

BACKGROUND INFORMATION REGARDING ANDROGEN DEPRIVATION AND THE
USE OF 5ALPHA REDUCTASE (5AR) INHIBITORS

Compiled by Charles (Chuck) Maack – Prostate Cancer Advocate/Activist

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

First of all, I want people to know that the importance of finasteride (Proscar) is not a "new" revelation recently being reported by supposed recent research and study. The New York Times (<http://tinyurl.com/4gnmlu>) makes note that Dr. Peter Scardino, chairman of the department of surgery at Memorial Sloan-Kettering Cancer Center, originally thought finasteride was dangerous but now recommends its use. The article has an opening statement "For the first time, leading prostate cancer specialists say, they have a drug that can significantly cut men's risk of developing the disease, dropping the incidence by 30 percent."

For the first time? Hardly!

Dr. Fernand Labrie, Dr. Stephen Strum, Dr. Roy Berger, Dr. Snuffy Myers, Dr. Israel Barken, Dr. Allen Meek, and the late Lloyd Ney had known this for years, yet all these other supposed experts in the field of prostate cancer ignored their studies. And even know, interestingly, there are continuing naysayers who are so obviously failing to look into the research to better understand the value of this important medication and, in my mind, the even more important dutasteride/Avodart.

As Dr. Strum has made note, the original credit goes to Dr. Labrie. Clinical use of these agents was initiated by Strum and later by others like Leibowitz, but Strum

actually wrote a formal protocol in 1992 for this and submitted it to Merck who rejected it.

Original credit goes to endocrinologist Dr. Fernand Labrie of Laval University in Quebec, who proposed the addition of a 5 alpha reductase inhibitor to combination therapy using an LHRH agonist and antiandrogen. Labrie pioneered in the use of the latter two drug categories before their approval by the FDA in 1989. Dr. Stephen Strum was one of his earliest collaborators in the clinical trial of two drug ADT (ADT2). This dates back to 1983.

Finasteride, as an addition to ADT2 using d-Tryp-6 (the LHRH agonist available in the 80's) + Euflex (later called Eulexin or Flutamide) was employed by Dr. Strum after a formal conference in Grand Rapids, Michigan in December 1990 with Dr. Fernand Labrie, Dr. Roy Berger, Dr. Charles "Snuffy" Myers, Dr. Israel Barken, Dr. Allen Meek, and the late prostate cancer patient/activist Lloyd Ney. In fact, the conference was held in the basement of Ney's home. Ney pioneered in forming PAACT, the first patient support group for men with PC.

Interesting that others in the medical community are finally facing reality nearly twenty years later - but even then, if you accessed the New York Times article, there continue to be naysayers.

Dr. Strum shared with me recently yet another important issue: "The old saying that more men die with PC than from it is misleading since a diagnosis of PC should be a red flag that the patient's health "system" needs to be evaluated for all the issues that are tied into prostate health: bone integrity, vascular integrity, essential fatty acid status, Vitamin D levels, lipid profiles, nutritional status: all issues that are major parts of the equation about what kills men and/or leads to major morbidity. The very fact that 95% of men have osteopenia or osteoporosis on QCT bone density at diagnosis with PC calls out for the need to evaluate not only their bones but also their vascular, renal and neurologic status since all of these are inter-related issues with voluminous literature to support this."

Important to all of you is to do your own research and study of our insidious men's disease to better understand what is being prescribed by those physicians who have become "specialists" specifically in treating prostate cancer - and more so advanced prostate cancer - as the result of their interest and research years ago. The others are just now beginning to "catch up."

Please review the following regarding Charles Huggins, a pioneer in Androgen Deprivation Therapy:

<http://tinyurl.com/4d429rp>

Please visit the subject “Androgens and Prostate Cancer” on this website compiled by Prostate Cancer Survivor/Advocate/Mentor Ralph Valle.

Pioneers of appropriate Androgen Deprivation Therapy:

Dr. Charles Huggins, Medical Oncologist

Dr. Stephen Strum, Medical Oncologist

Dr. Mark Scholz, Medical Oncologist

Dr. Charles "Snuffy" Myers, Medical Oncologist

Dr. Fernand Labrie, Endocrinologist

Dr. Roy Berger, Medical Oncologist

Dr. Israel Barken, Urologic Oncologist

Dr. Allen Meek, Radiation Oncologist

Dr. Robert Leibowitz, Medical Oncologist

Lloyd Ney, Prostate Cancer Patient/Pioneer in forming PAACT