

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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Yvonne and I hope all those involved with the Kelowna Prostate Cancer Support and Awareness Group had a great summer and were able to spend a great deal of time with family and friends.

This month we are very pleased to have Dr. Juanita Crook, Radiation Oncologist at the BC Cancer Agency Centre for the Southern Interior in Kelowna, as our guest speaker. Dr. Crook is a well known and respected Radiation Oncologist and researcher who was formally the head of Brachytherapy at Princess Margaret Hospital in Toronto. I have also confirmed that Dr. Michael Partrick a Radiologist at the Kelowna General Hospital will be coming out in November to speak to our support group. He will be giving us a presentation on the TRUS (trans rectal ultrasound) needle guided biopsy procedure. I believe he may bring the gun and ultra sound probe to this meeting.

NOTE: For all who receive this newsletter by mail the August Newsletter was not mailed out, however, is available online at the above websites.

NOTE: Beginning this month we are going to have to start paying for our meeting space, therefore, we are going to have to begin charging \$1.00 per person.

Hopes Dashed for Supplements –

The following information was obtained from the Vol. 14 No. 2 issue of the OurVoice Magazine. – Source: Fleshner et al. *Journal Urology* 2009; 181(4):263

A new Canadian study confirms that the combination of vitamin E, selenium and soy – long touted as promising supplements to prevent prostate cancer – does not stop high-grade prostatic intraepithelial neoplasia (PIN; a precursor to cancer) from progressing to prostate cancer. The study, presented at the AUA Annual Meeting, confirms earlier findings from Selenium and Vitamin E Cancer prevention Trial (SELECT) and further examines the effect of soy on prostate cancer.

The researchers randomized 303 men to participate in two groups. The average age of men was 62 and they all had high-grade PIN, confirmed by at least one of two biopsies in the year-and-a-half before the study selection. Men in the treatment group took the combined supplements every day for three years; treatment was stopped if a man developed invasive disease. Follow-up biopsies were done at six, 12, 24 and 36 months. The results showed that 26.4% of the men developed invasive prostate cancer, and the nutrients did not seem to minimize that risk. This supports the findings of the SELECT trial, which also reported that there was no benefit from taking vitamin E and Selenium.

Benefits Stacking Up In Statin Studies –

The following information was obtained from the Vol. 14 No. 2 issue of the OurVoice Magazine. – Source: AUA Annual Meeting, Chicago, held April 25-30, 2009 –

Recent studies suggest that statins may benefit several aspects of prostate health. Statins are drugs commonly used to lower cholesterol; laboratory studies have also observed that they prevent cancer cells from dividing and may cause some cancer cells to die. Here's a look at a few significant studies presented at the AUA meeting.

A University of Toronto study reported that men who took statins before radical prostatectomy had a 30% lower risk of the cancer coming back. The researchers think statins' anti-inflammatory or cholesterol-lowering properties may explain these results, but questions remain about the best dose, time before benefits appear, and the effect of starting the drugs after surgery.

Three presentations reported preliminary findings from a large Mayo Clinic study that looked at the connection between statin use and male Urologic function. The study has followed 2,447 men between the ages of 40 and 79 since 1990; 30% of the men were statin users. In the first study, statin users were three times less likely to develop prostate cancer than non-users, pointing to the possibility that these drugs may prevent the development of this cancer. The second study (involving 1,480 of the men) examined the effect of statins on erectile

dysfunction (high cholesterol is known to put men in danger for ED). While statin use was not significantly linked to a lower of developing ED in the overall group, it did decrease the risk among men over the age of 60. And in men who took statins for nine years or longer were 64% less likely to develop ED compared to those who took the drugs for less than three years. Finally, some researchers found that taking statins may prevent or delay BPH (enlarged prostate), which affects almost half of men between 70 and 80 years of age. The statin users were 63% less likely to develop lower urinary tract problems, and 57% less likely to develop BPH.

While all these results look promising for statins, more research is needed to tell if these agents might actually prevent prostate cancer or other urological problems.

Risk Factors for Prostate Cancer –

The following information was obtained from *TheBostonChannel.com* and originated with the *Beth Deaconess Medical Center*.

A risk factor is anything that affects your chance of getting a disease such as cancer. Different cancers have different risk factors. For example, exposing skin to strong sunlight is a risk factor for skin cancer. Smoking is a risk factor for many cancers.

But risk factors don't tell everything. Many people with one or more risk factors never get cancer, while others with this disease may have had no known risk factors.

Although we don't yet completely understand the causes of prostate cancer, researchers have found several factors that may change the risk of getting it. For some of these factors, the link to prostate cancer risk is not clear, yet.

Age

Age is the strongest risk factor for prostate cancer. Prostate cancer is very rare before the age of 40, but the chance of having prostate cancer rises rapidly after age 50. Almost 2 out of 3 prostate cancers are found in men over the age of 65.

Race/ethnicity

Prostate cancer occurs more often in African American men who are also more likely to be diagnosed at an advanced stage, and are more than twice as likely to die of prostate cancer as Caucasian men. Prostate cancer occurs less often in Asian American and Hispanic/Latino men. The reasons for these racial and ethnic differences are not clear.

Nationality

Prostate cancer is most common in North America, northwestern Europe, Australia, and on Caribbean islands. It is less common in Asia, Africa, Central America, and South America. The reasons for this are not clear. More intensive screening in some developed countries likely accounts for at least part of this difference, but other factors are likely to be important as well. For example, lifestyle differences (diet, etc.) may be important: men of Asian descent living in the United States

have a lower risk of prostate cancer than white Americans, but their risk is higher than of men of similar backgrounds living in Asia.

Family History

Prostate cancer seems to run in some families, which suggests that in some cases there may be an inherited or genetic factor. Having a father or brother with prostate cancer more than doubles a man's risk of developing this disease. (The risk is higher for men with an affected brother than for those with an affected father.) The risk is much higher for men with several affected relatives, particularly if their relatives were young at the time the cancer was found.

Genes

Scientists have found several inherited genes that seem to raise prostate cancer risk, but they probably account for only a small number of cases overall. Genetic testing for most of these genes is not yet available. Recently, some common gene variations have been linked to the risk of prostate cancer. Studies to confirm these results are needed to see if testing for the gene variants will be useful in predicting prostate cancer risk.

Diet

The exact role of diet in prostate cancer is not clear, although several different factors have been studied.

Men who eat a lot of red meat or high-fat dairy products appear to

have a slightly higher chance of getting prostate cancer. These men also tend to eat fewer fruits and vegetables. Doctors are not sure which of these factors is responsible for raising the risk.

Some studies have suggested that men who consume calcium (through food or supplements) may have a higher risk of developing advanced prostate cancer. Most studies have not found such a link with the levels of calcium found in the average diet, and it's important to note that calcium is known to have other important health benefits.

Obesity

Most studies have not found that being obese (having a high amount of extra body fat) is linked with a higher risk of getting prostate cancer. Some studies have found that obese men have a lower risk of getting a low-grade (less dangerous) form of the disease, but a higher risk of getting more aggressive prostate cancer. The reasons for this are not clear. Studies have also found that obese men may be a greater risk for having more advanced prostate cancer and of dying from prostate cancer, but this was not seen in other studies.

Exercise

Exercise has not been shown to reduce prostate cancer risk in most studies. But some studies have found that high levels of physical activity, particularly in older men, may lower the risk of advanced prostate cancer. More research in this area is needed.

Inflammation of the prostate

Some studies have suggested that prostatitis (inflammation of the prostate gland) may be linked to an increased risk of prostate cancer, but other studies have not found such a link. Inflammation is often seen in samples of prostate tissue that also contain cancer. While the link between the two is not yet clear, this is an active area of research.

Vasectomy

Some earlier studies had suggested that men who had a vasectomy (minor surgery to make men infertile) – especially those younger than 35 at the time of the procedure – may have a slightly increased risk for prostate cancer. But most recent studies have not any increased risk among men who have had this operation. Fear of an increased risk of prostate cancer should not be a reason to avoid a vasectomy.

The above content obtained from the Internet and was provided by the American Cancer Society in partnership with Beth Israel Deaconess Medical Center.

WITT'S WIT (ON THE LIGHTER SIDE) -

A little guy is sitting at the bar staring at his drink for half an hour when this big trouble-making biker steps up next to him, grabs his drink, gulps it down in one swig and then turns to the guy with a

menacing stare as if to say, What' cha gonna do about it? The poor little guy starts crying. "Com on man I was just giving you a hard time," the biker says. "I didn't think you'd CRY." "I can't stand to see a man crying."

"This is the worst day of my life," says the little guy between sobs. "I can't do anything right." "I overslept and was late to an important meeting, so my boss fired me. When I went to the parking lot, I found my car was stolen and I don't have any insurance. I left my wallet in the cab I took home. I found my wife in bed with the gardener and my dog bit me. So I came to this bar trying to work up the courage to put an end to my life, and then you show up and *drink the damn poison.*

More Information on Alternative Treatments for Prostate Cancer.

In the Volume 11 Number 4 issue of the *Prostate Forum* a monthly newsletter published by *Dr. Charles E. Myers, Jr., M.D.* he is answering some of his readers questions. The following is one of the questions and his answer.

Dear Dr. Myers,

Please save yourself a lot of trouble and others a bit of money. Read the book: Dr. Max Gerson: Healing the Helpless by Howard Straus. Then get training

from Charlotte Gerson. Also watch the DVD "Dying to have known."

A. - Since I started this question and answer format (in Dr. Myers' Monthly Prostate Cancer Newsletter *The Prostate Forum*) I've received notes from patients who are enthusiastic about various alternative medical treatments. Some, like the person who wrote this letter question, are clearly true believers. In a recent newsletter, I quickly disposed of the flaxseed oil/cottage cheese theory of prostate cancer treatment. But the Gerson diet is much more interesting and worthy of some discussion.

Max Gerson started his work in Germany prior to World War 1. His initial involved a holistic approach to treating tuberculosis and a one time a string of tuberculosis sanatoria used his methods. At that time, his work became controversial because he was accused of manipulating results in the cases he reported and other irregularities. He was apparently in the process of gathering what he felt was strong supportive evidence when he was forced to flee Germany as the Nazis came to power. By 1936, he was in New York City. At that point, it appears that the major focus of his work shifted toward cancer treatment, leading to the publication in 1958 of a book reporting successful treatment of 50 patients. After his death, his daughter, Charlotte Gerson, continued his work. Books and DVDs on the Gerson diet are readily available.

Gerson therapy required patients to eliminate animal products, fats and oils from their diet. Also tobacco, salt, alcohol, fluoride, food additives, and pesticides were also eliminated. Instead the patients consumed a raw vegan diet

and drank an 8 oz glass of fresh organic pureed vegetables every waking hour. Coffee enemas were also a critical part of the program. Oral and rectal hydrogen peroxide was also administered. The treatment was supposed to reverse any ill effects of exposure to environmental toxins over the course of 6-18 months and to be effective against most chronic disease, including tuberculosis, cancer, arthritis and diabetes.

Elements of this therapy are now a part of other well-known programs. Dean Ornish has conducted randomized controlled trials testing a low fat vegan diet in the treatment of heart disease and, most recently, of prostate cancer. It is not hard to imagine the health benefits from leaving an American fried food/red meat diet and increasing the intake of fruits and vegetables. I am pretty sure this would reduce cholesterol levels and lessen hypertension. However, as these changes have already been studied in detail, we can say with confidence that they will not cure prostate cancer. Nor will these dietary changes replace the need for surgery, radiation therapy or hormonal therapy.

Other aspects of the Gerson Therapy are quite questionable. While an enema places the coffee near the prostate gland, there are several barriers that completely prevent movement of any contents of the coffee from the rectum to the prostate gland. The only path available involves absorbing the caffeine into the blood stream and then following the arterial blood to the prostate gland. When coffee is administered as an enema the caffeine that is absorbed would pass up the portal circulation to the liver before it enters the body. Similarly, if you take coffee

by mouth, the caffeine and other compounds would also pass up the portal circulation to the liver before entering the blood stream. Thus, as far as the prostate gland is concerned, coffee by enema and by mouth are identical. Of course, most of us would rather get our coffee by mouth. (Rectal administration can damage the rectum, mind you.) So, as you can see, coffee enemas are completely irrational.

Hydrogen peroxide orally or rectally is also irrational. The oral rectal mucosa has a protein called catalase that rapidly converts hydrogen peroxide to water and oxygen. None of that hydrogen peroxide would enter the blood stream and none of it would reach the prostate gland or metastatic sites like bone. There are also more pleasant and safer ways to get extra water and oxygen into your body.

It is this kind of irrational pseudoscience that turns many physicians and scientists off. But the other problem is that there is really no acceptable clinical trial evidence that the Gerson Therapy actually cures any cancer.

Radiotherapy Related Fatigue May Result from Inflammation -

The following information is an excerpt of information that was obtained from cancerfacts.com –

Patients who experience fatigue during radiotherapy for breast or prostate cancer may be reacting to activation of the network of cells and proteins, called *cytokines*, involved in producing an

inflammatory response, say researchers.

Led by *Dr. Julie Bower*, an associate professor in the Department of Psychology and Psychiatry at UCLA. As part of their study the researchers followed 20 prostate cancer patients. All participants had early stage cancers, and were asked to complete a questionnaire and provide blood samples so the researchers could determine the level of blood component markers of inflammation.

“This study suggests that exposure to radiation is releasing these inflammatory cytokines and that may be contributing to fatigue,” said Bower in a prepared statement.

As expected, there was a strong link between radiotherapy treatment and fatigue. In a new finding, however, the researchers noted that increases in serum markers of cytokine activity involved in an immune response were also linked with fatigue.

“Fatigue related to radiotherapy is very common but we do not have any idea about why it occurs. This suggests one possible mechanism and suggests an avenue for treatment,” said *Dr. Stephen Hahn*, chair of the Department of Radiation Oncology at the Abramson Cancer Center, at the University of Pennsylvania.

This study was reported in the August 15 issue of *Clinical Cancer Research*.

The Kelowna Prostate Cancer Support and Awareness Group does not recommend treatment modalities; however, all information is fully shared and confidential. The information contained in this newsletter is not intended to replace the services of your health care professionals. You are advised to consult with your health professional regarding matters of your personal health.

UP COMING MEETING DATES-

October 10th – November 14th – December 12th –

Please Note Change of Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank both AstraZeneca manufacturer of Zoladex® and Casodex® and Sanofi Aventis manufacturer of Eligard® and Taxotere® for their support in producing this newsletter.

Thank you for helping us “Win the War Against Prostate Cancer.”

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

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