drugs help shrink the enlarged prostate and may prevent further growth. They usually provide modest symptom relief, may help with urinary retention (inability to urinate), and may prevent the need for surgery. However, symptom relief may not occur until after the medication is taken for three to six months.

Side effects can include inability to achieve an erection, decreased sexual desire, and reduced amount of semen. Also, the drugs can change the result of PSA tests, so that test may need to be repeated while you are on the medication.

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### Southeastern Research Group Values

- Patient safety, comfort, and satisfaction
  - High quality services and product
  - Eager assistance of coworkers
  - Fiscal responsibility
  - Continuous education and improvement of skills and knowledge
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## Recent Research Findings

A new study by the Mayo Clinic and published in the American Journal of Epidemiology suggests that men's urinary health may be improved by taking NSAIDs (non-steroidal, anti-inflammatory drugs) like aspirin.

In an observational study data was gathered on 2,447 men who completed questionnaires every two years from 1990 to 2002. One-third of the men studied were taking painkillers daily when they were enrolled in the study.

The study showed that the risk of developing moderate to severe urinary symptoms was 35 percent lower in those taking the painkillers, the researchers reported.

The scientists urged further research to determine the best doses of aspirin for preventing an enlarged prostate. The researchers, citing potential side effects of the medicines such as stomach ulcers, did not recommend that men now take the drugs solely for that purpose.

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*Mayo Clinic study suggests that Aspirin, other NSAIDs, may help prostate enlargement.*

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## Trials Currently Enrolling

Southeastern Research Group has studies currently enrolling for the treatment of:

- Hypogonadism/Low Testosterone
- Type II Diabetes
- Benign Prostate Hyperplasia/Enlarged Prostate
- Prostate Cancer
- Overactive Bladder
- Interstitial Cystitis/Painful Bladder
- Lower Urinary Tract Symptoms/Bladder Obstruction

For more information on these or other trials please contact:

Southeastern Research Group, Inc. at (850) 201-0411

## The Humor Corner

My Doctor said "Only 1 glass of alcohol a day". I can live with that.

