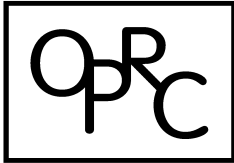


# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
SOCIETY**

**Okanagan Prostate Resource Centre**  
Suite 210A – 3001 Tutt Street,  
Kelowna, B.C., V1Y 2H4  
Phone – (250) 712-2002  
Fax – (250) 712-2004  
E-mail – oprc@telus.net



**CANADIAN PROSTATE  
CANCER NETWORK**

P.O. Box 1253  
Lakefield, Ontario,  
K0L 2H0  
Phone – (705) 652-9200  
Fax – (705) 652-0663  
**1-866-810-2726**  
<http://www.cpcn.org>

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

**Publisher/Editor– Bren Witt**

**Newsletter available on line at – [www.cpcn.org](http://www.cpcn.org)  
and at [www.procansupport.com](http://www.procansupport.com)**

**VOLUME 12 – ISSUE 6 – (NUMBER 138) – JANUARY 2009**

*HAPPY NEW YEAR*

Yvonne and I would like to take this opportunity to wish everyone in the Kelowna Prostate Cancer Support and Awareness Group and those who receive this newsletter the very best in 2009.

The special guest speaker at our Christmas meeting was *Keya Morasse*, the Pharmacy Manager for Dyck's Medicine Centre at the Group One Medical Building on Springfield Road. Keya gave those present a very interesting and informative presentation on the use of herbal medications and some of the interactions that may occur when combined with prescription medications. Herbal products are very often very concentrated and are manufactured from plants or plant extracts not just ground up plants. Keya mentioned that many prescription medications are actually plant based. It is very important when combining herbal over the counter products with prescription medications, almost anyone can market a supplement and there are generally no requirements necessary to show the safety or efficacy.

Cont'd page 2

Cont'd from page 1

Is natural medicine better than traditional medicine? This is not known it depends on several things including the person and it also depends on the condition.

When choosing an herbal over the counter product make sure the product has been tested for heavy metals, use a reputable brand. When in doubt check with your health care team. The presentation by Keya was extremely informative and enjoyed by all present.

### Oily Fish May Boost Prostate Cancer Survival –

The following information was obtained from the Internet the [foodconsumer.org](http://foodconsumer.org) website and other sources.

**T**aking Omega-3 fatty acids such as DHA and EPA or eating oily fish full of omega-3 may boost the odds of survival for patients diagnosed with prostate cancer, according to a new study published in the current issue of the *American Journal of Clinical Nutrition*.

The study led by *Jorge Chavarro from Harvard School of Public Health* found an increased intake of fish and omega-3 fish seafood was associated with a 38 percent increased rate of prostate cancer survival.

The prospective cohort study of 20,167 men also found that those who ate five servings of fish per week were at a 48 percent reduced

risk of death from prostate cancer compared to men who only ate one serving per week.

This study adds to a small but growing body of evidence linking fish consumption and omega-3 to potential cancer benefits. However, the same researchers reported results in the journal *Cancer Epidemiology, Biomarkers & prevention* last year that appear to be at odds with the new findings.

The earlier study reported that higher intake of omega-3 fatty acids DHA and EPA may cut the risk of developing prostate cancer by 40 percent. On the other hand, the new study reports no relationship between fish intake and the risk of developing prostate cancer.

#### Study details

Chavarro and his co-workers used data from the Physician's Health Study, over 20,000 men were followed for the equivalent of 382,144 person-years of follow-up, during which time 2,126 cases of prostate cancer were diagnosed and 230 deaths of the disease were recorded. All of the men were free of the disease at the start of the study in 1983.

Both high fish and seafood omega-3 fatty acid intakes were associated with significant reductions in the risk of prostate cancer death in men, compared to men with lower consumptions.

*"These results suggest that fish intake is unrelated to prostate cancer incidence but may improve*

*prostate cancer survival,”* concluded the researchers.

#### **Earlier study**

The results appear at odds with the earlier study, which compared blood levels of polyunsaturated fatty acids in 476 men diagnosed with prostate cancer, and the same number of healthy controls.

Comparing men with the highest and lowest long-chain n-fatty acids (EPA, DPA, DHA), Chaverro and co-workers report that the highest intake was associated with a 41 percent reduction in prostate cancer risk.

There have also been studies indicating relationships between omega-3 to omega-6 ratio and prostate cancer. In August 2006, researchers from the David Geffen School of medicine at UCLA reported that changing the ration of omega-3 to omega-6 in the typical Western diet might reduce prostate cancer tumour growth rates and PSA levels (*Clinical Cancer Research*, Vol. 12, Issue 15).

### **Prostate Cancer Spurs New Nerves –**

The following information was obtained from *EurekAlert*.

**P**rostate Cancer – and perhaps other cancers – promotes the growth of new nerves and the branching axons [see Editors Note following article] that carry their messages, a finding associated with more aggressive tumors, said researchers from *Baylor College of Medicine (BCM)* in the first report of the

phenomenon that appeared in the December 1, issue of the journal *Clinical Cancer Research*.

Previous research showed that prostate cancer follows the growth of nerves, but this is the first time that scientists have demonstrated that the tumors actually promote nerve growth.

“This is the first report of this phenomenon,” said *Dr. Gustavo Ayala*, professor of pathology and urology at BCM and first author of the article. “It represents an important new target in prostate cancer treatment, as prostate cancers are more aggressive when neurogenesis is present.”

Ayala noted that this finding is comparable to the discovery of angiogenesis or the growth of new blood vessels. Both are part of the wound repair process.

“We also believe that axongensis and neurogenesis is found not only in prostate cancer, but is potentially a more global phenomenon, particularly relating to those cancers that grow along nerve paths,” said Ayala, who is also a researcher in the *Dan L. Duncan Cancer Center at Baylor College of Medicine*.

Ayala and his colleagues studied the neurogenesis in tissue culture, in human tissues of parents who had had prostate cancer and compared to prostate tissues from patients who had died of other ailments. They found that nerve density was considerably higher in patients with prostate cancer and in precancerous lesions. As part of the study, he used an entire prostate gland to reconstruct the prostate and enable

scientists to see the growth of nerves and axons in three-dimensions, a computerized process that took substantial continuous computer processing.

**Editors Note:** The medical term *axon* is a nerve fibre: a single process extending from the cell body of a “neuron and carrying nerve impulses away from it.”

### Cancer Treatment May Result In Bone Loss –

The following information was obtained from *sciencedaily.com*

**A** new cross-Canada study has found that breast and prostate cancer treatment can foster bone loss. In the online edition of the *Journal of Clinical Oncology*, the scientists explain how loss of bone mass might affect 46,000 people diagnosed with breast and prostate cancer each year and place them at increased risk for osteoporosis and fractures.

“Our study also looked at possible medications that can reverse or halt bone loss,” says *Dr. Fred Saad*, lead author and director of Urologic oncology at the Université de Montréal’s Faculty of Medicine and the Centre of Hospitalier de l’Université de Montréal (CHUM), who completed the exhaustive study with colleagues from McMaster University and the Université Laval, the University of Toronto and the University of British Columbia.

“Bone is a dynamic tissue which undergoes a cyclic process of breaking down and rebuilding,” adds Dr. Saad. “Medications called

bisphosphonates help with the rebuilding process and have been successfully used to combat osteoporosis, which is good news for cancer patients.’

### Evaluating the Studies –

Dr. Saad and colleagues evaluated data from more than 3,500 breast and prostate cancer studies. They concluded that breast cancer patients treated with aromatase inhibitors were more likely to have bone loss and fractures compared to patients who didn’t receive the therapy. Similarly, men who received androgen deprivation therapy [hormone therapy] to treat prostate cancer had an increased risk of bone disorders. Although the numbers vary from one study to the next (from five to 45 percent), and elevated risk is consistently observed.

“Awareness of the incidence of cancer-associated bone loss for clinicians who should identify those patients who are most at risk for fractures and prescribe treatment strategies,” says Dr. Saad. “This information is not only a concern for the specialists, but also for the general practitioners who frequently encounter these patients.”

### Bisphosphonate treatment reduces bone loss -

Dr. Saad’s group also evaluated data that included bisphosphonate treatment for cancer patients receiving chemotherapy. Prostate cancer patients who received bisphosphonate treatment and androgen deprivation therapy did

show an increase in bone loss. In the same vane, there was a protective effect on bone loss for breast cancer patients who were treated with bisphosphonates.

"It is clear that the use of bisphosphonates attenuates bone loss," concludes Dr. Saad. "However, the optimal dosing and long-term impact is unclear and needs to be determined. Other measures to combat the bone loss, such as exercise, vitamin D intake, and avoidance of cigarettes may also be beneficial."

---

## WITT'S WIT (ON THE LIGHTER SIDE) -

### The Afterlife

A couple made a deal that whoever died first would come back and inform the other of the afterlife. Their biggest fear was that there was no afterlife. After a long life the husband was the first to go, and true to his word he made contact.

"Mary, Mary, are you there?"

"Is that you, Fred?"

"Yes, I've come back like we agreed."

"What's it like?"

"Well I get up in the morning, I have sex, I have breakfast, then off to the golf course, I have sex, I bathe in the sun, and then I have sex, I have lunch, another romp around the golf course, then sex pretty much all afternoon. After supper golf course again. Then have sex until late at night. The next day it starts all over again."

Oh, Fred you must be in heaven."

"No exactly, I'm a rabbit in Saskatchewan."

Is there a Reliable PSA Cutoff?
---------------------------------

The following is an article obtained off the Internet. The article appeared on December 4, 2008 in the *Johns Hopkins Health Alert* by **Dr. H. Ballentine Carter**, Professor of Medicine at the Johns Hopkins Hospital.

**Is there a reliable PSA cutoff? H. Ballentine Carter, M.D., Professor of Medicine at the Johns Hopkins Hospital, answers this question and others in this excerpt from the *Johns Hopkins Health After 50* newsletter.**

### Q. Is there a reliable PSA cutoff?

**Dr. Carter:** In the past, doctors relied more heavily on a standard PSA cutoff of 4.0 ng/mL to determine when a biopsy should be done, but no absolute cutoff point is accurate for everyone. Other risk factors we need to know about include a history of prostate cancer on both parents' sides and race – black men are at a much higher risk for

developing prostate cancer, particularly life-threatening prostate cancer. Age is also very important. A younger man might be at much higher risk for harboring cancer than an older man with the same PSA level. Younger men are less likely to have a PSA elevation due to prostate enlargement.

**Q. Are you ever old enough to stop getting a PSA test?**

**Dr. Carter:** This is a very difficult question that no one has adequately addressed. If a man is over 70 and in poor health owing to another illness or condition, a PSA test may not be necessary since it's unlikely that he will die of prostate cancer. On the other hand, it may make sense for a healthy 70 year-old to continue with PSA testing.

If a man has maintained a very low PSA throughout his life (e.g. below 3.0 ng/mL), he may not need testing after age 75.

**Q. What other tests besides PSA are currently under exploration?**

**Dr. Carter:** *Robert Getzenberg, M.D., Director of Research at the Brady Urological Institute at Johns Hopkins,* discovered a protein (early prostate cancer antigen, or EPCA) that is present in the blood in higher amounts in men with prostate cancer than in men without it. EPCA appears to be more prostate-cancer specific than PSA, and the test could reduce unnecessary biopsies and possibly, over diagnosis and over treatment of prostate cancer. More work is needed to determine the value of this test for early detection.

**Prostate Cancer Awareness Walk 2009 –**

The Okanagan Prostate Resource Centre Society together with the Kelowna Prostate Cancer Support and Awareness Group and the Kelowna Orchard City Lions Club will be holding a Prostate Cancer Awareness Walk on Father's Day June 21<sup>st</sup>. 2009.

This event will again be held at the Mission Creek Regional Park and the Mission Creek Greenway, with the funds raised going to support the on going activities of the Okanagan Prostate Resource Centre Society and to promote the continuing awareness of prostate cancer.

If anyone wishes to volunteer to be on our committee, or help out in obtaining sponsorship funding or in contacting merchants for draw or incentive prizes to be used on the day of the event. Please contact me at the resource centre days or in the evenings at my residence,

Yvonne and I would like to take this opportunity wish everyone a very HAPPY NEW YEAR and all the best for 2009

## **UP COMING MEETING DATES FOR 2009**

**January 10<sup>th</sup>**

**July 11<sup>th</sup>**

**February 14<sup>th</sup>**

**August 8<sup>th</sup>**

**March 14<sup>th</sup>**

**September 12<sup>th</sup>**

**April 11<sup>th</sup>**

**October 10<sup>th</sup>**

**May 9<sup>th</sup>**

**November 14<sup>th</sup>**

**June 13<sup>th</sup>**

**December 12<sup>th</sup>**

**Please Note: Our meetings are now held in the Rutland Senior Citizens Centre – 765 Dodd Road.**

**Our Support Group meetings are held on the Second Saturday of the month beginning at 9:00 A.M. and are over by 11:00 A.M. Everyone is welcome to attend our meetings.**

**For information on our meetings please call the Okanagan Prostate Resource Centre Society Monday to Thursday between 9:00 A.M. and 4:00 P.M. - 250-712-2002.**

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 - 2009**

**February 14<sup>th</sup> – March 14<sup>th</sup> – April 11<sup>th</sup> – May 9<sup>th</sup> – June 13<sup>th</sup> – July 11<sup>th</sup>**

**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**

NAME - \_\_\_\_\_

ADDRESS - \_\_\_\_\_

CITY - \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

\$25.    \$50.    \$100.    \$250.    \$500.    \$ Other amount \_\_\_\_\_

Please make your cheque payable to the –

Okanagan Prostate Resource Centre Society,  
Ste. 210A – 3001 Tutt Street,  
Kelowna, B.C.,  
V1Y 2H4

An official charitable receipt will be issued and mailed out to you.

Canada Revenue Agency: <http://www.cra.gc.ca>