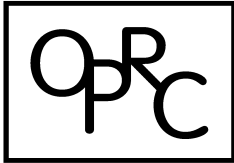


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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Publisher/Editor– Bren Witt

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The July meeting of the Kelowna Prostate Cancer was used to thank all those who volunteered and helped out at the first annual Father's Day Walk/Run for Prostate Cancer Awareness. Framed certificates of appreciation were presented to the committee members as well as to all the volunteers who helped out at this very successful event. Following the presentations those present enjoyed some social time with coffee and cake

For the first time in eleven and a half years the Kelowna Prostate Cancer Support and Awareness Group took a month off from our regular meetings. Because some renovations were scheduled to take place at our regular meeting location it was decided that we would not hold a regular meeting in August. This also gave Yvonne and myself some time for some vacation time and to recharge the batteries. Our regular meetings will commence again in September.

Please Note: the E-mail address for the OPRC office has been changed it is now oprc@telus.net

A Multivitamin Mystery –

The following is an excerpt of information that was obtained from the Internet and originated with *Newsweek* and Author Alexandra Gekas.

Millions of Americans [and Canadians] take multivitamins as part of their daily regimen and assume that they are getting some health benefits. But a recent study by the *National Cancer Institute* found that men who consume too many multivitamins might be upping their risk of a particularly aggressive form of prostate cancer, especially men with a family history of the disease. *Newsweek's* Alexandra Gekas spoke with Dr. Michael Leitzmann, senior author of the study.

Newsweek: What was the goal of the study?

Dr. Michael Leitzmann: To assess the association between the use of multivitamins and prostate-cancer risk. About 35 percent of U.S. adults use multivitamins on a regular basis.

What motivated the study? Was there previous evidence that multivitamins might increase the risk of prostate cancer?

The little data available to us indicated that there might be a positive association between multivitamin use and prostate cancer. We're basically the third study. An American Cancer Society study and a French trial both seemed to indicate that if prostate cancer was pre-clinically present in the body, that in those men, the use

of multivitamins could possibly have an adverse effect. This was just speculation, so we went to our data and found that there's no association with overall prostate cancer. And when we split the men with organ-confined prostate cancer there was also no association, which was reassuring because that means the vitamins don't do anything in harm for most cases. But when we looked at men with advanced prostate cancer, when the cancer had metastasized beyond the organ itself, we found that the risk of developing that type of cancer increased by one third with excessive multivitamin use. Then we had a third group that died of prostate cancer and among those men we saw that the risk had actually doubled with excessive multivitamin use. So it appeared that the multivitamin use was not affecting the early stages and it was not affecting the moderate disease but it was affecting the advanced or aggressive disease.

An epidemiological study like this one doesn't prove cause and effect. How confident are you that there really is a causal relationship.

In a study that is designed like ours, there is no basis for concluding that there is a causal relation. So what we did was observe and association. A rigorous study would assign people certain doses of vitamins and then give a control group a different type or placebo, which our study didn't do. So if you ask me point blank, our study cannot establish causality. It just raises concern, enough concern to publish because of the perceived health

benefits of multivitamins. People think they are doing themselves good, but in the best case nothing happens and in the worst case it actually causes harm. So our study should be seen as raising concern and prompting further research.

So are there any men who should not be taking multivitamins, perhaps if they have a strong family history of prostate cancer.

My advice would be that people adhere to manufacturer's recommendations in terms of these vitamins and not exceed the recommended daily allowance (RDA) by a factor of five – or tenfold, because I think that's probably what's happening. People are exceeding the RDA by quite a bit. What we're talking about here is excessive intake, in multiples of the RDA, and it's not just one vitamin, but multiple vitamins. For the people with a family history the risk from excessive use was higher than those without family history, but again it was only for people who were excessively using multivitamins. So even for people with a family history there is no reason to change anything or advise them against using multivitamins. But caution is warranted for the subset that is using multivitamins in excessive doses.

Broccoli May Reduce Prostate Cancer Risk –

The following was obtained from the Internet and originated with CTV.ca. This was just one of several articles on the subject.

A

new British study says that men who eat more servings of broccoli per week can reduce their risk of developing prostate cancer.

Researchers from the Institute of Food Research found that men who ate 400 g of broccoli per week over a 12-month period had significant changes in the actions of genes related to the development of cancer.

They also found that men who have prostate cancer can reduce the risk of their tumor becoming more aggressive by following the broccoli-rich diet.

The findings were published in the online journal *PloS One*.

Researchers set out to document changes in the genes in the prostate gland before, during and after volunteers consumed either a broccoli-rich diet or a pea-rich diet.

After six months, researchers found that prostate genes in men who consumed a broccoli-rich diet had more changes than genes in men on the pea-rich diet.

As well, the effect of the broccoli-rich diet was even more pronounced in the men who had a gene known as GSTM1. Previous studies have shown that people with this gene actually benefit more from eating broccoli than those who do not have the gene.

“This study provides, for the first time, experimental evidence obtained in humans to support observational studies that diets rich in cruciferous vegetables

may reduce the risk of prostate cancer and other chronic disease.” The authors wrote.

Prostate cancer is the most common non-skin cancer in men in western countries.

Lead study author, *Professor Richard Mithen*, said that once scientists understand how different vegetables act on cell expression, “we can provide much better dietary advice in which specific combinations of fruit and vegetable are likely to be particularly beneficial.”

Mithen said that the best advice for men for now is to eat two or three portions of cruciferous vegetables per week. In addition to broccoli, members of the cruciferous family include Brussels sprouts, cauliflower, cabbage, watercress, kale and radish.

WITT'S WIT (ON THE LIGHTER SIDE) -

Ten Times Normal Size

The 6th grade science teacher, Mrs. Parks, asked her class, “Which human body part increases to 10 times its size when stimulated?”

No one answered until little Mary stood up and said, “You should not be asking sixth-graders a question like that! I’m going to tell my parents, and they will go and tell

the principal, who will then fire you!”

Mrs. Parks ignored her and asked the question again, “Which body part increases to 10 times normal size when stimulated?”

Little Mary’s mouth fell open.

Then she said to those around her, “Boy is she going to be in big trouble!”

The teacher continued to ignore her and said to the class, “Anybody?”

Finally, Billy stood up, looked around nervously, and said, “The body part that increases 10 times its size when stimulated is the pupil of the eye.”

Mrs. Parks said, “Very good Billy.”

Then she turned to Mary and continued...

“And as for you young lady, I have three things to say...

One... you have a dirty mind.

Two... you didn’t read your homework.

Three... one day you are going to be very, very disappointed."

Drug Prevents Bone Loss In Prostate Cancer –

The following information was obtained from the Internet and originated from several sources –

In a study, Amgen Inc's experimental drug *denosumab* reduced the risk of osteoporosis and fracture in men being treated with prostate cancer medicines that can cause bone loss.

Denosumab – a bioengineered antibody that targets a protein involved with bone-destroying cells called osteoclasts – is seen as key to Amgen's future.

A three-year study of more than 1,400 men with non-metastatic prostate cancer undergoing androgen deprivation therapy showed denosumab produced greater increases in bone mineral density at the lumbar spine and non-vertebral sites than a placebo.

Men receiving denosumab also experienced less than half the incidence of new vertebral fractures than those receiving the placebo. Amgen said.

Both findings were statistically significant, it said. There were also fewer non-vertebral fractures in the denosumab patients, but the difference was not statistically significant.

"We're excited by the evidence of clinical activity – which is reduction of vertebral fractures," said Roger Dansey, director of Amgen's denosumab oncology program. He said the study also confirmed previous trial results showing that denosumab increases bone mineral density.

In the study, about 6 percent of men treated with denosumab developed serious infections, compared with 5 percent of patients given a placebo.

Some earlier trials have shown an even higher risk of infection with denosumab, leading to questions about whether the drug's safety profile will be adequate for regulatory approval, particularly in the broad market of osteoporosis patients.

Locally Southern Interior Medical Research, with Joe Husch was one of the research facilities in the United States and Canada that were involved in this trial study.

Cancer Survival Rates Vary Around World –

The following are excerpts from several articles that appeared on the Internet.

A recent large study that appeared in *The Lancet Oncology* found that there are wide variations in cancer survival rates around the world.

The research looked at 2 million patients with the most common forms of cancer and found that the highest survival rates among breast and prostate

cancer patients in the U.S., colon and rectal cancers in men in Japan, and the same cancers among women in France.

In the International comparison, the researchers saw the highest survival rates for breast and prostate cancer in the U.S. however, the overall survival rates in both Canada and Australia were “very high”, suggesting high standards of health care in most areas.’ Geographic variation was much wider between the countries of Europe and the states in the U.S. European patients with all types of cancers had much lower survival rates than those in the U.S. Patients in New York City fared the worst among U.S. metropolitan areas.

For all cancers, Europe had a much lower survival rate than the U.S. Survival for prostate cancer in the U.S. is 91.9% compared to 57.1 % in Europe – a 34% difference. The difference for breast cancer survival, however, is 10%.

The researchers plan more analysis of how differences in stage at diagnosis and treatment explain international variation in survival rates. Earlier diagnosis and treatment improves a patient’s chances of a cure, according to the American Cancer Society.

Delay in Body Growth Linked to Prostate Cancer -

The following information was obtained from *MedlinePlus* and originated with *Reuters Health*.

Italian Researchers recently reported that boys who reach their adult body size in their early 20s may be more prone to prostate cancer later in life than their peers

who achieve their adult size during adolescence.

“The study has underlined the potential effect of the ‘timing’ at exposure of sexual and (body growth) variables on the risk of prostate cancer,” senior investigator *Dr. Paola Muti* told Reuters Health.

In the journal *Urology*, Muti of the Italian National cancer Institute, Rome and colleagues note that adolescence us a critical period in prostate development.

In the new study, the researchers compared early body and sexual development in 64 men who developed prostate cancer and 218 similar men who did not. The age at which the subjects started shaving was used to gauge sexual development, while the age that maximum shoe size was reach was used to assess body development.

On average, the prostate cancer patients reached their maximum shoe size at 20 years of age, roughly 2.5 years later than their peers without the cancer. By contrast, the age at first shaving was comparable in both groups, roughly 18 years.

The findings also showed that individuals who rated themselves as being thinner than their peers at 10 to 13 years were more prone to prostate cancer than those who rated themselves as being comparable or heavier than their peers.

These results, the team concludes, suggest “that risk determinants operating early in life affect men’s subsequent prostate cancer risk.”

Task Force Says Men Age 75 and Older Should Not Be Screened for Prostate Cancer –

The following is an excerpt of an article that originated with the *U.S. Department of Health & Human Services* –

Men over the age of 75 and older should not be screened for prostate cancer, and younger men should discuss the benefits and harms of the Prostate-specific antigen (PSA) test with their clinicians before being tested, according to a new recommendation from the U.S. Preventative Services Task Force. The recommendation and accompanying evidence summary appear in the August 5 issue of the *Annals of Internal Medicine*.

The Task Force found evidence that screening for prostate cancer provided few health benefits but led to substantial physical harms and some psychological harms in men 75 and older. In men younger than 75, the Task Force concluded that current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening.

Screening for prostate cancer is most often performed using PSA tests and digital rectal exams. The PSA test is more likely to detect prostate cancer than the digital rectal exam. However, prostate cancers that are found with a PSA test take years to affect health; most

prostate cancers that grow serious enough to cause death take more than 10 years to do so. Since a 75-year-old man has an average life expectancy of about 10 years and is more likely to die from other causes such as heart disease or stroke, prostate cancer screening is unlikely to help men over the 75 live longer.

For the same reasons, men younger than 75 with chronic medical problems and a life expectancy of fewer than 10 years are also unlikely to benefit from screening. There are also harms associated with prostate cancer screening, which include biopsies, unnecessary treatment and false-positive results that may lead to anxiety. Complications often result from treating prostate cancer and may include urinary incontinence and impotence (ED) These slow-growing cancers may never have affected a patient’s health or well-being had they not been detected by screening.

Current data show that one-third of all men in the United States over 75 are receiving PSA testing. Although most major medical organizations suggest that prostate cancer screening may be discontinued in men with a life expectancy of fewer than 10 years, the Task Force is the first group to define an explicit age cutoff above which screening is likely to be ineffective or harmful.

Note: My personal recommendation is providing there is no family history of prostate cancer that all men between age 50 & 70 be screened for prostate cancer using both the PSA and the digital rectal exam (DRE) and if there is a family history of prostate cancer screening should begin at age 40 or in some cases even younger.

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-

September 13th – October 11th – November 8th – December 13th -

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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