KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER

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The Kelowna Prostate Cancer Support and Awareness group invited some of its members to relate their story at our March meeting. A few members of our group stood up and related their experiences relating to firstly the diagnosis of their prostate cancer and secondly reviewing the treatments that they had undergone and how they are doing today. We found that this was a great way to share with all those present especially the new comers how we are doing following the diagnosis and treatment of our diseases.

Just a heads up on a couple of upcoming events in Kelowna for 2008 – **Tuesday April 22nd 7:00 P.M. Kelowna Community Theatre a Male Health Forum –** Speakers will include Dr. Michael Carter, M.D., a local Urologist, Dr. Kevin Kanerva, M.D., Medical Director of iQuest Health Care in Kelowna and Dr. Alana Berg a Naturopathic Physician also from iQueat Health Care. **Father's Day June 15th - 1st Annual Father's Day Walk for Prostate Cancer Awareness – Mission Creek Park and the Mission Creek Greenway**

Some Prostate Cancer Facts –

The following information was obtained from the 2006 book – *Dr. Peter Scardino's Prostate Book by Peter Scardino, M.D. and Judith Kelman.* Dr. Peter Scardino is Chairman of the Department of Urology at Memorial Sloan-Kettering Cancer Center, New York.

How Common is Prostate Cancer?

Prostate cancer strikes with remarkable frequency, and the incidence continues to rise. In 2004, 230,110 new cases were diagnosed in the United States, and 29,900 men died of the disease making it the second most common cancer in American men (after skin cancer). This pattern holds true throughout the Western world, except Scandinavia, where prostate malignancies (another word for cancer) have surpassed lung cancer, both in sheer number of cases and in fatalities. In 2003, 19,472 Canadian men were newly diagnosed with prostate cancer, compared to 18,824 women diagnosed with breast cancer. In that same year 3,658 Canadian men died from prostate cancer.

Prostate tumors account for one-third of all internal cancers diagnosed in men, and the risk of the disease is greater than that of breast cancer in women. One man in six (U.S. numbers) will be diagnosed with prostate cancer in his lifetime, while a women's risk of developing a malignancy in the breast is one in eight. Though fatality rates for these diseases are virtually the same, government research funding for breast cancer has historically been far higher than for prostate cancer.

In Canada it is estimated that one in seven men will be diagnosed with prostate cancer in his lifetime compared to one in nine women being diagnosed with breast cancer. Again the amount of dollars going to breast cancer research in Canada far exceeds the monies going to prostate cancer research even though more Canadian men are diagnosed with prostate cancer annually than Canadian women with breast cancer.

Who Gets Prostate Cancer and Why?

Nobody knows precisely why prostate cancer develops. Several factors may work individually or in concert to cause normal cells in the gland to undergo malignant changes. One man's prostate cancer may have a strong genetic component, while another case might stem primarily from high levels of dietary fat or exposure to toxins or both. Still, though we can't point the finger at any single universal cause, age, diet, race and ethnicity, and certain environmental factors all appear to play a significant role.

Some Other Information – On What is Cancer –

Like normal cells, cancer cells depend on blood to deliver the oxygen and nourishment they need. Without an adequate blood supply, a tumor cannot grow beyond the size of a BB (about 1/8 inch). To survive at all, cancer cells must be within extremely close proximately to blood vessels, no further away than the width of a grain of sand. Cancers

recruit the blood vessels they need through a complex process called angiogenesis. Researchers have been trying to develop drugs and other therapies that might arrest this process and cut off a cancer's essential blood supply.

The way a cancer spreads has a crucial bearing on whether any given therapy will succeed or fail. Invasion of cancer through the capsule of the prostate means that the cancer is no longer confined to the gland, but this *does not* necessarily mean that the cancer has spread beyond the local region or become incurable. As long as the area removed surgically or treated with radiation is large enough to include the area of **extracapsular extension (ECE)**, the cancer can still be cured. On the other hand, a cancer that shows no extracapsular extension and appears to be confined within the gland may in fact have sent microscopic clusters of cancer cells into the bloodstream, which then become established in distant sites such as the bones of the hips or spine. In this case, radiation or removal of the prostate alone will not arrest the disease, but removal of the primary tumor in the prostate may stop the seeding of more metastatic cells.

Risk Factors for Prostate Cancer

If you have prostate cancer, you may be asking: *Why me?* If you are worried about developing the disease someday or living with the anxiety of an elevated PSA of uncertain origin, you may be wondering: *What, if anything, can I do to prevent it?*

Being concerned about prostate cancer is completely understandable. If you are an American man, your lifetime risk of being diagnosed with the disease is 1 in 6 (1 in 7.6 in Canada), and the chance you'll subsequently die of it is 1 in 28 (1 in 27.3 in Canada). In stark contrast, only 1 person in 4,000 is killed in an automobile accident, 1 in 30,000 succumbs to drowning, 1 in 100,000 dies in an airplane disaster, and lightning claims a mere 1 in 2,000,000 (though fear of flying and anxiety about being struck during a lightning storm far exceed those rare-as-hen's-teeth odds).

A Couple of Other Short Notes From This Book –

Note: Prostate Cancer is inherited just as often via the maternal side, so if your mother's father, uncles, or brothers were diagnosed with a malignancy in the gland, extra vigilance is in order. Many studies have sought a link between breast and prostate cancer inheritance, but as yet there is no evidence that the two go hand in hand.

Note: Men with a strong family history tend to develop prostate cancer at younger ages in succeeding generations. In patients diagnosed with the disease below the age of 55, half are thought to have the familial form. Dr. Scardino added that, "One of my patients, diagnosed at 62 has three sons in their 30's with prostate cancer. If your family tree hangs heavy with prostate cancer, you and your brothers and sons might do well to begin screening far earlier than

standard guidelines typically suggest.

WITT'S WIT (ON THE LIGHTER SIDE) –

ENGINEERS VS. ARCHITECTS

Three engineers and three architects are traveling by train to a conference. At the station, the three architects each buy tickets and watch as the three engineers buy only a single ticket.

"How are three people going to travel on only one ticket?" asks an architect.

"Watch and you'll see," answers and engineer.

They all board the train. The architects take their respective seats but all three engineers cram into a restroom and close the door behind them. Shortly after the train has departed, the conductor comes around colleting tickets. He knocks on the restroom door and says, "Ticket, please."

The door open just a crack and a single arm emerges with a ticket in hand. The conductor takes it and moves on.

The architects saw this and agreed it was quite a clever idea. So after the conference, the architects decide to copy the engineers on the return trip and save some money (being clever with money, and all that). When they get to the station, they buy one single ticket for the return trip. To their astonishment, the engineers don't buy a ticket at all.

"How are you going to travel without a ticket?" says one perplexed architect.

"Watch and you'll see," answers an engineer

When they board the train the three architects cram into a restroom and the three engineers cram into another one nearby.

The train departs.

Shortly afterward, one of the engineers leaves the restroom and walks over to the restroom where the architects are hiding. He knocks on the door and says, "Ticket, please."

Quality of Life After Prostate Cancer Treatment –

The following information was obtained from the Internet and originated from several sources including *MedlinePlus* – from the US National Institutes of Health.

New research is suggesting that Quality- of-Life issues should be weighed carefully when prostate cancer patients are considering the thicket of treatment options available to them.

Different therapies can have very different impact on aspects of everyday living, and these outcomes need to be discussed with the doctor, the patient and his spouse or partner. Concludes a study appearing in the March 20 issue of the *New England Journal of Medicine.*

"Every patient has to weigh their hope, fears, concerns and expectations against the risks and benefits and include their spouse in the decision-making," says *Dr. Jeff Michalski,* co-author of the paper and a radiation oncology professor at Washington School of Medicine in St. Louis. "You can't expect one size to fit all. Patients are often faced with decisions based on quality-of-life impact."

"With cancer treatment, its not enough to be a survivor, particularly with prostate cancer," added *Dr. David Chen,* attending surgeon with Fox Chase Cancer Center in Philadelphia, who was not involved with the study. "The majority of patients are asymptomatic [after treatment], so their quality of life becomes very important. A paper like this is important to show some of those effects in a quantified way."

Prostate cancer can be successfully treated in a number of ways, notably with a radical prostatectomy, which is surgery to remove the prostate and some surrounding tissue, or with external-beam radiation therapy, or with brachytherapy, in which radioactive "seeds" are implanted in the prostate gland.

"There are no randomized trials between the three modalities," Michalski noted. "No one is better that the others."

The researchers, from nine hospitals, looked at quality –of-life data on 1,201 patients and 625 spouses or partners before and after radical prostatectomy, brachytherapy or external-beam radiation.

One major finding: adding hormone therapy to brachytherapy or radiation therapy worsened various quality-of-life measures.

Other findings were less clear-cut:

- Men who received brachytherapy had long-lasting urinary irritation, bowel problems and sexual problems, along with short-term problems with general vitality and hormonal function.

- Nerve-sparing prostatectomies had fewer effects on sexual function. But urinary incontinence was often seen after treatment.

- Treatment-related problems tended to be worse in patients

who were older, obese, had large prostates or a high prostate-specific antigen (PSA) score.

Overall, black men reported lower satisfaction with overall outcomes, including those related to quality-of-life.

Spouses and partners were directly affected by the quality-of-life changes, the researchers showed; with their emotional state linked to the partner's own level of satisfaction with the treatment outcome.

"This will help people tailor discussion and decision-making," said study senior author *Dr. john Wei,* associate chair for clinical research at the university of Michigan Medical School in Ann Arbor. "We know more than is typically used in practice."

Prostate Cancer Advances Over the Last 10 years –

The following is a short excerpt of information that was contained in the February 2008 Vol. 11 No. 1 issued of *PCRI Insights by Stephen Strum, M.D. F.A.C.P.,* the information contained in this article pertains to the U.S., however I feel that many of his views may also pertain to Canada.

Ten years of advances do not represent a long time period for medical advances. In fact, in my 45 years of experience [Dr. Strum's] in the arena of cancer medicine, I would estimate that on the average it takes 20 years for a highly significant finding in peer-reviewed publications to reach clinical use. Given the lethal nature of many cancers, this "latency" period is unacceptable. The reasons for such protracted delays in translating significant advances to the patient (from the laboratory bench to the bedside) are many. They can be enumerated as follows:

(1) An FDA advisory panel that is ultra-conservative and still fearful about approving a drug or device that on follow-up may prove to be related to one or more serious adverse effect(s),

(2) A highly litigious American public that sues anything that moves coupled with a legal system that allows any Tom, Dick or Harry to file frivolous suits without any obligation to pay damages when such a suit is dismissed; and most importantly,

(3) A lack of empowerment of the PC community in uniting its membership (or even identifying its membership) to the goal of resolving issues #1 and #2 and thus bringing new advancements to its constituency.

Dr. Strum in his preamble also mentioned that over the past five years more than 4500 peer-reviewed papers on prostate cancer have been published every year. Despite this flood of useful information Dr. Strum mentioned that he has not seen this information result in any significant clinical manifestations of heightened care being provided to the prostate cancer patient.

Dr. Strum published the following chart –

Time Periods	Interval (Years)	Peer-Reviewed Publications Per PubMed
Jan.1/83 to Dec. 31/92	10 years	9,191
Jan.1/93 to Dec. 31/02	10 years	24,254
Jan. 1/03 To Dec. 31/07	5 years	22,643

Table 1: The Explosion in Peer-Reviewed Papers on PC. In the past 25 years, the publications on Prostate Cancer in medical journals has risen exponentially. This table shows results obtained from a simple PubMed search using the key words "prostate cancer". The PubMed url is www. Pubmed.gov

Following the publication of the above chart Dr. Strum went on to mention that there has been an exponential increase in the number of peer-reviewed papers on prostate cancer written in the last five years. Back in 1983, it was almost possible for a physician to obtain a grasp of the available prostate cancer literature then available. In the last five years, conversely, a physician would have to devote full time to read and assimilate the 12.4 new papers about prostate cancer being published each and every day (4,528.6 papers per year)!

Cancer Advocacy Coalition of Canada 2007 Report Card on Cancer in Canada

I recently received the latest report card regarding Cancer Care in Canada from this organization. I will give a more detailed report on this report card in next month's newsletter.

Many of us like to complain about our health care; however when it comes to cancer care and specifically to the availability of drugs to treat cancer the availability to some of these specialized drugs in B.C. is the best in Canada. Some of the highlights in this Report Card state that "B.C. in particular, and the western provinces in general, continue to have the best access to publicly funded cancer drugs; private drugs costs are significantly lower in these provinces as publicly funded budgets tend to cover many of the oral, take-home medications".

For example for 24 Past Drug Indications B.C. has approved and funded 20 - Limited Access/Funding 1 - Recommended but not Funded 0 - Not Approved or Funded 3. For 18 New Drug Indications B.C. has Approved and Funded 12 - Limited Access/Funding 1 Recommended but not Funded 4 – Not Approved or Funded 1. Where B.C. approved 20 out of 24 drugs Ontario only approved 6 and has Limited Access to another 11. Out of the latest 18 drugs Ontario has only approved 3.

The Kelowna Prostate Cancer Support and Awareness Group do 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-

MAY 10TH – JUNE 14TH – JULY 12TH -

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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