KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER

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CANADIAN PROSTATE CANCER NETWORK

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The regular monthly meeting of the Kelowna Prostate Cancer Support and Awareness Group was held on February 10th. Several interesting items were discussed at this meeting including the new breakthrough research by *Dr. Marianne Sadar* from the BC Cancer Agency in Vancouver. Her research involved engineering a molecule in her lab that blocked the growth of prostate cancer and shrank the size of the tumor. Dr. Sadar and her team created decoy molecules that are copies of the region on the androgen-receptor believed essential for the unknown agent to connect. These decoy molecules were tested on mice inoculated with human prostate cancer tissue. This is extremely new research and it will possibly take a minimum of 5 to 10 years before a drug is available to replicate what has been done in the lab.

One of the other items discussed was the recent research project involving Prostate Cancer Support Groups in B.C. We also had some very lively discussion involving several different issues related to prostate cancer treatment and diagnosis.

Another Reason to Resolve to Lose Weight –

The following information was obtained from several sources off the Internet including *MedlinePlus®, Medical News Today and Cancerfacts.com.*

A new recently published study finds that obesity increases the risk of death from prostate cancer, even though it does not increase the overall risk that a man will be diagnosed with the disease. Published in the February 15, 2007 issue of *Cancer,* a peer-reviewed journal of the American Cancer Society the study reveals that higher body mass index (BMI) and weight gain in adulthood correlated strongly with increased risk of death from prostate cancer. However, no such association was found between BMI or weight gain and the development of the cancer. The study is the first large, prospective study to identify increasing weight after age 18 as an independent, poor prognostic factor for prostate cancer.

Led by *Margaret E. Wright, Ph.D., of the Division of Cancer Epidemiology and Genetics at the National Cancer Institute in Bethesda, MD,* researchers followed 287,760 men, ages 50-71 years as part of the NIH-AARP Diet and health Study to examine the individual impact of BMI and adult weight change on the incidence, severity.

The researchers noted that when the study began, about 29 percent of the men were normal weight, 50 percent were over weight and 21 percent were obese.

The researchers found that higher BMI and weight gain since the age of 18 were associated with significantly higher risk if death from prostate cancer. As BMI increased, so did the relative risk of death. Men who were overweight (BMI 25-29.9) had a 25 percent higher risk, mildly obese men (BMI 30-34.9) had a 46 percent higher risk, and severely obese men (BMI greater than 35) had a 100 percent, or doubled risk. Similarly, men who gained weight since the age of 18 were also at increased risk of fatal outcome. Neither weight gain nor obesity, however, was associated with developing prostate cancer.

That obesity did not impact the incidence of prostate cancer is consistent with finding from most other studies. However, that “BMI and adult weight gain were each linked with higher prostate cancer mortality,” significantly links “adiposity to prostate cancer progression leading to death,” conclude the authors.

Previous research has suggested that men with excess weight had a higher risk of prostate cancer and are more likely to be diagnosed with more advanced prostate cancer and more likely to be diagnosed and more likely to have a recurrence of the disease after treatment than are men of normal weight. Until now, however, there has been little research into if losing weight would reduce the risk of developing prostate cancer.

In the study the researchers analyzed the relationship between body mass index or BMI, and different types of prostate cancer in men who developed the disease between 1992 and 2003.

Wright and her team found that from 1995 to the end of 2000, nearly 10,000 of the men developed prostate cancer. By the end of 2001, 173 of these men had died of the disease. Men with higher BMI had a higher risk of developing more aggressive prostate cancer, though their risk of developing low-grade prostate cancer decreased. Heavier men also had a higher risk of developing prostate cancer that spreads to other parts of the body, which is usually fatal.

The exceptions were men who lost at least 11 pounds during the study period. Those men had a lower risk of developing prostate cancer, especially high-grade cancer, compared to men whose weight stayed within 5 pounds of what it was in 1982.

While it is unknown why such a weight loss might reduce the cancer risk, the researchers suggest several possible biological causes for this effect.

Obesity affects testosterone or insulin levels in the body. Obese men also tend to have lower PSA levels, which may obscure prostate cancer until it is more advanced. It is also possible that obese men don't get screened as often for cancer so their prostate cancers are detected later.

Chronic Inflammation May Promote the Development of Prostate Cancer –

The following information was obtained from *Johns Hopkins Medicine Health Alert*

Inflammation is a sign that the immune system is doing its job in protecting us from infectious agents and injuries. But chronic inflammation has been associated with a wide range of diseases. Today scientists know that inflammatory cells produce free radicals-toxic molecules that can damage cells, especially cellular DNA. This type of DNA damage (also called oxidative damage) can cause genetic alterations (mutations) that lead to the uncontrolled cell division that characterizes cancer. Research conducted at Johns Hopkins now suggests a potential pathway by which inflammation may encourage the development of prostate cancer.

Pathologists at Johns Hopkins have found pockets of inflammation in the midst of cancerous prostate cancer cells and abnormal (probably precancerous) cells known as prostatic intraepithelial neoplasia (PIN). Around the areas of inflammation, they discovered something new – groups of cells that look as if they are dying (atrophying) but are actually dividing (proliferating). The Hopkins researchers named these bizarre groups of cells proliferative inflammatory atrophy (PIA) and believe them to be either the very beginning of cancer formation or perhaps a breeding ground for prostate cancer.

The theory is that inflammation-perhaps triggered by chronic infection,

in conjunction with dietary or hereditary factors-leads to the DNA damage and the gene mutations that set prostate cancer in motion. Indirect evidence, gathered over many years, supports this inflammation-prostate cancer link. Some population-based studies, for example, have found a lower risk of prostate cancer among men who take inflammatory-reducing medications or follow dietary patterns that are less likely to promote inflammation.

Several population-based studies have suggested that men who take non-steroidal anti-inflammatory drugs (NSAIDS) including aspirin have a lower risk of developing prostate cancer. In one large study of more than 90,000 men participating in the *Kaiser Permanente Medical Care Program*, those who took six aspirin a day had a 24% risk reduction of developing prostate cancer.

Cholesterol-lowering "statin" medications, such as Lipitor (atrovastatin) or Zocor (simvastatin), also have anti-inflammatory effect. Some research indicates that men who have taken statins for several years are less likely to be diagnosed with advanced prostate cancer. In an analysis conducted by *Hopkins researcher Elizabeth Platz,* men who took cholesterol-lowering drugs (90% of which were statins) were half as likely to develop advanced prostate cancer as men who had not taken the drugs.

Dietary habits also influence inflammation. The typical American diet – high in saturated fat, sugar, and red meat and low in fiber, fruits and vegetables – encourages inflammation (not to mention obesity and heart disease). Reducing your intake of saturated fat – found primarily in animal-based products such as meat, poultry, whole milk products, butter and cheese – and increasing your intake of fruits and vegetables are important first steps to discouraging inflammation and thus reducing your risk of prostate cancer.

Editors Note: Please check with your doctor prior to self-medicating with NSAIDS or other drugs.

WITT'S WIT (ON THE LIGHTER SIDE)

"Chucky"

An old farmer went to town to see a movie.

The ticket agent asked, "Sir, what's that sitting on your shoulder?"

The old farmer said, "Oh, that my pet rooster, Chucky. Wherever I go Chucky goes."

"I am sorry sir," said the ticket agent. "We can't allow animals in the theater."

The old farmer went around the corner and stuffed the bird in his overalls. He returned to the booth, bought a ticket and entered the theater.

He sat down next to two old widows named Mildred and Marge. The movie started and the rooster began to squirm. The old farmer unbuttoned his fly so Chucky could stick his head out and watch the movie.

"Marge," whispered Mildred.

"What?" said Marge.

"I think the guy next to me is a pervert."

"What makes you think so?" asked Marge.

"He undid his pants and he has his thing out," whispered Mildred.

"Well, don't worry about it," said Marge. "Hell, at our age we've seen 'em all."

"I thought so too," said Mildred, "But this one's eating my popcorn."

Tomato-Broccoli Combo May Protect Against Prostate Cancer –

The following information was obtained off the Internet and originated with *HealthDay News.*

A new study involving rats that had been implanted with human prostate cancer cells found that broccoli and tomato – two vegetables known to help fight cancer – are more effective against prostate cancer if they're eaten together as part of a daily diet than if they're eaten alone.

University of Illinois researchers fed a diet containing 10 percent broccoli powder and 10 percent tomato powder to a group of rats that had been implanted with prostate cancer cells. Other groups of rats received either tomato powder or broccoli powder alone; a supplemental dose of lycopene (the red pigment in tomatoes believed to be an anti-cancer agent); or finasteride (Proscar), a drug prescribed for men with enlarged prostates. Another group of rats was castrated.

After 22 weeks, the researchers found that the combined tomato/broccoli diet was the most effective at prostate tumor reduction. Of the other treatments, castration was the only one that came close to being as effective.

"When tomatoes and broccoli are eaten together, we see an additive effect. We think it's because different bioactive compounds in each food work on different anti-cancer pathways," study co-author *John Erdman,* a professor of food science and human nutrition, said in a prepared statement.

"Older men with slow-growing prostate cancer who have chosen watchful waiting over chemotherapy and radiation should seriously consider altering their diets to include more tomatoes and broccoli," added study co-author and doctoral candidate *Kirstie Canene-Adams.*

The only downside to this is the amount of tomato and broccoli that has

to be added to the diet. "To get these effects, men should consume daily 1.4 cups of raw broccoli and 2.5 cups of fresh tomato, or 1 cup of tomato sauce, or ½ cup of tomato paste. I think it is very doable for a man to eat a cup and a half of broccoli per day or to put broccoli on a pizza with ½ cup of tomato paste," Canene-Adams said.

This study was published in the January 15th issue of the journal *Cancer Research.*

Editors Note: We have to remember that this initial study was done with rats not humans.

Prostate Cancer Trial Halted Due to 3 Cases of Leukemia –

The following information was obtained from the Internet and originated with *Medline Plus.*

A clinical trial testing whether the chemotherapy drug mitoxantrone would benefit men with prostate cancer has been stopped because three of the 488 patients who received the drug developed leukemia.

According to the *Southwest Oncology Group,* which was running this phase III trial, 983 patients were randomly assigned to receive hormone deprivation therapy alone or hormone therapy plus six doses of mitoxantrone.

"We were surprised by the incidence of leukemia," said principal investigator *Dr. L. Michael Glode,* a professor of medical oncology at the University of Colorado in Denver, "This general category of drugs has been associated with leukemia.

"They are doing the right thing," said *Dr. Anthony D'Amico,* chief of radiation oncology at Brigham and Woman's Hospital in Boston. "The initial studies of mitoxantrone were done in men with end-stage prostate cancer – but their life expectancy was about a year and a half. The life expectancy of the men in this study is 10 to 15 years or more. Only in a study like this can you see the long-term side effects of chemotherapeutic agents like mitoxantrone."

However, and other expert doesn't see anything unusual about the incidence of leukemia among the men receiving mitoxantrone. "This is the first trial that tested adjuvant chemotherapy in men with high-risk prostate cancer," said *Dr. Mario Eisenberger,* a professor of oncology at Johns Hopkins University. "I wouldn't be so alarmed with the very low number of leukemia in this setting, especially if you put that against the possible gain that you can get from this approach."

Mitoxantrone has been approved for use in prostate cancer as well as in breast cancer, and it is commonly used to treat multiple sclerosis. In this trial, mitoxantrone was being used to treat "poor risk" prostate cancer patients. These are men whose cancer has spread to the tissues next to the prostate, or whose cancer has a high probability of returning after surgery or radiation therapy.

The trial was stopped on January 12, 2007 after Southwest Oncology Group's Data Safety Monitoring Committee reviewed side effects and survival. The committee found that no patients in the hormone deprivation-only group developed leukemia, which suggested there was an increased risk of leukemia from mitoxantrone.

Another expert wasn't surprised that there appears to be an association between mitoxantrone and leukemia in these men. "It is well known that mitoxantrone is associated with a small, but real, increased risk of leukemia," said *Dr. Celestia Higano,* and assistant professor of medicine and urology at the University of Washington. "The incidence of leukemia in this trial is on target with what has been seen in breast cancer. This is not unexpected."

Glode also noted there have been similar incidences of leukemia with the drug among patients with breast cancer and with multiple sclerosis. "The drug is approved for treating leukemia and for prostate cancer," he said. "We don't know if mitoxantrone is the culprit here; it could be a cluster of cases because the percentage is so small."

Despite closing the trial early, it is going to take years of monitoring the patients to really determine whether or not mitoxantrone actually has a benefit for men with prostate cancer, Higano said. "We are going to have to wait a number of years to see if there isn't, at the end of the day, some potential survival benefit, even though it was at the cost of some patients developing leukemia," Higano said.

It will take up to 10 years to see if the drug has a survival benefit Glode noted. "At this point, patients in both arms of the trial are doing better," he said. "That may be due to the hormone treatment. The trail will take another eight to 10 years to determine if there was a benefit from the chemotherapy drug."

Eisenberger thinks these trials, despite some drawbacks, are essential to find ways to save lives.

"We would like to see the continued support for the kinds of trials we are doing," Eisenberger said. "We are really trying to see if we can save more lives. People will die of the disease; people will die of the consequences of treatment, but the net benefit in the end is that you save thousands of lives at he cost of a very small proportion, which really saddens me, but life is not perfect.

Both Eisenmberger and Higano are concerned that the fallout from this trial will affect other trials. "Some degree of alarm over these findings is going to make people hesitant to continue with research in this area." Higano said. In addition, Higano is concerned that doctors will stop referring patients to trials because of the halting of this trial.

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-

April 14th – May 12th – June 9th – July 14th – August 11th – September 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."

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