CaPSURE™ Chronicles

Cancer of the Prostate Strategic Urologic Research Endeavor

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CaPSURE's 20th Anniversary Edition

SAN FRANCISCO, CA – The Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE™) official launch date was May 10th, 1995. Since the launch of this long term study, 15,000 men have participated in CaPSURE™. Over 100,000 patient-reported surveys have been submitted by the men who have participated in CaPSURE. These surveys describe your journey before and after treatment for prostate cancer and how you have recovered from your cancer. Thank you to all participants, family, caregivers, and your health care providers who have contributed so much to CaPSURE™.

Since its inception, CaPSURE researchers have published 177 scientific manuscripts in a variety of medical journals. 2014 was a productive year with 9 new publications since our last newsletter. Our publication request insert offers these new papers covering a broad area of topics related to Vitamin E and physical activities; quality of life outcomes; and clinical outcomes after prostate cancer treatment. These papers were published in three United States based journals such as *Cancer*, *The Journal of Urology*, and *Prostate Cancer and Prostatic Diseases*. Additionally, CaPSURE™ published in two international journals: *European Urology* and *BJU International* (British Journal of Urology).

Highlights of CaPSURE™ Studies in 2014

DIET & LIFESTYLE: Two studies focus on the effects of diet and lifestyle on prostate cancer.

1. Bauer and colleagues examined Vitamin E and Vitamin E-related genes on the risk of high-grade disease at diagnosis and disease recurrence. Their findings suggest that individuals with high levels of gamma-Vitamin-E in their blood specimen may be at risk for high-grade disease at diagnosis.
2. Magbanua and colleagues examined the effects of vigorous activity among men diagnosed with low-risk prostate cancer on prostate genes expression. Their findings suggest a potential biological mechanism by which vigorous activity may reduce the risk of prostate cancer progression. They plan to explore their findings to better understand the biology of this disease.

QUALITY OF LIFE: Three studies focused on examining quality-of-life.

1. Brajtbord and colleagues examined the impact of age at diagnosis and initial treatment on quality-of-life after radical prostatectomy. It appears that while young men (< 60 years old) had higher urinary and sexual quality-of-life scores before treatment, they had a greater decline in function 1 year after surgery. However, by 2 years after surgery, both young and older men had similar decreases in sexual function.
2. Punnen and colleagues examined long-term (10-years) quality-of-life after treatment. The authors found that although most men experience initial declines in quality-of-life in the first 2 years after treatment, there is little change from 3 to 10 years and most differences between treatments attenuated over time. They conclude that various treatments for prostate cancer result in a distinct constellation of adverse effects on health-related quality-of-life, which may have a long-term impact. These findings are helpful regarding shared decision making over choice of primary or first treatment.
3. A small group of CaPSURE participants (365 men) were also in a collaborative study coordinated by Vanderbilt University named the '*Comparative Effectiveness Analysis of Surgery and Radiation*' or

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CEASAR study. In 2014, CEASAR published findings of men who were newly diagnosed with prostate cancer in 2011-2012 from around the US. The CEASAR collaborative study found that patients with newly diagnosed prostate cancer exhibit a wide variation of pretreatment function. The current findings may be used to redefine the population "at risk" for treatment-related harms.

CLINICAL TREATMENT: Four published papers reported on clinical issues related to prostate cancer treatment.

1. Cary and colleagues examined time trends in the type of treatment used after failure of the first treatment for prostate cancer (for example biochemical recurrence that might need additional treatment). Over the past decade there has been an increase in local salvage therapy such as several types of radiation therapy or freezing (cryotherapy) and a decrease in use of systemic therapies such as hormones or chemotherapies among men in CaPSURE™.
2. Cooperberg and colleagues studied survival outcomes in men treated with primary androgen deprivation therapy (PADT) in Japan and the US. Men on PADT in Japan have less than half the rate of adjusted prostate cancer mortality than those in the US. This substantial difference likely is due to both genetic and dietary/environmental factors, and possibly to contrasting PADT practice guidelines in the two countries.
3. Jalloh and colleagues examined the impact of race on upstaging, upgrading and positive surgical margins among men diagnosed with very low risk disease. The authors found similar rates of upgrading and upstaging at the time of surgery across racial groups.
4. Morgan and colleagues evaluated whether the definition of biochemical recurrence after surgery should vary depending on clinical characteristics at diagnosis. They found that refinement of the definition may improve the identification of early recurrence after surgery.

CaPSURE™ TISSUE STUDY

Last year we told you about a new study we started entitled *'Development, Validation, and Dissemination of an Integrated Risk Prediction Model and Decision Aid to Discern Aggressive Versus Indolent Prostate Cancer'*. One component of the study will use genetic tests on donated prostate cancer tissue from biopsy or radical prostatectomy specimens. These genetic tests are designed to help predict which low-risk prostate cancer tumors will be aggressive and require treatment versus those tumors that will not progress and can be monitored over time by the patient's urologist. The study will develop and verify the accuracy of the integrated risk prediction model. This model will include clinical information (i.e., such as prostate-specific antigen, Gleason tumor grade, and tumor stage); diet and lifestyle (e.g., tobacco use and body size); plus tumor genetics. Tumor tissue donated from biopsy and radical prostatectomy specimens will be used for genetic analyses to provide better information to men diagnosed with low-risk prostate cancer. The hope is that by adding tumor genetics it will result in better information about the true risk of cancer progression.

Tissue samples will be collected from 800 men already enrolled in CaPSURE™. So far, 505 men have agreed to let us request their prostate tissue from their biopsy or radical prostatectomy specimen. If we sent you a packet asking you to consider donating your tissue and you have not responded we are still recruiting participants for this study. If you have further questions, you may call us at 1-800-526-4433 or you can e-mail our research analyst, Kristin Morrell at Kristin.Morrell@ucsf.edu or you may contact her directly at 1-415-885-3692 for any questions you may have about this study.

ABOUT UCSF and CaPSURE™

UC San Francisco is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care.

You may notice our questionnaire is a little late this year. In late January, the department of Urology and CaPSURE™ moved to our new hospital and offices location at the Mission Bay campus in San Francisco. Our new address is listed below. Our toll free phone number is the same. You can see our new hospital on our website! For more information see http://www.ucsf.edu/ .

Thank you all
for your contributions to
CaPSURE™
Best wishes to you for a healthy and happy 2015!

	January 2015	*February 2015*	*March 2015*	*April 2015*	*May 2015*	*June 2015*
Doctor/ Healthcare worker visits (# of visits, Type of doctor)						
Tests/Imaging (Type of test, # of tests)						
Medications ***changes only*** (Names, dates/dosage)						
Injections (Names, dates/dosage)						
Hospital/ER Visits (Name of hospital, # of days)						
Outpatient Surgeries/ Procedures (Name of procedure)						

******This sheet is strictly to help you fill out our next questionnaire. Please keep for your records.******

	July 2015	*August 2015*	*September 2015*	*October 2015*	*November 2015*	*December 2015*
Doctor/ Healthcare worker visits (# of visits, Type of doctor)						
Tests/Imaging (Type of test, # of tests)						
Medications ***changes only*** (Names, dates/dosage)						
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