KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER

OKANAGAN PROSTATE RESOURCE CENTRE SOCIETY

Okanagan Prostate Resource Centre

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VOLUME 14 – ISSUE 4 – (NUMBER 160) – JANUARY 2011

Happy New Year

Who Should Pay for a Robot in the OR?

The following is a reprint of an article that appeared in the *Globe and Mail Dec. 10, 2010.* This article was written by *Rod Mickleburgh of Vancouver.*

Just six weeks ago, Rob Lucy had his cancerous prostate gland removed by a surgeon - controlled robot at Vancouver General hospital. It cost him nothing.

If his operation had been booked for the New Year, however, Mr. Lucy would have had to shell out more than $2,800.00 from his own pocket for exactly the same procedure.

Private funding for the advanced surgical robot at VGH has run out, and the province's public health care plan has refused to cover the costs of keeping it going, despite claims by patients and surgeons that robotic surgery provides clear measurable benefits. At least in the short term.

So starting January 3, 2011, the hospital is imposing a series of rare hefty user fees, ranging from $2,100.00 to $3,500.00 for procedures that are reimbursed by medicare, but only if performed in traditional open surgery.

Such patient fees, believed to be the first in Canada for robotic surgery, highlight one of the fundamental challenges faced by publicly funded health care in the age of modern, technology-driven medicine.

How much benefit should a new but costly procedure provide to patients before it is paid for out of the public purse?

That is the question, agrees veteran surgeon ***Larry Goldenberg***, who has been performing robotic prostatectomies at VGH for the past three years.

"What is the threshold? This is not a home run, but it it's a base hit. Should the government pay for base hits, or only home runs? Somebody has to make that call."

So far, no randomized clinical trials have been conducted to determine whether long-term outcomes are improved by robotic surgery. Anecdotal evidence suggests they are not, and the government has said no to funding the operations.

"Why should the taxpayer pay a whole bunch more money for someone to have a more expensive procedure, when we really don't know that it is a significant net benefit?" asked Health Minister *Colin Hansen.*

He added that traditional prostatectomies continue to be provided to patients at no cost.

However, patients are not charged for robotic prostate gland removal at London Health Sciences Centre in Ontario, the first hospital in Canada to use the technique. They are funded from the hospital's global budget, although costs restrict the number to fewer than 100 a year.

Advantages of less-invasive robotic surgery include earlier discharges from hospital, faster recovery rates, and less loss of blood during the operation, said *Joseph Chin*, chair of surgery oncology at the University of Western Ontario.

"However, the advantages are not as much as a lot of Americans claim," Dr. Chin said, referring to the preponderance of surgical robots in for-profit hospitals in the United States.

"We would like to expand our program but we want to do more research too."

At Vancouver General, Dr. Goldenberg, 57, says he loves robot surgery.

"You have a degree of accuracy that is unmatched. I have colleagues who don't think there are any advantages to robots whatsoever. But there are also an awful lot of surgeons who have converted to robotics, and they have not gone back to open surgery.

Still, Dr. Goldenberg said his own rough research does not yet show a long-term benefit to patients.

"There are upfront advantages, yes. Yet, when I compared my first 175 robotics with my last 175 open surgery patients, the continence rates for both were the same."

He likened the quandary patients face over whether to pay several thousand dollars for robotic surgery on the chance that it will result in a better outcome to buying a lottery ticket. "I tell patients that you can't win the lottery if you don't buy a ticket," Dr. Goldenberg said.

Vancouver Coastal Health spokesman Gavin Wilson said the new patient charges cover only half the cost of robotic surgeries. The rest would be covered by the health authority.

"The jury is still out as to whether it's better, but we wanted to continue to offer this new technology as part of our research mandate."

Mr. Lucy meanwhile is grateful to have received his robotic prostatectomy at no cost. But he said he would not hesitate "for a moment" if asked to pay.

His recovery time has been quicker, and he has suffered less "than an awful lot of guys I talk to" who had open surgery, Mr. Lucy said. "Knowing what I know now, would I find the money and pay? Absolutely."

Witt's Wit (On the Lighter Side)

Some Short Snappers

I think part of a best friend's job should be to immediately clear your computer history if you die.

I have a hard time deciphering the fine line between boredom and hunger

What would happen if I hired two private investigators to follow each other?

Shirts get dirty, underwear gets dirty. Pants? Pants never get dirty you can wear them forever.

Can we just agree to ignore whatever comes after DVDs? I don't want to restart my collection

British Columbia Researchers use "Virtual Screening" to Fight the Deadliest Forms of Prostate Cancer.

The following information came from Genome British Columbia and was published on Nov. 29, 2010.

Two Vancouver researchers are tackling the deadliest forms of prostate cancer, the most commonly diagnosed male cancer in Canada, using a brand new field of genomics called *computational chemogenomics.* This new approach uses computer modeling in virtual 3D to predict how different chemicals or drugs will affect cancer tumours.

The project, titled "Methods of Chemical Genomics" has received $324,000.00 in funding, with $161,500.00 from Genome BC and the rest from other partners including the Canadian institutes of health Research (CIHR), and the Vancouver Prostate Centre. ***Drs Art Cherkasov and Paul Rennie*** of the Vancouver Prostate Centre are using chemogenomics to develop a novel class of prostate cancer drugs in order to provide new treatment options for this disease.

Currently, prostate cancer is treated with drugs that either block or bind the male hormone receptor thereby effectively shrinking the tumour. Unfortunately, for many men, the effectiveness of this type of treatment is temporary and the cancer cells become treatment-resistant. With no curative treatment options available the average life expectancy for men whose bodies resist this type of treatment is less than 18 months. "The impact of this project on patient survival could be tremendous if we can develop a new drug that avoids this resistance issue," says Dr. Cherkasov.

To help create new prostate cancer drugs that overcome the drug-resistance issues of current treatments, the researchers will identify a new class of chemicals that act on the male hormone receptor in a different way. They will examine over 10 million compounds or chemicals looking for potential new drugs, and then using computational chemogenomics, screen the compounds using computer software to gauge the potential effectiveness of their chemicals in targeting tumours.

"This type of 'virtual screening' is expected to shave years off the typical discovery process for new drug candidates and will allow scientists to identify and test the most promising chemical compounds more rapidly, " says Dr. Rennie. Presently, it can take 10 years or more to bring a compound to the stage of testing in humans. This new high-tech approach could significantly shorten the wait for novel prostate cancer treatments.

This ability to take huge amounts of data on how chemicals or drugs affect prostate cancer has the potential to save a significant amount of money and time for the BC healthcare system. "What we are seeing is that with virtual screening we are able to narrow down what drugs we should be taking through to testing in the laboratory or the clinical trial stage," says Cherkasov. "When trying to create new drugs in the past, you'd make your best guess on what compound you thought might work, test and get a success rate of about 0.1%. The use of

virtual screening offers the potential for a much higher success rate which would be an enormous improvement in the field."

It's precisely this combination of cutting-edge science and innovation that has Genome BC excited. "Chemogenomics is becoming an accepted part of drug discovery and promises to revolutionize the field in a manner comparable to how bioinformatics transformed biology 10 years ago," says ***Dr. Alan Winter***, President and CEO of Genome BC, one of the key funders of this project. "This project is groundbreaking, and we are excited by the potential impact it could have on prostate cancer research."

Study Links Finger Length to Prostate Cancer Risk –

The following is an excerpt of information was obtained from the *MedlinePlus website – which is from the U.S. National Library of Medicine and originated with Reuters Health Information,* and was edited by *Andrew Dobbie.*

LONDON (Reuters) – Men with long index fingers have a lower risk of prostate cancer, British scientists said recently, a finding that could be used to help select those who need regular screening for the disease.

Researchers at Britain's Warwick University and the Institute of Cancer Research (ICR) found that men whose index finger is longer than their ring finger were one-third less likely to develop the disease than men with the opposite pattern of finger lengths.

"Relative finger length could be used as a simple test for prostate cancer risk, particularly in men aged under 60," said *Ros Eeles* from the ICR who helped lead the study.

She said the finding, which is controversial because the prostate-specific antigen (PSA) tests used cannot differentiate between men with aggressive cancer and those who would never have symptoms or need treatment.

In the latest study, published in the ***British journal of Cancer,*** Eeles's, team explained that the relative length of index and ring fingers is set before birth and is believed to relate to the levels of sex hormones to which a baby is exposed in the womb.

The scientists questioned more than 1,500 prostate cancer patients at three British hospitals between 1994 and 2009 and compared them with 3,000 healthy men. The men were shown pictures of different finger length patterns and asked to identify the most similar to their own.

The most common pattern, which was seen in more than half the men in the study, was a shorter index than ring finger, the researchers reported.

Men whose index and ring fingers were the same length - about 19 percent of those studied – had a similar prostate cancer risk, but men whose index fingers were longer than their ring finger were 33 percent less likely to have prostate 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-

February 12th – March 12th – April 9th – May 14th – June 11th

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.

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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