

Von: Chris Faye <venteror@HICKORYTECH.NET>

An: PROSTATE@LISTSERV.ACOR.ORG

Betreff: [PPML] **COQ10: Good or Bad for Prostate Cancer Survivors?**

Antwort an: The Prostate Problems Mailing List <PROSTATE@LISTSERV.ACOR.ORG>

Datum: Wed, 24 Oct 2007 18:21:47 -0500

Dear Friends,

Chuck Maack cites a number of references relating to CoQ10. At least one of them specifically identifies CoQ10 as a Prostate Cancer antagonist.

I quit taking CoQ10 sometime ago due to advice given by **Dr. Charles "Snuffy" Myers**. You will find such advice on page 148 of his text entitled "Beating Prostate Cancer: Hormonal Therapy & Diet."

I would welcome any and all comments on the subject.

With best wishes to all,

Chris

Datum: Wed, 24 Oct 2007 18:21:47 -0500

Okie Dokie.....Here are a few more URLs that support the importance of COQ-10 in prostate cancer treatment:

<http://www.med.miami.edu/news/view.asp?id=403>

<http://www.cancer.gov/cancertopics/pdq/cam/coenzymeQ10/patient/20.cdr>

<http://www.newswithviews.com/Howenstine/james2.htm>

And entering a search on the internet with "COQ-10 and Prostate Cancer" will find many more.

Charles (Chuck) Maack
Prostate Cancer Advocate

Datum: Thu, 25 Oct 2007 18:44:03 -0500

Chris and all,

Dr. Myers fails to explain specifically why he lists COQ-10 among those supplements he does not recommend. And I checked on a few of the references regarding COQ-10 listed in the appendix of his book, and of those I checked, rather than finding fault with COQ-10, rather indicated concern for the depletion of COQ-10 for various reasons (statins, for example). **So, until someone gets a clear reasoning from Dr. Myers**, the question will remain as to why he does not recommend this supplement that is important in so many other areas - including the prostate.

On the other hand, Dr. Stephen Strum, another Medical Oncologist who specializes in prostate cancer research and treatment and co-author of "A Primer on Prostate Cancer- The Empowered Patient's Guide," **recommends COQ-10 at 200mg/day**, but remarks "use in conjunction with acetyl-L carnitine if heart disease present." One of the references in Dr. Myers book suggests Atorvastatin as decreasing COQ-10 levels in the blood of patients at risk for cardiovascular disease and stroke. So, apparently COQ-10 levels are of concern for these "at risk" PC patients. And possibly it is Dr. Myers concern that patients at risk for cardiovascular disease should not receive COQ-10 as his reasoning. However, since a large number of patients are likely not at risk, it would appear that the benefit COQ-10 provides should include this supplement for those patients. Both Dr. Strum, and references in Dr. Myers book, make note that it is an important supplement for those taking statin drugs to prevent depletion of COQ-10, so COQ-10 is recognized as an important nutrient in the system.

With all the positive articles I find supporting the importance of COQ-10, I have a hard time understanding reservations in its supplemental use for patients not at risk for cardiovascular disease and stroke. <http://www.answers.com/topic/coenzyme-q10?cat=health>

Chuck

Datum: Fri, 2 Nov 2007 21:55:45 EDT

I just became aware of these postings. I **have several concerns about CoQ10.**

First, in the laboratory models of aging, one common type of mutation causing increased longevity across the many models is one that causes **Q10 deficiency**. Adding back Q10 shortens lifespan again. A severe Q10 deficiency, on the other hand, appears to be quite severe in its consequences. In the early 1990s, we did a clinical trial of high dose lovastatin as treatment for prostate cancer and glioma. The major side effect was muscle weakness. Looking at the biochemistry of muscle and cholesterol synthesis, we guessed that Q10 deficiency might be the problem. We went on to demonstrate these patients had Q10 deficiency and reported on the ability of oral Q10 to reverse this problem. I remember one patient in particular who can into the hospital late in the day wheelchair bound. That evening, we gave him 200 mg of Q10. The next morning, when we went on rounds, he was standing by his bed fully dressed and ready to go home.

My best guess is that **modest Q10 deficiency slows aging** by **approximating some of the effects of calorie restriction**, but that severe Q10 deficiency can be a serious problem that most dramatically manifests itself in muscle function.

In reviewing the clinical trial literature, I see reasonable evidence that Q10 supplementation can cause temporary improvement in **Parkinson's** disease and congestive **heart failure**. Also, as we showed in the 1990s, it can reverse some cases of **statin myopathy**.

I see no reasonable evidence that it is of any benefit to people in general and a serious concern that it might actually speed aging.

Furthermore, **I see no evidence that it is of any value as a treatment for prostate cancer**. This is the classic case where you would really want sound clinical trial evidence before you would want to take a supplement because the preclinical evidence is such a mix of harm vs benefit. Unless you fit in one of the special groups we have discussed, I would leave it alone.

Charles E. Myers, MD

Dr. Myers,

You remark: "Furthermore, I see no evidence that it is of any value as a treatment for prostate cancer."

In my research of COQ10 on the internet **I found several supportive articles of COQ10 for prostate cancer**. Here are just a couple:

<http://www.med.miami.edu/news/view.asp?id=403>

<http://www.newswithviews.com/Howenstine/james2.htm>

And entering a search on the internet with "COQ-10 and Prostate Cancer" will find many more.

As a personal note, when **my wife's creatinine level began to escalate** to the point her nephrologist had already arranged a fistula inserted in her forearm in preparation for dialysis, I came across a trial wherein 60mg COQ-10 was administered three times daily to patients with levels as high as 5.0mg/dl and their levels fell dramatically. I purchased 50mg capsules and started her on the three times per day regimen. In one month her creatinine level showed a dramatic drop and **by two months it had dropped to normal range**. Dialysis was not required and the fistula has since been removed. She continues on the same regimen and her level has remained in normal range since beginning for the past year and a half.

I deeply respect you, support your treatment methods in recommending them to others, and am thankful for what you have contributed to the quality of life of we prostate cancer patients. **I cannot, however, discount the results I have found** wherein the administration of COQ-10 as a supplement has aided in improvement of several ailments.

Respectfully,

Charles (Chuck) Maack

(Dr. Myers response):

I am well aware of these "news releases", but they do **not represent good science** and are certainly not applicable to patients. **Carl Folkers work is quite old**. In fact, we were aware of it in the 1990s. **We tried to duplicate his work and could never get it to work** as we wondered why statins would kill prostate cancer so readily in the lab if they induced Q10 deficiency while Folkers claimed excess was therapeutic. When we started our attempt to duplicate that work, we wondered if the response curve was not biphasic: severe deficiency and excess would be equally therapeutic. **Unfortunately, we were never able to find any anticancer activity with excess Q10.**

If **instead of the internet**, you go to Medline or Pubmed and **search the peer-reviewed medical and scientific literature, you will not find a valid study demonstrating activity of Q10 in patients with prostate cancer**. Finally, I would say that the two media releases you quote are really excellent evidence in favor of my point, not evidence in favor of actually giving Q10 to patients without first having some clinical trial evidence to support it. One paper talks about applying it as an ointment [Salbe], the other just rehashes the old Folkers data.

As I see it, the bottom line is that we do not have convincing evidence of therapeutic benefit in the treatment of human prostate cancer in patients and we do have some disturbing safety issues raised in animal models. **I would change my mind if we had a clinical trial showing a response rate or even a reduction in PSA doubling time linked with long term safety** data in any therapeutic situation. For example, Q10 appears to have short term benefit for Parkinson's disease and they live a long time. If someone does a long term Parkinson's randomized controlled clinical trial and no unexpected side effects emerge in the treatment arm - in particular no evidence of accelerated aging in those on Q10, then I would reconsider my stance.

For now, **we have so many other, more exciting and promising leads to investigate with regard to prostate cancer treatment, I am at a loss to understand why anyone is even interested in this issue.**

Datum: Mon, 10 Dec 2007 12:38:27 EST

Hi Gordon,

I got a chance to talk to Dr. Myers about that when our small planning group had dinner with him and his wife before our support group meeting.

Way back in his NIH days, Dr. Myers was the senior author on a paper documenting a Phase 1 trial of a statin (lovastatin) and cancer. It was one of the first papers on this connection. You can find it at [_www.pubmed.gov_](http://www.pubmed.gov) (<http://www.pubmed.gov>) by searching for " statin AND thibault a [au] AND myers ce [au] ". The paper addressed using ubiquinone (CoQ10) to mitigate a side effect. So Dr. Myers has been familiar with this area for a long time.

He knows I racewalk, and he mentioned that a paper had demonstrated that those on statins without CoQ10 supplementation would decrease their athletic respiration capability by 10 to 20%, as I recall his comments. I believe I was enjoying a glass of wine at the time so may not have an exact recollection of his thoughts. LOL But that was enough to motivate me to start CoQ10.

If he had not had CoQ10 on his "don't generally recommend" list, I would have been on it a long time ago because of Dr. Strum's enthusiastic comments.

Jim

Von: John Cooper <a2jic@YAHOO.CO.UK>

An: PROSTATE@LISTSERV.ACOR.ORG

Betreff: [PPML] CoQ10

Antwort an: The Prostate Problems Mailing List <PROSTATE@LISTSERV.ACOR.ORG>

Datum: Sat, 19 Jan 2008 08:29:50 +0000

Hi Ron

I did a search on Co-enzymeQ10 a while back and came up with some interesting results.

The first reference of note I found was work done by Biochemist, **Dr. Karl Folkers Ph.D.**

Dr. William Judy of Bradenton, Fl. received funding from Dr. Folkers to treat prostate cancer with CoQ10.

Dr. Judy found **30 patients** with **hormone independent prostate cancer** and treated them with **500 mg.** of Coenzyme Q10 daily.

Fourteen of the **15 who had no** metastases to bone or lung proceeded to have their **PSA values return to normal.**

Of the **15 patients who did have metastases** to bone and lung when they started CoQ10 **8 saw their PSA results return to normal** suggesting improvement..

Dr. Judy then treated **6 patients** with prostate cancer and elevated PSA values with CoQ10 and all 6 had their elevated PSA values **return to normal after 120 days of CoQ10 therapy (500 mg.) daily.**

Political problems prevented him from publishing these results and Dr. Folkers death in 1998 has terminated all interest in CoQ10 as a therapy for cancer which is unfortunate.

More recently:

UM Researchers Present Dramatic Cancer Findings 4/25/2005 Researchers from the University of Miami Leonard M. Miller School of Medicine have presented dramatic findings at a national cancer meeting that show a link between a very potent antioxidant that occurs naturally in the body, and the ability to kill breast and prostate cancer cells. The antioxidant they have studied is Ubiquinone, more commonly referred to as Coenzyme Q10 or CoQ10, and delivery of the therapy could soon be as simple as applying an ointment to the tumor site.

However, Dr Charles E Myers states that he has "several concerns about CoQ10".

No real experience...just reporting
John Cooper

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I believe there was a study in fruit flies that showed a decreased life expectancy in fruit flies when given coq 10.

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Hi John,

Regarding those patients who had the COQ10 treatments, was that the only therapy they received? It would seem to me that if this drug is that potent, then there should be several other people investigating and using it.

Can you supply any studies or other information?

Aubrey

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There is a 2005 combination study which included CoQ10 in the combination here:

<http://pmid.us/15774238>

but it concluded that the combination had no effect on various markers associated with prostate cancer.

Mayo clinic, Sloan Kettering and NCI all have info indicating that there is inconclusive

evidence for a favorable effect of CoQ10 on breast cancer but none mentions prostate cancer. NCI mentions that it reduces adverse cardiac side effects of a certain chemo therapy and that it has an effect on wayfarin and a consequence of the latter is that CoQ10 may interfere with certain drugs:

http://www.mayoclinic.com/health/coenzyme-q10/NS_patient-coenzymeq10
<http://www.mskcc.org/mskcc/html/69186.cfm>
<http://www.cancer.gov/cancertopics/pdq/cam/coenzymeQ10>

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>From pub med article

<http://www.ncbi.nlm.nih.gov/pubmed/17516992?ordinalpos=5>
<<http://www.ncbi.nlm.nih.gov/pubmed/17516992?ordinalpos=5&itool=EntrezSystem>
2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum >
&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum

Harvey

Serum cytokine levels of interleukin-1beta, -6, -8, tumour necrosis factor-alpha and vascular endothelial growth factor in breast cancer patients treated with tamoxifen and supplemented with co-enzyme Q(10), riboflavin and niacin.

<http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Premkumar%20VG%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstractPlus > Premkumar VG,
<http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Yuvaraj%20S%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstractPlus > Yuvaraj S,
<http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Vijayaraj%20K%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstractPlus > Vijayaraj K,
<http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Vijayasathya%20G%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstractPlus > Vijayasathya G,
<http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=Search&Term=%22Sachidanandan%20P%22%5BAuthor%5D&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVAbstractPlus > Sachidanandan P,

Panel.Pubmed_RVAbstractPlus> Sachdanandam P.

Department of Medical Biochemistry, Dr ALMP- GIBMS, University of Madras, Taramani Campus, Tamilnadu, India.

The prognostic significance of supplementing co-enzyme Q(10) (CoQ(10)), riboflavin and niacin (CoRN) along with tamoxifen to breast cancer patients was evaluated by measuring the serum cytokine levels of interleukin (IL)-1beta, IL-6, IL-8, tumour necrosis factor alpha (TNF -alpha) and vascular endothelial growth factor. In the present study, 84 breast cancer patients were randomized to receive a daily supplement of CoQ(10) 100 mg, riboflavin 10 mg and niacin 50 mg, one dosage per day along with tamoxifen 10 mg twice a day. Serum cytokine levels were elevated in untreated breast cancer patients (Group II) and significantly reduced after tamoxifen therapy for more than 1 year (Group III). When group III breast cancer patients were supplemented with CoRN for 45 days (Group IV) and 90 days (Group V) along with tamoxifen, a significant reduction in cytokine levels were observed ($P < 0.05$). Such a decrease in serum cytokine levels after CoRN supplementation in breast cancer patients may suggest good prognosis and efficacy of the treatment, and might even offer protection from metastases and recurrence of cancer.

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The study **on fruit flies did indicate a life-span shortening withy CoQ10.** It is reasonable to consider some extrapolation to other organisms as a cautionary note, but not as any sort of evidence. **On the good side, CoQ10 supplements are strongly advised for people taking Lipitor or similar agents.** The statins are supposed to deplete levels of the coenzyme, and many of this list members are on statins. It has also been reported that CoQ10 supplements counteract the cardiotoxic and effects of Adryamicin. The beneficial effects on kidney function are more questionable because they may be coincidental with changes in other medications.

LuisG

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