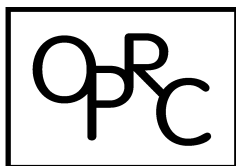


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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CCS Cancer Information Line – 1-888-939-3333

Publisher/Editor– Bren Witt

**Newsletter available on line at –<http://www.prostatecancernetwork.ca>
and at www.procansupport.com**

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The guest presenter at the October meeting of the Kelowna Prostate Cancer Support and Awareness Group was *Dr. Ziad Jaklis, M.D., FRCSC (Urology), the Director of Men's Health at iQuest Healthcare & Fitness Centre in Kelowna.* Dr. Jaklis gave those present a very informal presentation, that covered many aspects of prostate cancer including PSA elevation following surgery or radiotherapy. Hormone therapy and the dealing with some of the side effects including 'Hot Flashes.' Dr Jaklis mentioned Androcur a pharmaceutical remedy for hot flushes but also some herbal medications including acupuncture, black cohosh, soy and possibly even stress reduction may help men deal with hot flashes. During his time with us Dr. Jaklis was able to answer the many questions that those in the audience presented to him. He also touched on diet and nutrition during his presentation.

I have received many positive comments following Dr. Jaklis' presentation, many commented on how much they liked and enjoyed the informal way Dr. Jaklis gave his presentation and enjoyed the interaction with him.

PSA Blood Test May Soon be Unnecessary –

The following article in the news media and originated in Toronto with the Toronto Star –

The Toronto Star reports that a new portable device developed by a group of university of Toronto researchers can accurately diagnose prostate cancer in 30 minutes.

The researchers say the BlackBerry –sized device will be able to determine the severity of the tumors through a simple urine sample and produce a quick diagnosis with no need for painful biopsies.

The microchip technology is now heading into the engineering stage and should be available for doctors' use within two to three years, the Star reports.

Engineering professor Ted Sargent holder of the U of T's Canada Research Chair in Nanotechnology, says the goal would be to produce a result while the patient is sitting in the waiting room.

Currently prostate cancers are diagnosed using what is known as a prostate specific antigen or PSA blood test. However, it has proven unreliable in determining the severity of the ailment and has resulted in a large number of unnecessary or overly aggressive surgeries.

- The Canadian Press

Editors Note: The timeline of only two years for this test may be a little optimistic it is my understanding that there has to be a lot more testing and research done before this device is approved for use.

What is Adenocarcinoma of the Prostate? – Prostate Cancer

The following is an excerpt of information that originated with *24medica.com* and was written by *Gary Presant, MD*. [Your editor has also added some comments in brackets].

Prostate cancer is a tumor that grows in the prostate gland in men. The prostate gland is part of the reproductive system. It stores seminal fluid, the substance that mixes with sperm to form semen.

What is going on in the body?

Normally, the prostate is a firm, [walnut-sized apple shaped] gland at the base of a man's bladder. It surrounds the urethra, the tube that carries urine from the bladder to the outside of the body. A man with prostate cancer has a tumor in the prostate gland. In some cases, prostate cancer can grow slowly for many years. Other times, it may grow rapidly and spread swiftly to other parts of the body. It may also spread its cells throughout the lymph system or bloodstream and along nerve pathways.

What are the causes and risks of the disease?

No one knows what causes prostate cancer. Hormones, such as testosterone, control the growth of the prostate gland. Viruses or chronic infections may

contribute to prostate cancer. Researchers have recently identified a gene that is linked to some cases of prostate cancer. So far, prostate cancer has not been linked to common cancer-causing substances in the environment.

Following are some of the risk factors.

-Advanced age. Prostate cancer is seen mostly in men over the age of 55.

- Diet. Fruits, vegetables, and fatty fish may lower a man's risk for prostate cancer. A high fat diet may increase the risk.

- Ethnic background. Prostate cancer occurs most often in African and northern European ethnic groups. It is less common in American Indian and Asian men.

- Family history of cancer. A man's risk is higher if his father or brother had prostate cancer.

What are the treatments for the disease?

The proper management of the many stages of prostate cancer is controversial. Depending on the grade and stage of the cancer, some options are as follows:

-Surgery to remove the prostate and surrounding tissue.

-External beam radiation to the prostate and pelvis.

-Radioactive (seed) implants put directly into the prostate, which slowly kill cancer cells.

-Cryosurgery to freeze cancer cells.

-Hormone therapy.

-Surgical removal of the testicles to block testosterone production.

-Watchful Waiting or Active Surveillance.

- Chemotherapy

[Hormone therapy is quite often used to treat men with advanced disease, prostate cancer that has recurred following initial treatment recurrent and may also be used prior to radiation treatment. Chemotherapy may possibly be used in men with advanced disease who are hormone refractory.]

What are the side effects of the treatments?

Following are some common side effects of radiation or surgery for prostate cancer:

- depression
- erectile dysfunction
- swelling of the extremities
- urinary incontinence

Occasionally, radiation or surgery may cause the following:

- bladder inflammation
- bone marrow suppression
- inflammation of the lining of the small intestine
- lowered blood counts
- severe swelling in the legs and feet

Depending on the exact treatment, hormone therapy may cause the following conditions:

- erectile dysfunction
- fatigue

- a higher risk of blood clots in the leg
- nausea
- osteoporosis, or bone thinning
- swelling in the breast tissue

Often given intravenously, chemotherapy has certain common side effects, such as:

- bleeding disorders
- higher risk of infections
- lowered blood counts
- vomiting

WITT'S WIT (ON THE LIGHTER SIDE) -

Be Very Quiet

A father and son went hunting together for the first time.

The father said: "Stay here and be very QUIET: I'll be across the field."

A few minutes later the father heard a blood-curdling scream and ran back to his son. "What's wrong?" the father asked. "I told you to be quiet."

The boy bless his heart, answered:

"Look, I was quiet when the snake slithered across my feet.

I was quiet when the bear breathed down my neck.

I didn't move a muscle when the skunk climbed over my shoulder. I closed my eyes and held my breath when the wasp stung me.

I didn't cough when I swallowed the gnat.

I didn't cuss or scratch when the poison oak started itching.

But when two squirrels crawled up my pant legs and said, 'Should we eat them here or take them with us?'

"Well, I guess I just panicked."

Minimally Invasive vs. Open Radical Prostatectomy -

The following information was obtained from *-Uro Today;boston.com and the Chicago Sun Times* - the article originated with *Brigham And Women's Hospital in Boston*

The rate of minimally invasive radical prostatectomy (MIRP) for men with prostate cancer have increased nearly five-fold in the years from 2001 to 2006 despite the lack of scientific evidence that MIRP is superior to the traditional open retropubic radical prostatectomy approach (RRP). New research from *Brigham and Women's Hospital* shows that MIRP results in shorter hospital stays, however, it does not result in fewer complications overall. These findings were published in the October 14, 2009 issue of the

Journal of the American Medical Association.

“There are advantages to each type of surgery,” said *Jim Hu, MD*, a surgeon in the Urology Division at Brigham And Women’s Hospital and lead author of the paper. “Any man who is making the decision to undergo RRP or MIRP should talk with his surgeon about their level of experience performing each type of surgery and what the outcomes are.”

Researchers compared tumor registry and Medicare linked data from nearly 9,000 men with prostate cancer who underwent either MIRP or RRP from 2003-2007 for various outcomes. They found that men who underwent MIRP experienced shorter hospital stays, were less likely to need a blood transfusion, had less post-operative respiratory complications and less anastomotic stricture. However, these men also had more genitourinary complications, and were more likely to be diagnosed with incontinence and erectile dysfunction after 18 months. The need for additional cancer therapy did not differ by surgical approach.

Researchers note that surgeons have been performing RRP for approximately 30 years whereas MIRP has only been an option for the past 8 years and that the differences in outcomes may be related to the technical skill of the surgeon.

As with any new procedure, there is a learning curve,” says Hu. “This finding is based on an average

of the outcomes of many surgeries performed by many different surgeons with different skill levels throughout the country.”

Minimally invasive surgery is done through small cuts, not a large incision. Many doctors are now using a robot called the *da Vinci* to make the incisions.

These robot-assisted surgeries accounted for 40 percent of all prostatectomies performed in 2006, compared with 1 percent in 2001.

Hu’s study is based on Medicare data for nearly 9,000 men who had prostate cancer surgery between 2003 and 2007. Of those 6,900 had open surgery.

Dr. Greg Zagaja, a University of Chicago Medical Center Urologist who has done 1,600 robotic surgeries, said the study is base on billing data that may not reflect actual outcomes.

“The data would suggest both procedures are equivalent in the hands of a skilled surgeon,” he said.

This research was funded by a *Department of Defense Prostate Cancer Physician Training Award*.

Pomegranate for Men’s Health
—by Dr. James Meschino, DC, MS, ND, the author of the Meschino Optimal Living Program.

North American statistics suggest that one in six (US) one in 7 (Canadian) men are at risk of

developing prostate cancer in their lifetime. Fortunately, recent clinical studies prove that drinking pure, unsweetened, not from concentrate pomegranate juice every day helps slow the progress of prostate cancer in a high percentage of men coping with the disease.

Slowing it down

Urology researchers reported that men who had undergone prostate surgery or radiation treatment, but whose prostate-specific antigen (PSA) levels continued to rise, benefited from drinking 8 ounces of pomegranate juice daily. When surgery or radiation had been unsuccessful in eradicating all prostate cancer cells in the body, pomegranate juice was able to slow the replication rate of any remaining prostate cancer cells. In the men given pomegranate juice, the doubling time of their PSA extended to 60 months compared to 15.4 months prior to using pomegranate juice. A 2006 study in the *Journal of Cancer Research* showed that men with prostate cancer increased their PSA doubling time from 15 to 54 months by adding 8 ounces of pomegranate juice to their daily diet.

How does it work?

No one knows exactly how pomegranate juice protects the prostate gland, but the juice is very rich in a class of unique polyphenol antioxidants called elagatannin compounds. It's possible that these or other compounds in pomegranate juice slow the replication rate of prostate cancer cells and/or trigger mechanisms that encourage programmed cell death of existing prostate cancer cells.

Editors Note: Please do not rely on this information alone. Make sure to continue to check with your personal physicians regarding your personal health.

Support Group Anniversary

This month marks a significant anniversary for our prostate Cancer Support Group in Kelowna. This is our 13th Anniversary. It was in November of 1996 that we held our first meeting. At that meeting 18 fellows came out to see what was involved with attending a prostate cancer support group.

Since that time we have held meetings every month except for August last year and again this year. This amounts to 154 meetings over the past thirteen years.

On behalf of my wife Yvonne I would like to thank each and every one of you who take time to attend our monthly meetings. Without you and your support our group meetings would not be as successful as they are.

If anyone has suggestions regarding topics and/or speakers please let me know and I can see what can be done to accommodate your request.