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PROFILE

Dr. Stephen Strum

A Singular Devotion to Prostate Cancer Research and Treatment

By Stephen Laifer

A review of Dr. Stephen Strum's curriculum vitae shows where his strengths lie. A frequent contributor to Life Extension, Dr. Strum has authored or coauthored more than 100 research papers, books, and articles, and has presented nearly as many lectures and webcasts. His CV paints the picture of a man who is thoroughly at ease in the complex yet often bemusing world of medical research. This is somewhat surprising, considering that Dr. Strum rejected his first choice of medical school as "too research-oriented."



Stephen B. Strum, MD

Why the change? In a word, according to Dr. Strum: specialization. Referring to his specific interest in prostate cancer as well as his singular method of treating patients, specialization would later become the defining philosophy behind Dr. Strum's approach to medicine. Such specialization, however, did not happen overnight or without raised eyebrows among many of his colleagues.

"When I graduated from medical school in 1968, the oncology literature coming out every month in the journals to which I subscribed was so voluminous, but so important," says Dr. Strum. "I found it was becoming impossible to keep abreast of it." Dr. Strum feels that doctors cannot realistically stay current with all the published literature and still have any kind of personal life. "And the ones who don't have a personal life aren't the kind of doctor you want as your physician, because they have forgotten the importance of balance in their own life. This too often leads to a lack of humanity and an insensitivity to the needs of the patient."

Early Focus on Prostate Cancer

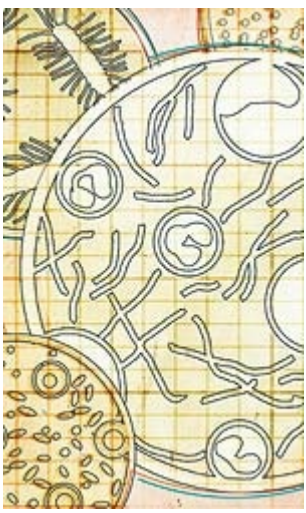
Dr. Strum's decision to concentrate on prostate cancer began in a 1983 partnership with Dr. Fernand Labrie at Laval University in Quebec City, Canada. Dr. Labrie was seeking American collaborators to explore the use of anti-androgen therapy combined with luteinizing hormone-releasing hormone agonist therapy in prostate cancer. "In the early 1980s, prior to FDA approval of both of these agents, clinical research such as ours was considered novel and cutting edge," says Dr. Strum.

The first part of the research revolved around cellular communication. Dr. Strum uses the analogy of mail delivery. "Every cell has androgen receptors," he says. "A ligand, the substance that is the message, gets delivered to a cell's receptors, which are the mailbox. An anti-androgen blocks that mailbox, preventing access by the ligands that normally enter and signal a cell to divide." Specifically, the anti-androgen works to prevent cancer cell division and growth.

The second part of the research program involved depriving androgen to the cancer cell population in prostate cancer patients. This technique was first demonstrated by Canadian-born Nobel Prize winner Dr. Charles Huggins. As early as the 1940s, Dr. Huggins and his colleagues showed that surgically removing the testicles of men with prostate cancer metastatic to bone usually resulted in a dramatic improvement in their condition. This simple surgical procedure deprived prostate cancer of an important growth substance: male hormone.

"We came out with ways to capture, pharmacologically, the kind of results that Dr. Huggins described," says Dr. Strum. However, their approach to androgen deprivation therapy was medical instead of surgical. "Now men could keep their testicles and not be subjected to that traumatic experience, in addition to the trauma of being diagnosed with prostate cancer," he explains. Most important, this form of medical androgen deprivation therapy provided men who had an exceptionally positive response to such therapy with the option of eventually discontinuing androgen deprivation and allowing their testosterone production to return to normal levels. This would later be termed intermittent androgen deprivation. Around 1989, the FDA approved the drugs used in intermittent androgen deprivation, and they have since become mainstays in prostate cancer treatment.

By this time, Dr. Strum had found his niche. He recalls the reaction of fellow oncologists he encountered at conferences following his decision to focus on prostate cancer: "They'd ask me what I was doing, and when I told them, they'd typically appear puzzled and comment that there was not that much that could be done with prostate cancer patients."



Dr. Strum feels his colleagues may have missed the point in several important ways. “A general oncologist deals with leukemia, brain tumors, prostate cancer, breast cancer, lung cancer, pancreatic cancer, etc.,” he explains. “You can’t cover that much ground with the expertise so badly needed by the cancer patient. After seeing hundreds of men with prostate cancer, routinely reading the urology journals, and attending conferences on prostate cancer, my self-perception went from how much I thought I knew to how little I actually knew.”

According to Dr. Strum, the general medical oncologist is so busy tending to patients presenting with the entire spectrum of malignancies that he or she never realizes how much there is to learn about each and every type of cancer. He believes it is impossible to deliver outstanding care with this relatively superficial understanding. Once Dr. Strum became immersed in the clinical specialization of prostate cancer, a steady flow of men from across the US and Canada sought his care. “I realized that this malignancy, unless caught too late, is not so overwhelming that you spend countless hours just trying to keep the patient alive,” he says. “You have time to get the patient back to good health.”

Branching in a New Direction

Dr. Strum is justifiably proud that he was able to make significant progress against the disease, and feels he has been fortunate to be able to help significant numbers of men with prostate cancer during his many years of practice. Most of his work was done in private practice in Los Angeles, where he set up shop in 1973. Nearly three decades later, however, he was ready for a change. “Thirty years of cancer work is pretty tough, considering the emotions involved,” he notes. “Couple that with living in Los Angeles, and I was becoming exhausted.”

Dr. Strum had co-founded the Prostate Cancer Research Institute (PCRI) in 1996 to educate patients and physicians through a variety of educational tools. Foremost among them was a real-time interactive helpline that allowed patients and physicians to interact directly with Dr. Strum and PCRI staff. Dr. Strum organized and moderated national PCRI conferences that drew experts in every realm of prostate cancer. He helped design the PCRI website (www.prostate-cancer.org), which contains his medical writings, presentations, and other landmark literature. His goal was to share front-line medical expertise with the patient, family members, and all physicians involved in the patient’s care.

“After a few years, I found my goals for the PCRI were not being realized,” he says. “I had envisioned that it would grow and that satellite facilities would be established around the globe helping men everywhere. I had developed relationships with patients and physicians in the Netherlands who were excited about a Dutch version of the PCRI. Prostate cancer is a disease that confronts men everywhere. But we were not growing fast enough to help the many men so badly needing guidance.”

Dr. Strum decided that a change was in order. He moved to Oregon to escape the stress of life in southern California and ostensibly to spend less time on his medical practice. The move proved to be just what the doctor needed. In a setting of forests, lakes, and fresh air, he and his wife Miwha could enjoy a more relaxed lifestyle, while Dr. Strum could also open a personalized practice directed at the empowered patient with prostate cancer.

Ironically, since arriving in Oregon in early 2003, Dr. Strum has been busier than ever, consulting with prostate cancer patients in his new home base of Ashland. Yet the slower pace of life there still allows him to adhere to two crucial tenets of his medical philosophy: manageable patient numbers and careful individual analysis. “Doctors need to realize when they’ve hit their limit in terms of patient load,” he says. “Too many of them, unfortunately, do not.” Whether the doctors are driven by ego or money, he believes the results are the same: patient care suffers, and time spent on the clinical analysis of disease declines dramatically.

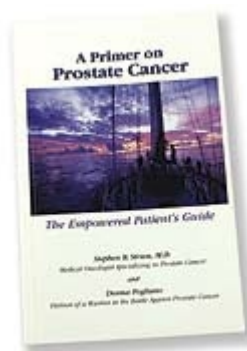
“I tell patients and physicians alike that ‘MD’ actually stands for ‘medical detective,’ he says. “A good medical doctor is a skilled detective who gathers facts, establishes information about the patient’s biological story, and creates a profile to help determine where the disease is and how much of it is there. Those critical factors are most relevant to successful cancer treatment. Prostate cancer is one of the more treatable cancers if caught early enough. If we use the tools currently available, no man should be presenting to his doctor with advanced stages of this disease.”



Unfortunately, many doctors are not making effective use of these tools, according to Dr. Strum. Blood tests like the prostatic acid phosphatase (PAP), for example, have long been standard; however, when the more reliable prostate-specific antigen (PSA) test was approved in 1987, “most doctors tossed out the PAP and regarded it as an antiquated test,” says Dr. Strum. “They didn’t realize that the PAP test still had clinical significance in relating the functional nature of clones within the tumor cell population, and most important, relevance to the success of definitive prostate cancer treatments such as radical prostatectomy and radiation therapy.”

Another simple but important tool is the digital rectal exam—when done properly. Dr. Strum explains: “A doctor spends a minute

or so and gets a sense of the size of the prostate and whether there's any irregularity. Then he documents his findings in the medical chart to properly record information on the cancer's clinical stage. A surprising number of doctors don't do this. Others don't dictate a detailed report when they do a procedure such as the transrectal ultrasound of the prostate, which is used to help establish a diagnosis of prostate cancer."



Even worse, he notes, doctors do not use all these tools together to analyze the patient's situation: "Successful treatment is about using the biological information that we know to be relevant, combining these different biological indicators in an analytical fashion based on published peer-reviewed literature, and making sure that the medical course of patients is clearly charted so that a patient can be followed in an optimal fashion."

A goal that Dr. Strum hopes to see realized within the next year is the opening of an integrative health care center in Ashland. "We are planning a truly integrative approach that invokes physicians and other members of the health care team to use the concepts of mind, body, and spirit in a way that translates the medical advances published in the literature to the actual care of the patient," he says. "There will be a scientific basis to everything we do, including energy medicine, therapeutic touch, nutritional adjuncts, and even some Eastern disciplines." Dr. Strum intends to continue

seeing a manageable number of patients, so that each can receive the individual care needed.

Until then, he continues to consult with patients from the Northwest, the US, and even overseas. "More and more doctors are coming here to Ashland to visit," he says. "They're sharing their research findings and exchanging clinical experiences and concepts of care."

These are exciting times indeed, for Dr. Strum and for prostate cancer research and treatment. "As medical professionals, we need to look at nature with reverence and awe, and truly understand the responsibilities of dealing with another human life," he says. "With all of today's incredible medical advances—genetic markers, molecular staging, new radiologic imaging techniques, therapeutic vaccines, viruses that selectively kill cancer cells—how could you not be excited about being a physician, no matter what your specialty is?"

Dr. Strum is coauthor of A Primer on Prostate Cancer: The Empowered Patient's Guide, published by Life Extension in 2002. View more information, or call 1-866-820-7457.

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