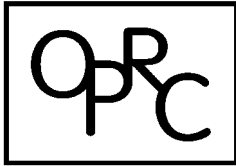


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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Publisher/Editor– Bren Witt

**Newsletter available on line at –<http://www.prostatecancernetwork.ca>
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The Kelowna Prostate Cancer Support Group meeting that was held on July 11th was primarily used as a Thank You for those who acted as our major sponsors and all those who volunteered on the day of the event. We were able to present our major sponsors with a token of our appreciation in the form of a small-framed print of a Kelowna scene by local artist Mal Gagnon. We presented all our hard working committee members and volunteers with certificates of appreciation.

Following the presentations those present enjoyed a social time. Bren mentioned that he is going to be taking some R&R time and that there would be no support group meeting in August, but everything would resume in September.

Selenium Intake May Worsen Prostate Cancer in Some Men

The following is an excerpt of an article that was obtained from *eurekalert.org*, and *Cancerfacts.com*

Higher levels of the mineral selenium in the blood may worsen prostate cancer in some men who already have the disease, according to a study by researchers at **Dana-Farber Cancer Institute** at the University of California – San Francisco. These unexpected results are the first to raise concerns about this potentially harmful consequence of taking supplemental selenium.

Led by **Dr. Philip Kantoff**, Director of Dana-Farber's Lank Center for Genitourinary Oncology and **Dr. June Chan**, of the University of California San Francisco, the new study in men who already have been diagnosed with prostate cancer, shows that, among those men who also had a genetic variation found in about 75 percent of the study participants, high levels of selenium in the blood was associated with a two-fold greater risk of poorer outcomes than men with the lowest amounts of selenium in the blood.

By contrast, the 25 percent of men with a different variant of the same gene and who had high selenium levels were at 40 percent lower risk of aggressive disease. The variants are slightly different forms of a gene that instructs cells to make *manganese superoxide dismutase (SOD2)*, an enzyme that

protects the body against harmful oxygen compounds.

Selenium is a mineral found widely in rocks and dirt. Small amounts of selenium are essential for health: 40 to 70 micrograms is the daily recommended intake. However, in recent years, supplemental selenium has been sold and promoted as a means of preventing prostate cancer, largely based on observational studies that found higher risk of prostate cancer incidence and mortality in areas of the country that are naturally low in selenium.

The research findings suggest that, "if you already have prostate cancer, it may be a bad thing to take selenium," Dr. Kantoff, said in a prepared statement. "These findings are interesting particularly in light of the recent negative results from the SELECT prevention study, which asked if selenium could protect against prostate cancer."

The researchers examined banked blood samples, DNA, and medical records of 489 male Dana-Farber patients diagnosed between 1994 and 2001 with localized or locally advanced prostate cancer. About half of the men were assessed as having a good disease risk, one-third had an intermediate risk, and the remaining one-sixth were at a poor risk. The researchers measured the level of selenium in the blood and, using the stored DNA, they identified each patient's SOD2 genotype - the specific form of the SOD2 gene carried by each patient.

Simply having a high level of selenium was associated with a slightly elevated risk of aggressive prostate cancer. But the risk was much more strongly affected by the interaction of selenium levels and whether the patient had a certain variant of the SOD2 gene. Men with the highest selenium levels and the “AA” form of the SOD2 gene were 40 percent less likely to have been diagnosed with aggressive prostate cancer than the men with the same gene but with low levels of selenium.

But for men carrying the “V” form of the gene, selenium had the opposite effect in these men, those with the highest levels of selenium in their blood were about twice as likely to have an aggressive type of prostate cancer as their counterparts with low selenium levels, says Kantoff, who is also a Professor of Medicine at Harvard Medical School.

Green Tea Could Delay Prostate Cancer –

The following information is an excerpt of information that was obtained from *Bloomberg.com*

Researchers recently reported that the active components in green tea might slow down the progression of prostate cancer.

Capsules made using green tea extracts called polyphenols lowered levels of proteins that tumors use to grow, the researchers found.

Made by *Polyphenon Pharma*, the capsules called Polyphenon E contain epigallocatechin gallate or

EGCG, a green tea extract that has antioxidant properties.

Jim Cardelli of Louisiana State University Health Sciences Center in Shreveport and colleagues tested 26 prostate cancer patients, aged 41 to 68.

Each took four Polyphenon E capsules a day – equivalent to drinking 12 cups of green tea – for about a month before they had their prostates removed.

Blood tests showed levels of three proteins associated with the growth and spread of prostate cancer fell. Those patients on the program reported few side effects and the liver function of the men in the study remained normal.

“It’s still in an early stage. Green tea can keep cancer from growing very fast, but it may not be able to shrink tumors, but it can be a good addition to traditional therapies like chemo (chemotherapy) or radiation.” Cardelli said in a telephone interview.

This study only involved 26 prostate cancer patients and a much larger study will be needed to confirm the results.

WITT'S WIT (ON THE LIGHTER SIDE) -

The Nun in Hooters

A nun, badly needing to use the restroom, walked into the local Hooters.

The place was hopping with music and loud conversation and every once in a while "the lights would turn off." Each time the lights would go out, the place would erupt into cheers.

However, when the revelers saw the nun, the room went dead silent. She walked up to the bartender and asked, "May I please use the restroom?"

The bartender replied, "OK, but I should warn you that there is a statue of a naked man in there wearing only a fig leaf."

"Well, in that case, I'll just look the other way," said the nun. So the bartender showed the nun to the back of the restaurant. After a few minutes, she came out and the whole place stopped just long enough to give the nun a round of applause. She went to the bartender and said, "Sir, I don't understand. Why did they applaud for me just because I went to the restroom?"

"Well, now they know that you are one of us," said the bartender. "Would you like a drink?"

"No thank you, but I still don't understand," said the puzzled nun.

"You see," laughed the bartender, "every time someone lifts the fig leaf on the statue, the lights go out. Now, how about that drink?"

Predicting the Return of Prostate Cancer –

The following information was obtained off the Internet and originated with *ScienceDaily* on July 3/09

Cancer experts at *Johns Hopkins* say a study tracking 774 prostate cancer patients for a median of eight years has shown that a three-way combination of measurements has the best chance yet of predicting disease metastasis.

The new prediction method comprises the length of time it takes for PSA (prostate-specific antigen) to double, Gleason Score (a numeric indicator of prostate cancer aggressiveness as seen under the microscope), and the interval between surgical removal of the prostate and first detectable PSA level. According to Johns Hopkins investigators, combining these three measurements more accurately estimates risk that the cancer has spread than do other methods and should help determine which patients may benefit from additional therapy when PSA levels rise after surgery to remove the prostate.

Findings from the study presented at the June 2009 annual meeting of the *American Society of Critical Oncology (ASCO)* may also help resolve the debate on when and

in what form secondary treatments should occur.

“There is much debate on whether to prescribe immediate treatment for a man whose PSA begins to rise after he has had prostate cancer surgery, or to delay it,” says *Emmanuel Antonarakis, M.D., Johns Hopkins Kimmel Cancer Center Investigator*. “Studies suggest that most men live the same length of time overall whether they receive therapy at the first sign of a rising PSA or wait until the cancer has spread to other sites.”

After reviewing the records of 774 men whose PSA rose after surgery to remove the prostate, the researchers found that Gleason score and two measurements for PSA were the strongest risk factors for prostate cancer metastasis. Men with Gleason scores in the highest range, between eight and 10, were twice as likely to develop metastatic cancer. In men whose PSA became detectable within three years after surgery, cancer was more than three times more likely to spread to other organs. Finally, men whose PSA doubled the fastest within three months, were more than 20 times more likely to develop metastatic cancer than men whose PSA took longer than 15 months to double.

For men enrolled in the study, it took a median of 10 years for the disease to reappear on imaging scans. “The 10-year average will not apply to every man, so we wanted to know what factors put men at higher risk for their cancer progressing earlier,” says *Mario Eisenberger,*

M.D., professor of oncology at the Johns Hopkins Kimmel Cancer Center.

An increase in PSA, or prostate specific antigen, occurs in approximately 20 percent to 30 percent of men after surgery to remove the cancerous prostate, says Antonarakis. In these patients the newly emerging prostate cancer cells are rarely detectable on imaging scans. When faced with the likelihood that their cancer has spread, many men opt to undergo hormone therapy, which blocks testosterone production, a fuel for prostate cancer. The side effects, which mimic those of menopausal women, include hot flashes, night sweats, osteoporosis, metabolic syndrome and coronary disease, and can be debilitating, says Antonarakis.

Besides immediate hormone therapy, other options for men whose PSA is rising are to use hormone therapy intermittently, enroll in clinical trials testing experimental therapies, or a combination of them, or to “watch and wait” until imaging scans can locate metastatic disease.

Data on the prostate cancer patients involved in this study were collected from a database maintained by *Patrick C. Walsh, M.D.*, at the Johns Hopkins Brady Urological Institute.

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-

October 10th – November 14th – December 12th –

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

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