



THE LOCAL SCENE


National Conference



The Canadian Prostate Cancer Network (CPCN) and the Canadian Prostate Cancer Research Initiative (CPCRI) are proud to bring you the **Prostate Cancer Conference 2007 --- A Decade of Progress, A Future of Hope.**

This conference, which will take place between September 27th and September 30th at the Westin Harbour Castle Hotel in Toronto, Ontario, considers all the progress that has been made following the Prostate Cancer Forum of 1997 and the subsequent Canadian Prostate Cancer Research Initiative. Its themes are prevention, early detection and diagnosis, treatment, and survivorship. Yes, the conference looks back to the early days of the CPCN and the CPCRI, but it also looks to the future --- a future of hope. For more information, go to http://www.cpcn.org/03_conference_01.htm

Motorcycle Ride For DAD® Huronia, Ontario (Orillia-Barrie)
 The Biggest Motorcycle Ride For Prostate Cancer In Canada!
 The date of this year's ride is Saturday, May 28th, 2005



Sponsored by:
Mark Work Wearhouse
 Clothes That Work
Scotiabank Group

This year's event takes place on May 26th, with the more than 600 bikers riding through the centre of Barrie at about 9:30 a.m. The event needs volunteers from our members who are willing to hand out pamphlets at key intersections on the Barrie route. The ride through Barrie will be completed in about 15 mins. Volunteers will receive a complementary T-shirt. This is the third annual event in our area; please help to make it a complete success. Contact Bob Younger at 705-436-3349 for more information.



RELAY FOR LIFE FRIDAY JUNE 8, 2007 BARRIE EVENT CENTRE

The Barrie chapter of the Canadian Cancer Society is again holding the Relay at the Event Centre and is asking as many of our Support Group members to walk the Victory Lap of Survivors, wearing the survivor T-shirt. Our team hopes to raise at least \$1100 in pledges and donations. Luminaries will be available for purchase at \$5. A registration form and pledge sheet can be downloaded from www.cancer.ca The opening ceremonies and Survivor Victory Lap are at 7:00pm on Friday June 8th.

Published by Barrie Man-to-Man Prostate Cancer Support Group, in conjunction with the Can. Cancer Society. Our informal group is open to all men and their spouses/partners who are newly diagnosed cancer patients, those seeking information, and all survivors. The group meets each third Thursday of the month at 7:30 pm at the Can. Cancer Society's office at 64 Cedar Pointe Dr, Barrie. This newsletter is partially funded by the CCS

Food for Thought

LOW-FAT DELIGHTS FOR SUMMER EATING (if it ever arrives!)

The following items are taken from Zehr's web site at <http://www.presidentschoice.ca/FoodAndRecipes/Recipes/Search.aspx/language/english?referrer=zehrs>

Broiled Maple Salmon Fillets

Salmon is a source of OMEGA-3 polyunsaturated fat, an essential heart healthy fat that our bodies need to function properly. Omega-3 may protect against coronary artery disease and stroke.



Serves: 4
Skill: int
Time
hands-on: **10 min**
cooking: **15 min**
total prep: **25 min**

Ingredients

1 tbsp (15 mL) grated ginger root
1 clove garlic - minced
1/4 cup (50 mL) PC 100% Pure Maple Syrup
1 tbsp (15 mL) PC Memories of Thailand Fiery Chili Pepper Sauce
4 fresh skinless salmon fillets portions (about 1 lb/500 g)

Instructions

Spray nonstick frying pan with PC Blue Menu Canola Oil Cooking Spray and heat over medium heat. Cook ginger and garlic for 3 to 5 minutes, stirring. Remove pan from heat. Stir in maple syrup and Memories sauce. Preheat broiler. Line baking sheet with foil and spray with cooking spray. Place fillets on prepared baking sheet. Divide sauce among fillets, brushing over tops and sides. Broil salmon 4 inches (10 cm) under broiler for 10 minutes per inch (2.5 cm) thickness or until fish flakes easily when prodded with a fork. Serve immediately.

Nutritional Information

Calories 278 Cal; Fat 10 g; Sodium 143 mg; Carbohydrate 18 g; Fibre 0.1 g; Protein 29 g

RATE AND REVIEW THIS RECIPE!

After you've tried this recipe, visit [presidentschoice.ca](http://www.presidentschoice.ca) and tell us if you liked it, loved it, or think it needs some serious improvement! You can give it a rating, write a review and even share your own tips and suggestions!

Potato Waldorf Salad

Get a boost of carbohydrates, sweet and savoury, with this salad. It's our tasty twist on an old favourite.



Serves: 6
Skill: easy
Time
hands-on: **15 min**
cooking: **20 min**
total prep: **35 min**



Ingredients

4 cups (1 L) new potatoes quartered (skin on)
1/4 cup (50 mL) walnuts chopped
2 green onions thinly sliced
1 green apple cored and diced (skin on)
1 stalk celery diced
1/3 cup (75 mL) low-fat sour cream
3 tbsp (45 mL) PC Blue Menu Dressing - Fat Free Honey Dijon

Instructions

Place potatoes in saucepan. Add cold water to cover by several inches. Bring to a boil. Reduce heat to medium; cook for 12 to 15 minutes or until potatoes are tender but not mushy. Drain. Cool to room temperature. In frying pan over medium heat, toast walnuts for 5 minutes or until golden and fragrant. In bowl, toss together potatoes, walnuts, green onions, apples and celery. In separate bowl, stir together sour cream and dressing. Pour over salad. Toss to combine.

Applesauce Bran Loaf

Applesauce is the secret to keeping this quick loaf moist, while keeping the fat down.



Serves: 8
Skill: int
Time
hands-on: **15 min**
cooking: **40 min**
total prep: **55* min**



Ingredients

1 cup (250 mL) PC Organics 100% Whole Wheat Flour
3/4 cup (175 mL) PC Blue Menu Natural Wheat Bran
1/2 cup (125 mL) brown sugar (not packed)
2 tsp (10 mL) no name Cinnamon
1 tsp (5 mL) baking powder
1 tsp (5 mL) baking soda
1 egg, lightly beaten
1 cup (250 mL) PC Organics Applesauce - Unsweetened
1/2 cup (125 mL) PC Blue Menu Finesse Yogurt - Plain
2 tbsp (25 mL) PC 100% Pure Safflower Oil

Instructions

Preheat oven to 375°F (190°C). Spray 8 X 4-inch (1.5 L) loaf pan with PC Blue Menu Canola Oil Cooking Spray. In large bowl, whisk together flour, bran, brown sugar, cinnamon, baking powder and baking soda. In another bowl and using a wooden spoon, stir together egg, applesauce, yogurt and oil; stir into bran mixture just until moistened. Do not overmix. Pour batter into prepared loaf pan. Bake in centre of oven for 35 to 40 minutes or until tester inserted in centre comes out clean. Cool in pan on wire rack for 10 minutes. Remove from pan to cool fully.

* (Cool time = 10 minutes)

Recipe Tips

Serve with PC Blue Menu Celeb Margarine- Original, if desired.

Add 1/2 cup (125 mL) golden raisins at the same time as brown sugar, if desired.

Nutritional Information

Calories 190 Cal; Fat 5 g; Sodium 210 mg; Carbohydrate 33 g; Fibre 5 g; Protein 5 g

Per serving

Source of fibre

Choose your benefit!

This recipe offers: Lower fat

Recipe Tips

Watch walnuts carefully to prevent scorching.

Nutritional Information

Calories 150 Cal; Fat 4.5 g; Sodium 110 mg; Carbohydrate 24 g; Fibre 4 g; Protein 4 g

Choose your benefit!

This recipe offers: Lower fat, Lower sodium

RATE AND REVIEW THIS RECIPE!

After you've tried this recipe, visit [presidentschoice.ca](http://www.presidentschoice.ca) and tell us if you liked it, loved it, or think it needs some serious improvement! You can give it a rating, write a review and even share your own tips and suggestions!

What's New

In the world of Prostate Cancer

Provenge Fights Prostate Cancer

By Dr. Ralph Moss

from CancerDecisions.com Newsletter

(The following article has been edited from the original)

A new form of immune therapy for Prostate Cancer has shown a significant survival benefit in men who have metastatic prostate cancer.

The treatment is called **Provenge** and is manufactured by Dendreon Corp. of Seattle. **Provenge** is called a vaccine, but unlike most vaccines, it is used not to prevent illness but to treat an already existing condition. The vaccine combines a protein that is found in most prostate cancer cells with a substance that helps the immune system recognize the cancer as a threat. In clinical trials, **Provenge** was well tolerated: the most common adverse events that were reported were fever and chills lasting for one to two days.

The vaccine is produced from the patient's own cells and must be custom made for each patient individually. First, patients have their blood run through a machine for two or three hours in order to extract certain immune system cells, called antigen presenting cells (APCs). These cells are then mixed with a protein called prostatic acid phosphatase (PAP) that is commonly found on most prostate tumors. The PAP is fused with another immune-stimulating substance called GM-CSF. The mixture is then returned to the patient in a one-hour infusion. This process is repeated three times over the course of a month. The basic idea is to alert the immune system that cells containing prostatic acid phosphatase, (i.e., prostate cancer cells) should now be attacked as if they were a foreign invader.

In the latest study, men who were treated with **Provenge** survived on average 26 months, compared to 21.4 months for those who received only a placebo injection. This may not seem like much, but in fact this 4.5-month median survival benefit is said to be the longest ever reported from a Phase III study in advanced prostate cancer. It is better than the roughly 2.5-month benefit that was shown in clinical trials of Taxotere, a drug from Sanofi-Aventis. Taxotere is presently one of only a few approved forms of chemotherapy for patients whose cancer has spread beyond the prostate gland and is no longer responsive to hormonal therapy (the others are estramustine and mitoxantrone).

What is more, at three years, 28 of the 82 men who received **Provenge** were still alive, compared to only 4 of 45 patients in the placebo group. **Provenge** is now considered to have a shot at becoming the first anticancer therapy vaccine to be approved by the **Food and Drug Administration** (FDA). Approval will probably depend on the results of a larger study, currently underway, which should be reported by the end of 2005.

Urologisms

From the desk of
Dr Angelo Iocca.

Statins Protect Against Prostate Cancer

Statins are a group of medications that are commonly used to lower LDL cholesterol (bad cholesterol) by 30-50%. Statins as well as diet and exercise play an important role in prevention of coronary artery disease, myocardial infarction (heart attack), stroke and peripheral vascular disease (poor circulation). A Finnish prostate cancer screening study recently demonstrated a significant reduction in the incidence of prostate cancer in individuals taking statins. Previous laboratory studies suggested that statins may be beneficial in reducing prostate cancer but other small studies showed opposing results leading to a controversy on the subject until now. The Finnish study is a good quality population based study with over 23,000 participants of which 6,755 used statins. Prostate cancer incidence in patients taking statins was only 4% whereas in non-users it was 8%. Patients with elevated LDL cholesterol who are at risk of prostate cancer should be considered for medical management with statins.

Dr. Angelo J. Iocca B.Sc., M.D., FRCSC
Urology

Provenge improved the survival of all patients, not just those who had less aggressive cancers.

According to the **Seattle Times**, "the treatment has numerous skeptics." These include Patrick Walsh, MD, a Johns Hopkins University urologist and a well-known prostate-cancer surgeon, who said the study was too small to allow definitive conclusions. He said it was unknown what other therapies patients may have had during the three-year follow-up period, which may have made a difference.

"The numbers here are just too small to make this a big deal," said Walsh. Dr. Howard West, an oncologist at Swedish Medical Center, Seattle, said the study would be a stronger statement if the survival edge was seen across a larger number of patients. Still, he called the finding "extremely intriguing."

Diagnosing Prostate Cancer

The following outline is taken from the web-sites of The Prostate Centre (http://www.prostatecentre.ca/diagnosis_cancer.html) & ProCure (<http://www.procure.ca/english/info/23diagnosis/230diagnosis.html>)

When you or someone you care about has been diagnosed with prostate cancer it's important to learn about the diagnostic tests involved in detecting prostate cancer. Understanding your diagnosis is an important part of the decision-making process.

This section of the site will introduce you to the various tests used in diagnosing prostate cancer as well as the various systems used in staging cancer.

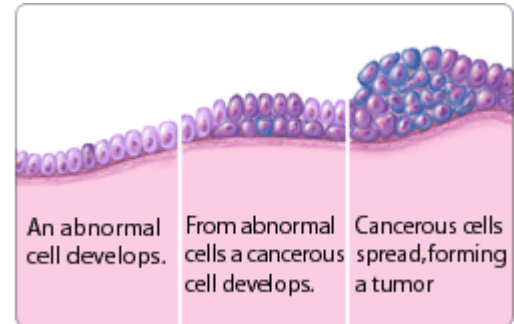
1. What is Cancer:

Normally, our cells undergo a predictable cycle of growth and renewal. As old cells die off, new cells form to replace them. This cell cycle is controlled by material contained within each cell called DNA.

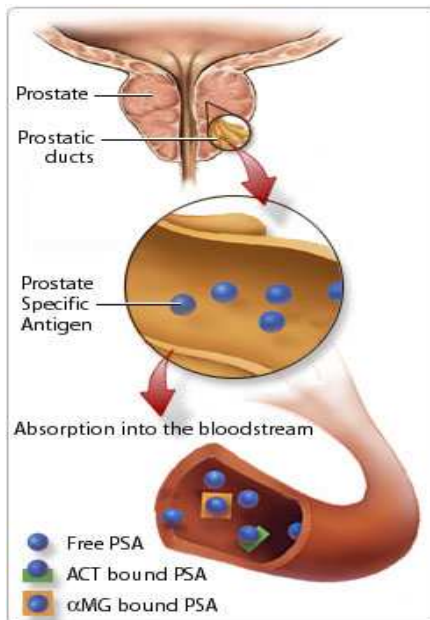
Genes are regions within our DNA that control cell reproduction. When genes become damaged, cells may begin to grow and reproduce in an uncontrolled manner. We describe these cells as malignant or cancerous.

Metastasis occurs, when cancer has spread beyond the prostate gland. Prostate cancer may spread via the blood supply or the lymphatic system - an important part of the body's defense mechanism. The cancer cells travel to distant sites such as bone, liver or lung.

While the cause of prostate cancer remains unknown, several risk factors have been identified, in association with the development of prostate cancer. These include age, race, family history and diet.



2. PSA (Prostate Specific Antigen)



Prostate specific antigen (PSA) is an enzyme produced in the ducts of the prostate and absorbed into the bloodstream. Here it may become bound to two proteins: anti-chymotrypsin (ACT) and alpha macroglobulin (αMG). The "PSA test" measures the level of free and bound PSA in the blood. With benign prostate conditions, there is more free PSA, while cancer produces more of the attached form.

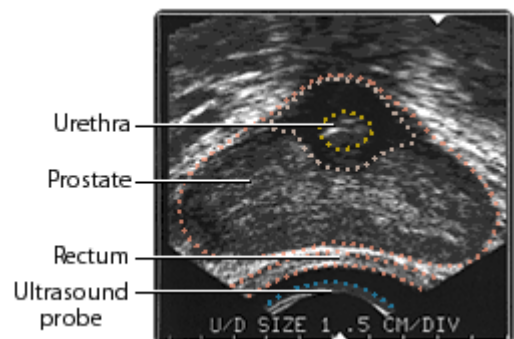
PSA test results show the level of PSA detected in the blood. The PSA level that is considered normal for an average man ranges from 0 to 4 nanograms per milliliter (ng/ml). A PSA level of 4 to 10 ng/ml is considered slightly elevated; levels between 10 and 20 ng/ml are considered moderately elevated; and anything greater is considered highly elevated. But because various factors can cause PSA levels to fluctuate, one abnormal PSA test does not necessarily indicate that cancer is present.

Combined, the digital rectal exam (DRE) and the PSA test are the most accurate guide to early detection of prostate cancer. You may also have heard of the prostatic acid phosphatase (PAP) blood test. This test is rarely performed, as it is less accurate than the PSA test.

3. Ultrasound examination: Normal prostate

This ultrasound image shows a normal prostate gland. This image was taken through a "transverse" section of the prostate. This is a side-to-side view of the prostate.

The probe sits at the bottom of the picture, directly beneath the rectum. The normal prostate is a symmetrical, crescent-shaped structure.

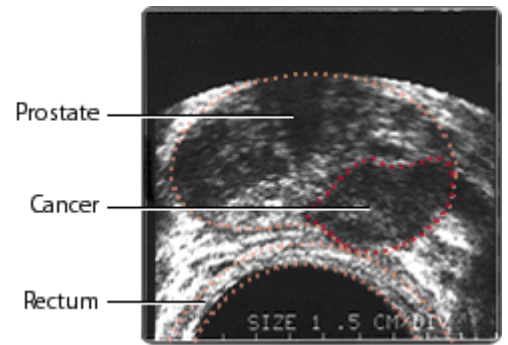


From this angle we may also see the urethra, the tube that runs through the prostate carrying urine from the bladder out through the penis.

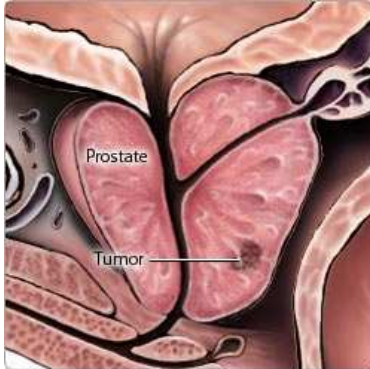
4. Ultrasound examination: prostate cancer

In this ultrasound image we can see an enlarged darkened area in the lower right portion of the prostate. This proved to be cancer of the prostate. The cancerous tissue is darker because it is much more dense than the normal tissue.

Notice also that the shape of the gland is much less symmetrical than the normal prostate. This is an advanced form of prostate cancer that has already spread through the capsule surrounding the prostate to the surrounding structures.



5. Clinical Staging: T1

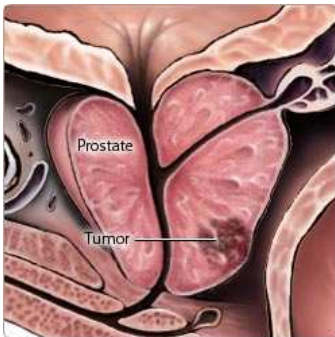


A common system used by doctors to determine the stage of prostate cancer is the TNM (tumor, node, metastasis) system. Cancer is staged according to:

- T = the type of tumor
- N = tumor spread to the lymph nodes
- M = tumor spread to distant sites

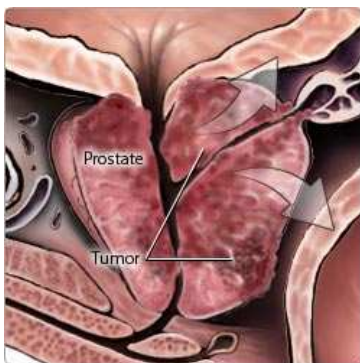
Stage T1 (also known as Stage A) a small tumor that is confined to the prostate, (not detected during a digital rectal exam). This stage of prostate cancer usually produces no symptoms. Treatment may involve observation, surgery to remove the prostate or radiation.

6. Clinical Staging: T2



Stage T2 (also known as Stage B) The tumor is confined to the prostate gland but may be detected during digital rectal exam. Possible symptoms may include a need to urinate frequently, especially at night. Treatment may involve surgery or radiation, possibly combined with hormone therapy (to shrink the tumor).

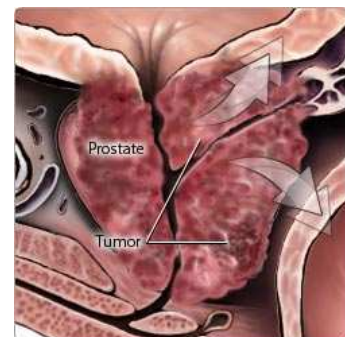
7. Clinical Staging: T3



Stage T3 (also known as Stage C) The tumor has begun to spread beyond the prostate to areas surrounding the gland. Possible symptoms may include a need to urinate frequently, especially at night. Treatment may involve radiation combined with hormone therapy, or for some patients surgery to remove the prostate.

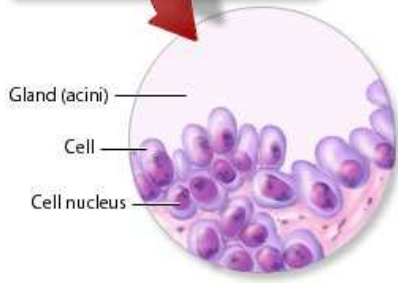
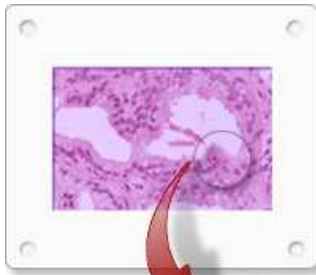
8. Clinical Staging: T4

Stage T4 (also known as Stage D1) The tumor has spread beyond the prostate into surrounding structures including the pelvic lymph nodes (N+). Possible symptoms may include a



need to urinate frequently, painful, obstructed urine flow (blood may appear in urine), and fatigue. Treatment may involve hormone therapy, possibly with radiation to ease symptoms.

9. Gleason Grade:



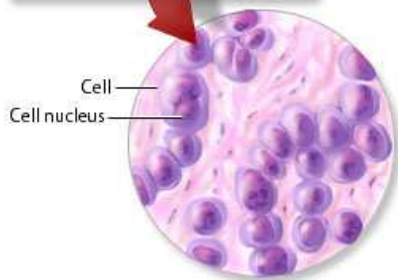
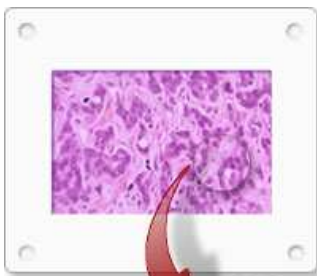
The tissue samples taken from your prostate during biopsy are examined under a microscope by a pathologist. A grade of **one (low grade)** to **five (high grade)** are assigned to the two most common patterns of cancer seen under the microscope. These are:

- 1) How the cells look (on a scale of 1 to 5).
- 2) How the cells are arranged (on a scale of 1 to 5).

These two numbers are then combined to give a Gleason Grade score of 2-10 .

Normal prostate tissue consists of a structured arrangement of small glands (acini) and ducts. This is a slide of **Low Grade cancer**. Low grade cancer is the least aggressive and most resembles normal tissue.

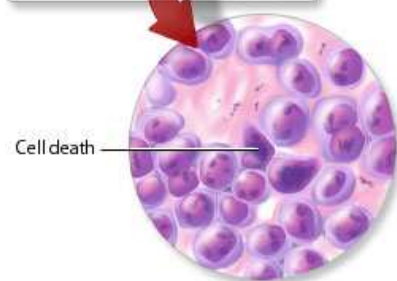
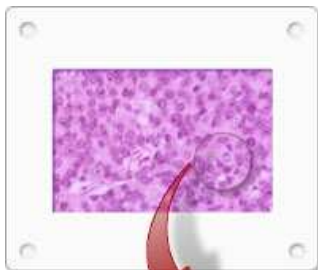
Low Grade (slow growth)
2 3 4
This is the least dangerous type of cancer. The cells look most like normal prostate cells and are described as being "well-differentiated". This type of cancer tends to be slow growing.



This is a slide of **Medium Grade (6) cancer**. As the cancer cells multiply and spread both the appearance and arrangement of the cells will change. The cells change shape and begin to look less like typical prostate cells. As well, this increase in activity causes the cell nucleus (it contains the genetic material for the maintenance, growth and reproduction of each cell) to become larger than normal.

All of these changes also cause the ducts and glands (acini) of the prostate to take on an irregular appearance.

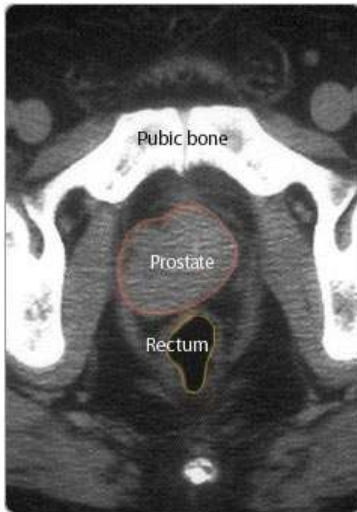
Medium-grade (unpredictable growth)
5 6 7
Intermediate cancers may behave like low-grade or high-grade cancers. The cells' behaviour may depend on the volume of the cancer and the PSA level. This is the most common grade of prostate cancer.



This is a slide of **High Grade cancer**. These cancer cells tend to behave very aggressively. Normal cells die off as they compete against the cancer cells for nutrients. As High Grade cancer cells continue to spread, the ducts and glands (acini) of the prostate disappear also.

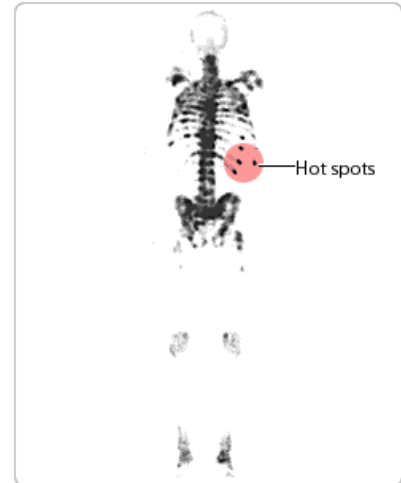
High-grade
8 9 10
High-grade cancers are usually very aggressive and quick to spread to the tissue surrounding the prostate. These cancer cells look least like normal prostate cells and are usually described as "poorly-differentiated".

10. CT Scan & Bone Scan



As part of the process of diagnosing prostate cancer you may be expected to undergo additional tests to determine if cancer has spread beyond the prostate. This may include a CT scan.

CT scan, also called CAT scan, stands for Computerized Axial Tomography. It is a form of computerized X-ray that allows doctors to view your internal organs. A machine revolves around you generating a series of images that are then translated by a computer. These images look like cross-sections of your body.



As part of the diagnostic process you may be expected to undergo additional tests to determine if cancer has spread beyond the prostate. This may include a bone scan.

A bone scan (shown at left) is an imaging technique used to identify the presence of cancer in the bones. A tiny amount of radioactive substance is injected into your bloodstream and absorbed by your bones. If prostate cancer has spread to the bones, it most often shows up on the scan as a series of hot spots (darker areas) along the spine and ribs.

Recover Control Earlier with Exercise

(Taken from CPCN web-site at www.cpcn.org/arch_0044_recovery.htm)



Since 2003, researchers have suggested that men treated for prostate cancer recover bladder control more quickly if they perform pelvic floor exercises (called **Kegel exercises**) before and after surgery.

So what are Kegel exercises, and how do men do them properly? The exercises simply involve contracting and releasing the muscles at the bottom of the pelvis — muscles that support the bladder. Originally, these exercises were developed by Dr. Arnold Kegel as a non-invasive way to help women experiencing incontinence after childbirth. Unfortunately, says Beverly Cleland (the Nurse Continence Advisor at the McGill University Health Centre), “The problem with Kegel exercises is most people don’t do them right. If I see 100 patients, only about 25 percent will do the exercise properly.”

How do I do Kegel exercises properly? (More information available from the [Canadian Continence Foundation](http://www.cpcn.org))

1. Find your pelvic muscles. To do this, tighten the muscles you would use to stop your urine flow mid-stream or to hold back bowel movements or gas. You should feel this tightening action in the area of your anus, and you should see your penis twitch and contract slightly. You can check that you are tightening the right muscles by touching the opening of your rectum to see whether it contracts when you tighten the muscles.
2. Stand, sit, or lie down in a relaxed position with knees slightly apart.
3. Tighten the pelvic muscles and hold for 5 to 10 seconds. (Remember to breathe while holding the muscles tight and to keep your buttocks relaxed.)
4. Relax the muscles for ten seconds.
5. Repeat the contraction-relaxation cycle 12 to 20 times, and do each set of 12 to 20 repetitions at least three times daily. (Recommendations vary, but usually men are advised to do a set of between 10 and 20 Kegel exercises from three to five times daily.)
6. Do a Kegel when you feel a sneeze or cough coming on — or anytime you expect that stress incontinence might occur.
7. If in doubt, consult a health care professional about the correct procedure for doing Kegel exercises.