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New Data on Improved Survival after Surgery or Radiation
is Promising for Prostate Cancer Patients

By Justine A. Cowan
Technical Writer - CPDR

A diagnosis of prostate cancer can be a life-altering experience for any man, young or old. Luckily, new diagnostic and treatment methods are being developed at a rapid pace and men who opt for surgery, called radical prostatectomy where the entire prostate gland is removed or for radiation, can be reassured by some good news. They're surviving longer. New data from the Center for Prostate Disease Research (CPDR) in Rockville, Maryland, and their collaborators from Harvard Medical School, the University of California San Francisco and the University of Connecticut was obtained from a total of 7,316 men from 44 different institutions who received surgery or radiation as their primary treatment between the years 1988 and 2002 – the PSA-Era. "PSA-Era" is the time period when widespread screening for prostate cancer using the prostate-specific antigen blood test, which detects amounts of this protein in the patient's blood, was incorporated in the clinical setting.

The paper that presents this data, entitled "Cancer-Specific Mortality After Surgery or Radiation for Patients With Clinically Localized Prostate Cancer Managed During the Prostate-Specific Antigen Era" by Anthony D'Amico, Judd W. Moul, Peter Carroll et al. was recently published in the *Journal of Clinical Oncology* (21(11): 2163-2172, 2003). In the study, which uses data from patients from two large national databases including the Cancer of the Prostate Strategic Urologic Research Endeavor and the Center for Prostate Disease Research Tri-Service Multicenter Patient Database, factors such as PSA value, Gleason tumor grade, clinical stage and age are plotted together with the type of primary treatment chosen by patients (radiation or surgery) to determine their future mortality from prostate cancer.

According to the lead author of the study, Dr. Anthony D'Amico of Harvard Medical School, "This is very exciting. Ours is the first study to predict death based on information available before treatment is delivered for patients diagnosed on the basis of the PSA blood test. No other publication to date has shown this. And, the information is complete – tracking the beginning of the disease to death. In patients, no matter their age, who present with low-risk disease and pick surgery or radiation as the primary treatment, the chance of dying from prostate cancer is almost 0%. It can make the world of difference to a man in his 60s where the addition of 10 years to his life is very meaningful." he commented.

Judd W. Moul, MD, CPDR Director, Colonel, Medical Corps, U.S. Army, and second author of the study, is also encouraged by these findings. "This information is easy to use for those patients who are newly-diagnosed with prostate cancer. It validates Dr. D'Amico's risk stratifications for large groups of patients with a longer follow-up period. This gives men a better handle on their treatment outcome based on their PSA level, grade, and stage of disease at diagnosis. Instead of having competition between our institutions we were able to combine our efforts for good quality data with a large number of patients. Prostate cancer is a slow growing cancer, and the larger study was necessary to include enough mortality events to validate the data" Moul commented. "We plan future collaborations and hope to enjoy more good results for patients as a result of combining all our experience with data sets from the CAPSURE, Harvard and CPDR patient databases" added Colonel Moul.

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