



# 2 INNOVATIONS from VCU MASSEY CANCER CENTER in the Treatment of PROSTATE CANCER

WRITTEN BY STEPHEN P. SOWULEWSKI



**VCU's** Massey Cancer Center was involved in recent research that may lead to new ways of preventing and treating prostate cancer, the most common type of cancer—other than skin cancer—affecting men in the United States.

One study tested a new technology from ApoCell, Inc., that can detect tumor cells circulating in a patient's bloodstream and preserve them for further analysis. VCU is one of the first institutions to use this technology. This study was led by Andrew Poklepovic, M.D., an oncologist at VCU's Massey Cancer Center in the Division of Hematology, Oncology and Palliative Care and an assistant professor of internal medicine at VCU School of Medicine. "This technology could potentially eliminate the need for painful biopsies, be used as a screening tool and speed up the development of new drugs," Poklepovic said in a June 21 press release. "We are excited to be one of the first cancer centers currently utilizing this technology and eventually we hope to expand the use of the device for a wider variety of cancers as well as in earlier stages of the disease."

Secondly, a recent clinical trial has shown that a new treatment protocol developed at VCU Massey Cancer Center escalates radiation doses to safely treat prostate cancer and lower the risk of recurrence. The approach uses a combination of internal and external radiation therapies. The treatment method may also minimize

radiation exposure to nearby healthy tissue and organs.

"Prior to this protocol the combination of external beam and internal [brachytherapy], dosing for patients with locally advanced prostate cancer was quite crude," says Michael Hagan, M.D., Ph.D., an oncology professor in the Department of Radiation Oncology at VCU Massey Cancer Center and the one who designed the treatment protocol. "With external radiation beam therapy alone, however, the rectum and the bladder can be spared only partially," says Hagan. He further states that the addition of very accurate internal dosing of the prostate allows for a more complete protection of the neighboring normal tissues. "We conducted this study to show that such a combination was not only feasible but was markedly more effective, while reducing side effects dramatically," says Hagan.

Those side effects can include bladder and bowel complications, notes the study's lead author, Mitchell Anscher, M.D., Florence and Hyman Meyers Chair of Radiation Oncology and program co-leader of Radiation Biology and Oncology at VCU Massey Cancer Center.

"Since the initiation of this study, other cancer centers in the U.S. and Canada have begun to examine the same combination. Conducting the first such trial, we at Massey Cancer Center were able to publish the five year results, which are necessary to show improved side effects and durable cancer control," says Hagan. ■

## About Prostate Cancer

Aside from non-melanoma skin cancer, prostate cancer is the most common cancer among men in the United States, according to the Centers for Disease Control and Prevention (CDC). One in six men will be diagnosed with prostate cancer in his lifetime. Prostate cancer generally grows slowly and most men die with prostate cancer rather than from it.

### What are the Screening Guidelines?

The American Urological Society and the American Cancer Society recommend that all men over the age of 50 have annual prostate screenings. Those at high risk of prostate cancer, including men with a family history of the disease, should begin in their forties. Ethnicity matters, too: African-Americans have a 60 percent greater likelihood of having prostate cancer than Caucasians and are more likely to have an aggressive form.

**+ FYI:**  
September is Prostate  
Cancer Awareness Month