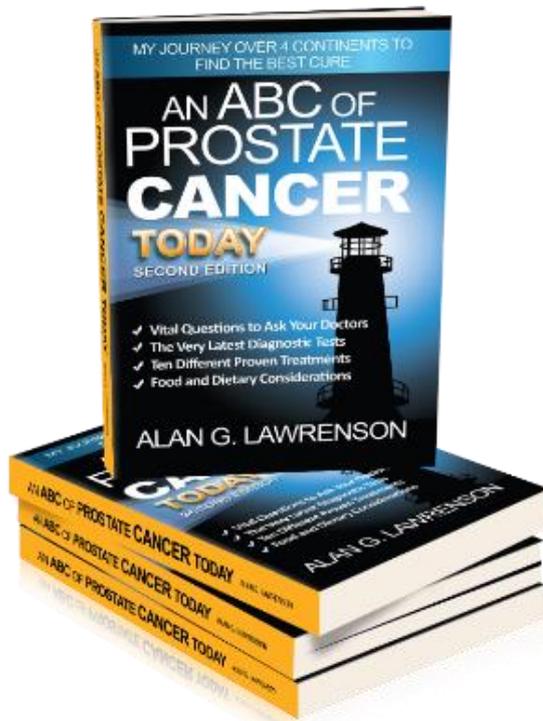


SEPTEMBER 2017

“PROSTATE TALK” #7



1. Introduction

Hi. I'm Alan Lawrenson, the author of two best-selling Prostate Cancer books, “*An ABC of Prostate Cancer in 2015*”, which reached #2 on Amazon in 2015/6 and “*An ABC of Prostate Cancer Today*” that was launched in August 2016 (in the USA) and November 2016 (in Australia and elsewhere).

There are many new developments in the prostate cancer field, and as a prominent speaker on prostate cancer to Support Groups, Seniors Clubs, Services Clubs, etc. in New South Wales, Australia, it is essential that I keep abreast of all that's happening in the field. Fortunately, as a retiree, I have the time to devote to researching all these developments, which takes many hours each week. Much of this research is included in these bi-monthly ProstateTalk Newsletters.

2. LuPSMA Therapy and My Family

In ProstateTalk newsletter #6 I introduced readers to LuPSMA therapy. *It is also referred to as Theranostics or radioligand therapy. The term theranostics is derived from the words "therapy" and "diagnostics".*

The therapy consists of two elements. Firstly, a PET scan using a radioactive metal called gallium-68, which is labelled to find a

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The information in this newsletter is provided under the understanding that the author is NOT rendering medical advice. The author takes **NO RESPONSIBILITY** for any information that might not be accurate or might be incomplete.

unique substance (or receptor) on the surface of each cancer cell called prostate specific membrane antigen (PSMA). The scan locates these antigens and lights up the cancer cells to which they are attached.

After "illuminating" the prostate cancer cells, the gallium radiates out of the body. The PET scan "shows" where all cancer activity is within the whole body.

A second radioactive agent (lutetium-177 molecules) is now injected via a vein into the body. They seek out all prostate cancer cells with PSMA receptors and attach themselves to these receptors. Once attached, they are absorbed into the cells where they begin to unload their radiation. The lutetium particles travel only one millimetre so they leave high levels of radiation in the cancer cells with almost no damage to normal tissue. The lutetium continues to irradiate the cancer cells for some weeks before radiation is spent. A second dose is administered about 6 - 8 weeks later. The medical literature seems to report minor saliva and kidney function and a reduction in red blood cell count. All appear to be short term in duration.

My brother, aged 77, was diagnosed with recurrent prostate cancer a few years ago with the castration resistant cancer having spread to his bones, lymph nodes, etc. His prognosis was difficult at best. After hormone therapy failed, he rejection any form of chemo. He chose to undergo immunotherapy (Enzalutamide –Xtandi) which reduced his PSA from around 20 to about 9.5. It held this level for 18 months until he started LuPSMA therapy in June this year. (He had also radically changed his diet and increased his exercise regime when he started the Xtandi).

Due to the cancer blocking one ureter (Kidney to bladder), his kidney function was poor at best. (In fact, his urologist at the time, wanted to remove his kidneys and put him on permanent dialysis!). He was given a 66% dose of the lutetium with his creatinine levels being carefully monitored on a weekly basis. His kidneys appeared to tolerate the lutetium agent. His PSA started dropping to settle at 6.4 before he had a second injection about 7 weeks later. Four weeks later his PSA was down to 1.47 and two weeks ago it was further reduced to 1.24.

More importantly, a follow up PET scan showed all, but one of more than 30 cancer sites, had completely disappeared. The remaining spot on a rib was very small and would be easily treated by localised radiation, if it persists.

He had this therapy in Sydney Australia as a private patient of Thernostics Australia Pty Ltd (www.theranostics.com.au) at a cost of about US\$8000 per injection. His results appear to be superior to some of the approximately 200 men who have had this treatment via this company.

Melbourne's Peter MacCallum Cancer Centre has concluded a small clinical trial using LuPSMA. A larger national trial is presently recruiting suitable candidates across a number of hospitals in Australia. The PSA ligand that is bonded to the lutetium molecule is imported from Germany, where many teaching hospitals have been treating men for more than two years. It is pleasing to see that two clinical trials are recruiting men in the USA. Out of New York, Houston and LA.

An interesting question as to why my brother got the outstanding results that he has, goes unanswered. Was it perhaps the duotherapy (LuPSMA + Enzalutamide) or some other reason?

A word of caution: about 15% of men with prostate cancer appear to have NO PSMA receptor activity which see these patients receive NO benefit at all from this therapy. I have been told that a diagnostic test is under development that might avoid men wasting money and emotionally capital on LuPSMA therapy when it will not do them any good due to their weak or no existent PSMA receptors.

To put my brother's case in perspective, the results of a study involving 22 patients in Germany, reported the following:

The first 3 patients were treated with a lower activity of 3.7 GBq in cycle 1. Due to a favourable safety profile the activity was increased to 7.4 GBq in 19 subsequent patients who completed a total of 40 cycles. With the higher activity no grade 3/4 toxicities were observed. The main non-hematological and hematological grade 1/2 toxicities were dry mouth in 7 patients (37%), anemia in 6 (32%) and thrombopenia in 5 (25%). The proportion of patients who achieved a maximum prostate specific antigen decrease of 30% or greater, 50% or greater and 90% or greater was 56%, 33% and 11%, respectively. Combined assessment of bone and soft tissue metastases showed complete remission in 5% of patients, stable disease in 63% and progressive disease in 32%. Men with bone pain achieved complete resolution or reduced pain in 58% of cases.

(J Urol. 2016 Aug;196(2):382-91. doi: 10.1016/j.juro.2016.02.2969. Epub 2016 Mar 8).

3. A Plan to Combat Cancer

My extensive research suggests a simplified plan to successfully fight off cancer is now considered to have **seven essential**

components. The seven components are:

Alkalise the Body

Replacement of all Silver Amalgams in the Teeth

Exercise

Adequate Detoxification

Peace of Mind

Diet and Nutrition

An Appropriate Cancer Treatment Protocol

They are all very important. Some might say that each is as important as the other. In former Newsletters I have looked at all these elements except for Adequate Detoxification. This is considered in this Newsletter.

4. Adequate Detoxification

An absolutely essential consideration in the battle against prostate cancer is an effective regime to remove toxins, parasites, fungus, yeasts, viruses and other nasties from the body.

The first step down this path is to eliminate all the bad foods from your diet and to fully embrace the foods that are good for you and which restore the nutritional balance of the body. This is not as simple as it seems. Obviously it is easier if you buy your own groceries and prepare your own meals. Don't forget you have to go organic so as to limit the pesticides and herbicides that are almost always present on non-organic produce. It is best to go through the kitchen cupboards and get rid of the 'old dietary' items that you should not be using.

The second task is to eliminate parasites, harmful bacteria and yeast from the body. It is best achieved by diet and by taking an appropriate enzyme supplement which contains amylase, protease and/or lysozyme. The supplement must be able to remove the **biofilm** that the parasites and harmful bacteria produce to protect themselves. The enzymes should be taken on an empty stomach at least an hour before meals. The taking of a quality probiotic with meals will protect 'good bacteria' whilst undergoing this short term detox. Garlic, cloves, turmeric, ginger, oregano, grapefruit, thyme and cinnamon are useful in ridding the body of parasites and yeasts. The detoxifying process often causes an adverse reaction from the body with symptoms including pain, stomach cramping, and digestive upset. It's the body's way of removing the dead material from the body. It is important to see this process through for the duration of the detoxification period.

The third task is to get rid of the environmental household and personal products that contain unacceptable ingredients. These include cleaning products, toothpaste, body lotions, antiperspirants, plastics, etc.

The next task is to install an appropriate water filtering system that takes fluoride, dangerous trace metals, hydrocarbons and low level antibiotics from your drinking and cooking water.

The liver is the detoxifying general of the body. It cleans the blood many times a minute and captures toxins and other compounds from the blood as it passes through the body's second largest organ. All cancer sufferers have an impaired liver function due to having to neutralise the lactic acid that is produced as a fuel by cancer cells; by dead cancer cells that might be killed by anti-cancer drugs or by radiation and having

to process pain killers and other toxic substances that are in the system.

The liver consists of a large number of bile ducts that process bile, toxins and waste products through to the intestines and then to the colon. As cancer cells die they are inclined to clump together and join with cholesterol to form microscopic sized gallstones that further over-power the liver.

How do we get the liver (and for that matter, the kidneys) back into shape? There are numerous regimes available from off-the-shelf detox kits usually containing some combination of fibre (soluble and insoluble) with a chelating substance like bentonite clay, to absorb heavy metals. See the Colon-Depur Bentonite Detox (available from Life Integrative Medicine Inc. Wilmington, DE, USA). The bentonite clay seeks out the toxins with which it can bind. This includes heavy metals (mercury, cadmium, lead, etc.) and other substances with an opposite charge to the bentonite. The bound pollutant is then removed from the body by the colon or kidneys.

Chris Woollams of CANCERactive.com lists a two day natural detox programme that uses olive oil, grapefruit, Epsom salts, water and ornithine tablets. See his excellent book **"Everything you need to know to help you Beat Cancer"**.

It is interesting to note that almost all the alternative/integrative medical clinics do regular coffee enemas as a routine and important detoxification treatments. Thousands more do them at home a number of times a week.

Many integrative doctors recommend daily coffee enemas to clean out the liver and gall

bladder and rid the body of toxins produced during tumour breakdown during cancer treatment. Without going into the chemistry of why it works, during a coffee enema the caffeine and the palmitate salts in the coffee are rapidly absorbed in the large intestine and flows quickly into the liver. The palmitates stimulate an important liver enzyme called glutathione-S-transferase, which is capable of removing a variety of free radicals from the bloodstream.

The caffeine causes the liver and gall bladder to contract, which releasing large amounts of stored wastes into the intestinal tract and out of the body. The coffee is retained for 15 minutes which is long enough to see the blood course through the body about five times.

The literature suggests that almost all successful cancer survival cases involve a comprehensive detox regime. It is also interesting to note that the Merck Index (the medical Bible of doctors) listed coffee enemas until 1977, when it strangely disappeared. Big pharma at work again?

(This is an extract from “*An ABC of Prostate Cancer Today*”)

5. Statin Use and Prostate Cancer

A nationwide Danish registry study has found that men who took a statin after they were diagnosed with prostate cancer, cancer-specific and overall mortality rates were lower than in men who did not take a statin.

“Increasing evidence indicates that the use of statins may delay prostate cancer (PC) progression,” write the authors, led by Signe Benzon Larsen, PhD, Danish Cancer Society Research Centre, Copenhagen, Denmark. *“Our study adds to the increasing evidence that statin use is associated with reduced PC mortality. Among post-diagnosis statin users, we observed a 17% reduction in PC mortality and a 19% reduction in mortality from all causes,”* the investigators add. The research was based on accessing the records of almost 38000 men.

A study titled “*Examining Bias in Studies of Statin Treatment and Survival in Patients with Cancer,*” was published in *JAMA oncology* and claims the former studies contained scientific bias. It concluded no impact of statin usage on cancer survival times.

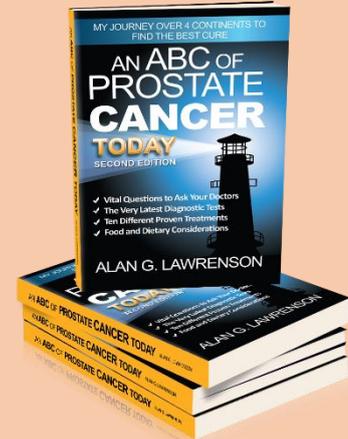
6. “*An ABC of Prostate Cancer Today*” – Essential Reading

Most men when diagnosed with prostate cancer do not receive enough information about their condition and treatment options AND side effects from their medical team. This often leads to unnecessary fear and stress with the latter even contributing further to one’s cancer load. The above book in simply understood layman’s language details all treatments available and their side effects, etc. It also lists more than 120 questions from which you can select questions of relevance to ask your medical team. Many readers of the book (and its predecessor “*An ABC of Prostate Cancer in 2015*”), have written to me to tell me how much the book has helped them.

It is one of only two books on prostate cancer that only has all 5 star reviews on Amazon.

I am a regular speaker at Prostate Support Groups and senior citizen groups. I have been invited back to several groups for a second or even a third time. I have been told by men and/or their wives who had read the book earlier, as to how much the book had increased their

knowledge and understanding of their condition. Quality information can be provided by non-medical practitioners, who often are too narrowly focussed to address the psychological and other needs of their patients.



I hope you enjoy this newsletter. Feel free to circulate it to your friends and support group members.

Send me an **email** to receive it regularly or **register on the web site** address listed below.

Why not buy one or more copies of the book “*An ABC of Prostate Cancer Today*”? Give one to a friend.

It is available from www.amazon.com in the USA and Canada or in the UK or Europe from www.amazon.co.uk in printed or eBook format.

In Australia, it’s available in eBook form from www.amazon.com.au or in print format, directly from me or from your bookshop. Use the order form from the web site below for local print orders.

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