

I AM THE ONLY ONE YOU ARE AFRAID TO BELIEVE

On Saturday, January 16, 1999, I had the privilege of speaking to the San Diego Chapter of Informed Prostate Cancer Support Group. Well over 200 people attended this lecture. As is their custom, the meeting began at 10:00 a.m. and the moderator asked if anyone in the audience had any "good news" or positive news to share, could they please stand up and share this with the audience? About a half a dozen men stood up to tell their stories. The first mentioned that he had completed radiation therapy for prostate cancer; his PSA had fallen from 8 last year, and had stabilized now at 0.31; he was very pleased and happy. There was a round of applause as the audience cheered this seemingly good news. Another man stood to tell how his PSA had declined from a large number to about 1, while he was taking this medicine from Mexico. The medicine is named Honvan. It is actually a form of estrogen. Once again, the audience applauded and cheered with this gentleman, since he seemed to be so happy with this news. Another remarked that he had recently started on therapy with Lupron alone, and his PSA had dropped to 1 or 2 after several months of treatment.

I listened to these success stories and I was saddened.

I began my lecture at about 10:20 a.m. My first comments were that I apologized for being a failure. I apologized because it's obvious my message has not reached those men that I most want to reach; that is, those men with newly diagnosed prostate cancer; those men who have not yet decided how to be treated and are in a dilemma trying to sort out their various treatment options. I have pointed out in my papers over the past six years now that men should be offered a choice of triple hormone blockade as one of their treatment options. I refer to this as the "platinum and diamond standard" to show that it is so much better than

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the so-called "gold standards" of radical prostatectomy, radiation therapy, or seed implants.

Radiation therapy has probably failed if your PSA does not drop to and remain less than 0.2. The PSA of 0.31 means the radiation therapy is inadequate treatment. Honvan is a form of estrogen and causes blood clots. It is not nearly as beneficial as triple hormone blockade, and is associated with much worse side-effects -- increased cardiovascular deaths and the growth of very large breasts. It should never be used as front line treatment for prostate cancer. Lupron alone will control your PSA initially, but that zero PSA does not translate into permanent suppression of prostate cancer cells. In fact, during the first few months of any hormone blockade treatment, you are not killing very many cancer cells. This takes closer to one year, in my opinion. Within hours of castration, your PSA falls. Not because of the death of prostate cancer cells, but because you turn off PSA synthesis. Do not let a zero PSA after three to six months of hormone blockade lull you into a false sense of security. Lupron alone may drop your PSA even to zero, but Lupron alone could not accomplish what I am seeing with triple hormone blockade, followed by Proscar maintenance therapy.

My first slide for this lecture reminds us that, "You **can** live with prostate cancer. Remember that. You **can** live with prostate cancer. Eighty percent of men in their 80's have prostate cancer; only two to three percent of men die from it. Almost all of us die **with** prostate cancer, not **from** prostate cancer. You **can** live with prostate cancer.

I went on to report my treatment results. I am the Father of Triple Hormone Blockade and the Father of Proscar Maintenance Therapy. I coined these terms and pioneered these treatment strategies. I have treated somewhere between 150 and 200 men who presented with clinically localized or locally advanced prostate cancer, utilizing triple hormone blockade, followed by Proscar maintenance therapy. I have also used this treatment on hundreds of patients with more advanced stages of prostate cancer. The details of this treatment are best summarized in a videotaped lecture that I gave in July 1998.

Every single one of these 150 to 200 men had their PSA's decline to unmeasurable levels while on triple hormone

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blockade. That is correct; 100 percent of these men had their PSA fall to less than 0.1. This is not possible with Lupron alone, nor do I believe it likely to occur with double hormone blockade. I arbitrarily define unmeasurable PSA as a PSA less than or equal to 0.1. I am not using an ultrasensitive PSA assay. Since all of these men still have their prostate glands, of course, there will still be some measurable PSA, especially if you are using an ultrasensitive assay. Triple hormone blockade does not kill your normal prostate gland cells. It can kill prostate cancer cells.

When they went off hormone blockade, their testosterone levels returned to normal, usually within three to six months. One or two months after the testosterone begins to rise, the PSA begins to rise because testosterone is stimulating the normal prostate gland cells to make PSA. However, these PSA's do not continue to rise. In every single case, the PSA's plateau. They usually take a two-step plateau, and when they have plateaued, I call this "Stable PSA Plateau" or "Benign PSA Plateau Phenomenon." My longest follow-up is now almost nine years. See appendixes A and B.

My first patient started on therapy in June 1990, when his PSA was 27. He was treated for 43 months with double hormone blockade, followed by Proscar maintenance. Proscar was not available in 1990, so I could not use triple hormone blockade. I did not know back in 1990 that only 13 months of treatment would suffice. He has been on Proscar maintenance alone since September 1993. His PSA today is less than 0.2. The second patient started on therapy in September 1991, when his PSA was 34, and he was a D₀ prostate cancer. He was treated with 23 months of hormone blockade, followed by Proscar maintenance. Since September 1993, he has been on Proscar maintenance therapy alone. Please see Appendix A for his PSA graph. As you can clearly see, Max has this "Stable PSA Plateau" or "Benign PSA Plateau Phenomenon." It has been seven and a half years since his initial therapy; about five and a half years since he has been on Proscar alone; his PSA is 1.7; his testosterone is normal. None of these patients had any form of local therapy. None of them had radical prostatectomy, radiation therapy, cryotherapy or seed implants.

Beginning in February 1993, I started to treat for just 13 months. The first 13-month patient is a physician. He was

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treated from February 1993 to February 1994. He has been on Proscar maintenance alone since February of 1994, and his PSA is 0.46.

Two of these 150 to 200 men have Gleason scores of 10; four are Gleason 9's; at least five are Gleason 8's. None of them had Gleason's 2, 3 or 4. The highest baseline PSA was 59. Off therapy, my highest PSA plateau has ranged between 3.5 and 4.7, and his PSA is currently 3.85. It has been as high as 4.7. He started therapy in September 1993, completing his triple hormone blockade in September 1994. He has been on Proscar maintenance alone since September of 1994. Please see Appendix B for his PSA graph.

All but two of these 150 to 200 men have had their testosterone levels return to normal off hormone blockade. One man whose baseline testosterone was 114 (normal 200 to 800) has a testosterone of 110 four years after stopping triple blockade and just being on Proscar maintenance. However, men treated for more than two and one-half to three years with hormone blockade often have testosterone levels plateau at about 50 to 70. This suggests that prolonged blockade may cause irreversible damage to the testicles, resulting in permanently suppressed testosterone levels. Those men who were treated with two or more years of hormone blockade were usually already on prolonged therapy prior to consulting with me. I do not believe in continuing hormone blockade beyond 13 months, unless you are hormone resistant or refractory. One man who was on double blockade for 32 months took about 15 months for his testosterone to climb to about 200. Most men have recovery of testosterone in about three to six months. After testosterone recovers, orgasm is possible. It takes another six months for ejaculation to occur, since most of ejaculate is made by the prostate. Orgasm is possible sooner; ejaculate recovers later.

I have been criticized because I have not yet published this information in a medical journal. Renae, a former office manager, is reviewing all of these charts and entering all of this data on computer. This is a tedious process, since I have treated over 500 men with prostate cancer and all of their charts have to be gone through one-by-one. Out of these 500 men, we have identified about 150 to 200 who presented with clinically localized or locally advanced prostate cancer, who never had any form of local treatment for prostate cancer prior to starting hormone blockade; who

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were treated only with hormone blockade, and following hormone blockade, did not receive any form of local therapy. Once all of this information has been entered on computer, I will submit it for publication. Until then, all I can do is hope and pray that after you review all of the facts, you will conclude that I am one prostate cancer expert you can and should believe, rather than the only one you are afraid to believe.

Good luck as you try to make your decision of how best to be treated today for prostate cancer. Remember, you can always start with triple hormone blockade, and later add in local therapy. You have the rest of your life to suffer the irreversible side-effects of impotency, incontinence and, as pointed out in this recent lecture, five percent of men following radical prostatectomy have fecal incontinence. You have the rest of your life to suffer with side-effects -- don't rush into treatment and allow radical local therapies, with irreversible side-effects, without considering all of your treatment options. The side-effects of triple hormone blockade are reversible!!

When I returned home and described the lecture and the "success stories shared by audience members," Randi, my significant other, came up with the line, "You are the only one they are afraid to believe." That is how this paper got its title.

You can obtain a copy of this January 16, 1999 lecture (professionally edited and recorded) for \$15.00 by calling my office at (310) 229-3555. If you return the video, you get \$10.00 back. The \$5.00 difference covers our mailing costs. If you choose to come into our office to pick up a copy of the videotaped lecture, the cost is only \$10.00, and you get your \$10.00 back if you return the tape to us. This video is filled with information that I would consider essential for any man trying to figure out how to treat any stage of prostate cancer.

You can also phone my office and request a free copy of any one of the many papers on prostate cancer I have authored over the past six years.

And, as always,

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Be happy.

Be well.

Live long and prosper.

BOB LEIBOWITZ, M.D. a.k.a. Dr. Bob

January 1999