

WAGING WAR ON PROSTATE CANCER

Philanthropist Michael Milken talks about the path to zero deaths by mid-century



Michael Milken speaking at a prostate cancer fundraiser

BY SARI HARRAR

In January 1993, Michael Milken was diagnosed with advanced prostate cancer. He was 46. “The cancer had spread through my body,” says Milken, author of *Faster Cures*, a new book about his cancer journey and the research advances it spurred. “They told me that I had 12 to 18 months to live.”

A urologist advised him to get his affairs in order and find a psychologist to help him, his wife and their children process the news. Milken had other ideas. “I was going to try a few other things first,” he says.

His cancer was treated with hormone-lowering drugs and radiation, while Milken overhauled his diet—replacing double cheeseburgers and corned beef sandwiches with soy shakes and raw vegetables—and got serious about exercise and meditation. And it worked. Yet as he

crisscrossed the country meeting with leading cancer experts, he wondered, “Why is this very prevalent disease stuck in the Middle Ages of research?”

Shortly after his diagnosis, Milken started CaP CURE, the forerunner of the Prostate Cancer Foundation (PCF), the largest philanthropic organization funding prostate cancer research in the world.

Known for his headline-grabbing approach to junk bond investing and corporate takeovers, Milken’s Wall Street mindset fueled his assertive funding of medical research. He required researchers to collaborate, focused on young scientists and sent fast cash for approved projects.

About 30 years later, the PCF has helped fund important drugs for advanced prostate cancer, new multi-cancer blood tests, robotic surgery for prostate cancer, and understanding of prostate cancer growth, genetics,

racial disparities, survivorship and future drug targets.

In a wide-ranging interview, Milken talked about his personal experience with cancer and his transition from financier to medical research funder.

What’s the impact of CaP CURE and the Prostate Cancer Foundation?

Our promise to the medical community was that we would work to double the funding for all life-threatening diseases, not just prostate cancer. The “Ca” stood for all cancers, the “P” for prostate and the “CURE” for all life-threatening diseases. We put on a march in 1998, and President Clinton signed into law the doubling of NIH funding, which culminated in the work of thousands of people. The PCF today is the largest private funder of prostate cancer research. If a person in my condition was diagnosed today, they would tell them they have at least five years to live and probably will not die from prostate cancer. There are 3.7 million more cancer survivors today than was predicted when we launched CaP CURE in 1993.

After two decades of declines, prostate cancer rates are rising, especially in late stages. What were your thoughts when you heard about that?

Every single person should be asking their doctor about cancer screenings. Had I not asked

for the PSA test, you would not be speaking to me today. It’s an issue of health literacy, of education. With proper screening and proper treatment, you can substantially reduce the death rate.

Since the 1970s, you’ve donated \$1 billion to medical research. And your foundations—including the Prostate Cancer Foundation and the Melanoma Research Alliance—have raised at least that much. What motivated you to write *Faster Cures* now?

What we learned from COVID was that just because you have scientific breakthroughs, people don’t necessarily take them or accept them. There is a gap. We cannot just introduce new products without better medical and health literacy. That’s one of the prime reasons why I wrote this book.

In the book, you talk about a report projecting zero prostate cancer deaths by 2051 if research funding is high enough. Can you elaborate?

We’re following two broad approaches: First, develop better screening tests that help diagnose disease early—before it spreads—and urge every man to get tested. Second, we’re doubling down on research investments to target the specific ways some cancers evade current treatments and lead to death. This is especially important for

Prostate Cancer Primer



One in 8 men will develop prostate cancer. This year, it will kill 34,700. And prostate cancer rates are rising in the U.S.—especially for advanced cancers with lower survival odds. What you need to know: ▶Talk to your doctor about prostate cancer screening.

The American Cancer Society recommends screening at age 50 for men at average risk, at 45 if you’re African American or your father or brother had prostate cancer before age 65. ▶You need a PSA test. This blood check measures prostate-specific antigen, a protein

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patients who aren't screened and then develop advanced disease.

How will developments you're funding in prostate cancer and melanoma improve survival in other cancers?

Many cancer types share the same molecular driver. Yet there's a tendency to cling to the 19th century classification by organ—breast cancer, prostate cancer, etc. Some prostate cancers may be molecularly closer to lung cancer, for example, than to other prostate cancers. In fact, more than 70 types of cancer share prostate cancer's molecular profile. We're researching how to interfere with the “master control” of tumor metabolism across cancer types.

What do the top scientists tell you will be the major victories in cancer detection and treatment in the next decade?

Several areas have great promise. One is to attack cancer cells that researchers used to call “undruggable targets.” New drug types destroy those target cells by attaching payloads like radioactive atoms, or toxins, or engineered killer T cells.

produced by your prostate. High numbers warn of cancer. ▶ You don't necessarily need a digital rectal exam. Once a mainstay of prostate cancer testing, the infamous gloved-finger feel of your prostate's size and shape isn't necessary for a first-line prostate cancer screening because a PSA is more sensitive, according to the American Urological Association.

Meanwhile, the revolutionary advances of immunology over the past 25 years—especially against fast-growing cancers like melanoma—are expected to continue and expand to other diseases, saving and extending many more lives.

A former director of the National Cancer Institute, Andrew von Eschenbach, has said you changed the culture of medical research. How?

When you want to solve difficult problems, you need the best people working in this field. It isn't just retaining them, it's recruiting the best and brightest. The highest rate of return we've gotten through our philanthropy over the last more than 40 years has been identifying young researchers in their 30s. By funding them, we were able to get many more people focused on cancer over the years. That's one of the reasons we've had such breakthroughs in cancer.

At 76, you work more than full-time. What motivates you?

I think it was my father's melanoma diagnosis and death in the early '70s that made me realize that life is fleeting. My father's mother died in childbirth. His father died in an auto accident when he was 11. Because of medical advancements, I have the luxury of spending time with grandchildren who hopefully will all see the 22nd century. ■

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