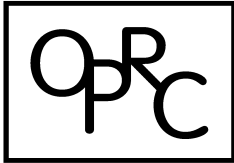


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
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SOCIETY**

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CCS Cancer Information Line – 1-888-939-3333

Publisher/Editor– Bren Witt

**Newsletter available on line at – www.cpcn.org
also at www.procansupport.com**

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Keya Morasse a Pharmacist at Dyck's Medicine Centre in Kelowna was the guest presenter at the April meeting of the Kelowna Prostate Cancer Support and Awareness Group. She gave those present a very interesting and education presentation on how over the counter and so called natural, and herbal products can and may interact with prescription medications. Keya mentioned that between 40-70% of people take something by mouth other than prescription medications. Herbals are comprised of plant and plant extracts NOT just ground up plants, and are often greatly concentrated in much higher amounts than found in nature.

Make sure you ask your doctor or pharmacist to look over and see if what you are contemplating taking will contradict with other medications. Almost anyone can market a supplement, and in a great many cases there is no guarantee that what is in the bottle is in the actual product. **Natural Does Not Mean Safe.** No requirements are necessary to show either safety or efficacy. Quite often the amount of actual product can vary not only from lot to lot but also bottle-to-bottle and pill-to-pill in the bottles. Cont'd. Page 2

Are herbal or natural over the counter products better than traditional medicines? This is not really known, it really depends on the person, it depends on the condition and it depends if other medications are involved.

Natural Medicines –

Natural Medicines comprise Alternative and Complimentary Medicine:

- Naturopathic, Chiropractics, Homeopathy, Herbal Medicine.
- Every available approach that does not fall within the realm of conventional medicine.

How To Chose –

Whether from a health food store or a pharmacy ensure the product has been tested for heavy metal contamination (fish oils, minerals etc). Purchase a reputable brand, as they are more likely to have safety and quality control measures in place. If in doubt ask your health care team.

One very common herbal, over the counter medication for treating BPH is *Saw Palmetto* –

Saw palmetto does not shrink the prostate gland; however, it reduces the growth of prostate tissue, controls inflammation this can lead to improvement of symptoms similar to Proscar®.

- It may possibly be better tolerated.
- May increase risk of bleeding when used with other similar

agents (aspirin, Plavix, NSAIDS (e.g. ibuprofen, warfarin, heparin).

- Takes 1-2 months to take effect.
- If on Warfarin or Hytrin make sure you check with your physician/pharmacist.
- Cancer: Do not use ANY alternative products before consulting physician/pharmacist.

Saw Palmetto can also lower PSA but by how much? That is the question it can vary from product to product and again lot to lot and bottle to bottle; however, it may possibly lower PSA by approximately a third. Saw Palmetto is supposed to contain 85-95% sterols and fatty acids from the Saw Palmetto berry. Does the product actually contain sterols and fatty acids or does it contain leaves, bark or root?

Some natural products may worsen BPH these include Bitter Orange, Yohimbine, Henbane, Scopolia, Jimson weed, Wild lettuce and DHEA/male hormones.

Natural Medicine and Surgery

Many herbals affect the body's ability to clot, increasing the risk of excessive bleeding during surgery.

- Very important to stop certain supplements in advance of surgery.
- Some include – Saw palmetto, Garlic, Vitamin E, Ginger, Ginko Biloba, Ginseng, Feverfew, Evening Primrose Oil, Dong

Quai, Red Clover, Flax oil/ground. All these supplements increase bleeding.

A good rule of thumb is – if you are not sure, ask or stop.

- Anything with sedative properties may prolong the effects of anesthesia or increase breathing problems.
- Many herbals affect the breakdown of prescription medications and can have unpredictable consequences.

Summary –

All natural products cannot be considered safe.

- Supplements and prescription medications are all foreign entities that our bodies may react unpredictably to.
- Always research or ask about potential consequences of supplements (and medications).

In my July 2003 newsletter I had an excerpt from a handout published by the BC Cancer Agency. In this handout the BC Cancer Agency advises cancer patients **NOT** to use natural health products (herbs and supplements) during cancer therapy – including chemotherapy, radiation therapy or surgery. This is a joint recommendation from the Departments of Medical Oncology, Surgical Oncology, Pharmacy, Nursing and Nutrition.

In July 2002 ***Drs. Neil Fleshner, Laurence Klotz and Andrew Feifer***

Canadian doctors reported their findings on the analytical accuracy and reliability of commonly used nutritional supplements in prostate disease to the American Urological Association's annual conference and their study findings were also published in the *Journal of Urology*. The following is an excerpt of the abstract of their findings published in the *Journal of Urology*.

These doctors checked the analytical accuracy and the reliability of such common supplements as vitamin E, vitamin D, selenium, lycopene and saw palmetto. They compared the amounts of active compound in different lots of the same brand to determine the consistency of the manufacturing process. For this study the researchers purchased the herbal and vitamin products used in the study from health food stores as well as pharmacies.

They checked 7 samples of vitamin E and they found a range between -41% to +57%. 5 samples of selenium were analyzed and a range of -19% to +235% of the stated dosage was found. All vitamin D brands (4 samples) were within 15% of the stated dose. Saw palmetto (6 samples) were within a range of -97% to +140% of the stated dosages with 3 containing less than 20% of the stated dosages. Among the reliability assays of 1 of 3 brands of vitamin E, 1 of 2 brands of selenium and 1 of 2 brands of saw palmetto demonstrated statistical differences in interlot dosages. The 1 assayed form of vitamin D was reliable between lots.

They concluded that commonly used nutritional supplements for prostate disease vary widely in measured dose. Saw palmetto demonstrated tremendous

variability with some samples containing virtually no active ingredients. In contrast the more regulated substances we measured, such as vitamins and minerals, demonstrated less variation.

If Taking Prescription Medications Do Not Take Any Alternative Product Before Consulting with Physician or Pharmacist First, as there may be interactions or reactions.

Cancer Advocacy Report Card

The following information is further to the information contained in last month's newsletter. The *Vice Chair* of the *Cancer Advocacy Coalition of Canada* is *Dr. Kong Khoo* a Medical Oncologist at the BC Cancer Agency Centre for the Southern Interior in Kelowna.

Dr. *James D. Gowling, Chair, CACC* and *Dr. William Hryniuk, Past Chair* mentioned in their editorial that problems seem to be getting worse. In three years, cancer will become the number one killer of Canadians. Two-tier medicine has arrived, and it is especially evident in provinces east of the Manitoba border, and is developing in an ad hoc fashion. Private pay for cancer drugs is rising sharply, and at the moment is up to ten-fold higher in the eastern provinces compared to the western provinces. In Ontario and Quebec the private payout doubles every two years.

Cancer research supported by your tax dollars (our federal government) continues to be largely focused on the mysteries of the

cancer cell instead of preventing the external forces driving it to distraction and mayhem.

The following is some very interesting information that was contained in this publication.

AGENCY	TOTAL \$
CRS	\$5,371,623.00
CIHR	\$27,330,860.00
PROSTATE	\$980,000.00
OICR	\$13,729,296.00
NCIC	\$23,738,000.00
CBCRA	\$4,909,000.00
Totals	\$76,058,779.00

Additional Research \$	Totals
TFF	\$6,661,000.00
CCS	\$17,077,000.00

NOTE:

CRS – Cancer Research Society

CIHR – Canadian Institutes of Health Research

PROSTATE – Prostate Cancer Research Foundation of Canada

OICR – Ontario Institute for Cancer Research

NCIC – Nation Cancer Institute of Canada

CBCRA – Canadian Breast Cancer Research Alliance

TFF – Terry Fox Foundation

CCS – Canadian Cancer Society

Ontario Approves Funding for Free PSA Tests –

The following is a brief excerpt of information that was contained in *Globe and Mail*.

The Ontario Government recently announced that they are pledging to pay for PSA screening tests for all men. This new funding was announced as a three-year \$154-million package to improve cancer screening and to seek to ensure that average and low-risk men receive prostate specific antigen (PSA) tests which can cost \$25.00 to \$50.00 and were previously covered only when a high risk or prior diagnosis existed.

This announcement was met with both positive and negative reaction. Dr. Neil Fleshner said that this free testing would encourage some men to get screened and will add to the credibility of the PSA. He went on to add, “the lower-income people and people who find \$30.00 a substantial amount of money, they will gain access to PSA [testing]. Overall this is a positive step.

Critics of the move argue the test is far from definitive and could lead to patients taking diagnosis and treatment steps on the false assumption they may have cancer. Though precise the test only measures for abnormal levels of a particular protein produced in greater quantities including when the prostate is swollen or enlarged.

Dr. Fleshner disagreed, saying the government was right to invest in PSA testing rather than waiting for a more perfect procedure to be developed.

“There’s never going to be a be-all, end-all test for any cancer,” he said. “This will continue to evolve, and I personally think that in 20 years we’ll be doing PSAs as much as we are now, but, having said that, PSAs dramatically improve the outcomes for men with prostate cancer.”

EDITOR’S NOTE:

With this recent announcement by the Ontario Government I feel that it might be time for the Government in British Columbia to take the same stand and cover the cost of the screening PSA blood test for all men between the ages of 40 and 70. This year nationally it is expected that approximately 24,700 men will be newly diagnosed with prostate cancer. In 2004 actual numbers indicate that more than 20,400 Canadian men were diagnosed with prostate cancer. We have to remember that prostate cancer is *not an old man’s disease it is a man’s disease*.

NOTE: It is my understanding that the cost for a standard Screening PSA blood test in B.C. costs \$20.00 from \$25.00 to \$30.00. For those of us who have gone through prostate cancer or are going through this disease there is still no cost for this test.

Prevention What Helps, What Might Harm –

The following information is a short excerpt of an article by *Dr. Tom Pickles* a Radiation Oncologist with the BC Cancer Agency that appeared in the Vol. 4 No. 1 issue of the *Our Voice Magazine*.

A

t least one third of cancers are preventable, and prostate cancer is one area where evidence shows prevention can work. Various factors affect men's risk of developing prostate cancer or the growth rate of an existing cancer.

The case for prevention –

The clue that we can prevent prostate cancer comes from looking at incidence rates worldwide. The rate varies greatly depending on where a man lives (ranging from 92 cases per 100,000 in the US to around 40 in Europe and Australia and down to one in China) and how hard you look for it (PSA screening is unheard of in rural China). Further, it starts in young adults as a very early premalignant (“latent”) cancer, which remains undetected even with PSA screening and causes no symptoms. The risk for harbouring one of these latent prostate cancers is high: 30% for North American males in their 40's, 50% for 50 year-olds and up to 75% for those in their 70s. Something happens to make these cancers grow in certain individual and not others. For example if a man emigrates from a low-to a high-risk region, his individual risk of developing a “clinical cancer” rises and within about a generation matches that of the local population. This is where factors such as the environment, lifestyle and genetics come in.

Our Environment –

The prostate concentrates fat-soluble compounds like a sponge, so it's no surprise that large amounts of

environmental toxins end up there. Some of these compounds mimic the androgen hormones involved in prostate cancer development. Pesticides have been associated with a doubling of prostate cancer risk.

The body has ways of dealing with unwanted chemical attacks; one of these is through vitamin D. It has been shown that prostate cancer risk is generally higher in northern climates (like Canada and Scandinavia), and is inversely related to sun exposure levels. Sunlight converts vitamin D from dietary sources into its active form. So reducing sun exposure as a way of decreasing skin cancer may have an undesirable impact on the risk of prostate as well as some other cancers. Moderate sun exposure (15 –20 minutes twice a week) is now recommended, with vitamin D supplements in the winter. Many authorities are recommending at least 400 IU a day (up to 2,000 IU/day is considered safe).

Diet and lifestyle –

High fat intake is associated with higher testosterone levels and increased risk. A study of men on active surveillance for prostate cancer showed that following a strict vegan diet (among other lifestyle changes) decreased PSA levels. A high-fat diet also promotes obesity, which raises the risk of high-grade prostate cancers as well as of recurrence after radiation treatment or surgery. The good news is that losing weight can reduce these risks.

Do's

- Keep your body mass index under 25.
- Cut back on red meat.
- Eat more cruciferous vegetables.
- Take 400 -1,000 IU Vitamin D a day.
- Consider finasteride medication if you have BPH or a strong family history of cancer.
- Get moderate sun exposure (be careful not to damage your skin and keep previously damaged skin covered) or take vitamin D supplements

And Don'ts

- Avoid taking more than one multi vitamin a day.
- Don't take high doses of anything.
- Stay away from zinc – Although it's essential for life, most people get the recommended daily amount – only 11 mg – through their regular food. Supplements containing more than 150 mg zinc maybe harmful, and several studies have shown that men with higher intakes have a greater risk of prostate cancer than those who consume less.

- Watch out for weight gain.
- Be skeptical of claims made on the Internet or through casual acquaintances. Only large studies are likely to be accurate, and many small ones reported in the press are never reproduced and confirmed by others.

A word about risks and benefits –

Preventing disease implies treating large numbers of people, the vast majority of whom wouldn't become ill anyway. Since even a small risk from the treatment (magnified by all the people taking the drug or supplement) could wipe out any benefit from a reduced risk of cancer, physicians need to be cautious about recommending a prevention strategy. On the other hand, many men with prostate cancer might accept a small risk in return for a potential benefit. But common sense is still the best policy: don't jump at the first advertisement or website that promises a cure! The UK website Bandolier offers excellent articles on risks and benefits.

NOTICE –

Please don't forget to mark Sunday June 15th on your calendars; this is the day that we will be holding our 1st Father's Day Walk for Prostate Cancer Awareness, at the Mission Creek Regional Park on Springfield Road. Please ask all your friends, and neighbours to attend this event. There will be lots of great draw prizes, food, and entertainment for the whole family at this event.

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-

JUNE 14TH – JULY 12TH – AUGUST 9TH – SEPTEMBER 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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