

# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



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**W**e had a great meeting at our June support group meeting. There was some discussion regarding the differences between Active Surveillance and Watchful Waiting. These differences were presented to those present as a result of information contained in the Spring 2007 issue of *Pro Can Support*, a newsletter put out by *The British Columbia Foundation for Prostate Disease*. This information will also be presented in our August newsletter.

We are expecting to have an extremely interesting speaker for our August support group meeting. Dr. Marianne Sadar, a research scientist specializing in prostate Cancer Research at the BC Cancer Agency in Vancouver has indicated that she would be pleased to give us a presentation on some of her new research, relating to the engineering a molecule in her lab that blocked the growth of prostate cancer and shrank the size of the tumor. She will also speak on other research pertaining to prostate cancer taking place at the BC Cancer Agency research facility in Vancouver.

## Estrogen May Influence the Risk for Prostate Cancer

The following information was obtained from the Internet and originated with *News-Medical.Net* –

**A**lthough women are four times more likely than men to develop osteoporosis, or porous bone, one in 12 men also suffer from the disease, which can lead to debilitating – or even life-threatening – fractures, mainly of the spine, hip and wrist.

The underlying causes of osteoporosis are numerous, but in women, low estrogen levels after menopause have been considered an important factor.

As for men – new research at *Washington University School of Medicine in St. Louis* has shown that low amounts of active estrogen metabolites also can increase their osteoporosis risk.

“Most people don’t think about estrogen in men, but men actually have somewhat more estrogen on average than do postmenopausal women, said *Reina Armamento-Villareal, M.D.*, Assistant Professor of Medicine in the Division of Bone and mineral Diseases and a bone specialist at *Barnes-Jewish Hospital*. She is senior author of a new study in the journal *Calcified Tissue International*.

“Research by other groups had suggested that estrogen may be more important than testosterone for maintaining bone health in men,” she

says. “So we designed a study to look at male estrogen levels and bone density.”

When estrogen circulates in the body, it passes through the liver where several enzymes convert the standard hormone to other forms – some of these forms, or estrogen metabolites are active and some are inactive. Individuals differ on how they process estrogen, so the levels of these estrogen metabolites will vary among people. No previous studies have addressed the role of estrogen metabolism and the forms of circulating hormone in male osteoporosis.

The Washington University researchers found that the amounts of active estrogen metabolites are a strong predictor of bone mineral density in the men they studied. Testing hormone levels and bone density as measured by DXA (Dual X-ray absorptiometry) scans in 61 men age 50 or older, the researchers saw that men with higher levels of active estrogen metabolites also tended to have higher bone density. Conversely, men with lower levels of these hormones tended to have lower bone density.

Testosterone levels did not affect bone density in these study subjects. Testosterone seems to be responsible for the larger size and thicker outer layers of male bones, but estrogen is possibly a key hormone for maintaining peak bone mineral mass in men, according to the authors.

The researchers also looked at whether other factors, including smoking, alcohol consumption, daily calcium intake and body mass index (BMI) affected bone density. Only BMI correlated with bone density: Men with higher BMI tended to have higher bone density, possibly because they had higher levels of active estrogen metabolites.

Fractures due to osteoporosis are a significant health threat in the elderly. According to Villareal, 25 percent of those who suffer a hip fracture die within a year, and 40-50 percent have some degree of disability or need nursing home care. "It's very serious problem," she says. "People of retirement age are looking forward to their leisure time, but if they fracture a hip, there are many things they won't be able to do."

Villareal thinks the health-care system may need to reflect what research is now revealing about estrogen in men. "It would be a good idea to measure estrogen levels in older men who present with low bone mineral density or osteoporosis." Villareal says. "Not only does estrogen and its metabolism affect bone health in men, but it may also influence the risk of prostate cancer."

### Too Many Vitamins Linked With Prostate Cancer –

The following information was obtained from the *WebMD* Internet website.

**M**en who take too many multivitamins may be increasing their risk of dying

from prostate cancer, according to new research from the *National Cancer Institute*.

Taking a multivitamin more than seven times a week was associated with a 30% increased risk of advanced prostate cancer and a doubling of the risk of death from the disease in the study.

Regular multivitamin use (one to six times a week) did not appear to increase cancer risk, and excessive vitamin use was not associated with an increased risk of early, or localized, prostate cancer.

But there was also no evidence to suggest that taking multivitamins at any dosage helped prevent prostate cancer.

*National Cancer Institute* researcher Michael Leitzmann, M.D., Ph.D., tells WebMD that more research is needed to confirm the association and understand how vitamin and other dietary supplements affect cancer risk.

"Based on our findings, we would recommend that men adhere to recommendations for dietary supplements and consult with their physician before taking supplements in excessive doses," he said.

### More Questions About Safety

The new research is one of several recent studies suggesting a potential downside to vitamin supplementation in people who are generally well-nourished.

An analysis of 47 studies assessing antioxidant supplementation, published earlier this year, found a slight increase in deaths among people who

took beta-carotene, vitamin E, or vitamin A supplements.

*Christian Gluud, M.D.* who co-authored the analysis, tells WebMD that there is little evidence of a benefit for anti-oxidant supplementation and mounting evidence of potential harm.

“The idea that you can prevent disease by taking an antioxidant supplement is very attractive,” he says. “People want to believe it, and there is a great deal of marketing devoted to making them believe it.”

In the latest study, Leitzmann, co-author Karla Lawson, Ph.D., and NCI colleagues followed slightly more than 295,000 men enrolled in a diet and health study for five years.

During this time 8,765 men in the study were diagnosed with localized prostate cancer (cancer that hasn't spread beyond the prostate) and 1,476 with advanced prostate cancer (cancer that has spread beyond the prostate).

No link was seen between multivitamin use and localized prostate cancer.

The increase in advanced and fatal cancer was seen in men who took multivitamins more than seven times a week. The link was strongest among men with a family history of prostate cancer who also took selenium, beta-carotene, or zinc supplements.

Because the researchers had information on the use of some individual supplements but not others, they were not able to identify individual

vitamins or doses associated with increased risk.

The study appeared in the May 16 issue of the *Journal of the National Cancer Institute*.

The important thing, Leitzmann said, is that men should heed the dosage on their vitamin bottle and use as directed.

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

### They Walk Among Us!

I walked into a Blimpie's with a buy-one-get-one-free coupon for a sandwich. I handed it to the girl and she looked over at a little chalkboard that said "buy-one-get-one-free." "They're already buy-one-get-one-free," she said, so I guess they're both free." She handed me my free sandwiches and I walked out the door.

*They walk among us and many work retail.*

While looking at a house, my brother asked the real estate agent which direction was north because, he explained, he didn't want the sun waking him up every morning. She asked, "Does the sun rise in the north?" When my brother explained that the sun rises in the east, and has for

sometime, she shook her head and said, "Oh, I don't keep up with that stuff."

*They walk among us!!*

I used to work in technical support for a 24/7 call centre. One day I got a call from an individual who asked what hours the call centre was open. I told her, "The number you dialed is open 24 hours a day 7 days a week." She responded, "Is that Eastern or Pacific time?" Wanting to end the call quickly, I said, "Uh Pacific."

*They walk among us!*

My sister has a life saving tool in her car designed to cut through the seat belt if she gets trapped. She keeps it in the trunk.

*They walk among us!*

### Centre for Integrated Healing in Vancouver has Name Change

The following information was obtained from Inspire Health –

**T**he Centre for Integrated Healing in Vancouver recently changed their name to ***InspireHealth***.

After 10 years of serving the community, the *Centre for Integrated Healing* has chosen to rename itself *InspireHealth* to reflect their work, their vision, and the direction in which they are heading.

InspireHealth co-founder and CEO *Dr. Hal Gunn*, says the new name provides a distinctive identity that will help strengthen the organization's position as a Canadian pioneer in integrated cancer care.

"This is an important milestone in our evolution," says Dr. Gunn. "Our operational model is backed by a growing body of research that clearly demonstrates the effectiveness of integrated cancer care, and the increasing demand for our services shows that patients are accepting and embracing those findings."

Dr. Gunn believes InspireHealth's approach to cancer care offers a viable solution to the current healthcare crisis in Canada. "There is little doubt that we are fast approaching a situation in which the current illness treatment model will become economically unsustainable. We need to broaden our current illness treatment model to include support of health, which we believe is very cost effective," he says.

InspireHealth will continue the Centre for Integrated Healing's mandate to make a substantial shift in the care, treatment, and prevention of cancer in B.C. by employing a "whole-person" model that supports the health of body, mind, and spirit during and after cancer treatment. Our provincially funded medical doctors guide patients to explore and learn about a variety of approaches to their health and healing; in addition, they work with the patients' oncologists and family physicians in order to provide

the very best care for each individual. "Cooperation," Dr. Gunn says, "is the essence of our success."

We have close partnerships with the B. C. cancer community including the BC Cancer Agency, the Canadian Cancer Society, the Canadian Breast Cancer Foundation, and the BC Foundation for Prostate Research.

InspireHealth is the only government funded integrated cancer care centre Canada.

**EDITORS NOTE:** I am hoping to have one of the medical doctors from InspireHealth out to speak to our support group in the fall.

## Tomatoes Don't Prevent Prostate Cancer –

The following information was obtained from the Internet and originated with WebMD

The news that tomatoes could prevent prostate cancer sounded too good to be true, and apparently it was.

Lycopene, found mainly in tomatoes and tomato products, had little impact on prostate cancer risk in a new study from the *National Cancer Institute and Seattle's Fred Hutchinson Cancer Research Center*.

Early research suggesting a protective role for lycopene spurred great commercial and public interest in the antioxidant in the late 1990's.

But subsequent studies have been either contradictory or inconclusive, Fred Hutchinson Assistant Professor and researcher *Ulrike Peters, Ph.D., M.P.H.*, tells WebMD.

The new research, led by Peters, is one of the largest and most rigorously designed trials ever to examine the issue. And the lycopene findings were unequivocal.

"It would be great if it were true. [Eating tomatoes and tomato products] would be a cheap and easy way to lower prostate cancer risk, and it would be a great public health message," Peters says. "Unfortunately, its not that easy."

### Colourful Nutrients

Just as similar nutrient beta-carotene makes carrots orange, lycopene is responsible for the bright red colour of tomatoes. The two compounds are among the pigments synthesized by plants and are known as carotenoids.

The latest study involved 28,000 men between the ages of 55 and 74 participating in a larger, nationwide cancer screening trial. Blood samples were taken from all study participants at enrollment, and blood levels of lycopene, beta-carotene, and other carotenoids were measured.

The men also completed questionnaires assessing their diet, lifestyle, and overall health.

During the eight years of follow-up, 1,320 cases of prostate cancer were diagnosed among the men in the study.

There was no significant difference in blood lycopene levels

among the men who developed prostate cancer during the follow-up and those who did not.

However, beta-carotene was associated with an increased risk of aggressive prostate cancer.

The researchers found that men with the highest blood beta-carotene levels had a much higher risk of developing aggressive prostate cancers.

Peters calls the finding surprising.

“We are not sure if this was a real effect, or one that was due to chance.” She says. “We do know [from other studies] that very high doses of beta-carotene seem to increase lung cancer risk in smokers.”

The results do not support the use of lycopene, beta-carotene, or other carotenoids in prostate cancer prevention, the researchers write.

### **Focus on Diet, Not Pills**

So what can be said about the influence of diet and lifestyle on prostate cancer risk? Not much, says Peters.

There is growing evidence that obesity increases a man’s risk for the disease and some suggestion that a healthy diet may be protective. But neither association has been proven.

*American Cancer Society Nutritional Epidemiologist Marji McCulloch, Ph.D.*, says it is increasingly clear that cancer prevention efforts should focus more on healthy diets and less on single nutrients like lycopene and beta-carotene.

“Single nutrients don’t always give you the big picture,” she says. “We saw that a few years ago in the beta-carotene studies.

Researchers thought taking beta-carotene would help prevent lung cancer in smokers, but they ended up finding more cancers in the smokers who took the antioxidant supplements.

McCulloch says the message from those studies and this one is that until more is known, individual carotenoids should not be taken in high doses in supplement forms.

“I would recommend that people try to get their carotenoids and other nutrients from the foods they eat,” she says. “That ensures that they are getting the nutrient in its natural form along with the other nutrients in those foods.”

This report was published May 2007 in the journal *Cancer Epidemiology Biomarkers & Prevention*.

### **NOTICE:**

We are expecting to have Dr. Marianne Sadar, a research scientist at the BC Cancer Agency in Vancouver, to come out to speak to our support group in August. This is a very busy lady so I feel that it is a real coup to get her to come out to speak to us.

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-**

**August 11<sup>th</sup> – September 8<sup>th</sup> – October 13<sup>th</sup> – November 10<sup>th</sup> – December 8<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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