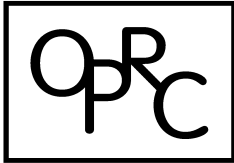


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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MERRY CHRISTMAS

Dr. Ross Halperin, Senior Practice Leader Radiation Oncology at the BC Cancer Agency's Centre for the Southern Interior in Kelowna was the guest speaker at our support group meeting in November. Dr Halperin first off gave those present a brief overview on Prostate cancer and then gave those present a more complete outline on how the two forms of radiation therapy work to treat prostate cancer. He mentioned that the older way of treating prostate cancer delivering 33 treatments using external beam radiation therapy was not as effective as the methods used today, where patients are given 37 to 38 treatments of Radiation at a higher dose than what was delivered several years ago. Dr. Halperin then spoke on Brachytherapy and the form of Brachytherapy used in Kelowna, including the use of fudical implants that allow for better imaging as well some of the trial studies taking place at our Cancer Centre in Kelowna. To wrap up his presentation Dr. Halperin then spoke on the expansion and changes that are going to be taking place at our cancer centre including the construction of space for a fifth linear accelerator, and space for an on site OR for doing Brachytherapy and other procedures.

At the present time one of the four linear accelerators at the centre has been de-commissioned and removed and that space is being prepared for the addition of a new state of the art linear accelerator that will be arriving in January and is expected to be operational in June 2009. At the same time they will be replacing their CT scanner and will be purchasing a new state of the art brachytherapy unit. To wrap up his presentation to our support group Dr. Halperin mentioned that the cancer centre will be adding two new Radiation oncologists in the Spring of next year including a well known and well respected Radiation Oncologist from the Princess Margaret Cancer Centre in Toronto; Dr. Juanita Crook. Dr. Crook will be joining the Cancer Centre in Kelowna in April of next year. With Dr. Crook coming to the Cancer Centre in the Southern Interior in Kelowna it is expected that down the road they may begin to treat some prostate cancer patients using high dose brachytherapy.

The meeting in November was the first meeting in our new digs, at the Rutland Senior Citizens Centre. I received a number of very positive comments about the facility following the meeting. The November meeting also marked a milestone for the Kelowna Prostate Cancer Support and Awareness Group it was our 12th Anniversary.

Cost of Cancer Care Too High For Some –

The following is an excerpt of information was obtained from the Internet the source of the article was *Cancerfacts.com*

Editors Note: Many of us like to complain about our health care system, and compare it to what may be happening in the U.S. I found the following article very interesting.

A new survey of patients currently undergoing treatment has found that one quarter of the late-stage cancer patients with incomes of \$40,000.00 or less and 12.3 percent overall forgo some treatment due to expense.

The survey conducted online in May 2008 by Thompson Reuters Healthcare, involved 1,767 adults who were currently undergoing treatment for all stages of breast, prostate, colon or lung cancers. All had used online Profiler Treatment Decision Tools available on dozens of cancer-related web sites, including the American Cancer Society and others to help them compare treatment options.

The survey covered a variety of financial issues surrounding the patients' cancer treatment, including information regarding insurance, Medicare, and out-of-pocket expenses, as they related to their treatment decisions.

Overall among 569 survey responses with late-stage cancer, 12.3 percent said they have passed up recommended treatment because it was too expensive. This figure varied dramatically by patient income level. Twenty-five percent of late-stage cancer patients who earn less than \$40,000.00 a year said they have chosen not to undergo a

recommended treatment due to cost – compared to 11.2 percent of those earning between \$40,000.00 and \$80,000.00 per year and 4.8 percent of those earning more than \$80,000.00 annually.

The results reported on October 12 by *US Today* also showed that when it comes to the cost of care, not all cancers are equal. Twelve percent of colon cancer patients and 11 percent of lung cancer patients said they spent more than \$25,000.00 out of pocket on treating their cancer, compared with 6 percent of breast cancer patients and 3 percent of prostate cancer patients.

Sixty-five percent of all respondents with late-stage cancer said the out-of-pocket cost of treating their cancers has caused them distress. For those earning under \$40,000.00 per year, that number jumps to 77 percent. More than half of these patients said out-of-pocket costs were more than they expected to pay when they were initially diagnosed.

The out-of-pocket expenses were a hardship even among the 54.1 percent of low-income patients who had private health insurance coverage and the 48.5 percent who had government provided coverage (Medicare, Medicaid, Veteran's Administration).

By contrast among the higher income brackets: 81.4 percent of those earning more than \$40,000.00 annually had private health insurance coverage and 21.1

percent had government sponsored coverage.

More than twice as many low-income respondents paid for their entire cost of care out of pocket (5.7 percent) than did those (2.2 percent) who had incomes over \$40,000.00.

Overall, the results show that the financial cost of cancer causes a great deal of distress to patients and, in some cases, prevents many of them from receiving recommended treatment.

Prostate Cancer Prevention Trial Shows No Benefit for Use of Selenium and Vitamin E –

The following information is an excerpt of an article from *The U.S. Department of Health and Human Services - NIH News (National Institutes of Health)*. The U.S. National Institutes of Health (NIH) is – The Nation's Medical Research Agency. Information on this article was also obtained from the *Globe and Mail* and *Leslie Beck*.

Initial, independent review of study data from the *Selenium and Vitamin E Cancer Prevention Trial (SELECT)*, funded by the *National Cancer Institute (NCI)* and other institutes that comprise the National Institutes of Health shows that selenium and vitamin E supplements, taken either alone or together, did not prevent prostate cancer. The data also showed two concerning trends: a small but not statistically significant increase in the number of prostate cancer cases among the over 35,000 men age 50 and older in the trial taking only vitamin E and a small, but not statistically significant increase in the number of cases of adult

onset diabetes in men taking only selenium. Because this is an early analysis of the data from the study, neither of these findings proves an increased risk from supplements and both may be due to chance.

The Southwest Oncology Group (SWOG), an international network of research institutions, coordinates SELECT at more than 400 clinical sites in the United States, Puerto Rico, and Canada.

SELECT participants are receiving letters explaining the study review and telling them to stop taking their study supplements. Participants will continue to have their health monitored by study staff, which may include regular digital rectal exams and PSA (Prostate Specific Antigen) tests to detect prostate cancer. Investigators intend to follow the participants for about three years to determine the long-term effects of having taken either supplement or placebo and to complete a biorepository of blood samples that will be used in extensive molecular analyses to give researchers a better understanding of prostate cancer, other cancers, and diseases of male aging. This additional data collection is a vital part of the study.

Neither the men nor their physicians know which supplements or placebos the men have been taking, a procedure known as blinding or masking. As follow up of the SELECT participants continues, the participants will continue to be blinded. A blinded follow up may avoid unintentional bias and potentially false conclusions. However, at the request of a participant,

they will be informed which supplements, if any they received.

“SELECT was always designed as a study that would answer more than a single question about prostate cancer,” said Eric Klein, M.D., a study co-chair for SELECT, and a physician at the Cleveland Clinic. “As we continue to monitor the health of these 35,000 men, this information may help us understand why two nutrients that showed strong initial evidence to be able to prevent prostate cancer did not do so.”

SELECT was undertaken to substantiate earlier, separate findings from studies in which prostate cancer was not the primary outcome: a 1998 study of 29,133 male smokers in Finland who took vitamin E to prevent lung cancer surprisingly showed 32 percent fewer prostate cancers in men who took the supplements, and a 1996 study of 1,312 men and women with skin cancer who took selenium for prevention of the disease showed that men who took the supplement had 52 percent fewer prostate cancers than men who did not take the supplement.

Based on these and other earlier findings, in 2001, men were recruited to participate in SELECT. They were randomly assigned to take one of four sets of supplements or placebos, with more than 8,000 men in each group. One group took both selenium and vitamin E; one took selenium and a vitamin E placebo; one took vitamin E and a selenium placebo; and the final group received placebos of both supplements.

It should be noted that in 2003, while SELECT was recruiting men, a

different SWOG-sponsored study reported that the drug finasteride reduced the incidence of prostate cancer by 25 percent. When this was discovered, men on SELECT were informed and allowed to take finasteride. The U.S. Food and Drug Administration have not yet approved Finasteride for prostate cancer prevention.

In another study known as the *Physicians Health Study II*, that was looking at cardiovascular disease researchers from Harvard University's Medical School assigned 14,461 healthy men aged 50 or older, to take either 400 international units (IU) of vitamin E every other day, 500 milligrams of vitamin C daily or a placebo pill. After eight years, neither supplement lowered the risk of cardiovascular disease. Compared to men taking the placebo, vitamin E and vitamin C users were just as likely to suffer a heart attack or stroke, or to die from heart disease. This study also found a significantly higher risk of hemorrhagic stroke among vitamin E users. (A hemorrhagic stroke, which accounts for 20 percent of stroke cases, is caused by a weakened blood vessel that ruptures and bleeds into the brain.) No harmful side effects were observed for vitamin C.

If you are left wondering what to do with your antioxidant supplements, it seems it's time to trade them in for a healthy diet – at least when it comes to preventing heart disease and prostate cancer. (Standard multivitamins containing antioxidants in low doses are considered safe provided you take only one a day, although they have not been proven to guard against cancer or heart disease.)

Studies conducted in people at low risk and high risk for heart disease provide no evidence that vitamin C or E supplements offer protection from heart attack or death from heart disease. Observational studies have, however, reported a lower risk of heart attack among people who consume foods naturally high in vitamins.

Numerous studies have linked a higher intake of selenium-rich foods to less prostate cancer, mainly in men with low blood levels of the mineral (i.e. men whose diets provide little selenium).

Leslie Beck's advice in the *Globe and Mail* article is to stick with multivitamin extra calcium if your diet doesn't provide enough and, of course 1,000 IU of vitamin D3 a day as recommended by the Canadian Cancer Society. Get your antioxidants from foods. Doing so means you're also consuming protective phytochemicals, fibre and other vitamins and minerals – all of which probably work together to combat disease. Leslie Beck is a Toronto based dietitian, and appears on Canada AM every Wednesday.

WITT'S WIT (ON THE LIGHTER SIDE) -

If My Body Were A Car...

If my body were a car, this is the time I would be thinking about trading it in for a newer model.

I've got bumps and dents and scratches in my finish and my paint

job is getting a little dull...But that's not the worst of it.

My headlights are out of focus and it's especially hard to see things up close.

My traction is not as graceful as it once was, I slip and slide and skid and bump into things even in the best of weather.

My whitewalls are stained with varicose veins.

It takes me hours to reach my maximum speed.

My fuel rate burns inefficiently.

But here's the worst of it - Almost every time I sneeze, cough or sputter...either my radiator leaks or my exhaust backfires.

New Prostate Cancer Website

I recently received some information on a new prostate cancer website. www.ProstateVideos.com. This website was created by *Dr. Gerald Chodak*. Dr. Chodak is an U.S. Urologist who was instrumental in helping form the first US TOO chapter in the United States and writes a regular column in the US TOO Hot Sheet. This is an unique educational website that includes more than 60 short videos made by Dr. Chodak that are used to explain

many aspects of the disease. Dr Chodak stated that the videos are factual and evidence-based and do not tell patients that one treatment is better than another unless good scientific studies provide support. New information will be added regularly including videos about health stories appearing in the news and media.

Note: We have to remember that the information contained in the videos on this website pertain mainly to the U.S. so some of the information contained in these videos may vary slightly when dealing with your local physicians and hospitals.

Ask Dr. Weil: Role of Hormones in Cancer of the Prostate –

The following information was obtained from the Internet originated with *Dr. Andrew Weil* and was published in the *Arizona Star* on Nov. 18, 2008 .

Q: I cannot understand how experts can have such opposing views concerning the roles of testosterone and estrogen in prostate cancer. What is your opinion on the issue of male hormone replacement?

A: Like breast cancer, prostate cancer is a hormonally driven disease. The main hormone of concern here is testosterone, which is responsible for male secondary sex characteristics as well as some of the sex drive in both men and women. Because most prostate cancers need testosterone to grow, one approach to treatment is to suppress its production with drugs. This therapy used to be reserved for advanced or recurrent prostate cancer, but it is now sometimes

recommended for men with early-stage disease.

It's important to know that not all prostate cancers are testosterone-dependent (just like all breast cancers are estrogen-dependent). Also, as prostate tumors grow, cells composing them may lose their sensitivity to testosterone.

The drugs that shut down testosterone production are called LHRH (luteinizing-hormone-releasing-hormone) agonists. Estrogen can sometimes help too, but because its use has been linked to blood clots and breast enlargement and tenderness, the LHRH agonists are now preferred (although estrogen may still be recommended when testosterone-based therapies no longer work). At best, hormonal therapy shrinks prostate tumors by 85 to 90 percent disease; the effects last only 24 to 36 months.

Editors Note: To date it is very common to use intermittent LHRH agonist therapy (hormone therapy). In other words a man placed on hormone therapy for approximately 9 months then is taken off the hormones, when the PSA level rises to a predetermined level set by the physician which may take between 9 months and two years or longer the man would then be placed on hormone therapy again.

Because prostate cancer is hormonally dependent, you may be able to lower your risk of the disease by avoiding commercially raised beef containing hormones. Diets higher in red meat and saturated fat have been correlated with and increased risk of prostate cancer.

High calcium intake from dairy foods has also been implicated (calcium might use up vitamin D, which is protective against cancer in the prostate). For this reason I recommend keeping your daily intake of calcium below 700 mg from all sources and taking 1,000 IU a day of vitamin D3.

A diet that includes soy foods (particularly from an early age) also appears to be protective. The protective phytoestrogens in soy foods can lower the risks of both prostate and breast cancer. Increase your fiber intake, as well: Fiber helps your body eliminate hormones such as testosterone. In this article *Dr. Weil also recommends the use of flax seed, he goes on to say* – Freshly ground flaxseeds are a good source of fiber. Sprinkle 1 to 2 tablespoons daily on cereal, salad or cooked vegetables.

As for testosterone replacement, I'm concerned about its inappropriate use. Taking sex hormones of any kind can increase the risk of hormonally sensitive cancers. In my view, testosterone replacement should be considered only when blood tests indicate a deficiency in the natural production of this hormone that might be contributing to some medical problem.



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 9th – January 13th – February 10th – March 10th –

Please Note Change of Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank both AstraZeneca manufacturer of Zoladex® and Casodex® and Sanofi Aventis manufacturer of Eligard® and Taxotere® 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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