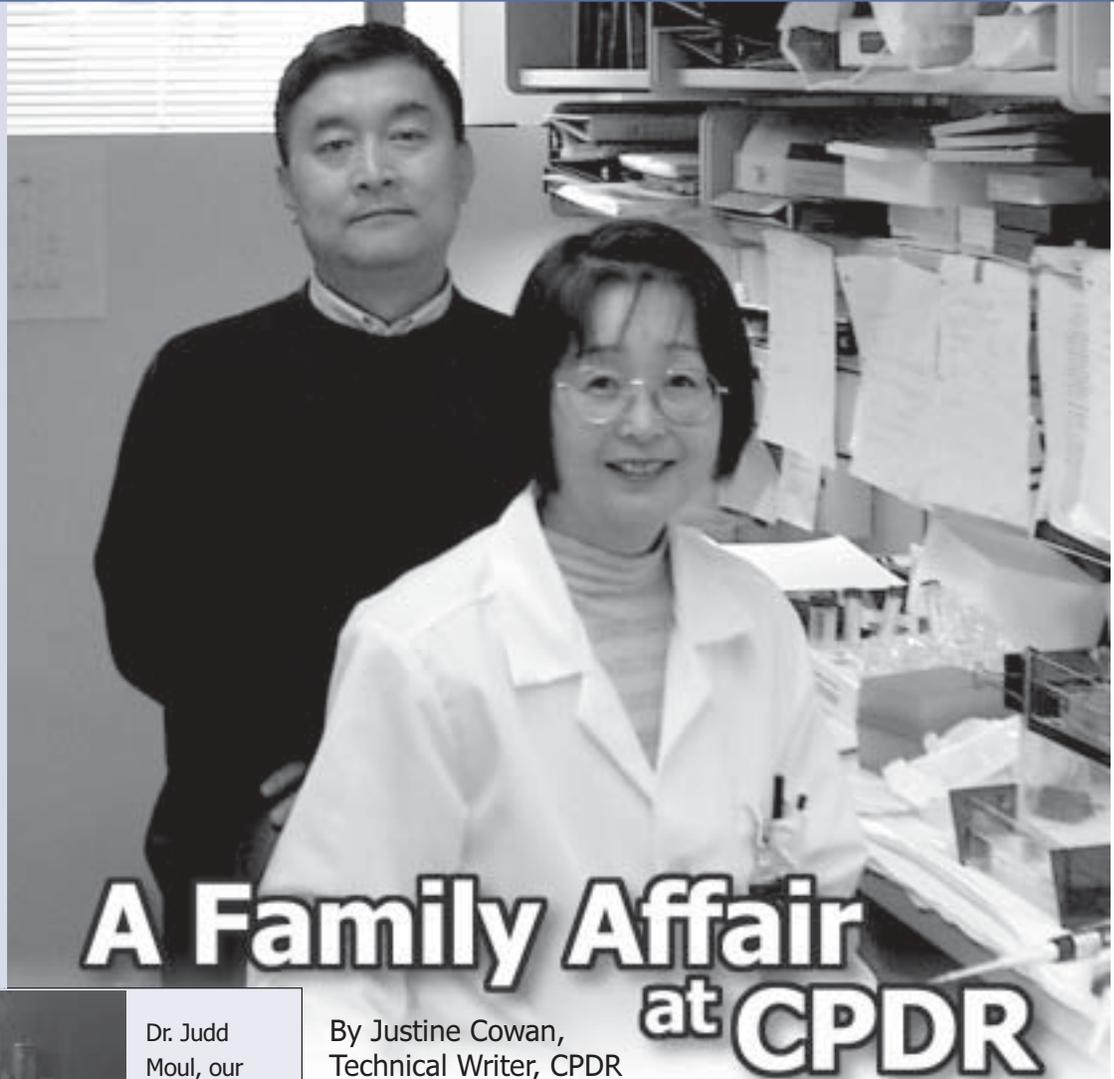


Prostate Specific Articles

Volume 4, Issue 1, July 2003



*A program of the
Uniformed Services
University of the
Health Sciences
and the
Henry M. Jackson
Foundation for the
Advancement of
Military Medicine*



A Family Affair at CPDR

By Justine Cowan,
Technical Writer, CPDR



Dr. Judd Moul, our director, demonstrates that CPDR reached

new heights of recognition at the 98th Annual Meeting of the American Urological Association, held in Chicago in May 2003. CPDR scientists and clinicians displayed a total of 18 posters in podium sessions and presentations giving CPDR national and international recognition for its contributions to the prostate cancer research field. The acceptance rate of submitted posters was an impressive 90%! Congratulations to all involved!

The couple was so busy on their 17th Anniversary - February 19 of this year-that after work, they celebrated by buying a cake together at Giant Food on the way home. They drive to work in separate cars at different times due to their very different schedules and responsibilities. She makes his lunch every day and makes sure he eats it no matter how busy he is. He appreciates the TLC. They both originate from the northern part of China – even though their hometowns are 2,000 miles apart! The couple in question is Dr. Linda Xu, Senior Staff Scientist at CPDR, and Dr. Leon Sun, Director of the CPDR Database, who spend most of their waking hours together in the same building but concentrate on totally different areas of the CPDR program.

Dr. Linda Xu grew up in Xinjiang, a province in northwest China that borders Pakistan at its southernmost edge and Mongolia to the

north. She has two sisters, one younger who is currently a factory worker, and an older sister with a successful career in accounting. According to Dr. Xu, her father “loved being around all these girls.” Both of Dr. Xu’s parents were trained as physicians, but from an early age she had the goal of becoming a teacher – a role that is respected in China since education is so highly regarded there. She loved and admired her teachers, particularly her instructors for Chinese language, chemistry and math. After completing high school, she matriculated to the Hadan Medical School of Hebei Medical University. “At that time we were excited to be able to go to medical school, to excel at the careers we wanted to follow. This was only ten years after the Cultural Revolution in China and life there was changing all the time. It was great,” she said, reflecting back on that time in her life.

Dr. Leon Sun hails from a town in the northeast section of China. His family consists of his father, an administrator in the government, and mother, a nurse/administrator in a hospital.



His siblings - two brothers and two sisters - turned to business and administration for their careers. In fact, Dr. Sun reports that his sisters and brothers are doing very well, now that China has privatized its economy, running their own small businesses back home in the mainland.

Dr. Sun met Dr. Xu in 1983 when they were in graduate school at the Third Medical University, Chongqing, China. He said that he noticed her in one of the classes they took together. They “hit it off” right away and were married in 1986. They continued working in their chosen careers – Dr. Sun as a cardiac surgeon and Dr. Xu as a professor of obstetrics and gynecology - until their transition to the United States in the 1990s.

Education in China is very different and holds a different priority than in the United States, Dr. Sun explained.

There is less competition among medical students as compared to medical schools in the United States and more of a spirit of helpfulness, of a collective effort for everyone to succeed, especially since the classes are smaller (15 in one grade level) and everyone knows their fellow students. In fact, Dr. Sun commented on a recent reunion held for alumni of his medical school in Philadelphia. “We are close – just like brothers.” Also, admittance to a college or medical school in China totally depends on your grades, regardless your personality and connections, which makes a very tough competition.

In the 1980s, after China opened its doors to the rest of the world, life was very different for everyone – especially for professionals including physicians and scientists who wanted to improve their knowledge and gain a broader range of experience in the world community. There was intellectual and cultural freedom and it was refreshing. Dr. Sun was offered a position in the National Research Council and arrived to work in this capacity in Bethesda, Maryland in November 1992. Dr. Xu and their son, David, who was six years old at the time, joined him in this country in 1993 and have since made it their permanent home. Dr. Xu’s ideas of life in the

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United States was very different from her true experience when she arrived in this country. In the 1960s in China, the impression she received about America was filtered through the Chinese government. “All we saw on television and in the newspapers were the problems with segregation in the United States. This issue was given a lot of coverage in China. It was a bad perception of what life was like at that time. When I came over here it was like heaven. Everything was so different than what we had been shown. The people were so friendly,” she recalled. “One thing that was so wonderful about this country was the privacy and space that everyone had. In China there are so many people and everyone knows your business.” Dr. Sun chimed in with his perceptions about the difference between the two countries “Business is also very different in China. There is a different way of operating in the workplace. If you disagree with your boss and have an argument it’s acceptable – just don’t criticize the state or the party. Here in the U.S., it’s the other way around. You can say what you want about the president and the country, but if you yell at your supervisor you’ll get fired,” he explained.

After following her husband to the United States in 1993, Dr. Xu worked at Uniformed Services University in the Wound Repair Program, Naval Medical Research Institute. She says she didn’t know much conversational English at the time and that, “Everyone was so kind to me – my boss and our neighbors. I could read English well but the listening comprehension was difficult,” she recalled. She worked at USU for three years and then made the transition to CPDR in 1997.

Speaking of neighbors, Dr. Sun enjoys talking about their neighbors. “The last time it snowed I came home and my neighbors had

already shoveled the driveway. It was wonderful. I’m a very popular handyman in the neighborhood – many people that live around me ask me to help them put things together. We also get invited to their parties. We have a good mix of professions where we live – two neighbors are lawyers, and one’s a leader in the Montgomery County Fire team, who is really helpful. Whenever we have a complaint about something, like the bad roads or something in the neighborhood, it gets fixed.”

When asked about their son, the couple beams. David is 15 now and attends Wootton High School in Rockville, Maryland. He has plenty of friends and according to his mom, “He’s completely spoiled and Westernized. He loves computers and helps with the chores at home when I ask him to. He’s a good student and would like to be a doctor,” she said.

There are a few remnants of the couple’s Chinese upbringing that are evident. Although the parental obedience of Confucianism no longer exists in this generation, the concept of “saving face” is still an issue in everyday life. For example, unlike couples raised in the United States, Drs. Sun and Xu maintain some of the more dignified customs they grew up with. “If

we have a disagreement at work we would settle it alone behind closed doors – never in front of those we work with,” they explained.

When asked about returning to China someday the couple became a bit melancholy. Dr. Sun explained that their son David’s proficiency in the Chinese language isn’t high enough to compete in the Chinese educational and business environments. “We can’t really go back to China and live. There have been too many changes” he explained.

Lucky for us.

Dr. Sun met Dr. Xu in 1983 when they were in graduate school at the Third Medical University, Chongqing China. He said that he noticed her in one of the classes they took together. They “hit it off” right away and were married in 1986.



On the Move Again at WHMC

As seems to be our lot in life, our office has once again been moved. Instead of being in the hospital proper, we are now housed in a relocatable building across the street. While certainly not the best of situations, the accommodations are spacious and we will go on. And go on we must, as the number of “CPDR” patients our clinic is seeing increases every week. Indeed, we have had to put the retrospective data on the back burner in order to keep up with the daily work.

To overcome this challenge, we have recently hired a temporary/project-driven part-time employee.

Her name is Lori Duque and she is expected to begin work on Monday, February 10th. She will work on three projects that have been outlined: annual surveys, consent mail-outs and ancient necropsy charts. We expect to keep her busy until summer and then will have her return as projects are identified. Her number will be 210-292-5208. (Ours remain 210-292-2895 and 2879.)

While we have long had a good relationship with Radiation Oncology, we only recently established one with our Hematology Oncology department. (It helped to find out that our PI, Dr. Sexton, is great friends with that department head!) We hope to be able to better capture data on our hormone refractory patients who choose to pursue chemotherapy alternatives.

— Dawn Grimsley/Pam Bovaird
Research Data Managers/WHMC

Education Forum at NMCS D

In September 2002, Dr. Amling and the CPDR data managers, Emily and Sara, implemented a bi-monthly prostate cancer education forum/support group for our patients and their families. These evening sessions provide a forum for education on specific topics relevant to the CPDR population. They also allow time for questions from patients and their family members. The attendance at these forums has been fantastic. To date, our guest lecturers have discussed prostate cancer trends from the CPDR database, the side effects of radiation therapy, and the basics of complementary medicine. Now that we have a consistent turnout of CaP patients, we plan to expand our topics to those that might be of interest to men who are not yet diagnosed with prostate cancer.

The Urology Clinic and Dr. Amling are also conducting a prospective prostate biopsy study that involves our CPDR patients. In this study, first-time biopsy patients are randomized to either local lidocaine block or IV sedation and undergo a 16-core biopsy procedure. The goal of this study is to determine which of these anesthetic techniques is best for patients undergoing extensive biopsy and to investigate the site-specific yield of the 16-core biopsy technique. Since our CPDR data managers consent biopsy patients, all of the men participating in this study are in our database, and CPDR benefits with the additional follow-up data required by this study.

Finally, Dr. Johnstone, our associate PI in radiation oncology, has been investigating the significance of the PSA value 100 days post-radiotherapy with respect to 8-year bNED survival. The goal of the study is to determine whether a single PSA value at this point in time

(100 days) can predict the likelihood of eventual biochemical recurrence. This retrospective study includes 214 CPDR patients who received definitive radiation therapy at NMCS D between 1988 and 2000. Dr. Johnstone plans to submit this paper as an abstract for the ASTRO meeting this year.

BAMC - Growing & Moving Forward

The CPDR site at BAMC is growing and moving forward. The database holds approximately 1,740 patients. Our data quality continues to improve due to an internal audit and the audit that headquarters is completing. At BAMC, we have experienced changes and deployment in staff; therefore, our work is even more challenging.

First and foremost, our PI, COL John P. Foley, MD was deployed in mid February. Our staff urologist and former Chief of Urology, COL Thomas Rozanski, MD was deployed once again. We wish these gentlemen the best and await their return. MAJ Edith Canby-Hagino, MD returned to WHMC as a staff urologist. Many thanks to Dr. Canby-Hagino for her hard work at BAMC and for her willingness to promote our study. Claudia Acuna completed her internship with CPDR in December 2002. Fortunately, her hard work paid off — she was hired by the Henry M. Jackson Foundation as a research assistant in the OB/GYN clinic at BAMC.

We welcome MAJ (P) Javier Hernandez, MD as PI. He has graciously accepted the role of PI both for CPDR and for many other studies, due to the shortage in staff. Dr. Hernandez completed his internship and residency at BAMC/WHMC. He

was Chief of Urology at EAMC.

Several awards to announce from the National Society of Urology Nurses & Associates (SUNA) meeting in June 2002 are as follows: Frank Salazar, BS, LVN, our urology nurse, was awarded Member of the Year. The Alamo (San Antonio) Chapter of SUNA was awarded Chapter of the Year. Finally, Dr. Moul and Karen Civitelli received an award of excellence for their abstract "Managing Advanced Prostate Cancer with Viadur" at this meeting.

Other news at BAMC...our clinic currently supports a high grade PIN study, a urinary retention study, an antibiotic study and an erectile dysfunction study, as well as a SABOR (San Antonio Center of Biomarkers of Risk for Prostate Cancer) and numerous SWOG (Southwest Oncology Group) studies. Maria Patterson, Frank Salazar and Drs. Morey and Griffith (resident) participated in a two-week MEDRETE mission providing medical care to the underserved people of Honduras in February 2003.

— **Charlotte Burdine**
Research Data Manager, BAMC

MAMC Collaboration

Marking ten years of innovative research, Madigan Army Medical Center has been there since the beginning. Our hard work has paid off, creating important research partnerships with the University of Washington and Batelle Pacific Northwest Laboratories. Thanks to the dedication

of our PI, Dr. Lance, and our Associate PI, Dr. Costabile, MAMC has been instrumental in creating the current database being used today. We have been very active in the pursuit of prostate cancer basic science, as well as clinical and pharmaceutical research protocols. There are currently 10 active prostate cancer protocols. Our current database consists of 1,787 total patients with 1,387 prostate cancer patients.

Responsibility & Team Grow at Malcolm Grow

During the last two months, the team at Malcolm Grow Medical Center has been busy collecting data and reviewing charts. Our plan this year is to send a follow-up survey to the patients that have not been seen in the last two years and to record their status. CPDR-MGMC also will re-evaluate and audit the status of the records that have been collected and entered. We will query page by page and recapture what we have missed. The CPDR-MGMC database currently has over 1090 patients.

The MGMC Urology Clinic welcomes LCDR (Dr.) Cara Crismond. We are pleased to announce yet another addition to our team. On January 31, 2003, our Principal Investigator, Dr. Andrew Chung, became the proud father of his first baby boy. Please join in our congratulations of him and in wishing his entire family, and especially its newest member, all the very best.

— **Ismail Del**, CPDR Data Manager, MGMC

NMC Portsmouth Goes All Out

The Urology Clinic won First Place for its decorating efforts in the Annual Holiday Decorating Competition at Naval Medical Center, Portsmouth. This competition is taken very seriously, with each clinic going "all out" in their attempts to capture the spirit of the season and outdo its neighbors. The Urology Clinic spruced up their glass front waiting room with a touching scene entitled "I'll Be Home for Christmas if Only in My Dreams." The display was actually two separate scenes combined to produce one overall effect. The first part was a small child seated next to a "Charlie Brown-type" Christmas tree, gazing at a photo of his father who was away on deployment. The second part was a desert scene with

a mannequin dressed like a soldier in authentic Navy Seal garb (complete with an M16!) depicting the child's father. He was sitting at a desk writing letters and Christmas cards to friends and family at home. The two scenes, combined for one effect of separation very well known to all military families, brought passers-by to tears. Maintenance men and supply crews in charge of equipment for the scene "went crazy" and brought in large amounts of beach sand to make the desert look as authentic as possible.

We're already working on ideas for the theme of next year's competition.

— Contributed by **Linda Engler**, NMCP





Ten Things To Love About Prostate Cancer Survivors

Since I joined the cancer research field almost three years ago I have developed an intense admiration for a very special group of men that I have come to know through various interviews, group support sessions, health expos and everyday Internet correspondence. These are the prostate cancer survivors - men suddenly confronted with a life-threatening disease who arm themselves with the knowledge, courage and deep-seated strength to become advocates for their own health, choose a treatment option or therapy to eradicate their cancer and then impart this knowledge, often forcefully, to men in the general population who might not have accurate information on prostate cancer, or just be too frightened to address the issue.

What amazes me the most about all these gentlemen is their warmth and openness in sharing their personal accounts of how the cancer affected them and their spouses, partners and families. They never hold anything back as they speak to me, a woman writer who was wearing diapers while they were providing for their families and fighting the enemy in Vietnam, about the very intimate details of how prostate cancer sapped their manhood, destroyed their normal bodily functions and, due to certain hormonal therapies, given them “hot flushes” or enlarged breasts. The survivors’ open communication and camaraderie with me has often led to laughter, and after that trails off, quiet reflection on the gift of health.

The second thing that amazes me about these guys is their advocacy. No better group than those who have beat the odds can spread the word to the public about the importance of early screening for prostate cancer. When I recently worked at a health expo with members of the US TOO group from the Washington, D. C. area, I stood back to watch them in action. One volunteer would approach a passer by, often middle-aged or African-American, look him in the eyes, take him by the arm and ask him what his current PSA

blood test was. If the man didn’t know this information or hadn’t been tested for a few years, he was counseled and then escorted to the free screening, including digital rectal examination (DRE) and prostate-specific antigen (PSA) blood test by a local clinic! This passion to help another man, often through intimidation that segues into a candid question and answer session, is an inspiration to all of us who work every day in the cancer research field. Whether it be in the clinic, the laboratory or the office, we all want to save men’s lives.

Next, prostate cancer survivors live each day to the fullest. They’re fun people - vibrant, loving and remarkable. They tell great, compelling stories. When you meet them they don’t fade into the corners. They love to hug - even the first time they meet you! They stand out, and when you are introduced to them, you will remember their first names. They’re just glad to be alive - to have stifled their disease.

I know the spouses and partners of so many of the survivors I have met. In fact, many of these ladies are the ones who “lovingly nudged” the men in their lives to visit the doctor in the first place. These ladies have fought beside their men and have also armed themselves with tremendous knowledge on the subject of cancer as well as the latest research and treatments.

And just as I learn about their lives and families, so too do they learn about mine. We relate to each other on a human level and talk about everything. This is especially true when I interview men of my father’s World War II generation. They in particular seem eager to know about my family and background

I have noticed that these survivors are well-educated patients. They are intelligent, motivated and highly informed about their disease. Once these men are diagnosed, they devour any and all information that they can get their hands on about prostate cancer. Their knowledge is oftentimes comparable to that of some of the PhDs and MDs with whom I work on a daily basis at the Center for Prostate Disease Research (www.cpdrr.org). After discussing all of the available information with their families, they arrive at their own personal conclusions about the most appropriate treatment path. They are proactive and take charge of their health. They become their own best advocates.

I could write six more things that there are to love about prostate cancer survivors (as promised in the title). But, I must conclude. I have manuscripts to edit that will hopefully add to the wealth of literature on this disease and one day, not too far in the future, help scientists and clinicians find the cure for this “silent killer” that has affected so many of these men that I consider my friends. Good friends are worth keeping around.



Keith Hutton has Plans

CPDR's **NEW** Lab Manager
Has **NEW** Ideas

As the new Laboratory Manager for the Basic Science Program at CPDR, Keith Hutton has suggestions for better communication, and openness to new ideas on the smoother running of all aspects of the scientists' and research assistants' day-to-day operations and experiments in the laboratory. Keith has the energy and motivation and we are all ready to see the effects of his leadership and vision.

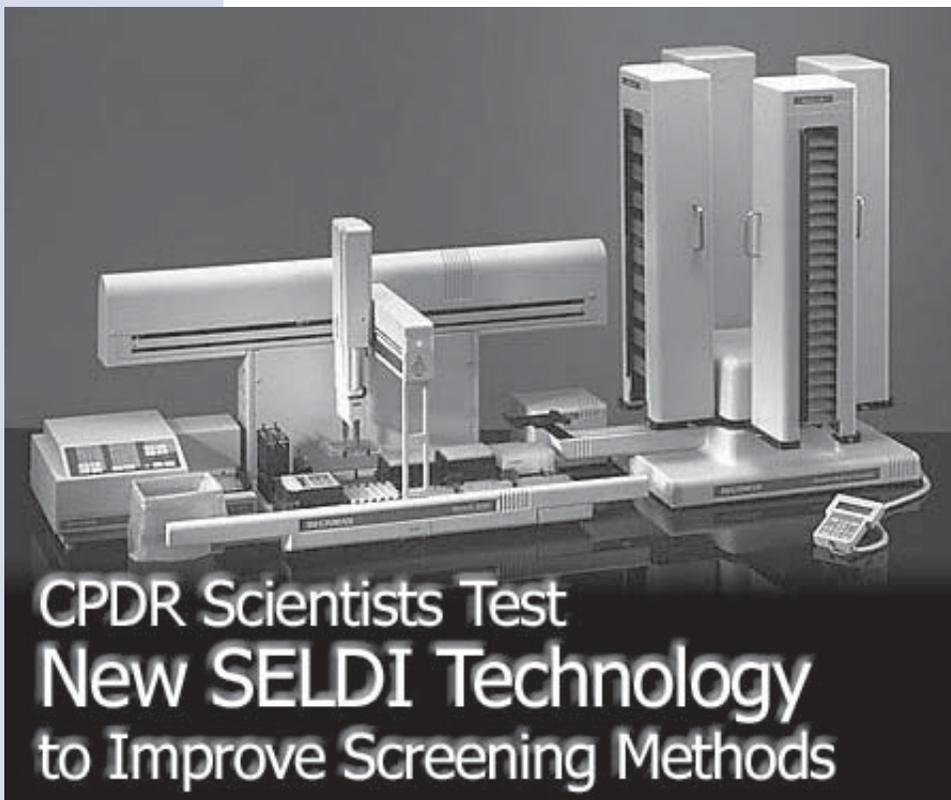
Keith comes to CPDR, which he joined in

August 2002, from the Walter Reed Army Institute of Research (WRAIR), where he was a Senior Research Associate and Assistant Laboratory Manager. He worked on a malaria research project from 1994 to 2000. He also has experience in similar capacities with past projects on Leishmaniasis, genetic therapy, etc. His education took place at the University of Maryland University College, where his BS was as a double major student in Microbiology and Management Studies.

Quarterly meetings involving the scientific staff are one of Keith's newly implemented procedures for the smooth operation of the CPDR laboratory. At his first laboratory planning meeting held in the CPDR conference room, he covered such topics as review of the safety inspection at the East Jefferson site, laboratory issues from principal investigators, guardianship and procurement issues. "I'm just warming up" said Keith to the somewhat hesitant audience "I'm looking forward to the new year and ready for plenty of input from the scientists. I would like to know your impressions of the cleanliness of each of your individual workspaces. One of my goals is to improve the quality of the lab," he commented.

Soon, particular suggestions emerged from the attendees. Dr. Petrovics suggest starting a "wish list" of machinery and materials that might be needed by the scientific staff for the coming year. Leland Davis volunteered to assume leadership, with Keith, of the radioactivity room. Daejin Ko informed participants that the USUHS store will close permanently soon. Yinghui Shi offered a suggestion that each water bath should have its own, separate thermometer.

It looks like Keith's enthusiasm is infectious.



Scientists at the Center for Prostate Disease Research (CPDR) in Rockville, Maryland are testing a new technology for the development of a more accurate diagnostic and prognostic tool for prostate cancer: SELDI (surface enhanced laser desorption/ionization). This technology developed by Ciphergen Biosystems, Inc., promises to be more efficient than the previously-used diagnostic method, two dimensional polyacrylamide gel electrophoresis (2D-PAGE), and even MALDI-TOF (Matrix Assisted Laser Desorption/Ionization-Time of Flight), which takes up to 10 hours to perform as opposed to 4 or 5 hours for SELDI.

The classic approach for discovering disease-associated proteins is 2D-PAGE. Although 2D-PAGE is unchallenged in its ability to resolve thousands of proteins, it is labor intensive and requires large quantities of protein. Recent advances in laser desorption mass spectrometry (MS) such as MALDI-TOF MS are beginning to offer an alternative to 2D-PAGE. The limitations in the use of MALDI include extensive, time consuming sample preparation and background problems from inorganic and organic contaminants. These factors have prevented MALDI from being used as a high-throughput screening tool. The development of SELDI TOF-MS has largely overcome many of

the limitations encountered by scientists when MALDI is utilized.

The new SELDI technology uses the ProteinChip array of addressable protein binding sites on a solid substrate. The chip is incubated with a patient sample, and unbound proteins and other contaminants are removed through a washing step. By combining different surfaces and wash conditions, high-speed, high-resolution chromatographic separations are achieved 'on-chip'. The final step is the addition of an energy absorbing molecule (EAM). This molecule is added to the chip array and the array is subjected to "on-chip" laser desorption mass analysis to provide a molecular weight-based protein profile. Most importantly the ProteinChip system can analyze trace amounts (i.e femtomole) of native proteins in their natural state. Drs. Kala Prasanna and Lionel Bañez, the CPDR investigators performing the SELDI experiments, are pleased with their initial results. They comprise one of

the four groups around the country (others are at Eastern Virginia Medical School, the FDA and Johns Hopkins) using this technology in attempts to discover a better biomarker for prostate cancer screening. Prasanna offered this summary: "The goal of our study was to determine whether serum protein profiling using SELDI supplemented with the commercially available software packages developed by Ciphergen Biosystems could accurately discriminate between prostate cancer patients and unaffected individuals." Prasanna and Bañez reported the creation of an algorithm with results of 85% sensitivity, 85% specificity, 85% overall accuracy and a 91% positive predictive value. This is extremely promising in terms of clinical value of being able to distinguish between patients with prostate cancer and patients with conditions such as BPH or other prostate disease, which PSA is unable to do.

Prasanna is excited about the practicality of using SELDI. "Only a small amount of protein is needed, it's fast and the investigators do not need to identify the specific protein. Also, normal samples to patient samples can be compared easily with the outcome of a good marker. This is an exciting new technology in identifying biomarkers."

For more information on CPDR, any of its programs or research news, visit the website at www.cpdr.org.

Study: African American Prostate Cancer Patients Treated with Brachytherapy have Outcomes Similar to Other Groups



Dr. Peter Johnstone recently presented a Department of Defense study outlining the relationship of race and prostate cancer at the Radiological Society of North America Scientific Assembly and Annual Meeting. The study concluded that African-American men with prostate cancer, who chose brachytherapy as their primary treatment, have outcomes similar to other ethnic groups. The Department of Defense study included 1,806 prostate cancer patients treated with radiotherapy, 343 of whom were African-American. Dr. Johnstone was the lead author of the study, which was published in the November issue of *Radiology* (225:420-426, 2002). He stated that he was not surprised that brachytherapy works as well as radiation therapy. "In treating prostate cancer there are three pertinent considerations: stage, Gleason score, and PSA; race is not a factor," said Johnstone.

He and his colleague, Dr. William L. Barrett who gave a press briefing on this subject, noted that historically, African-American patients present at a more advanced stage of cancer, which influences treatment options. "We don't know if this is caused by economic factors or cultural factors," Dr. Johnstone said. Dr. Hedvig Hricak, also present at the briefing with Drs. Barrett and Johnstone, said that patients present at a later stage. "This does not mean that the disease is different, but rather that we are reaching the patients at a later stage," said Dr. Hricak. She concluded by agreeing that brachytherapy is an effective treatment option if the disease is early stage.

Congratulations to Dr. Trent D. Sternchock who won First Place in the Resident Prize Essay in Clinical Investigation at the 2002 Annual Meeting of the Mid-Atlantic Section of the American Urological Association. Dr. Sternchock's essay was entitled "Radical Prostatectomy versus External Beam Radiation as Primary Treatment for Clinically Localized Prostate Cancer: The Walter Reed Experience".

Congratulations also to Dr. Timothy Donahue of National Naval Medical Center, Bethesda, for successfully passing his Medical Board examinations.



Dr. Moul Participates in DC Prostate Cancer Town Hall Meeting

Washington - Dr. Judd Moul, CPDR Director, was an invited panelist for the first prostate cancer town hall meeting on Monday January 27th at George Washington University. DC Mayor Anthony Williams as well as Congressman Randy (Duke) Cunningham from California joined Dr. Moul. Also on the panel were other prostate cancer experts, including Harold Freeman, MD, of the National Cancer Institute and Michael Manyak, MD, Chief of Urology at GW. The program was moderated by local TV personality Lark McCarthy. The program involved community leaders, concerned citizens, prostate cancer advocacy groups and the panelists to focus attention on the great problem of prostate cancer in the African-American community and other minority groups. The groups called for better education, better screening opportunities, and most importantly, the availability of treatment for poor and uninsured minority men diagnosed with prostate cancer.

From left to right, Mr. Murdock A. Schofield – Survivor; Dr. William Dahut, MD - Principal Investigator, Medical Oncology Clinical Research Unit, National Institute of Health, National Cancer Institute; US Representative Congressman Randy "Duke" Cunningham (R-CA) – Survivor; Mayor Anthony A. Williams; Dr. Michael J. Manyak, MD - George Washington Hospital Medical Center, Department of Urology; Dr. Judd Moul, MD - Director Center for Prostate Disease Research; Dr. Chiledum A. Ahaghotu, MD - Howard University Hospital, Division of Urology

Dr. Moul Serves on Advisory Council

Dr. Judd Moul, CPDR Director, was recently nominated to serve on the American College of Surgeons (ACS) Advisory Council for Urology. This is a very prestigious appointment. Dr. Moul was selected as the Urology Representative and the only representative from the American Urological Association (AUA). He was chosen by a committee consisting of physicians from all over the country.

His duties begin in October 2003 and will include:

- ♦ to advise the Board of Regents on policy matters and policy formulations.
- ♦ to discuss matters which the Council feels appropriate to be brought to the attention of the Board of Regents and/or other organizations.
- ♦ to serve as a liaison in the communication of information to and from surgical organizations to the Board of Regents.
- ♦ to nominate individuals from the specialty to serve on College committees and other bodies.
- ♦ to aid in the development of programs for the Clinical Congress.

50th Anniversary Kimbrough Urological Seminar

This past December, Walter Reed Army Medical Center was honored by hosting the Golden Anniversary James C. Kimbrough Urological Seminar. This was the largest meeting in Kimbrough's history and was held at the Crystal City Gateway Marriott. There were well over 100 abstracts accepted for presentation. The highlights of the meeting included a review of the life of Colonel James C. Kimbrough by COL Judd Moul of CPDR, an address by LTG James B. Peake, the Army Surgeon General, and the outstanding basic science and clinical papers given during the meeting. Dr. Gyorgy Petrovics from CPDR received the award for the best poster presentation. All in all, the residents from all the programs did an exemplary job and showed how great military urology is.

We were fortunate to have 15 visiting professors, covering all the major disciplines in Urology, many of whom are former military urologists. All the events were well attended, despite some bad weather mid-week. The dinner at the Capitol, featuring comedy troupe the Capitol Steps was very well received, as were the Air Force Strolling Strings who played at the Awards Banquet. The 51st Kimbrough Urological Seminar will be held in

January 2004 in San Antonio, Texas. This meeting will be sponsored by Wilford Hall Air Force Medical Center.



Update from National Prostate Cancer Coalition (NPCC)

In February 2003, The National Prostate Cancer

Coalition (NPCC) showed its support for prostate cancer funding for FY04 by posting an article on its website. In it, NPCC called for increased funding for FY04 of the Department of Defense (DoD) Congressionally Directed Medical Research Program (CDMRP) administered at Ft. Detrick Maryland, to total at least \$100 million. The article stated NPCC's suggestion to provide at least \$10 million for the CPDR. It continued by providing background for past funding and justification for the need for increased funds for clinical trials and continued research, even at a time when the nation continues to fund the war on terrorism and prepare for possible altercations at home and abroad. Even with the threat of war, the evidence of an increase of 17% in the number of prostate cancer cases between 2002 and 2003 should ensure that improved public health and improved prostate cancer screening and education remain in the forefront of the government's attention.

Kudos for PR/Health Expo Participation by CPDR Staff

Many thanks to Kimberly Peay, Family Nurse Practitioner from the CPDR WRAMC Clinical Center, and Amina Ali, Senior Medical Technologist/Serum Repository Coordinator, WRAMC CPDR, for their participation in the International Day of Service of The Prince George's County chapters of Delta Sigma Theta Sorority, Inc. on Saturday, March 8, 2003. The event was held at Bowie State University in Bowie, Maryland and focused on different health disparities directly affecting the African-American community.

We appreciate how Kimberly and Amina took time out of their busy schedules to hand out

educational materials as well as answer questions relating to prostate cancer and other health-related issues.

Thanks also to Gary Blake, Clinical Trials Coordinator, WRAMC, CPDR and Judith Travis, Research Nurse, WRAMC, CPDR, who represented CPDR on Monday, March 10, 2003 at the Prince George's Community College Health and Wellness Fair. The theme of this year's fair was "Time to Get Healthy". Gary Blake reported that "The turnout was great, with more than 35 participants from different agencies and great attendance by the public. I coach women's basketball at Prince George's Community College and knew a lot of the people there. I was even on TV – the college has its own television station. I love dealing with the public."

Judith and Gary handed out educational materials on the importance of early detection for prostate cancer, answered questions from the general public and directed them to additional agencies and sources of information

These PR opportunities are great exposure for CPDR and also allow CPDR employees to interact with the public in a more direct, personal way.

Congratulations to Dr. Leo Kusuda - the CPDR Principal Investigator at the Naval Medical Center in Portsmouth, Virginia. Dr. Kusuda received the Presidential Meritorious Service Medal for Outstanding Meritorious Service at his site from October 1997 to October 2002.

Also, **congratulations to Dr. Gyorgy Petrovics**, Senior Staff Scientist at the East Jefferson site. Dr. Petrovics' Poster Award was announced at the December 2002 James C. Kimbrough Urologic Symposium in Crystal City, Virginia. His poster was entitled "Expression of a new class of prostate-specific noncoding genes, PCGEM1 and DD3, in laser capture microdissected cells of prostate cancer patients".

Congratulations to Dr. Douglas Soderdahl of Dwight D. Eisenhower Army Medical Center in Ft. Gordon, Georgia. He was the recipient of the Prince Beach Award for his paper entitled "Military Urology: Should I stay or should I go?" which was also announced at the December 2002 Kimbrough Symposium.

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