

# KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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RESOURCE CENTRE  
SOCIETY**

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I would like to thank *Cathy Bilton of SanofiAventis* for arranging to have *Dr. Alan So* speak to a Prostate Cancer Forum that was held in Kelowna on Saturday September 22. Dr. So is an urologist at *Vancouver General Hospital* as well as a well-known researcher in urological cancers at the *Prostate Centre at Vancouver General Hospital*. Dr. So's presentation in Kelowna focused on the diagnosis of prostate cancer, treatments for prostate cancer and new research for the disease. Dr. So mentioned to those present that he spends one half of his time seeing and treating patients and the other half is spent in the lab doing research. The Prostate Centre at Vancouver General Hospital is one of the world's leading prostate disease-focused treatment and research facilities. This facility is located in the *Gordon and Leslie Diamond Health Care Centre* and has approximately 30,000 sq. ft. dedicated to prostate cancer research. *Dr. Martin Gleave* is the Executive Director and *Dr. Larry Goldenberg* the former Executive Director has taken on the leadership of the Department of Urologic Sciences and is also the Director of Clinical Research for the Prostate Centre.

## Red Wine Protects the Prostate –

The following information was obtained from the *cancernetwork.com website*.

Researchers in Seattle have found that men who drink an average of four to seven glasses of red wine per week are only 52% as likely to be diagnosed with prostate cancer as those who do not drink red wine. This research was reported in the June 2007 issue of *Harvard Men's Health Watch*. In addition, red wine appears particularly protective against advanced or aggressive cancers.

The researchers collected information about many factors that might influence the risk of prostate cancer in men between ages 40 and 64, including alcohol consumption. At first the results for alcohol consumption seemed similar to the findings of many earlier studies: There was no relationship between overall consumption and risk. But the scientists went one step further by evaluating each type of alcohol beverage independently. Here the news was surprising – wine drinking was linked to a reduced risk of prostate cancer. And when white wine was compared with red, red had the most benefit. Even low amounts seemed to help, and for every additional glass of red wine per week, the relative risk declined by 6%.

Why red wine? We still don't know. But much of the speculation focuses on chemicals – including various flavonoids and resveratrol – missing from other alcoholic beverages. These components have antioxidant properties, and some appear to counterbalance

androgens, the male hormones that stimulate the prostate.

## QLT Has Approval for Prostate Cancer Drug –

The following is an excerpt of an article that was obtained from the *Daily Courier*

Drug developer QLT Inc. said a couple of months ago it has received European approval for its six-month formulation of the prostate cancer treatment Eligard, a LHRH analogue used as a hormonal therapy for men.

The 45mg. Dosage formulation will be launched in 23 European countries as the decision is implemented, QLT said in a statement.

The drug is already approved in Germany and other European countries for its one-month and three-month formulations.

“The six-month formulation provides physicians with a new convenient option for patients with prostate cancer,” president and CEO Bob Butchofsky said in a statement.

“Eligard sales have been strong recently and we believe that this new approval will help contribute to future product growth.”

In Canada Eligard is distributed by the pharmaceutical company Sanofi-Aventis, this company is a great supporter of the Prostate Resource Centre as well as our support group.

## Prostate Primer Problem –

The following is an excerpt of an article contained in the *CPCN Network News*.

According to the experts at the Vancouver General Hospital, “Gram for gram the prostate gland is the most diseased organ in the human body. “And women don’t even have prostates!”

Some prostate conditions, such as *Prostatitis* (an infection or inflammation of the prostate gland), can occur in men of any age. About one half of all men will experience symptoms of prostatitis during their lifetimes. Prostatitis is not cancer and having prostatitis does not increase a man’s risk of developing prostate cancer. There are a couple of different forms of prostatitis they include *Acute Bacterial Prostatitis*, and *Chronic Prostatitis*,

A couple of other problems associated with the prostate gland are *Benign Prostatic Hyperplasia (BPH)*, and of course prostate cancer. A man over 50 has a roughly 50 percent chance of developing BPH, or enlargement of the prostate. (Autopsy studies have shown some degree of BPH in about 90 percent of men over 80 years old.) BPH is not cancer, does not become cancer and does not indicate that a man will develop cancer. It is a benign or non-cancerous overgrowth of the prostate gland. The symptoms of BPH usually come on gradually. As the prostate gets larger, it can slowly narrow the urethra, making urination difficult and interfering with the bladder’s ability to expel urine.

And of course there is cancer of the *Prostate gland*, Prostate cancer is the

most common cancer in Canadian men. According to the Canadian Cancer Society, an estimated 22,300 Canadian men will be diagnosed with prostate cancer in 2007, and 4,300 men will die of the disease. Although the risk of a man developing prostate cancer before 50 is low, men in Canada have a 13.2 per cent lifetime probability of developing prostate cancer – that works out to 1 man in 7.6.

Obviously, prostate cancer is a cancer that starts in the prostate gland. And a cancer cell is an uncontrolled, abnormal, and potentially invasive cell. In other words, a cancerous cell no longer responds to the body’s usual control processes that regulate cellular growth and death, it has lost its normal structure and cannot function as it should, and it can escape the area in which it first grew and invade other parts of the body. In its early stages, prostate cancer may not cause any signs or symptoms. These often appear only when the tumor is large enough to interfere with urination or ejaculation.

All prostate diseases are not created equally, and even a potentially life-threatening disease such as prostate cancer, if diagnosed early, can be treated very effectively.

## Confidence Ring for Prostate and Other Patients

One of the fellows in our support group recently provided me with the following information.

The “Confidence Ring” is a therapeutic device provided for assisting in the maintenance of

an erection in a male penis which is a continuous ring prepared from a solid elastomeric material which is very soft, highly extendable and exhibits a very low modulus, the ring having a circular inner diameter and circular cross-section which is of a size adaptable to be readily placed about and snugly engage the base end of a penis with sufficient radial compressive force applied to the penis to restrict outward venial flow of blood from the penis without complete occlusion of arterial blood flow. The Confidence Ring is a rubber ring made from a special silicone formula that is 50% softer than latex. It fits closely around the base of the penis and never gets in the way. It doesn't stop normal circulation. The Confidence Ring is available in two sizes, white the largest, and pink the smallest. According to Cooper medical Pink is the most popular size.

There is no prescription needed for this device; however it is highly suggested that you discuss this device with you physician prior to using.

I have more information on this device at the Okanagan Prostate Resource Centre,  
Ste. 210A – 3001 Tutt Street,  
Kelowna, B.C., V1Y 2H4,  
Phone – (250) 712-2002

The information provided to me indicated that the Confidence Ring is available at a couple of locations –

Cooper Medical Supplies Ltd.,  
101 – 1953 Baron Road,  
Kelowna, B.C., V1X 6W2,  
Phone (250) 868-3034  
Contact: Paul Meise (Owner)

Or

Performance Plus Products Inc.,  
PO Box 1265,  
Vernon, B.C. V1T 6M8

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## WITT'S WIT (ON THE LIGHTER SIDE) -

### THE ZIPPER

A man walked into a supermarket with his zipper down. A lady cashier walked up to him and said, "Your barracks door is open." Not a phrase that men normally use, he went on his way looking a bit puzzled.

When he was about done shopping, a man came up and said. "Your fly is open." He zipped up and finished his shopping.

At the checkout, he intentionally got in the line where the lady was that told him about his "barracks door." He was planning to have a little fun with her, so when he reached the counter he said, "When you saw my barracks door open, did you see a Marine standing in there at attention?"

The lady (naturally smarter than the man) thought for a moment and said, "No, no I didn't. All I saw was a disabled veteran sitting on a couple of old duffel bags."

## More men Need Prostate Cancer Testing –

The following is an excerpt information was obtained from the Internet and originated with the *Globe and Mail* and was written by André Picard.

A new survey in the past year has shown that Fewer than two in every five Canadian men in the high-risk age group have been tested for prostate cancer.

Specifically, only 30 percent of men over the age of 45 have taken a blood test to measure their prostate specific antigen (PSA) level in the past year. While 33 percent have undergone a digital rectal examination (DRE), according to a poll commissioned by the *Prostate Research Foundation of Canada*.

"I'm sad to say that men aren't taking action," said *John Blanchard*, the group's CEO, in an interview. "Testing levels just aren't where they should be.

A rectal examination should be an integral part of an annual physical, but Mr. Blanchard said too many men have a "locker-room type reaction" to the test.

The foundation also recommends that all men have their PSA level tested annually, even though universal testing is controversial.

"This test isn't perfect," Mr. Blanchard said. "But if men go every year and keep their own numbers, they will see 'velocity' of change, and that's what's important."

PSA is a protein produced by the cells of the prostate gland, a walnut-sized organ located below the bladder and in front of the rectum. PSA is normally present in the blood in low levels, defined as 0 to 4 nanograms per milliliter. Levels of 5 to 10 ng/ml are considered problematic.

Increased levels of PSA may suggest the presence of prostate cancer. However, PSA levels can also be elevated due to prostate infection, irritation, benign swelling or recent ejaculation. PSA levels rise with age, and they can fluctuate. Furthermore, prostate cancer can be present without an elevated PSA level – which is why the DRE is also done.

*Dr. Michael Pollack*, a Medical Oncologist at the Jewish General Hospital in Montreal, said that it is important that men have a frank discussion with their doctor about prostate cancer and take the tests deemed appropriate for them individually. In the poll, only 64 percent of men even discussed the issue with a physician. Even fewer, 49 percent, did so in the key 45 to 54 age group in which aggressive forms of the cancer are usually detected.

Prostate cancer is the most common cancer in men. In 2007 it is estimated that 22,300 Canadian men will be diagnosed with prostate cancer and 4,300 will die of the disease, according to the Canadian Cancer Society.

## Prostate Cancer Statistics

The following information was obtained from the Canadian Cancer Society Cancer Statistics book 2007 and from the Prostate Cancer Research Foundation of Canada.

This year it is estimated that 22,300 Canadian men will be newly diagnosed with prostate cancer and approximately 4,300 men will die this year from prostate cancer. This works out to approximately 429 new cases diagnosed per week and 83 Canadian men will die each week from prostate cancer.

When you look at the provincial numbers it is estimated that 3,200 men in B.C. will be newly diagnosed with prostate cancer this year compared to 2,700 women with breast cancer. It is estimated that in most provinces in Canada more men will be diagnosed with prostate cancer than women with breast cancer.

One of the other features in the Canadian Cancer Society Cancer Statistics book is the section that gives actual data for new cases for the most common cancers. These statistics are for 2003. In that year 19,500 Canadian men were newly diagnosed with prostate cancer compared to 18,800 women who were newly diagnosed with breast cancer. In that same year 2,500 British Columbia men were newly diagnosed with prostate cancer and 2,400 women in B.C. were newly diagnosed with breast

cancer. In 2003 3,700 Canadian men died from prostate cancer.

As you can see from these statistics more men are diagnosed annually with prostate cancer than women with breast cancer. That is one of the reasons I would like everyone to talk about this disease.

## Hormone Therapy for Prostate Cancer Linked to Heart Risks

The following is information that was obtained from the Internet and originated with *MedlinePlus*.

Prostate cancer patients who receive androgen deprivation therapy, a common form of hormone treatment proven to slow tumor growth and prolong life, may face a threefold higher risk from heart disease, a new study suggests.

The apparent danger results from a drop in testosterone levels that is central to androgen-deprivation therapy's (ADT) effectiveness at curbing prostate cancer, the study authors said.

This drop in testosterone can provoke insulin resistance, leading to type 2 diabetes, as well as a gain in body mass, body fat and so called bad cholesterol. Collectively, this group of problems is called "metabolic syndrome," a condition long associated with cardiac complications.

"However, I think overall ADT does help people with prostate cancer, and until it's studied further this can't be considered proof that there's a connection between cardiac effects and hormone therapy," said study author *Dr.*

*Henry K. Tsai*, who throughout the study period served as a resident in training at the *Harvard Radiation Oncology Program in Boston*.

This new finding, published in the Oct. 17 issue of the *Journal of the National Cancer Institute*, follows research released in 2005 that highlighted ADT's link to an increased risk for bone fractures and osteoporosis.

The new findings are based on an analysis of medical records and questionnaires completed by nearly 4,900 patients between the ages of 39 and 86 who had been diagnosed with localized prostate cancer between 1995 and 2004.

All the patients had participated in a larger nationwide prostate cancer research project involving more than 13,000 men, during which all had indicated whether they had any preexisting medical complications in addition to cancer.

Of the 4,900 patients, nearly 3,300 had undergone prostate removal surgery following diagnosis. The remainder underwent non-surgical treatments, such as external beam radiation therapy, Brachytherapy, and/or cryotherapy (involving the freezing of tumor cells).

The patients were tracked for an average of about four years following the start of all treatments; the patients receiving ADT did so for an average of about four months.

Tsai and his colleagues found that patients over the age of 65 who had undergone both prostate removal surgery

and ADT had a 5.5 percent increased risk of dying from a cardiac event within five years of starting the hormone treatment. This compared to a 2 percent greater risk among patients older than 65 who had surgery only.

The "relative risk" jump was similar among younger patients. Those under 65 who had surgery and hormone therapy had a 3.6 percent risk of death from heart disease within five years, compared with a 1.2 percent risk among those undergoing surgery alone.

ADT was not associated with any increased cardiac risk among patients undergoing any of the nonsurgical treatments.

An editorial accompanying the study calls for more research on the topic.

*Jerome Seidenfeld* and his colleagues at the *University of Connecticut Health Center* suggest that while Tsai's analysis of previously collected data raises an "interesting hypothesis," no definitive link to cancer risk can be proved until a clinical trial of prostate cancer patients currently undergoing hormone treatment is launched.

Tsai agreed.

"I pretty much feel similarly," Tsai said. "The editorial emphasizes that this is a preliminary study, and clinical trials are the gold standard, and we need to confirm our findings." Tsai also stated that while the relative increase risk for heart disease is large, in absolute terms the risk is still very small.

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-**

**December 9<sup>th</sup> – January 13<sup>th</sup> – February 10<sup>th</sup> – March 10<sup>th</sup> –**

**Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Kelowna Health Centre – 1340 Ellis Street. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.**

I would like to thank Sanofi Aventis manufacturer of Eligard®, Taxotere® and Xatral® 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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