

Printed for the Prostate Cancer Support Groups as a courtesy of Newfoundland Power

Walk a Mile in His Shoes

Walk a Mile continues to be a very successful prostate cancer awareness program. The 2007 walk included participants in 27 sites and raised approximately \$82,000. The funds are used exclusively to promote prostate cancer awareness and to provide support. These funds are managed by the Canadian Cancer Society, NL division, specifically for the prostate cancer support groups.

This program began in 2000 as a Father's Day event for the purpose of raising prostate cancer awareness throughout the province of Newfoundland and Labrador. Following the first walk, a decision was made to hire a provincial awareness coordinator. Two successful poster campaigns, **Living Proof** and **Peace of Mind**, combined with a variety of other programs have succeeded in focusing public attention on the number one diagnosed cancer in Canadian men. An increasing number of men are more inclined today in this province to share their prostate cancer experience with others. Our provincial website (see bottom) relates to the thousands of men and women in this province who have become more informed by attending a small group information session provided as a public service by the prostate cancer support groups. Since 2000, four new prostate cancer support groups have been established, bringing the total to seven now serving most regions of the province. There is still a need to expand the support groups to several other areas.

Planning for the **2008 Walk a Mile** is proceeding well. Again most of the walks will be scheduled during September to coincide with awareness week. If you wish to plan a walk in your area, please call Graham at 1-888-753-6520. We look forward to the continuation of our current sites and would greatly appreciate the addition of any new site.

Events Calendar

Men's Sexual Health Forum
MUN School of Medicine
April 12

CPCN National Conference
Calgary
(check www.cpcn.org for details)

Provincial Survivor Conference
Lion Max Simms Memorial Camp
October 17-18

Prostate Cancer Awareness Week
September 15-21

Spotlight



Chairperson Ray Andrews (left) addresses a large gathering of prostate cancer support group members from the Avalon group during the Christmas social at St. James United Church hall. The occasion marked the 10th anniversary of the first prostate cancer support group in the province. He spoke very highly of the important service provided by the support groups, not only in St. John's but also throughout the province. He praised the efforts of the organizing committee and related to numerous examples of support provided by the group to the newly diagnosed. A review of the history of the Avalon group reveals that 167 people showed up at the Newfoundland Hotel for the first meeting on September 24th, 1997. Monthly meetings have been since held and hundreds of men and their families have attended and received timely information to help ease the burden of diagnosis.



Curtis LeGrow (left) receives a certificate of appreciation from past chair Andrew Grant. Curtis served as the first chair of the Avalon group and was very instrumental in how the awareness and support group programs evolved in the province. Curtis just completed his term as past chair with the national body CPCN. Bill Kennedy is the NL representative with CPCN today. In addition to recognizing Curtis's contribution, two other members from the group, Mac Butt and Dr. Otto Tucker, also were praised for their valuable contributions. These three gentlemen, along with Norm Ryan and Walter Pearce, were key to the establishment of the first prostate cancer support in this province. Norm and Walter were acknowledged earlier.

The Grand Falls-Windsor group will be celebrating their 10th anniversary in 2008.

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Too few men get prostate cancer test, group says

Sep 11, 2007

SHERYL UBELACKER
CANADIAN PRESS

Canadian men and their doctors are not making the grade when it comes to testing for prostate cancer, the most commonly diagnosed malignancy in males, says a report card by the Prostate Cancer Research Foundation of Canada released today.

A web-based survey by the foundation of more than 1,200 men and women across the country found that just 22 per cent of men aged 45 or older can accurately assess their risk of developing prostate cancer and only half of men aged 45 to 54 and their doctors have discussed the disease.

"We're finding fewer than 40 per cent of men over 45 are being tested annually with the PSA blood test," said foundation president and CEO John Blanchard, referring to the prostate specific antigen test that can indicate the presence of cancer.

The PSA test looks for levels of a specific molecule in the blood. Rising levels over time can indicate a malignancy in the prostate, a walnut-sized gland that surrounds the bladder.

The survey found that while 92 per cent of men believed that early testing led to more effective treatment, "there's a gap between that resolve and action," said Blanchard, a prostate cancer survivor himself.

He said another worrisome finding was that women – who often are the primary gatekeepers for family health – appear to have even less understanding of prostate cancer risks than do men. Only nine per cent of women were able to correctly assess their partners' risk. Among both men and women 45 to 64 who participated in the survey, 57 per cent report having "some to no understanding" of prostate cancer disease detection and treatment.

About 22,300 Canadian men will be diagnosed this year with prostate cancer, making it the most common form of the disease. And while not the most deadly – lung cancer holds that distinction – prostate cancer will kill an estimated 4,300 men in Canada this year.

The foundation is advising that all men at age 40 begin talking to their doctors about prostate cancer risk and early detection. By age 45, it recommends that men begin having an annual prostate examination, including a digital rectal exam and PSA blood test.

"I'm calling for men to get informed and take that step to take that baseline test at age 45, regardless of what their primary care physician might recommend," said Blanchard, who was diagnosed more than four years ago at age 56.

"Men need to be more informed and aggressive consumers of health care. They need to take personal responsibility for their own health."

Brad Foster, a Toronto life and executive coach who had his cancerous prostate removed three years ago, said his doctor had found a sharp rise in his PSA level during his annual screening in early 2004.

"I was not feeling any symptoms," said Foster, 52. "I had a digital exam and nothing was out of the ordinary. So without the PSA test, I wouldn't have got diagnosed as quickly as I had."

Since his brush with cancer, he has advised friends to get annual testing, and two of those men were diagnosed with prostate disease – one of them with cancer.

Foster credits the PSA testing with possibly saving his life. "Clearly if I had left it, the cancer would have escaped from the prostate, spread through the body and I would have been in much worse shape. And you can certainly die from it."

Oncologist Dr. Michael Pollak, director of cancer prevention at McGill University, said PSA screening has definitely resulted in more prostate cancers being diagnosed at a stage when it is more curable.

But Pollak acknowledged there is controversy over the test.

"The PSA has some false positives and some false negatives and has difficulty in distinguishing aggressive prostate cancer from just indolent prostate cancer," Pollak said Tuesday from Montreal.

"PSA . . . certainly does detect occult cancers, but sometimes it detects cancers that are so indolent that they really wouldn't have bothered anyone, and occasionally it misses an important cancer, so we don't regard PSA as the best test we can imagine. We regard PSA as one of the best tests that we have now."

While Pollak said he cannot make a recommendation that every man should have PSA screening, he stressed that every man should discuss prostate cancer risks with his doctor, based on age and personal and family history.

(continued page 2)

Having a digital rectal exam is another key aspect of checking for prostate cancer, although the test has its own problems, he said. The survey found only one-third of men aged 45-plus had undergone the rectal exam in the previous year.

"Patients don't like having them. Doctors don't like giving them, but they still can save lives," he said.

"Again, it's a starting point. It is part of a full physical examination."

Still even PSA and rectal exams together make a far from perfect diagnostic tool, Pollak said. "What everybody can agree on is we need to do more research to have a better screening test."

Despite its shortcomings, Blanchard said the foundation wants the four provinces that do not cover the PSA test as part of publicly funded screening – British Columbia, Alberta, Ontario and Quebec – to begin paying for the tests, which costs a patient \$30.

Not funding PSA testing sends a dangerous message, he contended. "The problem is that when a screening test is not insured, it tells that portion of the population – men – who really don't want to do this anyway that maybe they don't have to."

Molecule that predicts course of prostate cancer discovered

'We will soon be able to tailor-make therapies for each person's cancer'

August 15, 2007

[CBC News](#)

A molecule that plays a key role in prostate cancer development — and can predict recurrence — has been identified by researchers at the Mayo Clinic in Rochester, Minn.

The report on the B7-H3 molecule appears Wednesday in the journal *Cancer Research*.

Researchers believe that B7-H3 kills or paralyzes immune cells that are trying to attack the cancer, allowing the prostate tumor to grow.

(CBC)

In the study, Mayo researchers found that almost all normal, pre-malignant and cancerous prostate cells have B7-H3 on their surface.

To date, the only biological markers for prostate cancer have been the prostate-specific antigen (PSA), which Canadian men are screened for beginning at age 50, and the prostate-specific membrane antigen.

Researchers believe that B7-H3 kills or paralyzes immune cells that are trying to attack the cancer. Their findings indicate that B7-H3 may prove to be a diagnostic, prognostic and even therapeutic tool because it is increasingly displayed by tumor cells as prostate cancers develop.

"Because B7-H3 is present in all prostate cancer tumors, and marked levels predict recurrence, we are able to forecast with much greater certainty the likelihood of cancer progression, regardless of therapeutic intervention," said Eugene Kwon, a senior investigator and urologist at Mayo Clinic, in a release.

Researchers examined tissue from 338 men who had cancers confined to the prostate and were treated solely with a radical prostatectomy (surgery to remove the prostate) between 1995 and 1998.

They found that increasing levels of B7-H3 indicated a four-fold increased risk of cancer recurrence after surgery. The estimated cancer survival rates at five years after surgery were 92 per cent for those with tumors that had weak B7-H3 intensity, 86 per cent for those with moderate B7-H3 intensity and 55 per cent for those with high B7-H3 intensity.

The researchers say that the evaluation of B7-H3 levels in prostate biopsies from patients may soon help to determine which patients may benefit from a watchful waiting strategy versus early aggressive treatment.

"This is the way of the future," said Kwon, "We are becoming educated about ways to flesh out the molecular signatures of each patient's cancer. We will soon be able to tailor-make therapies for each person's cancer."

THE HEAVIER A MAN IS, THE GREATER RISK OF DEATH FROM PROSTATE CANCER: STUDY

Sharon Kirkey
CanWest News Service

National Post, November 2007

Obese men diagnosed with prostate cancer are twice as likely as healthy weight men to die from the disease, new research shows. The heavier a man is at time of diagnosis, the greater his risk of death, according to a study published in today's issue of the journal, *Cancer*. After five years, the death rate for normal weight men from locally advanced prostate cancer was 6.5%, compared with 13% for overweight and obese men. And, it's not known whether losing weight after a diagnosis of prostate cancer makes a difference in survival. "To the best of our knowledge, this is the first large study using prospective data to evaluate the relationship between obesity and mortality in men treated for locally advanced prostate cancer," the team reports. About one-third of Canadian men are obese and an estimated 22,300 men will be diagnosed with prostate cancer this year according to the Canadian Cancer Society.



Recent meeting notes:

Board members: Suzy Power and Irene Howlett recently retired from the board. Retiring board members will be presented with certificates of appreciation at the public forum on April 12. MaryAnn Hounsell will be the new representative for the Bliss Murphy Cancer center. The composition of the board will be further reviewed at the February meeting. Additional members will be added, including representation from the other support groups through the utilization of teleconferencing.

National Conference: Bill will present our desire to host the 2009 CPCN National Conference at his next meeting. We need to have a commitment no later than March 2008.

Patient Navigator: Scott and Graham are preparing the pilot proposal.

Men's Sexual Health Forum: The forum will be on April 12 at the MUN School of Medicine. The keynote speaker is Dr. Gerald Brock. The Department of Health and Community Services has provided a \$2000 grant to assist with the forum and the Minister has been invited to offer an address.

Provincial Conference



On the weekend of October 5-6 prostate cancer survivors from all across the province assembled at the Lion Max Simms Memorial Camp for the annual retreat. All seven provincial support groups were represented. They came as well from the broader network, thus representing regions beyond the reach of the support groups.

Sharing my experience was the conference theme. It was quite evident, from gatherings like this, how open men can become in a large group discussion. Through sharing, we learn from each other and gain that inner strength to help others in time of need. In the third photo on the left, Glenn Tetford inspired us all as he related, through music, his personal experience with cancer. The keynote speaker oncologist Dr. Jonathan Greenland talked about radiation and active surveillance as treatment options. He spoke of the importance of sharing your experience with others, especially brothers, sons, friends and the broader community.



All who attended can attest to an uplifting of spirit and a focus on a positive attitude in moving forward after a cancer diagnosis.

The 2008 conference will be held on October 17-18 at the Lion Max Simms Memorial Camp.



National Conference 2007



Newfoundland and Labrador was well represented at the CPCN national conference in Toronto in late September. As was the case in previous conferences, the NL group could attend through the support of Walk a Mile.

The information gathered at the conference was later shared with all the support groups and with those who attended the provincial conference.

Retiring CPCN past president Curtis LeGrow (center of photo) was recognized for his outstanding contribution to the national organization.

The conference provided the opportunity to discuss and reflect upon a decade of advances in prostate cancer research and how this has affected men and families living with the disease.

The 2008 conference will take place later in the summer at Calgary.

If you would like to have your **story/journey** printed in a future issue, please forward a copy of it, along with a recent photo (optional), to me at gmercerc@nl.cancer.ca or write to:

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