dred tumor deposits, according to Shreve.

While things may change, he said, "We concluded that at the present stage of development, these devices do not have the sensitivity of a dedicated PET scanner for detecting small tumor deposits. But we do believe that, as technology improves, we will be able to use these devices to diagnose a subset of patients, particularly those that have an abnormality on the CT scan, and we'd just like to know, 'Is this really cancer?'"

As for the cost of buying and running a dedicated PET scanner, Shreve argued that it is not as expensive as it might seem. Whereas in the past a hospital also had to buy a cyclotron to manufacture the necessary tracers, that is no longer true.

Not only has the cost of making the tracers come down, he said, but, "now we have regional commerical networks that make and distribute tracers regionally. So you just call up on the phone and say 'I need FDG tomorrow at 10 a.m.,' and they'll send it to you. Now all you have to do is buy a PET scanner." And that, he said, costs about as much as an MRI, or a "high end" CT.

In the United States now, according to Wahl, there are about 75 PET scanners and probably an equal number of coincidence gamma cameras. This contrasts with Germany, where, "there are about 40 PET centers, paid by private insurance, and the number is increasing rapidly."

He said that total cost for a scan here is "about $1,500 to $2,000 — about what we charge at Michigan for an MRI. Right now the cost of the FDG is about $700, which is more expensive than some tracers we use, but less expensive than others." He added that with increased demand, these costs will likely come down.

— Jean McCann

Side Effects of Prostate Cancer Treatment Are Difficult to Discuss, but Manageable

Although impotence and incontinence may occur after surgery or other treatments for prostate cancer, many physicians shy away from discussing these potential "side effects" with their patients — either because of mutual discomfort, or because the doctor's primary concern is treating a life-threatening disease.

Another factor may be ageism, according to Kate Weaver, a sex therapist and wife of a prostate cancer survivor. She has heard that doctors have said things ranging from "You are older, why are you concerned about sex?" to "Just be happy you are alive."

But quality of life, even for older prostate cancer patients, is emerging as a significant issue in prostate cancer care. "Doctors need to acknowledge this and pay attention to it just as they would [to] a wound," said Arthur Burnett, M.D., a urologist at The Johns Hopkins University in Baltimore.

Otis Brawley, M.D., a medical oncologist at the National Cancer Institute agreed. He said that doctors should be realistic when telling patients about their prior patients' experience.

But existing definitions of incontinence and impotence need exploring, Brawley suggested, because as these words are now defined, they fail to elicit honest answers. Incontinence, for example, which is sometimes medically defined as "needing three or more diapers a day," may be too embarrassing for patients to discuss. And simple yes or no responses to such a definition often hide issues which are problems for the patient, even if they don't exactly fit the definition.

To ensure more accuracy, however, researchers at Johns Hopkins are working on a questionnaire about quality of life issues, touching on such delicate topics as sexual functioning. At least at Hopkins, where nerve-sparing radical prostatectomy was pioneered, said Burnett, "70% of the patients can expect to preserve their sexual functioning." But patients treated elsewhere may not have the same success rates. Radical prostatectomy has shown a 40% to 90% impotence rate with a small percentage of men also being totally incontinent. Radiation treatment results in 40% to 50% impotence.

Not Just Biology

One prostate cancer survivor interviewed for this article said, "As a man, it is damaging to my self esteem [not to be able to perform sexually], even though my partner has been very supportive." His wife, on the other hand, feels that their sex life is better than ever. "Our sex drives are more balanced
now and we touch and embrace more in other ways."

Most prostate cancer survivors interviewed for this article felt that while doctors do not need to be experts in sexual issues, they should be able to refer patients to others who are experts. Weaver said that at the time of diagnosis, cancer treatment will take priority, but "the doctor should bring up the subject of sexual issues to show the couple that they can feel comfortable with communicating about the topic and any other issues that may arise later in recovery."

Quality Tenderness

In interviews with men and their wives about their sexual functioning, a common theme was more quality tenderness. "When my husband had a lessened sexual functioning due to prostate cancer, we focused on the hike rather than getting to the top of the mountain," said Weaver.

During a National Institutes of Health writers conference on impotence, survivors, researchers, physicians, and a sex therapist spoke about the realities of this disease, its scope, and treatments. Gavin MacLeod, of the popular television series, "The Love Boat," spoke about his belief that many marriages are terminated due to impotence and said he wants people to know that intimacy is still possible.

MacLeod is also spokesperson for the "Chart A New Course For Your Health" awareness campaign, sponsored by VIVUS, a pharmaceutical company that has developed erectile dysfunction therapies, and the American Foundation for Urologic Disease. The foundation and other organizations are trying to explain to the estimated 20 million men in the United States who suffer from erectile dysfunction that they have options.

There are also new drugs available and being tested for Food and Drug Administration approval. The most innovative are the oral and topical drugs.

Unique Mechanism

One of the most recent oral drugs, sildenafil (Viagra, Pfizer), has a very unique mechanism of action that is focused on the penile erection tissue. In most men, once swallowed, sildenafil will produce an erection within 20–40 minutes if the individual is sexually stimulated. Sildenafil, which does not increase libido or sexual desire, has been submitted for FDA review and it may be approved for patient use by mid-1998.

The National Cancer Institute is sponsoring production of a video for newly diagnosed prostate cancer survivors with a focus on psychological and treatment issues. The video is intended for health care professionals to help their patients work through some of the issues they may face, such as sexual functioning and incontinence. The video is available from State of the Art at 1-800-790-9267.

— Katie J. Smeltz

Legislative Roundup: Protection of Human Subjects Key Issue For Congress

In addition to finalizing appropriations for the National Institutes of Health (see News, Dec. 3, 1997), the U.S. Congress passed in 1997 or is contemplating legislation that may affect cancer research.

One-Stop Shopping — The One-Stop Shopping Information Service Amendment, introduced by Rep. Rick Lazio (R-N.Y.) and Sen. Olympia Snowe (R-Maine), was enacted as part of Food and Drug Administration modernization/reform bill. The amendment requires NIH to set up a centralized database of all clinical trials. It is subject to availability of funds.

Biomedical trust funds — Several bills under consideration would divert revenue from various sources (postage stamps, income tax check-off, health insurance premiums) for research purposes. Various agencies (some specific to NIH or the National Cancer Institute) or specific diseases (such as breast or prostate cancer) would benefit.

Human subjects protection — Sen. John Glenn (D-Ohio) introduced a bill in January 1997 that would apply protections common to federal research to all participants in research studies. Research facilities would be registered with the government and could be inspected to ensure they are following the requirements of the legislation, known as the Human Research Protection Act of 1997.

The act would also create an Office for the Protection of Research Subjects