

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

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Myrna Tracy a Social Worker and the Regional Professional Practice Leader for the Patient & Family Counselling Dept. at the Cancer Centre for the Southern Interior in Kelowna was our guest speaker in February. She is involved with a new Sexual Health Clinic in Kelowna. Up until the present time this type of service has only been available in the lower mainland. The B.C. Cancer Agency is providing a grant for a one year trial – following that period of time future funding will depend on how popular this service is. Patients are required to have a referral from their Doctor and are asked to complete a satisfaction survey and then a meeting with a nurse is arranged for an education and assessment session. Following the completion of this session a meeting with **Dr. Ziad Jaklis** an urologist and specialist in sexual health issues is arranged. Sexual Health tends to be the number one problem after the diagnosis of cancer and it really isn't identified until about one year down the road following treatment. This new clinic will offer help with erectile dysfunction (ED), including the use of PDE5s (oral medications for ED), and other treatment options including vacuum pumps, penile injection therapy and even the possibility of penile implant surgery. If anyone is interested in this service at the local cancer centre in Kelowna I have all the information and contact information.

Balding in 20s Linked to Doubled Risk of Prostate Cancer –

The following is information from several sources on the Internet, and is from a study that took place in Paris France.

Dr. **Philippe Giraud**, a professor of radiation oncology at Paris Descartes University, and **Dr. Michael Yassa**, a radiation oncologist who is now at the Maisonneuve-Rosemont Hospital and the University of Montreal, studied 388 men being treated for prostate cancer and 281 healthy men, questioning them about their history of hair loss. They reported in the *Annals of Oncology* that 37 of the men who had prostate cancer had some balding at age 20, but only 14 of the healthy men had balding at that age.

Several trials found a similar positive relationship between early male pattern baldness and cancer incidence, while one found a decreased risk of prostate cancer among those with early hair loss. The current trial, which enrolled men with and without a history of prostate cancer, and they were then asked about whether and when they experienced any balding, found that the type of hair loss didn't matter. That is, men with both receding hairlines as well as balding at the crown during their 20s had the same heightened risk of cancer.

Androgenic alopecia, sometimes known as male pattern baldness, is common in men, affecting about half of them

throughout the course of their lives. It is related to androgenic hormones, and androgens also play a role in the onset and growth of prostate tumours. The widely used drug finasteride (Proscar) blocks the conversion of the male hormone testosterone to an androgen called dihydrotestosterone, which is thought to play a role in hair loss, and the drug known as Propecia, (a lower dose version of Proscar) is used to treat hair loss. Proscar has been shown to decrease the incidence of prostate cancer.

PSA screening for prostate cancer is generally not begun until men are in their 40s and 50s, But Giraud and Yassa suggested that it might be useful to start it somewhat earlier for men who go bald in their 20s because of their increased risk. Experts cautioned, however, that the number of people involved in the study was small, so the results should be interpreted with care.

Dr. Michael Yassa said the study focused on early balding, and he notes that more research is needed to understand whether different types of hair loss – receding hair lines as opposed to shedding at the crown – are more or less connected to cancer.

He said his study should not alarm men since it included only a few men who showed balding at the plate, so a larger trial may suggest a link between the pattern of hair loss and cancer risk.

Cost of Prostate Care in U.S. varies with Initial Treatment -

The following is a very short excerpt of information that was obtained from the *Cancerfacts.com website*.

A new analysis has found that short-term and long-term cost of prostate cancer care vary considerably based on which treatment strategy a man initially receives. Published early online in *Cancer*, a peer reviewed journal of the American Cancer Society, the study finds that treatments that may be less expensive in the short-term may have higher long-term costs.

The investigators found that for most prostate cancer cases, costs were highest in the initial year and then dropped sharply and remained steady over the next several years; however, patterns of costs varied widely in the short-term and long-term based on initial treatment received. Watchful waiting had the lowest initial (\$4,270) and five year total costs of (\$9,130). Initial treatment costs were highest for patients who received hormonal therapy plus radiation (\$17,474), followed by those undergoing surgery (\$15,197). Hormonal therapy had the second lowest initial costs but the highest five-year total costs (\$26,896). “This demonstrates that treatments that may be less expensive in the short-term may have higher long-term costs, said Dr. Clair Snyder the chief investigator. Hormonal therapy plus radiation (\$25,097) and surgery (\$19,214) had the second and third highest five-year total costs.

Correction – A few months ago I mentioned in this newsletter that Dr. Ziad Jaklis recommended Androcur for hot flashes. This information was wrong his recommendation is that those men on Hormonal Therapy can take **Megace** to help control their hot flashes.

Urologist Reveals New Drug May Prolong Men’s Survival with Hard-To-Treat Prostate Cancer –

The following was obtained off the Internet and *Google Alerts/Prostate Cancer*

According to new findings, abiraterone acetate, and investigational drug, can prolong the survival of men with metastatic castration-resistant prostate cancer (CRPC) whose disease is progressing after receiving docetaxel-based chemotherapy.

Lead researcher **Howard Scher, M.D.**, of Memorial Sloan Kettering Cancer Centre (MSKCC) in New York, reported at the 4th annual Genitourinary Symposium that abiraterone acetate prolonged survival by a median of approximately 4 months. Abiraterone acetate recipients had a 35% decreased risk of death relative to those in the placebo group.

Dr. Howard Scher, Chief of Genitourinary Service at MSKCC’s Sidney Kimmel Center for Urologic & Prostate Cancers, & his collaborators also observed

improvements in secondary end points attributable to Abiraterone acetate, such as time to PSA progression, radiographic progression-free survival & PSA response rate. Notable as well, was that the safety profile (adverse events or toxicities observed in patients receiving Abiraterone acetate) was very similar to the placebo treated patients, Dr. Scher said. The events that occurred more frequently in Abiraterone acetate treated patients were fluid retention, hypertension & hypokalemia which are related to known mechanism of action of the drug respectively.

“These results establish that considering CRPC to be ‘hormone refractory’ may deny patients a safe and life prolonging treatment,” Dr. Howard Scher told attendees.

WITT'S WIT (ON THE LIGHTER SIDE) -

OLD FART PRIDE

If you bump into an Old Fart on the sidewalk he will apologize. Old Farts trust strangers and are courtly to women.

Old Farts hold the door for the next person and always, when walking, make certain the lady in on the inside for protection.

Old Farts have moral courage and personal integrity. They seldom

brag unless it's about their children or grandchildren.

It's the Old Farts who know our great country is protected, not by politicians, but by the young men and women in the military serving their country.

This country needs Old Farts with their work ethic, sense of responsibility, pride in their country and decent values.

We need them now more than ever

Thank God for Old Farts!

On-Off Therapy Works in Prostate Cancer –

The following is an excerpt of information that was obtained from the *MedPageToday.com* website and originated with ASCO GU, from their recent conference in Orlando FL.

Intermittent androgen deprivation therapy guided by cancer-related biomarkers appears to be just as effective for treatment following prostate cancer therapy as continuous hormonal treatment, researchers said at the conference in Orlando.

In the test to show intermittent was noninferior to continuous androgen deprivation therapy, median overall survival was 9.1 years for men treated with standard, continuous therapy compared to 8.8 years for men who were on intermittent therapy, according to *Laurence Klotz, M.D., Chief of Urology at Sunnybrook Health Sciences Centre*

and Professor of Surgery at the University of Toronto.

Intermittent androgen suppression should be the standard of care for most patients with prostate-specific antigen (PSA) recurrence after radiation therapy, with or without radical prostatectomy initiating androgen deprivation therapy,” Klotz said in the oral presentation.

Interestingly, the researchers noted that the time to castrate resistance was greater in the median overall survival, indicating that some of the men in the study were dying from diseases other than prostate cancer, Klotz told *MedPage Today*.

The median time to castrate resistance was 10 years in the continuous group and 9.8 years in the intermittent treatment group. About 15% of the patients in the continuous treatment group died of their prostate cancer within seven years in the study compared to 18% of those on intermittent therapy – a non significant difference.

“In men with PSA recurrence after radiotherapy, intermittent androgen suppression is not inferior to continuous deprivation with respect to overall survival,” he added.

One of the surprises of his study was that patients in the intermittent therapy group were on medication for 27% of the time, whereas most clinicians suspected that the time on and off medication would be equal.

“This is an important study and reflects what a lot of us have been doing

in the clinic with our patients on androgen deprivation therapy,” said **Oliver Sartor, M.D.**, *Director of the prostate cancer program and Professor of Medicine and Urology at Tulane University, New Orleans.*

Dr. Sartor said that the “Savings in regard to cost of these medications could be enormous.”

Klotz added, “This is a win-win situation. Not only do we have a therapy that appears to be better tolerated for the patient, but it is also cost-saving.”

Men randomized to the continuous therapy group who experienced rising PSA following definitive castration treatment continued on anti-androgen treatment until castration resistance occurred.

The men on the intermittent therapy were administered treatment for eight months and then were taken off medication. When their PSA levels rose to about 10 ng/ml they went back on therapy for another eight-month cycle. They stayed on intermittent therapy until castrate-resistance cancer emerged. PSA and testosterone levels were monitored every two months.

If PSA levels rose to about 10 ng/ml within two months of stopping anti-androgen therapy, patients were removed from the intermittent therapy and were placed on continuous therapy.

The two groups experienced similar problems with erectile dysfunction, libido, urinary frequency or urgency, fatigue, cardiac events, hot flashes and fractures

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-

- **April 9th – May 14th – June 11th – Note - No meetings in July and August – September 10th**

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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