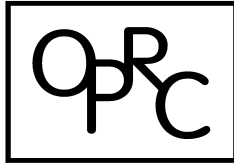


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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This issue marks a big anniversary for the Kelowna Prostate Cancer Support and Awareness Group's newsletter. It marks the end of 11 years since I started publishing this newsletter. I would like to thank all those for the input and suggestions in order to keep this newsletter fresh and full of pertinent information.

WOW!!! I would like to thank everyone on our Safeway Father's Day Walk Committee for all their hard work and dedication over the last seven months or so. Yvonne and I would also like to take this opportunity to thank all the volunteers for taking time out on Father's Day to help with the walk. Without everyone's help and dedication to this event it would not have been as successful as it was. *I would like to THANK everyone again for all your hard work and dedication was really appreciated.*

Please Don't Forget There Will NOT be A Support Group Meeting in August

Prostate Research Centre in Vancouver to Expand –

The following information was obtained from the Internet and Google Alerts and originated with the Vancouver Sun on June 18th.

The B.C. provincial government is spending \$2.8 million to renovate and expand the Prostate Centre and Vancouver General Hospital, Advanced Education Minister Murray Coell said in a news release.

The contribution under the B.C. Knowledge Development Fund will be used to expand the Prostate Centre at VGH with a 2,700-square-meter, three-storey extension to the Jack Bell Research Centre.

“Currently, prostate cancer is the most common cancer and the second leading cause of cancer death in men in North America,” University of B.C. president Stephen Toope said in the release. “One of the main obstacles to improved survival in advanced prostate cancer is the cancer’s ability to progress and recur after hormone therapy and chemotherapy,” Toope said. “Researchers believe that in order to improve survival, new therapeutic strategies must be developed, which will be a focus of B.C.’s expanded Prostate Cancer Centre.

Healthy Lifestyle Turns off Genes that Cause Cancer –

The following information was obtained from the Internet and originated with the CTV website, and NewScientist.com.

Prostate cancer patients who followed an extremely low fat diet and an exercise and stress management regimen turned on cancer preventing genes and turned off genes linked to triggering the disease.

A new study from the *Preventive Medicine Research Institute in Sausalito, Calif.*, found that men who had been diagnosed with prostate cancer and had refused conventional treatment altered more than 500 genes when following a strict diet and exercise program.

“So it is a very hopeful finding,” Ornish said.

“So often people say, I have bad genes what can I do? Turns out you can do a lot more than you thought.”

Needle biopsies of the prostates of 30 men taken before and after 3 months of following an extremely low-fat diet, moderate exercise, stress management and psychotherapy showed a significant change in the expression of hundreds of genes.

The regime entailed four components:

- A very low-fat, meat-free diet rich in fruits, vegetables, legumes, soy products and whole grains, with fish oil, selenium, vitamin C and vitamin E supplements.

- A moderate exercise program that required about 30 minutes of walking per day.
- Stress management techniques such as yoga-based stretching, breathing exercises and meditation.
- A weekly one-hour support group.

Several genes involved in tumor formation, were down-regulated, or less active. Others, including some disease-fighting genes, were more active.

A 2005 study by Dean Ornish and colleagues showed how lifestyle changes can reduce certain markers of prostate cancer, possibly slowing its progression. “Now we are starting to understand some of the genetic mechanisms by which these changes may exert such a powerful outcome.” Says Ornish.

“Wider implications”

Because the researchers tested healthy prostate tissue – the patients had such small tumors they were difficult to biopsy – the results may be significant for cancer prevention.

“The implications may be more widespread, and not just limited to men that matter,” says Ornish. Two prominent cancer-causing genes called *RAN* and *Shoc2*, which were suppressed by the lifestyle changes, are found in most kinds of tumors, including breast and colon cancer.

It’s too early to draw conclusions about cause and effect; however, says

Meir Stampfer, an epidemiologist at Harvard Medical School.

Long-term follow-up studies are needed to determine if these genetic changes can truly slow or prevent cancer he says. “But it’s a very important first step,” he adds. “This will usher in a new wave of research.”

Clinic to Focus on ‘Taboo’ Prostate Cancer –

The following information was obtained off the Internet and originated with Canada.com, and *The Edmonton Journal*.

Capital Health plans to open Edmonton’s first rapid-access prostate health clinic in 2010.

Located at the Edmonton General hospital site on Jasper Avenue at 111th Street, the clinic will be a centre for new prostate cancer research and educational efforts.

“This will be a streamlined way for patients to get into the system,” said *Dr. Michael Chetner*, University Hospital’s divisional director of urology.

Chetner said he envisions the clinic as part of a larger urological care centre downtown.

Prior to the announcement, the University Hospital and Royal Alexandra Hospital foundations jointly raised \$10 million for prostate care.

They used the money to purchase two robotic surgery

systems that have been in place at both hospitals since last year.

The fundraising goal is \$16 million, with money aimed at developing the clinic and funding research and public education.

“Certainly for prostate cancer, it’s finally coming to the forefront of people’s attention,” Chetner said.

“It’s not something new, it’s not a new disease. It’s a broader change in society. People talk about health issues now in public.

“It’s not a secret, it’s not taboo.”

Ron Hodgson, who sits on the Royal Alex foundation, was diagnosed two years ago with prostate cancer. “You think, I’m not going to have a problem,” said Hodgson, 62, noting his mother is 101 years old and his father died at 92.

Learning he had cancer was a surprise. But discovering colleagues and friends who never mentioned having the disease was unexpected.

“It’s probably the same thing as women with breast cancer, but guys never tell each other,” Hodgson said.

“It’s one of those things, I think. We have to come out of the closet.”

WITT'S WIT (ON THE LIGHTER SIDE)

A couple from the late
George Carlin

On getting old: -

“... the best thing about getting old is you’re not responsible for remembering things anymore. Even important things. ‘But it was your daughter’s funeral.’ ‘I forgot!’ You can even make believe you have Alzheimer’s disease. It’s a lot of fun. You can look around the dining room table and say, ‘Who are you people and where is my horse?’ And you look at your eldest son and you say, ‘Agnes, I haven’t seen ya since First Communion!’”

On "stuff":-

“That’s all your house is - it’s a place to keep your stuff while you go out and get more stuff. Now sometimes - you gotta move. You gotta get a bigger house. Why? Too much stuff! You’ve gotta move all your stuff, and maybe put some of your stuff in storage. Imagine that - there’s a whole industry based on keeping an eye on your stuff.”

Salvage Radiotherapy Improves Prostate Cancer-Specific Survival

The following information was obtained from the Internet and originated with several sources including *Medical News Today* & *CancerConsultants.com*

Radiation therapy following a recurrence of prostate cancer may reduce deaths specifically caused by the disease, according to new research recently published in the *Journal of the American Medical Association*.

Researcher *Bruce J. Trock, Ph.D.* (Johns Hopkins University School of Medicine, Baltimore) and colleagues note that, “Nearly 60,000 men (27 percent of newly diagnosed cases) will have undergone radical prostatectomy in 2007. Although surgery provides excellent cancer control, approximately 15 percent to 40 percent of these men will experience cancer recurrence within 5 years, usually manifested only by elevated prostate-specific antigen (PSA) level.” This present study analyzes such men to see if salvage radiotherapy – treatment with radiation provided after cancer recurs – can lead to better survival rates than observation alone.

To investigate the potential link between salvage radiotherapy and prostate cancer-specific survival, the researchers conducted a study that consisted of 635 men who underwent radical prostatectomy from 1982-2004 and experienced biochemical recurrence (as determined by increases in PSA levels) and/or local cancer recurrence. Of the total 397 men received no salvage treatment, 160 received salvage radiation alone, and 78 received salvage

radiotherapy combined with hormonal therapy. After a median follow-up time of 6 years after cancer recurrence and 9 years after radical prostatectomy –

- 22% of men who received no further therapy died from prostate cancer.
- 11% of men who received salvage radiation therapy died from prostate cancer.
- 12% of men who received salvage radiation therapy plus hormone therapy died from prostate cancer.
- The increase in survival was limited to men with a PSA doubling-time of less than six months.

The researchers concluded that radiation therapy upon a biochemical recurrence among men with prostate cancer who have undergone initial surgery appears to improve survival, specifically among men with a PSA doubling time of six months or less. Men who experience prostate cancer recurrence should speak with their physician regarding all of their treatment options. In addition, since this was an evaluation of data, the researchers stated that a clinical trial that compares different treatment options is necessary to determine the true clinical benefit of each type of therapy.

“This study provides provocative evidence that even men with adverse prognostic features such as rapid PSA doubling time or high Gleason score may benefit from salvage radiotherapy,” write the authors.

Nanoparticles May Detect Disease –

The following is a short excerpt of an article that appeared in the June issue of the Manitoba Prostate Cancer Support Group Newsletter, and originated with Stephen Smith, Globe Staff – April 20/08

The U.S. federal government is investing nearly \$145 million in the quest of developing new and better cancer detection methods. \$20 million of these dollars is devoted to research taking place at the Massachusetts Institute of Technology and Harvard University. The pace of discovery is accelerating: Already, one cancer-detection method developed at Massachusetts General hospital is awaiting approval by federal regulators.

Still, the research must solve a host of medical and engineering riddles demanding the expertise of cancer doctors, as well as chemists, electrical engineers, and computer scientists.

This is a field where size matters. The smaller, the better. Just how small? Think of a tennis ball. Now think of something tens of millions of times smaller. That is the size of some of the tumor-detecting and drug-delivering vehicles being developed.

The devices are known as nanoparticles, and at their smallest, they are single crystals of a material. A favorite choice among scientists is iron oxide, better known as rust. Even if hundreds of the particles are suspended in liquid in a test tube,

they are barely visible. But their potential is huge.

Doctors have long been frustrated by their inability to know before they operate whether cancer has colonized in surrounding lymph nodes. If cancer has traveled from a man's prostate to the adjacent tissue, for example, a doctor might very well opt for radiation rather than surgery.

"The goal of surgery is cure," said Dr. Mukesh Harisinghani, a Massachusetts General hospital radiologist. "But if I expose the patient to the [risk] of the surgery and he still has disease present elsewhere, I'm not curing him."

So the Mass. General scientists enlisted iron oxide nanoparticles to go hunting for cancer-riddled lymph nodes.

The nanoparticles are pumped into patients. If there's no cancer present, the slivers of iron are absorbed into the lymph nodes, which appear black on an MRI scan, signaling health. By contrast, if cancer has colonized into the lymph nodes, the MRI will show the lymph nodes as white, because malignant cells can't consume the iron particles. *Editors Note: I believe this test is referred to as Combidex.*

The approach has been successfully tested in patients with prostate, breast, colon and testicular cancer, and its wider use is awaiting approval by the US Food and Drug Administration.

Biology Involved in the Metastatic Spread of Cancer –

The following information is a very short excerpt of an article that appeared in the Volume 10 Number 8 issue of the *Prostate Forum* by Dr. Charles E. Myers.

Dr Strum said in the article that he should review some of the biology involved in the metastatic spread of cancer. In broad outline, the original cancer sheds large numbers of cancer cells into the blood and lymphatic system. For low-grade cancers, none or a few of these cancer cells establish metastases and they are likely to grow slowly. Once these slow growing metastatic lesions reach a certain size, they can then shed cancer cells into blood and lymphatics to start the formation of a second generation of metastatic lesions. At the other extreme, high-grade cancers are much more successful in establishing the initial round of metastatic lesions. These then grow much more rapidly and create the second-generation metastatic lesions earlier than is the case with less aggressive cancers. The implications of this line of thinking are that there exists a group of patients with few slowly growing metastases. The key question is whether you can either cure the patient or usefully delay the appearance of the next generation of metastatic lesions if you eliminate those few slowly growing metastases.

The paper by Singh et al. listed below is one of the best I [Dr. Myers] have found exploring this line of thinking as it relates to prostate cancer. Singh's paper reports on a population of patients treated at University of Rochester. In this study, researchers

retrospectively looked at the patterns of metastatic spread after initial treatment and how that correlated with survival. The results are illustrated in the Table below.

Overall Survival		
	Alive at 5 yrs	Alive at 10 Yrs
Never develop bone metastases	90%	81%
Five or fewer bone mets.	73%	36%
More than 5 bone mets.	45%	18%

The key difference between those with few versus those with many bone metastases was that it took longer for the metastases to appear in those with few lesions. Once the bone metastases appeared, survival looked the same in the two groups. This implies that those with few metastatic lesions live longer only because the whole process of establishing bone metastases is slower.

Singh et al. then took a bit of a leap beyond their data and suggested that there exists a window shortly after the appearance of metastases in those men where aggressive use of radiation therapy might abort further progression. The result, they argue, would be to delay subsequent second-generation metastatic lesions or even cure some patients. They then discussed recent advances in radiosurgery that might allow radiation dose administration sufficient to eradicate prostate cancer metastases in bone.

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 No Meeting – September 13th – October 11th – November 8th–

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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