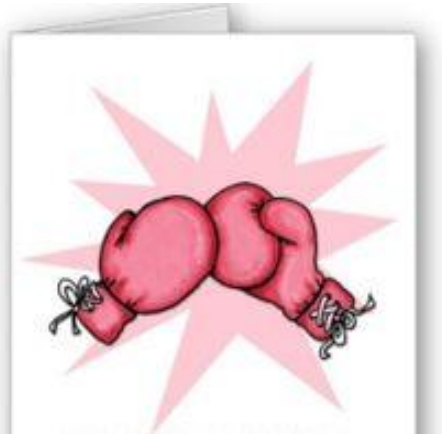


The **CANCER**

And

I



Round Three

September 2014 – August 2015

BY

Yehia ELMahgary, Dr. Tech.

Round Three

Round two ended when I was in Finland in August 2014, and got the results of my biopsy. Negative. It was a short round, which I thought I won it by knockdown. I had knocked down the cancer this time, but I don't think I had knocked it out completely. What if the cancer gets up again before the referee counts to ten? If it continues the fight, what should I do then?

I left Finland to Egypt in August 2014, puzzled between two issues. From one side the comment of my urologist that "what they found in the biopsy taken in Egypt was not really a cancerous tumor", and from the other side my own feeling that the six pronged¹⁾ approach I followed during the previous four months has suffocated the cancer or limited the number of its cells to such a low level that it couldn't be found in the biopsy.

It was tempting, however, to believe the urologist and think that I didn't and I don't have a cancer, and accordingly go back to eating normally and forgetting about the six-pronged approach, except for the physical training program, the antioxidants and the dietary supplements. That is exactly what I did, living a normal life from September 2014 to August 2015. I measured the PSA twice during this time period. It went slightly up to 28, but it didn't alert me.

Back to square 1

In June 2015 I went back to Finland, booked an appointment with the urologist and agreed to have a new biopsy. In July 2015 we repeated the biopsy and the result was an unpleasant surprise. The cancerous tumor was found again, fortunately with the same Gleason²⁾ number 6 as before.

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- 1) The six-pronged approach I followed and explained in Round One was: 1. Food diet what to eat and what not to eat, 2. Antioxidants and Dietary Supplement to be used, 3. Physical Training Program, 4. Homeopathy, 5. Oxygen Therapy, 6. Using Mistletoe.
 - 2) Kindly refer to Round One for the explanations about Gleason numbers

We had a long discussion. I told him I am not that worried about the cancerous tumor, I have my own way to deal with it, but what disturbs me more is the large size of the prostate with the inconvenience of running to the bathroom frequently, waking up several times a night. I told him that my brother in Germany had similar prostate symptoms and that he successfully used the laser operation to diminish its size.

I was referred to another urologist in Helsinki, who is a specialist in laser treatments. After studying my case and making an ultrasonic scanning *in situ*, he told me that the size of the prostate is too big to be removed by a laser operation. I learned that the laser operation is not recommended if there is malignant tumor in the prostate, as there is a possibility that the laser causes mutation to the malignant cells and no treatment after that could destroy them.

New Medication!

The outcome of the visit was his suggestion to use a fairly new medication called Duodart (Dutasteride with tamsulosine). Dutasteride is meant to reduce the prostate volume, relief symptoms and urinary flow, and reduce the incidence of urinary retention and prostate surgery. Dutasteride is a 5-alpha reductase inhibitor (5-ARI), which converts testosterone into dihydrotestosterone (DHT), and DHT in turn stimulates prostate tissue proliferation. Tamsulosin, on the other hand, is an alpha blocker (specifically an alpha-adrenoreceptor antagonist), meant to relax the smooth muscle of the prostate and bladder neck, thereby improving urinary flow.

Now a few words about dihydrotestosterone (DHT), as every man wants to know how to optimize testosterone--and for a good reason. But while testosterone may be critical for men's health and well being, it's not the final word in the ideal male hormone profile. In fact in some ways, testosterone's real offer is its ability to convert into to a much stronger male androgen, dihydrotestosterone (DHT).

Without adequate DHT men have no body hair at all and, more importantly, without adequate DHT the male sexual organs (including the prostate) fail to fully mature, compounded by low sex drive and impaired sexual function.

According to some experts DHT is three times stronger than testosterone, others say it is up to ten times stronger. According to Buhner¹⁾, DHT shows ten times the androgen receptor uptake of testosterone but significantly, unlike testosterone, DHT isn't converted into estrogen. Even better, DHT actually *blocks* the aromatase enzyme which converts testosterone into estrogens. Thus, in addition to being stronger than testosterone, DHT is a potent aromatase inhibitor.

However, it is usually said that there is no free lunch. The new urologist in Helsinki almost convinced me that the safest way to decrease the size of the prostate is to take Duadart. I bought this medication of over 100 euros and started reading its instruction leaflet, only to get a total shock by the long list of possible side effects (Annex 1). Put off completely, I closed the package and I never touched it again. I also read on the internet several medical reports written by doctors who were treating patients from the side effects of Duadart.

The Philosophy of Treatment by Medications

I started to think about the philosophy of medical treatment. You hardly get out from any doctor's appointment without a prescription with one or more medications, even for simple symptoms of flu. Does the patient believe that he has to get the prescription from the doctor, otherwise he wouldn't recover, or he would lose his confidence in the doctor? Or, does the doctor believe it is his duty to prescribe something, otherwise the patient thinks the doctor isn't aware of the sickness and wouldn't come back? Or, is there another stronger drive, viz., the multi-billion Medical Companies' Business that almost forces doctors to use their drugs? (I'll come back to this issue later in the Fourth Round).

¹⁾See, e.g., Natural Testosterone Plan, by Stephen Harrod Buhner.

<https://www.amazon.com/Natural-Testosterone-Plan-Sexual-Health/dp/1594771685>

I can't deny that medicines have saved millions of lives and greatly decreased the human suffering, but what I am at are the medical side effects – of millions of people too. It seems to me, that doctors in general concentrate almost completely on curing the patient from the illness, and often overlook the medical side effects, which they are fully aware of. Perhaps they are thinking that if the side effects cause malfunctioning of, e.g., kidneys or liver, then they will proceed to treat them, probably with other medications or operations which will have new side effects. This seems like a viscous circle that ends only when the patient passes away.

I wish to mention in this context a clarification sent to me by a friend who is M.D. and FRCS, "Many of the treatments we apply to certain conditions are useful to only some patients, useless to others (who will not respond to the treatment) and not needed for yet others (those who would have been cured by the natural internal body mechanisms); but we apply the standard treatment for all those who have the condition because we do not know in advance who will benefit and who will not." My question remains: to what extent are the side effects of the medications to be taken into account?

A Few Real Case

I have some examples in mind. Several years ago I got a prostatitis (inflammation of the prostate gland, a common condition in mature males, often caused by an infection). A known urologist in Egypt put me on a strong antibiotic course for a month and a half. Meanwhile, he asked me to take several tests, including a urine and blood analysis as well as an ultrasound scan. When he looked at the ultrasound scan results, he asked me to do the MRI at a specific lab. After the MRI he asked me to do the bone scan with a radioactive dye in another specific lab, etc. When I later showed the results to a Finnish urologist, he said, "that is quite extravagant, the ultrasound scan would have been enough for us!". Has the doctor in Egypt agreed with these specific labs for a certain commission? It might have been accepted if it wasn't to request such scans, that according to the Finnish urologist were practically unnecessary. The story doesn't end here.

Fortunately, the prostatitis was over thanks to the antibiotic course, but he asked me to take **sutrim** (sulphamethoxazole 400mg + trimethoprim 80mg) as a preventive measure for the rest of my life. I went to the internet and found that sutrim has possible side effects and sent him the report of the Egyptian Medical Association saying that it could cause “Marked liver Damage & acute renal failure”. He told me that he had more confidence in the British Medical Association Report saying “Avoid in severe liver disease”. The fact that escaped him, in my opinion, was that the composition of sutrim sold in Egypt was not the same as that sold in England.

A few months later, I got pains in my kidneys. Again I made several analysis and went through several scanning processes. He told me that I had a cyst in each kidney and they need to be drained. He told me it is a simple operation and would cost L.E. 15000 (US\$ 2000). By then, I had lost a lot of confidence in him. I stopped the sutrim by myself after six months, and some months later went in Finland to an urologist, who told me I didn’t need to take sutrim any more, and neither did I need to do anything to the cysts as they would probably shrink or disappear by themselves - and that is exactly what happened.

The second case in mind is my father, who in the 1960’s went through an operation in which the whole prostate was removed. My brother, an M.D. himself, supervised his treatment and told me later that he had to prescribe a hormone medication to our father, because they found a malignant tumor in the prostate. His justification was that once a person developed a cancer, there is the tendency to develop it again, even after eradicating the tumor and even though blood tests were clean. He also informed me about the severe side effects of taking the hormone medications, such as impotence, enlarged breasts and hot flashes. Until now I feel sorry that my father had to go through these side effects in his sixties.

Finally, I come to the closure of this section. I read last year in a Finnish local newspaper an article written by a known Oncologist (doctor specialized in cancer). Among other things he said that **when a cancer is discovered, the**

patient as well as the treating doctor tend to over react. That is what I am exactly after; the unnecessary over reaction or over treatment of diseases, particularly cancer. In my opinion, the patient as well as the doctor have to spend more time together and try to answer the difficult question: is the treatment the patient has to go through, including its side effects, going to provide a better quality of life? Or would it merely prolong the patient's life on the account of personal suffering and happiness?

More precisely, was taking the sutrim throughout my life or the draining operation of the cysts justified in spite of their potential side effects? Or was taking the hormone medications by my father justified, even though it caused suffering and unhappiness to him and his family for more than 20 years until he passed away?

The End of Round Three

Round Three thus ended in a similar way as Round One. Re-discovery of malignant tumor of Gleason pattern 3 + 3, score 6. I went back with my thoughts and remembered what the Finnish urologist told me after the biopsy he took was negative, "what they found in the biopsy in Egypt was not really cancerous tumor". I started to ask myself, was it a mistake that I believed in what he said? Perhaps I shouldn't have taken his words as final and stopped my six-pronged approach.

I also remembered what the urologist in Helsinki told me that the biopsy results are not always accurate and correct, as the needle with which they take the biopsy doesn't penetrate more than 2cm in the prostate. Anyhow, I felt more optimistic than at the end of Round One. I felt, thank God, that I was still healthy and I knew the way, and nothing would stop me from going back to my six-pronged approach. How this happened and what the result was, this is the topic of Round Four (Sept. 2015 – July 2016)

The question now is, who is the winner of Round Three, The Cancer or I? Since the Gleason score was only 6, we may say that he won it by points as he became

conscious again, got on his feet, continued the fight and managed to plant his damn cells in my prostate!



Annex 1

DUODART®

500 micrograms /400 micrograms

Dutasteride 500 micrograms and tamsulosin

HCl 400 micrograms

Consumer Medicine Information

What is in this leaflet?

Please read this leaflet carefully before you take DUODART.

This leaflet answers some common questions about DUODART. It does not contain all of the available information.

It does not take the place of talking to your doctor or pharmacist.

All medicines have risks and benefits. Your doctor has weighed the expected benefits of you taking DUODART against the risks this medicine could have for you.

If you have any concerns about taking this medicine, ask your doctor or pharmacist.

Keep this leaflet with the medicine.

You may need to read it again.

What is DUODART used for?

DUODART is a combination of two medicine; dutasteride and tamsulosin hydrochloride. Dutasteride belongs to a group of medicines called 5-alpha reductase enzyme inhibitors and tamsulosin hydrochloride belongs to a group of medicines called alphablockers. These medicines can be

used either alone or in combination in men who have a condition known as benign prostatic hyperplasia (BPH).

BPH is a non-cancerous enlargement of the prostate gland which is located at the lower portion of the urinary bladder surrounding the urethra (urine carrying tube). In men with BPH, the prostate gland becomes large enough to squeeze the urine tube running through it. If the urine tube is squeezed it narrows, making it more difficult for you to pass urine normally and you may have some or

all of the following symptoms:

- difficulty in starting to urinate
- an interrupted, weak urinary stream
- more frequent urination, especially at night
- feeling that you need to urinate right away
- leaking or dribbling
- a feeling that you cannot empty your bladder completely.

As the disease progresses, untreated BPH can lead to an increased risk of complete blockage of urine flow (acute urinary retention) and/or the need for surgery.

Prostate growth is caused by a hormone in the blood called dihydrotestosterone (DHT). The dutasteride component of DUODART lowers DHT production in the body, leading to shrinkage of the enlarged prostate in most men.

The tamsulosin hydrochloride component of DUODART acts by relaxing the smooth muscle in your prostate gland, making it easier to pass urine. Just as your prostate became large over a long period of time, reducing the size of your prostate and improving your symptoms may take time.

Your doctor may have prescribed DUODART for another reason. Ask your doctor if you are unsure why DUODART was prescribed for you. DUODART is not addictive.

Before you take DUODART

Do not take if:

You must not take DUODART if:

- you have ever had an allergic reaction to dutasteride, other 5 alpha reductase enzyme inhibitors, tamsulosin hydrochloride or any of the ingredients listed toward the end of this leaflet. (See "Ingredients")
- you are a woman or child.
- you have a history of orthostatic hypotension (sudden drop in blood pressure upon standing up)

- you have severe liver disease
- you have severe kidney disease
- you are taking other medication that relaxes the smooth muscle of blood vessels (some of the trade names are Flomaxtra, Minipress, Hytrin)

• **the expiry date (EXP) printed on the pack has passed.**

• **the packaging is torn or shows signs of tampering**

Tell your doctor if:

You must tell your doctor if:

• **you are allergic to foods, dyes, preservatives or any other medicines.**

DUODART® 1

• **you suffer from liver or kidney disease and/or other medical conditions**

• **you are going to have cataract (cloudy lens) surgery**

• **you are taking medicine to lower blood pressure (alpha blocker medicines that relax the smooth muscle of the blood vessels).**

• **you are taking any antifungal medicine such as ketoconazole**

• **you are taking any other medicines, including medicines you buy without a prescription such as vitamin supplements or herbal medicines.**

• **you have any allergies to sulphur**

Women who are pregnant or may be pregnant, and children, must avoid handling punctured or leaking capsules. Wash the affected area immediately with soap and water if there is any contact with the skin. If dutasteride is absorbed through the skin by a woman who is pregnant with a male baby, it may cause the male baby to be born with abnormalities of the genital organs. Dutasteride has been found in the semen of men taking dutasteride. If your partner is or may be pregnant, you must avoid exposing her to your semen as dutasteride may affect the normal development of a male baby. You must use a condom during sex. You must not donate blood until 6 months after you've stopped taking

DUODART.

How do I take DUODART?

How much to take

Take DUODART as directed by your doctor or pharmacist.

The usual dose in men is one capsule daily.

How to take it

Swallow your DUODART capsules whole with some water, approximately 30 minutes after the same meal each day. It is very important that DUODART is not taken on an empty stomach as this may increase the risk of adverse effects.

Don't chew or open the capsules.

Contact with the contents of the capsule may make your mouth or throat sore.

How long to take it for

It is important to continue to take DUODART for as long as your doctor prescribes it, even if you do not feel any immediate benefit. Some men notice an early improvement in their symptoms however others may need to continue for 3-6 months to see if DUODART helps them. You must also continue to take your medicine as your symptoms improve.

Do not stop taking DUODART, or change the dose without first checking with your doctor.

What do I do if I take too much? (Overdose)

Immediately telephone your doctor or Poisons Information Centre (in Australia call 13 11 26) for advice, if you think you or anyone else may have taken too much DUODART, even if there are no signs of discomfort or poisoning.

If you are not sure what to do, contact your doctor or pharmacist.

While you are taking DUODART

Things you must do

Tell your doctor if, for any reason, you have not taken your medicine exactly as directed.

If you forget to take a capsule, don't worry, just take the next dose as normal and continue as before.

Do not take a double dose to make up for the one you have missed.

DUODART decreases your PSA (prostate-specific antigen) levels. Therefore, if you are having a blood test to measure your PSA levels, tell your doctor you are taking DUODART.

Things you must not do

Do not give this medicine to anyone else, even if their symptoms seem similar to yours.

Do not use DUODART to treat any other complaints unless your doctor says to.

Things to be careful of

Some patients may experience dizziness or feel light headed. Be careful driving or operating machinery until you know how DUODART affects you.

If you are having a cataract operation and are already taking or have taken DUODART, the pupil may dilate poorly and the iris (the coloured part of the eye) may become floppy during the operation (floppy iris syndrome). This can be managed if your surgeon knows beforehand that you have taken DUODART. If you are going to have eye surgery for cataracts, please tell your surgeon that you are taking or have taken DUODART.

In clinical studies where patients were taking both the individual components of DUODART, the rate of heart failure was higher than in patients taking the individual components alone. However, this was seen in less than 1% of patients. (Heart failure means your heart does not pump blood as well as it should.) If you are taking DUODART, talk to your doctor about this and other possible side effects.

In a clinical study of men at increased risk of developing prostate DUODART® 2 cancer, a serious form of prostate cancer was reported more often in men taking DUODART than men who did not take DUODART. The

reasons for this is currently unknown but may be due to the design of the clinical study.

A blood test to measure the amount of a substance called PSA (prostate specific antigen) in your blood can help your doctor to tell if you have prostate disease, including prostate cancer. If you have a higher than normal amount of PSA in your blood it could mean that you are at a higher risk of prostate cancer.

Men taking DUODART should have their PSA measured 6 months after starting treatment and then regularly after that. Taking DUODART will reduce the amount of PSA measured in your blood. You could still be at risk for prostate cancer even though your PSA is lower. Your doctor can still use PSA to help detect prostate cancer, by comparing your test results each time you have a PSA test.

It is important to take your medicine as your doctor recommends. If you do not take it regularly it may interfere with your doctor's ability to monitor your PSA.

What are the side effects?

Check with your doctor as soon as possible if you think you are experiencing any side effects or allergic reactions due to taking DUODART, even if the problem is not listed below.

Like other medicines, DUODART can cause some side effects. If they occur, they are most likely to be minor and temporary. However, some may be serious and need medical attention.

The most commonly reported sideeffects are:

- impotence (inability to achieve or maintain an erection)
- decrease in libido (sex drive)
- difficulty with ejaculation
- breast swelling or tenderness. If this becomes troublesome or if you notice breast lumps or nipple discharge you should talk to your doctor about these changes as these may be signs of a serious

condition, such a breast cancer.

- dizziness
- difficulty in sleeping (insomnia)

The following uncommon side effects have been reported:

- allergic reactions
- fast heart beat
- constipation, diarrhoea, vomiting
- weakness or loss of strength
- low blood pressure on standing
- itchy, blocked or runny nose.

Rarely, the following side effects have been reported:

- hair loss (usually from the body) or hair growth
- fainting

Very rarely, the following side effects have been reported:

- depressed mood
- serious skin reactions (such as Stevens-Johnson syndrome)
- testicular pain and testicular swelling
- nose bleeding
- changes in vision
- dry mouth

DUODART can cause dizziness, light-headedness and on rare occasions fainting. Take care when moving from a lying down or sitting position to sitting or standing, particularly if you wake up in the night, until you know how this medicine affects you.

There are some differences between DUODART and other tamsulosin products available in Australia. If you are switching to DUODART from another tamsulosin containing product dizziness or light headedness may occur when standing up.

If you feel dizzy or light-headed at any time during treatment, sit or lie down until the symptoms pass.

You may also experience a decrease in sperm count and semen volume.

One side effect of DUODART is known as "retrograde ejaculation".

When this happens most of the ejaculation fluid runs back into the bladder instead of being squirted out.

Retrograde ejaculation is painless.

Extremely rarely, medications similar to DUODART have caused prolonged painful erections, which is unrelated to sexual activity. If you

have a prolonged erection, call your doctor or go to the Emergency Room as soon as possible.

Tell your doctor immediately if you notice any of the following:

• **Wheezing, swelling of the lips/mouth, difficulty in breathing, hayfever, lumpy rash (hives) or fainting. These could be a symptom of an allergic reaction.**

• **A widespread rash with blisters and peeling skin, particularly around the mouth, nose, eyes and genitals. These could be the symptoms of a serious skin reaction known as Stevens-Johnson syndrome.**

This is not a complete list of all possible side effects. Others may occur in some people and there may be some side effects not yet known.

Do not be alarmed by this list of possible side effects. You may not experience any of them.

How do I store DUODART?

Keep this medicine where children cannot reach it, such as in a locked cupboard.

Keep DUODART in a cool, dry place where it stays below 25°C.

Do not leave in a car, on a window sill or in a bathroom.

DUODART® 3

Keep DUODART in its bottle until it is time to take your dose.

Return any unused or expired medicine to your pharmacist.

Product description

What DUODART looks like

DUODART capsules are oblong, hard-shell capsules with a brown body and an orange cap imprinted with GS 7CZ in black ink.

DUODART capsules are supplied in bottles of 7, 30 or 90 capsules.

Not all pack sizes may be distributed in Australia.

Ingredients

DUODART capsules contain the active ingredients:

- dutasteride 500 micrograms dissolved in a liquid

- tamsulosin hydrochloride 400 micrograms.
- DUODART capsules also contain the inactive ingredients:
- glyceryl caprylate/caprates
 - butylated hydroxytoluene
 - gelatin
 - glycerol
 - titanium dioxide
 - microcrystalline cellulose
 - Methacrylic acid - ethyl acrylate copolymer (1:1) purified talc
 - purified water
 - triethyl citrate
 - carrageenan
 - potassium chloride
 - hypromellose
 - medium chain triglycerides
 - lecithin
 - carnauba wax
 - maize starch
 - iron oxide yellow
 - iron oxide red
 - sunset yellow FCF
 - TekPrint SW-9008 Black Ink
 - TekPrint SW-9010 Black Ink.

Sponsor

DUODART is supplied in Australia by:

GlaxoSmithKline Australia Pty Ltd
Level 4, 436 Johnston Street
Abbotsford VIC 3067
Australia

Where to go for further information

Pharmaceutical companies are not in a position to give people an individual diagnosis or medical advice. Your doctor or pharmacist is the best person to give you advice on the treatment of your condition. You may also be able to find general information about your disease and its treatment from patient information groups and books, for example in the public libraries.

This leaflet was prepared on 5 February 2016.

The information provided applies only to DUODART.

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DUODART: AUST R 162530

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