Greetings

Welcome to the 17th edition of The Progress Report, a newsletter for participants enrolled in the Prostate Cancer Genetic Research Study or PROGRESS. We hope that you had an enjoyable summer and found time to catch up with family and friends. At this time of year when children have returned to school and leaves have changed color, signaling the change of seasons, we want to remind you that we are continuing our efforts to discover and understand the genes associated with prostate cancer that runs in families.

The goal of the PROGRESS newsletter is to keep you updated on our latest research findings and other related news concerning prostate cancer. Our hope is that you will find it both informative and helpful. We really appreciate your ongoing participation and help with the study. If you have any questions about this newsletter or your participation, please call us toll-free at 1-800-777-3035. We are always pleased to hear from you.

Sincerely,

Janet Stanford, Ph.D
Principal Investigator
Co-occurrence of Other Cancers

There is evidence from a growing number of studies to suggest that members of some families with several men who have been diagnosed with prostate cancer also have a higher risk of developing other types of cancers, including brain, pancreas, breast and kidney cancer. These findings may suggest that the same genes and genetic mechanisms are contributing to the growth of cancer at these different tissue sites. Examining subsets of hereditary prostate cancer (HPC) families who also have a history of one or more of these other cancers, provides an opportunity to try and identify the genes that may be giving rise to the development of prostate cancer, as well as the other cancers in those particular families. As an example, we have identified approximately 110 families who reported one or more family members with colon cancer in either the baseline or follow-up surveys. We are currently trying to confirm a selected sample of the colon cancer cases by sending for and examining their medical records. Once this effort is completed, a linkage analysis of the subset of prostate-colon cancer families will be carried out and we will continue to send you updates on our findings as soon as they are available.

We are also planning to conduct similar analyses of HPC families who reported other primary cancers such as brain, pancreas, breast, bladder and kidney cancer. For a few of these cancers, namely brain, pancreas and kidney, this will represent a re-analysis of existing findings. These re-analyses are important because we now also have data for many more genetic markers from the recently completed genome-wide SNP (single nucleotide polymorphism) linkage scan (see below). We may be contacting some of you for more details as part of the initial effort of identifying and confirming the families who reported these other cancers in their surveys. As always your cooperation is greatly appreciated.

New Genome-wide SNP Linkage Scan

As you may recall we were awarded a competitive grant to support genotyping of a large set (~ 6,000) of genetic markers called SNPs or single nucleotide polymorphisms. These SNPs provide much denser coverage across the genome than the earlier genome-wide scan that included about 440 microsatellite genetic markers. In February we received the results from the genome-wide SNP linkage scan of 2,154 DNA samples from members of 307 PROGRESS families. The genotyping for this linkage scan was conducted for us by the Center for Inherited Disease Research (CIDR), which is supported by the National Institutes of Health. Initial analyses of the data from the genome-wide scan have been completed.

A number of interesting findings in several chromosomes, including regions on chromosomes 7, 8, 11, 15, and 17, both for the entire group of families and for families with two or more men with features of more clinically aggressive prostate cancer were observed. We are currently completing the analyses and a paper describing these findings for publication. Anyone who is interested in obtaining a copy of the paper once it is published is asked to contact us and we will be happy to forward a copy to you. Further analyses in these preliminary regions of interest will now be carried out and as always we will keep you informed about additional findings in upcoming newsletters.
Second Follow-Up Survey Update

We have had a great response to our second follow-up survey that was mailed out over the past year. From our overall mailing of 1,679 surveys we have received a response for 1,634 (97%), and overall 1,359 (81%) surveys were completed. We recently mailed a final subset of surveys to participants for whom we were waiting to receive updated contact information. So if you have received a survey in the past few weeks and are willing to complete it and return it to us, we would encourage you to do so as soon as possible.

The information you have provided in this survey including reports of new prostate cancer diagnoses and other cancer diagnoses in family members, as well as clinical updates for men with prostate cancer will be extremely valuable for upcoming analyses. We would like to thank all of you who have already returned your survey and helped us to make sure we have the most accurate and current information possible. Your cooperation is crucial to our continuing efforts to answer important questions related to the causes of hereditary prostate cancer.

Other News

Clinical Trials of Abiraterone

There has been recent attention in the media surrounding the recent findings from clinical trials in the United Kingdom of a potential new drug treatment for prostate cancer called Abiraterone. During the Phase I and II UK clinical trials, (see sidebar opposite) men with advanced hormone therapy-resistant prostate cancer were administered a daily dose of Abiraterone. This drug blocks the production of male hormones known as androgens, which may continue to fuel prostate cancer progression after conventional therapies have failed. After one month, more than 50% of the patients showed a marked anti-tumor response, including a decline in PSA levels, a reduction in the size and extent of tumor growth in men with metastatic disease, as well as healing of some bone metastases. Based on these early promising results, a large international Phase III trial has been launched with clinical centers in over 20 states within the US participating. The results of this trial will determine the future development and availability of Abiraterone as a drug treatment for advanced prostate cancer.

For those of you who would like to read about the Phase I findings from the UK clinical trial in more detail, the results have been published and are available online in the Journal of Clinical Oncology 2008, Volume 28(8) at [http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2007.15.9749](http://jco.ascopubs.org/cgi/doi/10.1200/JCO.2007.15.9749). The Phase II trial results will be published shortly.
Study Staff

Investigator: Janet Stanford, PhD
Study Manager: Laura McIntosh, PhD
Sample Manager: Suzanne Kolb, MPH
Post-Doctoral Fellow: Liesel FitzGerald, PhD
Program Assistants: Jack Kindred, Eva Paquette, Jody Dearborn and Mackenzie Melton

Contact Information

Mailing Address:
Fred Hutchinson Research Center
P.O. Box 19024, M4-A402
Seattle, WA 98109-1024

Toll-Free Number: 1-800-777-3035
Email: progress@fhcrc.org
Website: http://www.fhcrc.org/phs/progress_study/index.html

If you would like copies of our earlier newsletters or for additional information regarding the study, including a list of published study-related articles, please visit our website:

If you would like a copy of any of our papers, or if you have any questions, or would like to report any family updates or changes in your current address or phone information, please feel free to contact us.

Contact Information

Mailing Address:
Fred Hutchinson Research Center
P.O. Box 19024, M4-A402
Seattle, WA 98109-1024

Toll-Free Number: 1-800-777-3035
Email: progress@fhcrc.org
Website: http://www.fhcrc.org/phs/progress_study/index.html

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If you would like a copy of any of our papers, or if you have any questions, or would like to report any family updates or changes in your current address or phone information, please feel free to contact us.