

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



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**F**or those who were not present at our January meeting we watched an excellent video that was prepared by KING 5 TV in Seattle. Washington. The host of the video was Jean Enerson a breast cancer survivor. She introduced and interviewed several other prostate cancer survivors including the first U.S. man to reach the summit of Mount Everest, Dr. Paul Lange, the author of the best selling book 'Prostate Cancer for Dummies' a Seattle Urologist who himself was diagnosed and treated for prostate cancer a 47-year-old man and her brother who was also diagnosed with prostate cancer. As a part of the video she covered several treatment options including Surgery, Brachytherapy, Cryotherapy and Robotic Surgery. As a part of the video Ms. Enerson also discussed some of the prostate cancer research that is taking place in the Seattle area. This is one of the best prostate cancer videos that I have reviewed.

Don't forget to tell all your friends, neighbours and business contacts about our Do It For Dad Fathers Day walk/run. This will be our first attempt and we are looking for a lot of support for this event.

## Another Canadian First... Provincial Surveillance Program –

The following is information that was contained in the Christmas Newsletter from the Prostate Centre at Vancouver General Hospital.

One of the challenges faced in treating early stage prostate cancer is determining how aggressive the cancer will be in the future. Early, low-risk forms of prostate cancer are often over treated, with men suffering from unpleasant and often serious side effects as a result of their treatments. Over-treatment is also costly for the health care system.

Funded in part by the *Canary Foundation*, a California-based nonprofit organization that funds early detection research, the Prostate Centre at VGH will soon launch Canada's first province-wide active surveillance program. The program will also attempt to pinpoint biomarkers – substances in the blood or urine, for example, indicating the presence of prostate cancer – for earlier detection and identification of cancer subtype. Ultimately, the researchers hope to use this knowledge to reduce the impact of over treatment and cut health care costs.

## Prostate Centre at VGH Joins Landmark Collaboration –

The following is information that was obtained from the Christmas Newsletter from the Prostate Centre at VGH

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n November, Safeway Inc. and the Prostate Cancer Foundation announced they will collectively donate \$6 million to fund the S.T.A.R. Program (for Special Team Amplification of Research), an innovative research initiative focused on exploring the role of targeted heat in cancer therapy to treat prostate cancer, as well as other research strategies. *Dr. Martin Gleave, director of the Prostate Centre*, is the only Canadian representative participating in this groundbreaking research team, which includes researchers at *Johns Hopkins Hospital, University of Michigan Cancer Centre, Fred Hutchison Cancer Centre in Seattle, and M.D. Anderson Cancer Centre in Huston.*

The theory that heat can be used to help kill cancer cells comes from an observation that testicular cancer patients, like Tour de France winner Lance Armstrong, have much higher rates of survival than others with different kinds of advanced cancer. While heat therapy is in limited experimental use, researchers believe the key to an effective treatment may be selectively heating cancer cells, which can also prevent damage in adjacent healthy tissues. The goal is to find out the best way to deliver heat directly to cancer cells. To do so, S.T.A.R. program researchers will investigate the use of targeted agents (OGX-011, OGX-427), developed by Dr. Martin Gleave and his team at the Prostate Centre, against heat shock response. They have shown that the heat shock proteins Hsp27 and clusterin cause treatment resistance in prostate and other cancers, and developed the two agents to inhibit these proteins.

Over the past decade Prostate Centre researchers have studied the way prostate cancer cells respond to stress, identifying two genes related to the heat shock response. Drugs that inhibit these genes and cripple cancer cells' ability to survive heat shock are now in clinical trial.

### Nonfat Milk Linked to Prostate Cancer –

The following information was obtained off the Internet and the *MedlinePlus* website and originated with *Reuters Health*.

The amount of calcium and vitamin D in the diet appears to have little or no impact on the risk of prostate cancer, but the consumption of low-fat milk may increase the risk of the malignancy, according to the results of two studies published in the *American Journal of Epidemiology*.

Dietary calcium and dairy products have been thought to increase the risk of prostate cancer by affecting vitamin D metabolism. Data from several prospective studies have supported an association, but many other studies have failed to establish a link.

To explore this topic further, *Dr. Song-Yi Park* from the *University of Hawaii* in Honolulu, and colleagues, analyzed data from subjects enrolled in the *Multiethnic Cohort Study*. This study, conducted between 1993 and 2002, included adults between 45 and 75 years old, were primarily from five different

ethnic or racial groups, and lived in California or Hawaii.

A total of 82,483 men from the study completed a quantitative food frequency questionnaire and various factors, such as weight, smoking status, and education levels were also noted, park's group said.

During an average follow-up period of 8 years, 4,404 men developed prostate cancer. There was no evidence that calcium or vitamin D from any source increased the risk of prostate cancer. This held true across all racial and ethnic groups.

In an overall analysis of food groups, the consumption of dairy products and milk were not associated with prostate cancer risk, the authors found. Further analysis, however, suggested that low-fat or non-fat milk did increase the risk of localized tumors or non-aggressive tumors, while whole milk decreased this risk.

In a similar analysis, *Dr. Yikyung Park*, from the *National Cancer Institutes (NIH) of Health* in Bethesda, Maryland, and colleagues investigated the relationship of calcium and vitamin D and prostate cancer in 293,888 men enrolled in the NIH-American Association of Retired Persons Diet and Health Study, conducted between 1995 and 2001. The average follow-up period was 6 years.

No link between total or supplemental dietary calcium and the total number of non-advanced

prostate cancer cases was noted. Total calcium intake was tied to advanced and fatal disease, but both associations fell short of statistical significance.

Similar to the first study's findings, skim milk was linked with advanced prostate cancer. Calcium from non-dairy food, by contrast, was tied to a reduced risk of non-advanced prostate cancer.

"Our findings do not provide strong support for the hypothesis that calcium and dairy foods increase the risk of prostate cancer. The results from other large...studies, with adequate numbers of advanced and fatal prostate cancers, may shed further light on this question," Park's team concludes.

Source: *American Journal of Epidemiology*, January 1, 2008

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

### A COUPLE OF SHORT SNAPPERS

#### WHAT A CHOICE –

A little old lady was running up and down the halls in a nursing home. As she walked, she would flip up the hem of her nightgown and say, "Supersex." She walked up to an elderly man in a wheelchair. Flipping her gown at him, she said, "Supersex."

He sat silently for a moment or two and finally answered, "I'll take the soup."

## SO TRUE

Husband and wife are waiting at the bus stop with their nine children. A blind man joins them after a few minutes. When the bus arrives, they find it overloaded and only the wife and the nine kids are able to fit onto the bus.

So the husband and the blind man decide to walk. After a while, the husband gets irritated by the ticking of the stick of the blind man as he taps it on the sidewalk, and says to him, "Why don't you put a piece of rubber at the end of your stick? That ticking sound is driving me crazy."

The blind man replies, "If you had put a rubber at the end of YOUR stick, we'd be riding the bus, so shut the hell up."

<h3>"Natural" Dietary Supplements Might Promote Prostate Cancer Progression –</h3>
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The following information is excerpts of two articles from *EurekAlert* and *Reuters Health* that were obtained off the Internet.

**H**ormonal components in over-the-counter dietary supplements may promote the progression of prostate cancer and decrease the effectiveness of anti-cancer drugs, researchers at the *University of Texas Southwestern Medical Centre* have discovered.

The findings were published in the January 15 issue of *Clinical Cancer Research*, and reaffirm that patients should inform their doctors about any herbal or hormonal dietary supplements they are taking or considering taking.

“Physicians need to ask their patients not only about the prescription drugs they may be taking, but – perhaps even more importantly – about the over-the-counter drugs and supplements, which may have profound impact on certain health conditions,” said *Dr. Claus Roehrborn*, Chairman of Urology at UT Southwestern and one of the study’s authors.

The research only involved two men who were seeking to boost sexual performance and grow bigger muscles and instead ended up with advanced prostate cancer. These two men one was a 51-year old black man the other a 67-year old white male both developed very aggressive and incurable prostate cancer within months of taking the same supplement. To date have survived but have very extensive cancer that has spread throughout their bodies.

The researchers analyzed the product, which they did not name for legal reasons, and found it contained two hormones – testosterone and estradiol. When they tested it on tumor cells in the lab, they found it fueled the growth of prostate cancer cells more potently than testosterone alone, they reported in the journal *Cancer Research*.

The researchers also stated that many supplements marketed as “safe” and “natural” could contain unknown and potentially dangerous ingredients, and noted that the U.S. Food and Drug Administration and little authority to regulate them.

**EDITORS NOTE:** Please inform your physicians of all medications you are taking, whether they are prescription or herbal as there could be interactions or side effects between prescription and herbal medications.

## Blood Test Could Assess Prostate Cancer Risk –

The following information was reprinted from an article that appeared on the *CTV.ca* website as well as several other online websites. I have also added some personal comments.

A simple blood test might one day be able to determine which men are likely to develop prostate cancer.

Previous research has already found five gene flaws associated with prostate cancer risk. While each flaw, or variant, alone is moderately associated with the risk of prostate cancer, this new study found that when the variants are assessed together, they have a strong cumulative effect.

A man with four of the five variants has a 400 to 500 per cent increased risk of developing the disease compared to men with none of the variants, the researchers from the U.S. and Sweden found.

When a family history of prostate cancer is added to the equation – for a total of six risk factors – a man with at least five of the six factors has an increased risk of 900 percent. This research study is going to be published in the *New England Journal of Medicine*.

The researchers came to their findings after analyzing DNA samples from 2,893 Swedish men with prostate cancer and 1,781 healthy men of similar ages; all were participants in a prostate cancer study in Sweden.

They found that each of the gene variants was fairly common in the population. But together, these five variants and a family history accounted for almost half (46 percent) of the prostate cancer patients the team studied.

The research team plans to sample DNA from U.S. populations of men to see if these genetic variants exist outside of Sweden.

If they do, the researchers think they could develop a simple blood test that would screen for these gene variants. Such a test could be highly useful, especially for men with a family history of prostate cancer or those who have a marginally elevated PSA (prostate specific antigen).

The researchers note, though, that the test would not be able to tell how aggressive a potential cancer may be. In other words the test would not be able to distinguish between indolent very slow growing cancer cells and those that may be very aggressive and fast growing.

“This information is not yet available as a genetic test for risk of prostate cancer, but efforts are underway to rapidly develop one,” says *William B. Isaacs, Ph.D.*, of the Johns Hopkins Brady Urological Institute, who participated in the study.

“While these findings need to be validated and refined, it’s a step in the right direction to revealing the genetic-based reasons for this cancer that we have been looking for over the last 15 years,” he added.

Currently, age, race and family history are the three factors associated with increased risk of prostate cancer. Family history is believed to account for about 10 percent of prostate cancer cases; however, I have heard some doctors using numbers as high as 40 percent of cases could be associated with family history.

Until last year, no specific gene variants had been consistently identified as markers for prostate cancer risk. Then advances in technology allowed researchers to take a more systematic approach to looking at the entire genome.

Each of the variants alone was associated with moderate risk, but the effect wasn’t considered significant. This study was the first to evaluate whether there is a cumulative effect from having multiple variants.

The researchers said that further study is needed to determine how genetic testing may compliment PSA testing.

### Prostate Exam Fees Not Sexist

The following information is a reprint from CBC News.

**B**.C. men will have to continue to pay for prostate cancer screening. The B.C. Human Rights Tribunal has rejected a claim by Laurence Armstrong, a Victoria Lawyer, that men

face discrimination in having to pay for prostate specific antigen tests, while women get mammograms and Pap smears for free. The decision was published Thursday January 10<sup>th</sup>.

Armstrong told CBC News that he was annoyed at having to pay \$30.00 for every PSA test recommended by his doctor.

"I'd been sitting in the lab waiting room watching the women go in for mammography's, not paying," said Armstrong, who decided to take the matter to the human rights tribunal, which heard the case in 2006.

### **Test's Effectiveness Questioned**

After considering several expert opinions, tribunal member Kurt Neuenfeldt dismissed the claim, citing questions about the effectiveness of the PSA test as a general method of screening for prostate cancer.

Neuenfeldt determined that, "the decision to fund cancer screening tests for women, but not for men, is not based on the fact Mr. Armstrong is male, but on the questionable scientific support for the efficacy of PSA screening as a population-wide screening device, and its consequences."

Armstrong, 59 at the time of the hearing, said his doctors have recommended PSA screening for him since he was in his mid-40s. He's had no symptoms of prostate cancer.

Susan O'Reilly, Vice-President of the BC Cancer Agency, said the ruling makes sense.

"The women being screened either for breast cancer with mammograms or cervical cancer with Pap tests, there's compelling information to tell us if you diagnose these cancer's early you will cure more people and their life expectancy will, as a result, be much better," She said.

"In the situation with this blood test for prostate cancer, we still don't have that evidence," she said.

Armstrong was disappointed with the ruling and said he will consider an appeal. *With files from The Canadian Press.*

**EDITORS NOTE:** In the book *Prostate Cancer The Clinical Basics Series* published in 1999 by the *Canadian Medical Association* two well-known and respected physicians *François Meyer M.D., Dsc.*; and *Yves Fradet, M.D.* said they found that the estimated sensitivity of screening for prostate cancer with PSA testing and DRE was 87.2% whereas that for screening for breast cancer with mammography and physical examination was 90.4%

The specificity of screening is the ratio of the number of people free of the disease who have a negative test result to the total number of people free of the disease in the screened population. They found that the specificity was the same for prostate cancer 83.3% and breast cancer 83.5%. Thus, the estimated sensitivity and specificity of the combined screening tests for prostate cancer are similar to those of the most sensitive screening strategy for breast cancer.

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-**

**MARCH 8<sup>th</sup> – APRIL 12<sup>TH</sup> – MAY 10<sup>TH</sup> – JUNE 14<sup>TH</sup> – JULY 12<sup>TH</sup>**

**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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