

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
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SOCIETY**

Okanagan Prostate Resource Centre

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VOLUME 13 – ISSUE 12 – (NUMBER 156) – SEPTEMBER 2010

We had a great turnout to our meeting in July. Although we did not have a speaker for this meeting we had a great discussion session. I was able to go over some of the great research that is taking place at the BC Cancer Agency in Vancouver by Dr. Marianne Sadar who has spoke to the Kelowna Support Group on a couple of occasions. I personally think that it is great when we have cutting edge Prostate Cancer Research taking place right here in our own back yard.

I also brought to attention the article that I had written in a previous newsletter that was attributed to “Johns Hopkins”, however, I found out that it in fact was not written by the people at Johns Hopkins. In this months newsletter I will also go over some of the misinformation that was contained in the article I had written.

We also had some good discussion and interaction by those present at the July meeting.

More On The E-mail Hoax as Corrected by Johns Hopkins –

The following are more answers by the doctors at Johns Hopkins and the Sidney Kimmel Comprehensive Cancer Centre regarding the article I had published in my May Newsletter.

Email hoax contention #4 & #5: **Cancer is caused by Nutritional Deficiencies and Supplements Will Correct Them -**

Dietary habits and lifestyle choices, such as smoking, will contribute to the development of many human cancers, says *Kimmel Cancer Centre Director William Nelson*. Our experts recommend a balanced diet as a way of reducing cancer risk. In terms of supplements, Nelson points out that while they may help mediate vitamin deficiencies; taking above what the body needs provides no added benefit.

Email hoax contentions #6, 7, 8, 9, and 10: Chemotherapy and Radiation Therapy harms Normal Cells. Surgery Causes Cancer to Spread:

Chemotherapy and Radiation therapy kills cancer cells with remarkable selectivity, says Nelson. There are some temporary and reversible side effects common to cancer therapies, including hair loss and low blood counts. Limiting and managing these side effects is an integral part of treatment.

Surgery is the first line of treatment for many types of cancer. It does not cause cancer to spread. Cancers spread to other tissues and organs as a tumour progresses and cancer

cells break away from the original tumour and travel through the blood stream to other body sites.

Email hoax contentions #11, 12, 13, & 14: Cancers Feed on Certain Foods.

The premise is that cancer cells feed on certain foods, and that if a person refrains from eating these foods, the cancer will die. According to our experts, a poor diet and obesity associated with a poor diet is a risk factor for the development of cancer. However, there is no evidence that certain foods alter the environment of an existing cancer, at the cellular level, and cause it to either die or grow.

Elizabeth Platz a cancer prevention and control expert says moderation is the key. As part of a balanced diet sugar, salt, milk, coffee, tea, meat, and chocolate – the foods the “Update” calls into question - are all safe choices she says. The real concern with many of these, particularly sugar, is that it adds calories to a diet and can lead to obesity, and obesity is a major risk factor for cancer. A balanced nutritious diet, healthy weight, physical activity, and avoiding alcoholic drinks may prevent as many as 1/3 of all cancers. Platz recommends eating at least five servings of fruits and vegetables per day and limiting red and processed meats, like hot dogs.

Email hoax contention #15: Cancer is a Disease of Mind, Body, and Spirit.

Cancer is a disease caused by genetic alterations. Many times,

these alterations occur through our own behaviors – cigarette smoking, a poor and unbalanced diet, virus exposures, and sunburns, says cancer prevention and control expert *John Groopman*.

How stress, faith, and other factors influence this is largely unknown. We would like people to be happy, loving, and stress free, simply because it is a nice way to live and can contribute to an overall feeling of well being, say Platz. There is no evidence, however, that a person prevents or causes cancer based on his or her state of mind.

The FDA (in the U.S.) Approves New Drug for Advanced Prostate Cancer –

The following information was obtained from the *cancer.org website*.

The U.S. food and Drug Administration recently approved a new drug for the treatment of advanced prostate Cancer.

Degarelix, an injectable drug manufactured by *Ferring Pharmaceuticals* and still awaiting a trade name before it can hit the market, belongs to a class of drugs known as gonadotropin-releasing hormone (GnRH) receptor antagonists. These drugs block the body's production of testosterone, which slows cancer growth. The approval is based on encouraging results from a year-long phase III randomized clinical trial. The study showed that degarelix is as effective at suppressing testosterone as leuprolide (Lupron), a commonly used drug that is

also a GnRH agonist, and it appears to take effect much more quickly.

At the end of the year, nearly all patients on either drug showed testosterone levels comparable with surgical removal of the testes. However, 99% of the patients receiving degarelix reached these low testosterone levels after about two weeks of treatment, compared with only 18% of the patients receiving leuprolide.

Further, degarelix didn't appear to cause a temporary surge in testosterone levels at the start of treatment, an effect commonly seen with other hormone therapies for prostate cancer known as GNRG agonists, including leuprolide.

Prostate-specific antigen (PSA) levels were also monitored during the trial. While PSA results are not always clear-cut, a high PSA level is usually a good indicator of the presence of prostate cancer. Patients receiving degarelix saw their PSA levels drop by an average of 64% two weeks after starting treatment, by 85% after one month and by 95% after three months. PSA levels stayed low during the rest of the trial.

Commonly reported side effects included pain, redness, and swelling around at the injection site; hot flashes; weight gain; fatigue; and increases in some enzyme levels.

I don't know when this drug will be approved by Health Canada and become available in Canada. I know that there were some Canadian sites involved the trial study.

WITT'S WIT (ON THE LIGHTER SIDE) -

Good Golf

A golfer set up his ball on the first tee, took a mighty swing and hit his ball into a clump of trees. He found his ball and saw an opening between two trees he thought he could hit through.

Taking out his 3-wood, he took another mighty swing; the ball hit a tree, bounced back, hit him in the forehead and killed him.

As he approached the gates of Heaven, St. Peter saw him coming and asked.

"Are you a good golfer?", to which the man replied!

"Got here in two didn't I?"

PSA Test Does Cut Prostate Cancer Deaths –

The following is an excerpt of information obtained from *MedlinePlus* and *HealthDay* news.

Adding to the ongoing debate as to the usefulness of the PSA blood test for prostate cancer, new research from Sweden finds that the screening test cuts lives lost to the disease by almost half.

The American Cancer Society today is recommending that men who are at an average risk for developing the disease discuss the PSA test with their doctor beginning at age 50. For those men at a high risk from the disease this discussion should begin at age 45.

Also the society notes on its Web site that, "Because prostate cancer grows slowly, those men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit." [Editor -Not ALL prostate cancers are slow growing some may be very aggressive.]

Ambivalence to the test hasn't been confined to the United States.

"In Europe, we have been reluctant to recommend that all men get PSA testing as we have felt that there has been a lack of knowledge," agreed lead researcher *Dr. Jonas Hugosson, a professor of urology at the University of Gothenberg.*

However, he believes that with the results of the new 14-year study, "it feels ethically difficult not at least to inform all men over the age 50 about PSA and its possibilities. Personally, I would recommend my friends check their PSA," Hugosson added.

This latest report was published in the June 30th online edition of *The Lancet Oncology.*

For the still ongoing study, Hugosson randomly assigned some 20,000 men to either PSA screening

once every two years or no screening. The men were between 50 and 65 at the start of the study.

Men whose PSA levels were above normal were offered more tests, such as digital rectal exams and prostate biopsies.

Over the 14 years of follow-up, deaths from prostate cancer dropped by 44 percent among the screened men, compared with unscreened men, the researchers found. Overall, 44 of the men who had PSA testing died from prostate cancer, compared to 78 men who had not been screened.

Among screened men, 11.4 percent were diagnosed with prostate cancer compared with 7.2 percent of unscreened men. Of the men in the screened group diagnosed with prostate cancer nearly 79 percent were diagnosed because they took part in the study researchers noted.

In addition men in the screened group were more likely to have their cancer diagnosed while it was in an early stage. In the screened group, 46 men were diagnosed with advanced cancer, compared with 87 men in the unscreened group. Hugosson's team found.

"Our study has a longer follow-up than previous studies, but shows that in those men invited [to the study], the risk of dying is only half of that in the control group. In men younger than 60 at study entry, the effect was even more pronounced – only one quarter of

expected deaths occurred," Hugosson said.

Moreover, the risk of over-diagnosis was less than previously thought, with just 12 men needed to be diagnosed to save one life. However, since the benefit of PSA screening requires at least 10 years to be borne out, it still seems questionable to administer the PSA in men over 70, the researchers noted.

Dr. David E. Neal, a professor of surgical oncology at the University of Cambridge in the U.K. and the author of an accompanying editorial believes that, "PSA testing detects prostate cancer early in its natural history when it causes no symptoms. By doing so, it can save lives of some men who would otherwise have died of the disease."

This study adds to previous evidence that PSA testing and screening for prostate cancer saves lives, he said. Still, the PSA test remains a "blunt instrument," when it comes to determining the aggressiveness of a particular tumour, Neal said. "We need better tests that identify more accurately those men destined to develop problems in the future from this disease," he said.

Dr. Nelson Neil Stone, a professor of urology and radiation oncology at the Mount Sinai School of Medicine in New York said, "younger men benefit most from screening, because they have the greatest risk of dying." "This study clearly supports PSA screening to prevent prostate cancer deaths.

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 9th - November 13th – December 11th -

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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