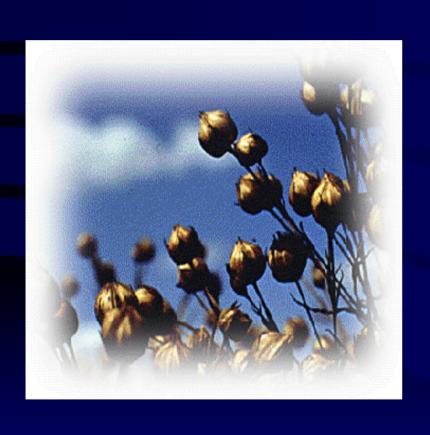
The Impact of Flaxseed on Prostate Cancer

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What is Flaxseed?



 Oilseed/grain consumed prevalently in the Middle Ages

Why Flaxseed?

Richest source of lignans (800x more than other foods)

- affects androgen metabolism (enterohepatic binding of testosterone, increases sex hormone binding globulin, reduces 5 α reductase)
- general antimitotic, antiangiogenic, antioxidant & estrogenic effects

Richest source of plant-based omega-3 (ω-3) fatty acids

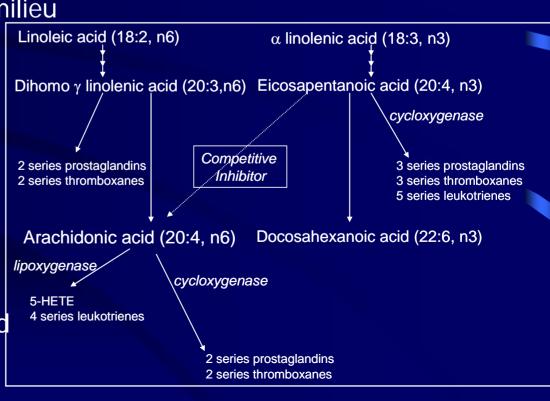
- inhibits cell membrane synthesis & alters cell membranes (receptors)
- inhibits protein kinase C/ tyrosine kinases
- increases natural killer cells
- affects the eicosanoid milieu

Why a Low Fat Diet?

Reduce ω -6 fatty acids

Previous studies suggest that low fat diets may hinder prostate cancer

Our pilot studies used flaxseed & a low fat diet together & had favorable effects



Phase II Randomized Controlled Trial Flaxseed Supplementation &/or Dietary Fat Restriction in Men with Prostate Cancer Presurgery R01 CA85740



Consented - Collection of Baseline blood, urine, seminal fluid & survey data

161 Randomized

929 Excluded

447 Ineligible

354 Refusals

108 No response

3 Unusable address

17 Other

Stratified on Gleason sum (<7 vs. 7+) & race (black vs. non-black)

Control (n=41)

Usual diet

Flaxseed Supplementation (n=40)

30 g. ground flaxseed/day

Low Fat Diet (n=40)

<20% of energy from fat

Flaxseed + Low Fat (n=40)

30 g. ground flaxseed/day + <20% of energy from fat

2 Lost-to-Follow-up

1 Lost-to-Follow-up

5 Lost-to-Follow-up

4 Lost-to-Follow-up

Before Surgery: Collection of blood, urine, seminal fluid & survey data

After Surgery: Collection of prostatic tissue

41 Included in Intention-to-Treat Analysis

40 Included in Intention-to-Treat Analysis

40 Included in Intention-to-Treat Analysis

40 Included in Intention-to-Treat Analysis

Eligibility Criteria

- men with pathologically confirmed PC who elected prostatectomy as their primary treatment
- at least 21 days away from their scheduled surgery
- mentally-competent
- English-speaking and -writing
- telephone access
- Not routinely consuming flaxseed and/or a diet low in fat
- Antibiotic-use within the 21-day study period
- No neoadjuvant therapy
- No newly-started supplement-use (within 3 months) or planned supplement-use.

Measures & Measurement Points

Measures	Baseline	Study End
Histopathological Endpoints Proliferation Rate (MIB-1) PRIMARY ENDPOINT Apoptosis (TUNEL)	-	X X
Serologic Endpoint (Total PSA)	X	X
Hormone-Related Mediators Total Testosterone, Free Androgen Index (SHBG), IGF1, IGFBP3	X	X
Nutritional Biomarkers Lignans in Ejaculate (controlled for zinc) Urinary Lignans Erythrocyte Fatty Acid Profiles Prostate Tissue Fatty Acid Profiles	X X X -	X X X -
Other Endpts, Markers of Adherance, Confounders Total and LDL Cholesterol Food Frequency (DHQ) Physical Activity (Cooper Questionnaire) Body Weight	X X X	X X X X
Side Effects (CALGB Toxicity Index)	-	X

Characteristics of the study sample (n=161)

		Total
Age (years)	Mean (sd)	59.2 (7.3)
	Range	36-73
Race % (N)	White	70%
A	African American	26%
	Other	4%
Education % (N)	<high school<="" td=""><td>9%</td></high>	9%
High School Grad/GED		20%
Some College/Trade		29%
College Grad/Post-grad		42%
Biopsy Gleason Sum	<7	68%
	7+	32%

Days on Protocol, Side Effects & Self-Rated Adherence

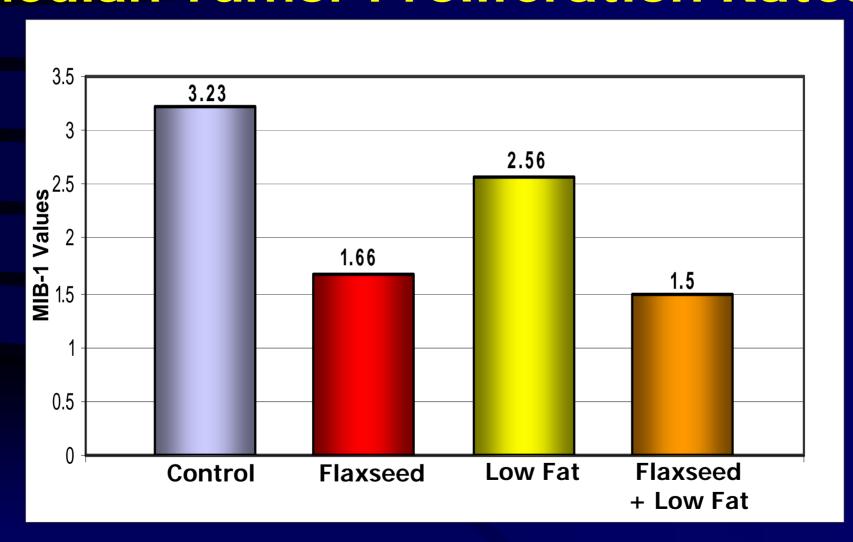
	Control	Flaxseed	Low Fat	FS + LF	
	(n=41)	(n=40)	(n=40)	(n=40)	
# of Days on Protocol	30	31	31	30	
Days/Week Adherent	-	6.9	6.5	6.8/6.3	
Side Effects					
(% grades (1/2/3)	7/0/0	5/0/0	21/2/0	8/0/0	
nausea	0/0/0	0/0/0	0/0/0	0/0/0	
vomiting diarrhea	5/2/0	17/0/0	0/0/0	13/0/0	
impotence	15/5/10	8/2/7	24/0/5	11/3/8	
allergy	0/2/0	0/0/0	0/0/0	0/1/0	

No significant differences between arms for all measures

Change Scores for Nutrient Intake & Nutritional Biomarkers

	Control	Flaxseed	Low Fat	FS + LF	P-values	
	(n=41)	(n=40)	(n=40)	(n=40)	FS	LF
Dietary Lignan μg/day ∆	+3.8	+258129	+9.5	+253152	<.0001	NS
Urinary Lignan (ng/mg creatinine) – ∆	+78	+18467	+230	+13267	<.0001	NS
Seminal Fluid Lignan (μg/ml)–∆	+93	+198	-2	+237	.013	NS
% Dietary Fat – ∆	-1%	-1%	-8%	-10%	NS	.0001
Diet ALA (mg/day)–∆	+0.2	+31	-1	+35	<.0001	NS
Diet EPA (mg/day) – Δ	0	0	+0.1	+0.2	NS	.003
Diet $\omega 3/\omega 6 - \Delta$	0	+.43	+.01	+.62	<.0001	NS
Prostatic ALA (% FA)	.07	.36	.07	.09	NS	NS
Prostatic EPA (% FA)	.27	.32	.22	.37	.01	NS
Prostatic ω3/ω6	.44	.91	.50	.78	.0001	NS

Primary Endpoint: Median Tumor Proliferation Rates



Wilcoxon 2-sided p=0.0013 for flaxseed/p=0.53 for low fat

Other Outcomes

	Control Flaxseed		Flaxseed Low Fat FS+		P-va	alues
	(n=41)	(n=40)	(n=40)	(n=40)	FS	LF
Apoptosis (TUNEL) 0	84%	74%	74%	89%	NS	NS
> 0-1	13%	16%	14%	3%		
> 1-2	3%	10%	12%	8%		
PSA (ng/ml) - Δ	-0.61	-0.07	-0.30	-0.18	NS	NS
Testosterone (ng/dL)- Δ	-48	-39	-52	-8	NS	NS
SHBG (nmol/L)	-1.9	-1.6	-0.2	+0.8	NS	NS
Free Androgen Index	-0.7	-0.3	-1.8	-0.7	NS	NS
IGF-1 (ng/ml)	-6	-7	-3	-1	NS	NS
IGFBP-3 (mg/L)	-0.3	-0.3	-0.4	-0.3	NS	NS
Cholesterol (mg/dL)	+9	-26	-46	-37	NS	.048
CRP(mg/L)	+2.3	+4.8	+0.9	-0.2	NS	NS

Conclusions

- Both the low fat diet & flaxseed supplementation were well-accepted & well-tolerated.
- Prostate cancer proliferation rates were significant lower in men assigned to flaxseed supplementation.
- Other biomarkers associated with prostate cancer (apoptosis, androgen metabolism, IGF-1/IGFBP-3) were not significantly affected.
- Serum cholesterol was significantly reduced in men assigned to the low fat diet.
- Further study is needed to...
 - validate findings using the presurgical model
 - determine effects using other models, e.g. after biochemical failure
 - disentangle potential synergies between the low fat diet & flaxseed supplementation and if effects are due to lignan or to fat
 - determine potential mechanisms

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