

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

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The guest speaker at our support group meeting in October was *Dr. Islam Mohamed* a radiation oncologist at the Cancer Centre for the Southern Interior in Kelowna. He spoke to our group on “A comprehensive approach to cancer control: with the BC experience with lung cancer as a model”. Although Dr. Mohamed doesn’t treat prostate cancer he gave those present a very interesting and educational presentation. He mentioned that a total of 80% of lung cancer patients are diagnosed with either stage 3 or stage 4 lung cancer (40% each) where the rates of 5 year survival are very low. If there was a good screening test for early stage lung cancer the five year survival rate is about 75%. Researchers at the BC Cancer Agency research facility in Vancouver are working on the development of a new screening test for early stage lung cancer.

Dr. Mohamed was very instrumental in The Cancer Day of Action that took place in the B.C. Legislature on May 14, 2008. This event was organized by the Campaign to

Control Cancer. The event was intended to directly engage members of government to promote cancer control in the province.

An Update on Dr. Marianne Sadar's Research –

I recently received some correspondence from Dr. Marianne Sadar, the heard of prostate cancer research at the BC Cancer Agency Research facility in Vancouver indicating that her research is going extremely well. She and her team of researchers continue to work to advance a lead compound to go towards the clinic setting and to increase their understanding of how the drug works. Several important pieces of data have been generated that increase their confidence that their drug should perform well. But Dr. Sadar stated that you never know until it gets into patients. Much of the new data that have generated has to do with safety, toxicity, and something called ADME (absorption, distribution, metabolism, and excretion) of their drug. They also continue to have great interest from the pharmaceutical companies and their hope is that they will help her and her team move the drug forward and into the clinic. She said that, "such a partnership would greatly accelerate the project."

10 Diet & Exercise Tips for Prostate Health –

The following is information obtained from **Harvard Medical School** and was published on October 4, 2011

“What can I eat to reduce my risk of developing prostate cancer?” This is one of the most common questions physicians hear from men concerned about prostate health. Undoubtedly, many hope that their doctor will rattle off a list of foods guaranteed to shield them from disease. Although some foods have been linked with reduced risk of prostate cancer, proof that they really work is lacking, at least for now.

Aim for a Healthy Eating Pattern

Instead of focusing on specific foods, dietitians, physicians, and researchers tout an overall pattern of healthy eating – and healthy eating is easier than you might think. In a nutshell, here's what experts recommend:

1. Eat at least five servings of fruits and vegetables every day. Go for those with deep bright colour.
2. Choose whole-grain bread instead of white bread, and choose whole-grain pasta and cereals.
3. Limit your consumption of red meat, including beef, pork, lamb, and goat and processed meats, such as bologna and hot dogs. Fish, skinless poultry, beans, and eggs are healthier sources of protein.
4. Choose healthful fats, such as olive oil, nuts (almonds, walnuts, pecans), and avocados. Limit saturated fats from dairy and other animal products. Avoid partially hydrogenated fats (trans

- fats), which are in many fast foods and packaged foods.
5. Avoid sugar-sweetened drinks, such as sodas and many fruit juices. Eat sweets as an occasional treat.
 6. Cut down on salt. Choose foods low in sodium by reading and comparing food labels. Limit the use of canned, processed, and frozen foods.
 7. Watch portion sizes. Eat slowly, and stop eating when you are full.

Stay Active

In addition to eating a healthy diet, you should stay active. Regular exercise pares down your risk of developing some deadly problems, including heart disease, stroke, and certain types of cancers. And although relatively few studies have directly assessed the impact of exercise on prostate health, those that have been done have concluded, for the most part, that exercise is beneficial. For example:

1. Based on questionnaires completed by more than 30,000 men in the Health Professionals Follow-up Study, researchers found an inverse relationship between physical activity and BPH symptoms.
2. Using data from the Health professionals Follow-up Study, researchers also examined the relationship between erectile dysfunction (ED) and exercise. They found that men who ran for

an hour and a half or did three hours of rigorous outdoor work per week were 20% less likely to develop ED than those who didn't exercise at all. More physical activity conferred a greater benefit. Interestingly, regardless of the level of exercise, men who were overweight or obese had a greater risk of ED than men with an ideal body mass index, or BMI.

3. Italian researchers randomly assigned 231 sedentary men with chronic Prostatitis to one of two exercise programs for 18 weeks: aerobic exercise, which included brisk walking, or nonaerobic exercise, which included leg lifts, sit-ups, and stretching. Each group exercised three times a week and at the end of the trial, men in both groups felt better, but those in the aerobic exercise group experienced significantly greater improvements in Prostatitis pain, anxiety and depression, and quality of life.

WITT'S WIT (ON THE LIGHTER SIDE) -

A police car pulls up in front of Grandma Bessie's house and Grandpa Morris gets out. The polite policeman explained that this elderly gentleman said that he got lost in the park and couldn't find his way home.

"Oh, Morris", said Grandma, "You've been going to that park for over 30 years! How could you get lost?"

Leaning close to Grandma, so that the policeman couldn't hear, Morris whispered, "I wasn't lost. I was too tired to walk home."

U.S. Panel Says No to Prostate Screening for Healthy Men -

The following is an excerpt of information was obtained from the Internet and originated with *The New York Times* by Gardiner Harris.

Even though this is very controversial I feel that this has to be published.

Healthy men should no longer receive a P.S.A. blood test to screen for prostate cancer because the test does not save lives over all and often leads to more tests and treatments that needlessly cause pain, impotence and incontinence in many, a key government health panel has decided.

The draft recommendation, by the United States Preventative Services Task Force is based on the results of five well-controlled clinical trials and could substantially change the care given to men 50 and older. There are 44 million such men in the United States, and 33 million of them have already had a P.S.A. test – sometimes without their knowledge – during routine physicals.

The task force's recommendations are followed by most medical groups. Two years ago this same task force recommended that women in their 40s should no longer get routine mammograms, setting off a firestorm of controversy. The recommendation to avoid the P.S.A. test is even more forceful and applies to healthy men of all ages.

"Unfortunately, the evidence now shows that this test does not save men's lives," said Dr. Virginia Moyer, a professor of pediatrics at Baylor College of Medicine and chairwoman of the task force. "This test cannot tell the difference between cancers that will and will not affect a man during his natural lifetime. We need to find one that does."

But advocates for those with prostate cancer promised to fight the recommendation. Baseball's Joe Torre, the financier Michael Milken, and Rudolph W. Giuliani, the former New York City mayor are among tens of thousands of men who believe a P.S.A. test saved their lives.

"We're disappointed," said Thomas Kirk, of Us TOO, the nation's largest advocacy group for prostate cancer survivors. "The bottom line is that this is the best test we have, and the answer can't be, 'Don't get tested.'"

One in six men in the United States will eventually be found to have prostate cancer, making it the second most common form of cancer

in men after skin cancer. An estimated 32,050 died of prostate cancer last year and 217,730 men received the diagnosis.

In Canada last year approximately 4,300 men died of the disease and 24,600 men were newly diagnosed. This year it is estimated that 25,500 Canadian men will be newly diagnosed with prostate cancer, making it not only the number one diagnosed cancer among men in Canada but the overall all number one diagnosed cancer in Cancer. Lung cancer comes a very close second but lung cancer affects both genders whereas prostate cancer only affects men.

Of the trials conducted to assess the value of P.S.A. testing, the two largest were conducted in Europe and the United States. Both “demonstrate that if any benefit does exist, it is very small after 10 years,” according to the task force’s draft recommendation statement.

The European trial had 182,000 men from seven countries who either got P.S.A. testing or did not. When measured across all of the men in the study, P.S.A. testing did not cut death rates in nine years of follow-up. But in men 55 to 69, there was a very slight improvement in mortality. The American trial, with 76,693 men, found that P.S.A. testing did not cut death rates after 10 years.

Dr. Eric Klein of the Cleveland Clinic, and expert in prostate cancer, said he disagreed with the task

force’s recommendations. Citing the European trial, he said “I think there’s a substantial amount of evidence from randomized clinical trials that show that among younger men, under 65, screening saves lives.”

Dan Zenka, a spokesman for the Prostate Cancer Foundation, said a high P.S.A. test result eventually led him to have his prostate removed, a procedure that led to the discovery that cancer had spread to his lymph nodes. His organization supports widespread P.S.A. testing. “I can tell you it saved my life,” he said.

Editors Notes: As many of you know I am a great proponent of the P.S.A blood test as that is the way my prostate cancer was initially discovered. I truly believe that I would not be around today if it wasn’t for the P.S.A. test as the rectal exam indicated an enlarged prostate gland but no nodules; however, on pathological biopsy it was found that the whole gland had cancer cells and the cells were within one or two millimeters from the edge of the gland.

I know that many urologists have stated that in the time prior to the P.S.A. blood test the vast majority of men diagnose with prostate cancer the cancer had already metastasized or spread and was not curable. Since P.S.A. testing has been introduced many cases of prostate cancer today are diagnosed about five to seven years earlier than in the days prior to the introduction of the P.S.A.

Many of us involved with prostate cancer awareness know that the P.S.A. is not a perfect test because of the possibility of false positives and false negatives but when combined with the DRE (digital rectal examination) it is the BEST TEST THAT WE HAVE AT THE MOMENT. I believe that many researchers are working on the development of newer tests that would be able to distinguish between an indolent do no harm cancer and one that may be harmful down the road but this is very new research and it may be several years before these tests are readily available.

Prostate Herbal Supplement Doesn't Work -

WASHINGTON – A herbal supplement that is widely sold around the world to relieve urinary symptoms in men with an enlarged prostate has no benefits over a placebo, a U.S. Study said recently.

The global market for *saw palmetto extract* is about \$700 million a year, but a randomized trial at 11 sites in North America showed that even triple doses of the over the counter drug neither worked nor harmed the patients.

“Astonishingly enough, there was not any measurable effect – either in benefits or in toxicity – with increasing doses in comparison to placebo,” said co-author *Claus Roehrborn, chairman of urology at University of Texas Southwestern.*

“These supplements are apparently not doing anything

measurably above and beyond what we call, the placebo effect,” said Roehrborn of the research in the *Journal of the American Medical Association.*

Led by Michael Barry of Massachusetts General Hospital in Boston, researchers followed 379 men age 45 and older whoes symptoms included difficulty emptying their bladders, weak and/or frequent urination.

As part of the randomized trial, some received saw palmetto extract – which comes from the berries of the saw palmetto dwarf plant tree – and others were given a sugar pill that smelled and tasted the same.

Measurements showed the drug, even when increased dosage over 72 weeks had no impact on urinary symptoms such as nighttime urination or incontinence, and did not improve sexual function or allow men to sleep better.

“None of them showed any effect whatsoever in contrast to placebo,” Roehrborn said, these supplements cost \$30.00 or more a month, and they obviously didn't help.”

Enlarged prostate is a common condition of aging that affects about half of men over the age of 50, and 75 per cent by age 80. The growth of the prostate can make it difficult to urinate and can cause urinary tract infections.

Medication and surgery are some of the treatment options.

Today is the Oldest you've ever been, yet the youngest you'll ever be, so enjoy this day while it lasts.