

## Current Clinical Trials (cont.)

### Benign Prostatic Hyperplasia (BPH) Study 1

Men who are older than 50 and have been diagnosed with BPH for at least a year may qualify for a study of a new investigational product at three dosage levels being developed to treat BPH.

### Study 2

Men over 45 years of age with bothersome symptoms of BPH may qualify to participate in a study of a new investigational injection intended to reduce the effects of an enlarged prostate.

### Over-Active Bladder in Seniors

FDA approved product for patients with symptoms of over-active bladder (i.e., frequent urination, frequent urge to urinate, leakage of urine and urge to urinate during the night). The study is designed to evaluate quality of life impact issues for elders, their families and caregivers.

### Self Catheter for Males

Men who use a catheter for urination may qualify to test a new magnetically activated catheterization device eliminating the need for external bags or tubes.

### Prostate Cancer Assays

We have several studies for prostate cancer that are not treatment driven. These assays involve the TUCC Clinical Research Department collecting lab samples to help develop better early detection tests for conditions like prostate cancer.

### Kidney Stone Surgery

Investigational combined injection intended to inhibit inflammatory processes during and post ureteroscopy (kidney stone surgery).

#### For all patients:

Participation in clinical research is voluntary. Your voluntary participation can be withdrawn at any time; study withdrawal will not impact your treatment at TUCC. When participating in a clinical trial at TUCC, you will receive study procedures, study medication and study related care at no cost to you.

For more information, please contact Carolyn Pooler, clinical research coordinator, at 303.783.2773 or visit [www.tucc.com](http://www.tucc.com).



THE UROLOGY CENTER  
OF COLORADO

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# IN FOCUS

## Register Today!

The Blue Shoe Run for Prostate Cancer  
Richard Hepe, M.D.



I invite you to join The Urology Center of Colorado (TUCC) Foundation for the first annual Blue Shoe Run for Prostate Cancer on Saturday, September 25, 2010 at 8:00 a.m. All monies raised from this event will go toward TUCC Foundation's efforts to improve local prostate cancer screening, community education and research programs.

We are designing The Blue Shoe Run to embrace all participants from small children to people with walkers to serious, competitive runners. We look forward to the most fun and best supported 5K run/walk and 1.5-mile family walk in the Denver metro area. There will be music along the course, which will start and end at the TUCC building. We will have a variety of refreshments including adult beverages and plenty to do before and after each event. There will be play zones for the young and the young at heart along with educational kiosks including a demonstration of the da Vinci surgical robot – the most exciting and transformative technology to enter the operating room since the scalpel!

The Blue Shoe Run will serve as an excellent connector for our patients, staff, physicians, donors and corporate partners. We hope to forge new ties that will carry the Foundation into the future. Our goal is for TUCC Foundation to become the single most important private foundation supporting urologic causes in the state of Colorado.

TUCC Foundation was formed to support patients with urologic diseases who struggle to pay their every day living expenses while going through treatment. Our efforts also include providing scholarships for people interested in a career in the medical field, supporting urologic education and screening to the general population and providing assistance to our own employees who have emergency financial needs. In the future, TUCC Foundation is committed to supporting urologic research to help generations to come.



Please join us on Saturday, September 25th. It will be an extraordinary experience of collaboration for a mutual purpose. If you cannot join us, please consider supporting the effort with a financial donation and we will look forward to seeing you next year!



THE UROLOGY CENTER  
OF COLORADO

2777 Mile High Stadium Circle  
Denver, CO 80211

## The Blue Shoe Run for Prostate Cancer (cont.)

Run for your father, your husband, your brother, your friend. Run for you! Join TUCC Foundation for The Blue Shoe Run for Prostate Cancer, a 5K run/walk and 1.5-mile family walk on Saturday, September 25, 2010 at 8:00 a.m. All monies raised from The Blue Shoe Run will go toward TUCC Foundation's efforts to improve local prostate cancer screening, community education and research programs.

Be sure to stick around following each event for a post-race party at TUCC featuring a free Alaskan Brewery Beer Garden, food and drinks, live music from three Denver-based bands, prostate cancer survivor recognition with 7News anchor Mike Landess, free prostate cancer screenings, prizes and awards, educational booths and kids activities – including a giant inflatable slide!

For more information on The Blue Shoe Run, please contact Martha Ruschival at [mruschival@tucc.com](mailto:mruschival@tucc.com) or 303.762.7160.



*More than 3,000 Colorado men are diagnosed with prostate cancer every year.*



### RACE DETAILS

#### WHEN:

Saturday, September 25  
8:00 a.m.

#### WHERE:

The Urology Center of Colorado  
2777 Mile High Stadium Circle  
Denver, CO 80211  
Just north of INVESCO Field

Free parking for Blue Shoe Run participants will be available in the INVESCO Field H & I lots just southwest of TUCC.

#### COST:

\$35 Adults (\$40 race day)  
\$20 Youth – age 17 and younger (\$25 race day)  
\$20 Seniors – age 65 and older (\$25 race day)

All registration fees include a long-sleeved race t-shirt.

**Show your support for The Blue Shoe Run for Prostate Cancer by registering online at [www.theblueshoerun.com](http://www.theblueshoerun.com).**

**Team registration and fundraising opportunities are also available.**

## The Prostate Cancer Screening Controversy

Mark Jones, M.D.



The need for prostate cancer screening in the U.S. has been a hotly debated topic in the medical community and general public for several years. The controversy came to a head in 2009 with two medical studies that were published in the New England Journal of Medicine. The preliminary results of these studies came to completely opposite conclusions, making the controversy more confusing to patients and doctors alike. In this short article, I hope to provide some background on the topic and demonstrate why prostate cancer screening is still recommended by TUCC and numerous national medical organizations.

Prostate cancer is the most commonly diagnosed cancer in men in the U.S. and more than 3,000 men in Colorado were diagnosed with the disease in 2009. Prostate cancer is the second leading cause of cancer death among American men. Eighty percent of men diagnosed with prostate cancer will be found to have cancer totally confined to the prostate (localized) and not outside the prostate (locally advanced or metastatic). Localized prostate cancer is diagnosed through screening efforts with the PSA (Prostate Specific Antigen) blood test and DRE (Digital Rectal Examination). Localized prostate cancer is curable and metastatic prostate cancer is treatable, but not curable.

In 1987, PSA was found to be a blood marker for prostate cancer and it has since been performed as a screening test by doctors worldwide to help detect prostate cancer. PSA can be elevated for numerous other reasons besides prostate cancer, making it an imperfect test. Whether PSA decreases deaths from prostate cancer is still controversial, 20 years after the first published article on the test.

Before the PSA era, at the time of prostate cancer diagnosis 35 percent of men had metastatic cancer and 67 percent had locally advanced cancer. With PSA screening today, 80 percent of men diagnosed with prostate cancer have localized disease. In addition, the death rate from prostate cancer has decreased by 30 percent since routine PSA testing began. Thanks to PSA testing, the incidence of prostate cancer has dramatically increased. U.S. men have a 1 in 6 chance of being diagnosed with the disease, but only a 1 in 30 chance of dying of prostate cancer. This means many men diagnosed with prostate cancer will never die of their disease.

Two prostate cancer screening studies published preliminary data in 2009, one from the U.S. and one from Europe. The European Randomized Study of Screening for Prostate Cancer (ERSPC) demonstrated a 20 percent reduction in the rate of death from prostate cancer with PSA-based screening. ERSPC

study physicians determined that more than 1,400 men would need to be screened with PSA and 48 men would need to be treated for prostate cancer to prevent one prostate cancer death. Conversely, the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer screening trial in the U.S. demonstrated no reduction in mortality with PSA screening. The PLCO trial has received extreme criticism in the U.S. because of the large amount of contamination within the control-arm of the study group. What this means is that of the patients randomized to the no-screen arm, 52 percent had PSA screening performed outside the study by their primary care physician. In contrast, the ERSPC study had only a 6 percent contamination rate with its study participants. The extraordinary amount of contamination within the PLCO trial has made many prostate cancer experts question the study's validity.

The prostate cancer screening controversy is still an ongoing debate, but I contend that debating over whether to screen or not screen for prostate cancer is not where our research and debate should be focused. It is my belief that most men would prefer to know whether or not they have prostate cancer. I think our research focus should be on finding a molecular marker that can help us distinguish which patients truly need aggressive life-saving treatment for their prostate cancer and which patients do not need treatment. This marker has yet to be found.

Currently at TUCC, we follow and recommend the American Urologic Association's (AUA) PSA Best Practice Statement that was updated in 2009 after the release of the two previously mentioned screening studies. The AUA recommends a baseline PSA and DRE at age 40 if a man has a greater than 10 year life expectancy. The screening follow-up regimen for men after age 40 and later years in life depends on prior PSAs, prior DREs, a patient's family history, a patient's life expectancy and, most importantly, a patient's decision to be screened or not. The absolute PSA value that warrants a prostate biopsy is unknown, as patients with PSA levels below 2 ng/mL still have at least a 30 percent chance of prostate cancer.

In conclusion, TUCC physicians recommend prostate cancer screening for patients after they receive proper risk-benefit counseling by their primary care physician or urologist.



## Who are you running for?

## Radiation Therapy Treatment for Prostate Cancer

Eric Gross, M.D.



When considering radiation therapy for prostate cancer, our technology has never been better. Today, radiation oncologists combine sophisticated treatment planning in the form of intensity modulated radiation therapy (IMRT) with the precision targeting of image guided radiation therapy (IGRT). IMRT allows us to safely deliver higher radiation doses to the prostate while

optimally sparing surrounding normal tissue - namely the bladder and rectum. This "dose escalation" has been reported in randomized trials to improve cancer control with minimal potential risk. Daily IGRT involves initial placement of three gold markers called fiducials into the prostate. An image is then obtained prior to each treatment utilizing a cone beam CT scan, which ensures a reproducible "target" throughout the treatment course. Generally, outcomes for patients electing to pursue radiation therapy as the primary treatment for their prostate cancer are comparable to surgery or radical prostatectomy.

Prostate cancer patients with intermediate or high-risk disease may receive androgen deprivation therapy (ADT), also referred to as hormone therapy, in addition to radiation therapy. ADT is not without potential risks that require monitoring. In response to the special needs of these patients, TUCC has launched a



comprehensive ADT clinic for all patients receiving hormone therapy. In addition to routine follow-up appointments with their attending physician or Steve Bales, N.P., our primary caregiver at the ADT clinic, patients may benefit from consulting with a nutritionist or physical therapist to counter some of the potential metabolic or musculoskeletal side effects of ADT. This is just another opportunity for TUCC to provide patients with comprehensive, state-of-the-art care under one roof!

**Visit [www.tucc.com](http://www.tucc.com) for more information on radiation treatment at TUCC.**

### Save the Date!

## 2010 State-of-the-Art Symposium

TUCC is pleased to announce that we are hosting the Annual State-of-the-Art Symposium together with Rocky Mountain Cardiovascular Associates and Rocky Mountain Gastroenterology Associates on Saturday, October 16, 2010 at the Police Protective Agency Event Center – 2105 Decatur Street, Denver, CO 80211.

**The Annual State-of-the-Art Symposium is an interactive, full-day educational event specifically designed for physicians, physician assistants, nurse practitioners and nurses.** Featuring topics from all three specialty practices, this free event is the first of its kind in Denver! Physicians from each practice will present the latest advancements in care as it relates to optimizing men's health. More specific topics such as the importance of screening for cardiovascular disease, colorectal cancer and prostate cancer will be discussed throughout the day.

A lunch hour presentation will be provided by Michael Victoroff, M.D., of COPIC Insurance Company entitled "How to get sued with your EMR". The Symposium will conclude with a keynote address by Mark Moyad, M.D., director of complementary medicine at the University of Michigan. In total, Symposium attendees will receive 8 AMA PRA Category 1 Credits™, 8 Nursing Contact Hours and COPIC ERS Points through the Colorado Foundation for Medical Care.

Registration and continental breakfast starts at 7:30 a.m., educational presentations will begin promptly at 8 a.m. and a cocktail reception will follow at 5:00 p.m.

**To see a full list of symposium topics or to register visit [www.annualsymposium.org](http://www.annualsymposium.org).**

## Clinical Research for the Treatment of Prostate Cancer



Lawrence Karsh, M.D., F.A.C.S.

As life expectancies continue to increase, it is imperative that the medical community continues to perform clinical research in an effort to develop better ways to diagnose and treat prostate cancer. As part of our commitment to excellence in urology, TUCC is proud to be involved in cutting edge

research designed to prevent prostate cancer, detect prostate cancer at earlier stages and develop more effective treatments for advanced prostate cancer.

Screening for prostate cancer has been a controversial subject since the development of the PSA blood test in the mid 1980's. And as the very complicated Health Care Reform Bill is debated, screening for all diseases will be discussed. There is no doubt that screening is expensive, but to those whose lives have been saved by screening, there is no debate. For this reason, we need to develop inexpensive, mass produced and more accurate tests. Research at TUCC is helping develop future technologies for the detection of abnormal cancer genes in the blood and urine. These tests may detect prostate cancer earlier and distinguish lethal cancers from non-aggressive cancers so that physicians can target those men who will require aggressive treatment sooner.

TUCC is a member of the prestigious Society of Urologic Oncology-Clinical Trials Consortium (SUO-CTC) as well as the Southwest Oncology Group (SWOG) and the Radiation Therapy Oncology Group (RTOG). Our center has participated in prostate cancer prevention trials as well as numerous trials focused on developing sophisticated, biological and targeted therapies for advanced prostate cancer. We are also participating in clinical trials that explore the use of vaccines and immunotherapies for prostate, bladder and kidney cancers.

Research and development is critical to any successful organization and TUCC is no exception. In an effort to offer our patients tomorrow's therapies today, TUCC continues to develop and expand our research department. Our research applies not only to urologic cancers but also to all urologic diseases. World renowned physicians and scientists regularly visit and lecture at our center as part of the Visiting Professor Program, which is designed to educate and enable our staff to stay on top of the latest advancements in clinical treatment.

Research at TUCC depends heavily on patient participation. I would like to thank those patients who are participating and have participated in clinical trials. You are the most important component of the research program and your safety is our utmost concern. All TUCC physicians are certified by the National Institutes of Health Human Protection Program and we continue to strive for excellence in the conduct of clinical trials prescribed by the International Conference of Harmonization and Good Clinical Practice (ICH/GCP).



Please consider enrolling in a clinical trial if a TUCC clinical staff member or your physician approaches you. They have already pre-screened you and believe that you may benefit from the particular study that they are recommending. All trial related costs are free. Your participation may help not only you but also future generations of patients. Remember, the approved treatments that are saving lives today were developed in the clinical trials of the past.

**Visit [www.tucc.com](http://www.tucc.com) for more information on the TUCC Clinical Research Department.**



Advancing urologic care in the Rocky Mountain region through advocacy, research, education and support.

## Recent TUCC Foundation Events

**June 6, 2010**  
2010 Survivorship Picnic

On Sunday, June 6th, more than 450 survivors of urologic conditions - prostate cancer, bladder cancer, kidney cancer, testicular cancer, spinal cord injury and interstitial cystitis patients – and their loved ones joined TUCC Foundation for the second annual Survivorship Picnic. These diseases impact the lives of thousands of Coloradans. In fact, prostate cancer is the most commonly diagnosed cancer in the state today. The perseverance and hope expressed by cancer survivors is recognized nationwide on the first Sunday of every June.

The Survivorship Picnic included a display of classic cars from the Denver Thunderbird Club, speakers sharing their stories of survivorship, live music and interactive educational booths. A special dedication of a healing garden planted in recognition of local survivors and a ribbon tying ceremony also took place during the celebration.

According to TUCC Foundation President, Richard Heppe, M.D., "TUCC physicians are dedicated to not only effectively treating our patients diagnosed with debilitating conditions, but also to supporting them in their journey from diagnosis through treatment and recovery."



**August 21, 2010**  
6th Annual Classic Aircraft and Car Show

In recognition of Prostate Cancer Awareness Day, TUCC Foundation clinical volunteers provided free prostate cancer screenings to 151 men attending the 6th Annual Classic. Throughout the day, attendees were treated to more than 500 classic and antique cars, aircraft and motorcycles, performances by Don Nelson's High Energy Aerobatic and live radio remotes from Cruisin' Oldies and Drive Radio.

Visit [www.tucc.com/foundation](http://www.tucc.com/foundation) for more information on TUCC Foundation.



## Upcoming TUCC Foundation Events

**October 3, 2010**  
Bladder and Prostate Cancer Screening at the Centro San Juan Diego

2830 Lawrence Street  
Denver, CO 80205

8:00 a.m. – 12:00 p.m.

TUCC Foundation will partner with the Centro San Juan Diego for the first time to provide bladder and prostate cancer screenings at the Family Health Fair on October 3rd. Centro San Juan Diego is an institute founded by the Archdiocese of Denver to provide both pastoral and multiple family services to the Archdiocese's Hispanic community.



**October 14, 2010**  
Annual Presentation on Nutrition and Supplements

PPA Event Center  
2105 Decatur Street  
Denver, CO 80211

7:00 p.m.

Mark Moyad, M.D., has delivered his premier update on nutrition and supplements for urologic cancers to thousands of Coloradans over the past 12 years. This is a free seminar for those interested in cancer prevention and those living with cancer. Dr. Moyad is the primary author of more than 100 medical articles, an author or co-author of six books and the editor-in-chief of the medical journal "Seminars in Preventive & Alternative Medicine" by Elsevier. He currently serves as the Director of Complementary Medicine at the University of Michigan.

## Current Clinical Trials

TUCC is now enrolling patients in the following clinical trials:

### Prostate Cancer Study 1

Males 18 years of age or older, who have been ordered LHRH therapy (receiving hormonal injections every few months) OR have had an orchiectomy at least six months ago with rising PSA may qualify to participate in a study of an investigational product for patients with high-risk prostate cancer to possibly keep the cancer from spreading to your bones.

### Study 2

If you are male between the ages of 50-80 years of age diagnosed with prostate cancer, had a biopsy in the last six months and are currently treating your diagnosis with "watchful waiting", you may be eligible to participate in a study of an investigational product for patients with low-risk localized prostate cancer to possibly reduce the risk of the cancer spreading.

### Study 3

If you are a male 18 years of age or older, diagnosed with prostate cancer and hormone therapy has failed to alleviate the progression of the disease, you may be eligible to participate in a study for an oral medication intended to impact the overall survival rate of patients who have failed hormone (LHRH or ADT) treatment.

### Peyronie's Disease

*(painful curvature of the male organ)*

Peyronie's Disease is a condition that occurs in about 6-10 percent of men over the age of 40 (although it can affect teenagers and men in their early 20's) in which a dense and thick mass of fibrous tissue, called a Peyronie's plaque or scar, is found on the inside of the male organ. The presence of a nodule or band of fibrous tissue under the skin of the organ will prevent the normal expansion of the chambers of the organ during an erection. This causes the erection to be distorted resulting in a curve, bend, hinge, hourglass or bottleneck distortion. If your physician has discussed Peyronie's Disease with you, call the TUCC Clinical Research Department to learn more about an investigational injection intended to correct this embarrassing and painful condition.