

OVER 50 AND DIAGNOSED WITH PROSTATE CANCER?

Do not do a thing until you read this.



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cancer active



"NO SURVIVAL ADVANTAGE IN PROSTATE CANCER TREATMENT"

A growing number of research studies show that there is little or no survival benefit in having orthodox medical prostate cancer treatment if you are diagnosed over the age of 50. With the known and common side-effects, you are probably better off doing absolutely nothing or looking at non-invasive alternative treatments.

Other studies have exposed more concerns. Experts now view the PSA test as virtually useless, while others are clear that testosterone levels have no causal effect on prostate cancer.

Worryingly, after the age of 50-55, at least 4 out of every 10 men will develop prostate cancer!

In August 2016, a major research study by **Professor Freddy Hamdy** and his **Oxford University** team found that there is absolutely no survival advantage in having orthodox medical treatment for a newly diagnosed prostate cancer patient after 50 years of age.

The 2016 NHS study followed more than 82,000 men aged between 50 and 69 for a decade. And the bottom line? Only 1 per cent of the men died in that time from their cancer, whether or not they had treatment! The fact is that in the great majority of men diagnosed with prostate cancer later in life, the cancer is slow growing. You are more likely to die with it, than of it.

Importantly, this study was not the first of its kind, as you will see below, but it was the biggest, and in all such studies the results have been remarkably consistent bringing in to question the worth of orthodox medical treatment for prostate cancer in men over 55 years of age, especially in the light of its known high levels of side-effects.

PSA tests, false positives and completely unnecessary prostate cancer treatment

In 2012 there was a full report from the American **Preventive Services Task Force** (PSTF) on prostate cancer. This Government body concluded that **PSA tests** for prostate cancer were unreliable, do not offer men any tangible benefit in lifespan or quality of life, and conclude that many more men are injured than helped by PSA tests.

The PSTF research concluded that *"only one man in a thousand tested would derive any real benefit, whereas a staggering 100 will receive false positives. Many of these people will then have biopsies, which can cause complications including infection"*.

Prostate Specific Antigen (PSA) is a biological marker that oncologists and doctors use to detect the presence of a potential prostate tumour. However there are many other reasons why the PSA can be high; for example, you cycled in the previous 24 hours, consumed dairy, you have prostatitis (inflammation or infection in the prostate gland), or benign prostatic hyperplasia (BPH), or you went to the gym on the way to the

hospital. Equally consuming lycopene (tomatoes) or eating a cooked tomato-rich meal will temporarily lower the score.

Also many prostate tumours are benign, would never cause serious health problems yet give high PSA readings.

The same study found that 90 per cent of men may then be treated with surgery or radiation for cancers that are not and will never be life-threatening, but five out of every thousand having these treatments will die within a month of initiating them. In other words, more than ten percent of all men screened for prostate cancer will generate false positives that could result in death from treatment, while a mere 0.001 percent or less will derive any sort of benefit.

"There is a small potential benefit and a significant known harm," said **Dr. Virginia A. Moyer**, a professor of paediatrics at **Baylor College of Medicine** in Houston, Texas, and chair of the task force. She and her team are recommending that the PSA test for prostate cancer be abandoned altogether, and that patients avoid the test as part of their normal check-ups.

No link between testosterone levels and prostate cancer

Many doctors state that PSA tests might be imperfect but they are all that is available, so they might as well use them. This is actually not true. In America some experts measure the DHT levels.

Dihydrotestosterone (DHT) is the active compound, produced by the action of oestrogen on nice safe testosterone. DHT is what causes prostate cancer and the test is also a measure of cancer aggression.

Be clear: There is absolutely no link between prostate cancer and testosterone levels according to **Peter Boyle**, MD, of the **International Prevention Research Institute**, who reviewed two meta-studies and found no evidence that testosterone levels were linked in either.

No real benefit in prostate cancer surgery and hormone treatment but there are many problems

In research published in the *Journal of the National Cancer Institute*, Swedish researchers have concluded that if none of the men diagnosed with early prostate cancer had any treatment at all, over 97 per cent would still survive ten years or more!

After comparing a group of low to mid-risk prostate patients having no treatment with a group having the usual surgery and hormone treatments, some eight years later the death rate amongst men in the no-treatment (active surveillance) group was exactly the same as the figure for the general population!! The researchers stated that after ten years only a little over two per cent of men in the untreated group would have died from prostate cancer.

The researchers even suggested having surgery was pretty much a waste of time and made no difference to the outcome; worse, patients had to put up with often debilitating side-effects.

In a second study (*New England Journal of Medicine – PIVOT study*) led by **Dr. Timothy Wilt** of the **University of Minnesota School of Medicine**, 731 men were followed for ten years, after being diagnosed with prostate cancer. Some had surgery, some did nothing.

At the end of the ten years 47 per cent of the surgery men died during the study compared with 50 per cent of those having nothing. This difference is not deemed statistically significant. However, importantly, men who choose to do nothing are only half as likely to suffer from urinary incontinence or erectile dysfunction.

"We think our results apply to the vast majority of men diagnosed with prostate cancer today," said Dr. Wilt to the Chicago Tribune.

Importantly, in this study only 3 per cent of men diagnosed with prostate cancer actually died from it, whether they had had surgery or not! The rest died of other causes!

So this study also shows orthodox prostate treatment in men over 60 does not extend life. However, men who have surgery are much more likely to suffer side-effects - overall more than 50 per cent suffer impotence, and more than 10 per cent suffer incontinence.

Over 55 and diagnosed with prostate cancer? Watch and wait

Both the US **National Health Institutes** and the **American Society of Clinical Oncology** recommend 'Active surveillance', or 'Active Monitoring'. The 'cut off' is a Gleason score of 6 or lower. Starting once every three months then every 6 months this may become once per year and then once every two years. 50 per cent of men diagnosed in America in 2016 with early stage prostate cancer now 'watch and wait'. **CANCERactive** first recommended this strategy in 2005, 11 years ago and four years ahead of other UK charities. Five years ago in America only 10 per cent of men followed Active surveillance programmes.

One expert US oncologist **Dr. Matthew R. Cooperberg**, a urologist and epidemiologist at the **University of California**, San Francisco, is actually arguing for new terminology that says there is abnormality but doesn't use the 'C' word. Cooperberg observes that life expectancy in the over 60s is 10-15 years when diagnosed, even without treatment.

TAKE YOUR OWN STEPS TO TREAT YOUR PROSTATE CANCER AND LIVE LONGER

The idea of simply 'waiting' can fill men with some horror. But then so too can the thought of prostate surgery, drugs to cut testosterone, radiotherapy and debilitating side-effects.

So can you take matters in hand? The answer is an emphatic 'Yes'.

1 Prostate cancer risk and aggression increases the more saturated fat, such as cows' dairy, and alcohol you consume. Higher triglyceride levels in the blood stream are known to progress the disease.

2 Conversely, diets high in polyphenols (such as pomegranate, curcumin, resveratrol and EGCG in green tea) slow growth. One supplement, POMI-T, developed by **Professor Robert Thomas** has been shown to reduce PSA levels in clinical trials. Thomas originally had all newly diagnosed men around his hospital on broccoli, tomatoes and light daily exercise, pushing back the need for surgery by at least three years. Oestrogen regulators like Indole 3 Carbinol and melatonin also help slow the process.

3 A good diet and lifestyle can limit prostate cancer growth rate. And there is research concluding that both curcumin and grape seed extract can reduce metastases in prostate cancer.

4 German Clinics (such as **Klinik St Georg**) have evidence that prostate biopsies, apart from risking infection and impotence, can spread the disease. There are UK clinical studies concluding the same. Do you really need a biopsy?

5 Rather than invasive surgery, men should look into localised hyperthermia (also called **Ablation**). This can melt away the tumour and hospitalisation is short with side-effects minimal. The prostate tumour can be heated using **High Intensity Focused Ultrasound (HIFU)** or a tube with a metal element placed in the middle of the tumour.

6 The **Nanoknife IRE**, which uses needles either side of the tumour and passes a current through the tumour to punch holes in the cancer cells causing them to lyse, is another potential option.

7 Instead of radiotherapy and brachytherapy, less damaging and more contained **proton therapy** is

now increasing in popularity in America.

8 Research in 2008 linked 13 chemicals to prostate cancer. All these chemicals were 'oestrogen mimics'. Research has shown that where selenium levels are low, supplementation of up to 200 micrograms can have positive effects. Selenium can displace chemicals and heavy metals from the body.

9 Vitamin D, the sunshine vitamin, has been shown in research to reduce both risk and aggression. **Public Health, England** advise everybody to go in the sun and, if you can't, to supplement. Harvard Medical School advise supplementation at 5,000IUs per day for people with cancer.

10 Men who incorporate a higher overall ratio of plant-based foods and herbs into their diets reduce aggressive prostate cancer risk by 25 per cent according to a **University of South Carolina** study. Researchers claimed the benefit came from bioactive compounds called flavonoids found in colourful foods (for example, strawberries, grapes, greens, onions, citrus fruits).

11 Another study showed the higher your consumption of naturally fibrous foods the stronger your immune system; while yet another showed the same high-fibre diet slowed prostate cancer growth.

12 Maintaining a healthy gut (taking probiotics and probiotic foods like Kefir, Sauerkraut and unpasteurized milk products) can boost the immune system and lower bad triglyceride levels. Extra virgin olive oil, fish oils and consuming nuts and seeds can also help significantly.

It looks like a Rainbow Diet (the colourful Mediterranean Diet) might offer significant survival benefits for men over 50, who are diagnosed with prostate cancer.

For more information, see our books on
www.canceractive.com and at health issues.

*'Everything You Need To Know To Help You Beat
Cancer',*

'The Rainbow Diet',

'Rainbow Recipes',

'Oestrogen – the killer in our midst', and,

'The Secret Source of Your Good Health'.

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