

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

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VOLUME 14 – ISSUE 7 – (NUMBER 163) – APRIL 2011

At the March meeting of the Kelowna Prostate Cancer Support and Awareness Group we did something that we haven't done for a while and that was to have some of the fellows in the group stand up and tell their stories. Three fellows stood up and gave outlines on both how their diagnosis was initially made, the treatment choices they made and their outcomes following treatment. A couple of the men have recurrent cancer with one gentlemen mentioning that his cancer returned five years after having a radical prostatectomy.

I find these sessions to be very interesting and can be very educational especially for some of the fellows who haven't made their minds up regarding treatment, and for some that may be complacent following treatment. Hearing these stories also ensures that we must continue with regular PSAs following treatment, because we never know if cancer may return sometime down the road following treatment.

Newer Drug May Help Prevent Fractures in Men With Prostate Cancer –

The following was posted on Feb. 25, 2011 and was obtained from *HealthDay News*.

A new study is suggesting that a new drug called **Denosumab (Xgeva)** performed somewhat better than the current standard treatment of *zoledronic acid (Zometa)* for preventing fractures and other bone problems in men with hormone-resistant prostate cancer.

In many patients, prostate cancer becomes resistant to initial treatment within the first few years of diagnosis. As a result, tumours begin to grow again and spread to other parts of the body, including bones. This increases the risk of fractures and other bone problems that cause pain and disability, which can greatly reduce a man's quality of life, according to background information in the study.

Helping to prevent these bone troubles can prove very important to these patients, one expert said.

"The successful treatment of osteoporosis, bone pain, and complications of advanced boney disease in men with [castration] – resistant prostate cancer will increase their quality of life considerably," noted **Dr. Elizabeth Kavalier**, a urology specialist at *Lenox Hill Hospital in New York City*. She was not involved in the new study.

The research, which was funded by Xgeva's maker, Amgen, was led by *Dr. Karim Fizazi* of the *University of Paris Sud, in France*, and included more than 1,900 men in the study. The men were treated for hormone-resistant prostate cancer at 342 centers in 39 countries. They were randomly assigned to receive either 120 milligrams of denosumab, delivered subcutaneously (needle just under the skin) plus an intravenous placebo (950 patients) or 4 milligrams of IV zoledronic acid plus IV placebo (951 patients), given every four weeks.

All the patients were advised to take supplemental calcium and vitamin D to help strengthen their bones. This advice was followed by 90 percent of the patients in the denosumab group and 87 percent of those in the zoledronic acid group.

The median time to the first bone problems was just under 21 months in the denosumab group and a little more than 17 months in the zoledronic acid group.

Overall, the bone problems occurred in 36 percent of patients who took denosumab and 41 percent of those who took zoledronic acid.

"The 5 percent reduction in skeletal related events, including pathologic fractures and spinal cord compression, seen in the denosumab group versus the zoledronic acid group is very encouraging," Kavalier said. "This is a difficult patient population in that

their symptoms related to bone metastases can be debilitating.”

Serious adverse events were recorded in 63 percent of patient in the denosumab group and 60 percent in the zoledronic acid group.

Of the adverse events most likely related to treatments, hypocalcaemia (very low calcium concentrations) occurred in 13 percent of patients taking denosumab and 6 percent of those taking zoledronic acid, while osteonecrosis of the jaw (debilitating destruction of bone tissue) occurred in 2 percent of the denosumab group and 1 percent of the zoledronic acid group.

This study was published in the February 24, 2011 online journal *The Lancet*.

New Dietary Guidelines from Harvard Medical School – 8 Foods to Eat More of, 7 to Cut Back On.

I received this information on March 22 and thought it would be of interest to those who receive this newsletter.

The latest nutrition guidelines from the U.S. Department of Agriculture and the Department of Human Services have a new emphasis: weight control. In previous years, the guidelines focused on nutrients: What proportion of fats, proteins, and carbohydrates is optimal for health? Or, what amounts of different vitamins and minerals do you need to protect your self from diseases?

The slogan for the new guidelines is: “*Calories In, Calories Out.*” Put another way: Americans should strive to maintain a calorie balance, eating no more calories than they burn each day. If you are overweight, the goal is to eat fewer calories than you burn each day to reach a healthy weight. Calorie control and daily physical activity are the cornerstones of the new guidelines.

Why the emphasis of weight control? The Dietary Guidelines report explains it this way: “Poor diet and physical inactivity are the most important factors contributing to an epidemic of overweight and obesity affecting men, women and children in all segments of our society. Even in the absence of overweight, poor diet and physical inactivity are associated with major causes of morbidity and mortality in the United States.” With this in mind, the Dietary Guidelines include these recommendations for foods to cut back on and foods to increase.

7 Foods to Reduce –

1. – Reduce daily sodium intake to less than 2,300 milligrams (mg) and further reduce intake to 1,500 mg among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease.
2. Consume less than 10% of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.

3. Consume less than 300 mg per day of dietary cholesterol
4. Keep trans fatty acid consumption as low as possible.
5. Reduce the intake of calories from solid fats and added sugars
6. Limit the consumption of foods that contain refined grains, especially those with solid fats, added sugars and sodium.
7. If alcohol is consumed, it should be consumed in moderation – up to one drink per day for women and two drinks per day for men – and only by adults of legal drinking age.
5. Choose seafood in place of some meat and poultry.
6. Replace protein foods that are high in solid fats with proteins that are low in solid fats and calories.
7. Use healthy vegetable oils to replace solid fats where possible.
8. Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D, which are nutrients of concern to American diets. These foods include vegetables, fruits, whole grains, and milk and milk products.

8 Foods and Nutrients to Increase –

Eat more of these foods while staying within your calorie goals.

1. Eat a variety of fruits and vegetables, especially dark green, red and orange vegetables, fruits, and beans and peas.
2. Consume at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole grains.
3. Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages.
4. Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans, and peas, soy products and unsalted nuts and seeds.

WITT'S WIT (ON THE LIGHTER SIDE) -

Getting a Hairdryer Through Customs

In parochial school, students are taught that lying is a sin. However, instructions also advised that using a bit of imagination was OK to express the truth differently without lying. Below is a perfect example of those teachings:

An attractive young woman on a flight from Ireland asked the Priest beside her, "Father, may I ask a favor?"

"Of course, child. What may I do for you?"

"Well, I bought my mother an expensive hair dryer for her birthday. It is unopened but well over the Customs limits and I'm afraid they'll confiscate it. Is there any way you could carry it through Customs for me? Hide it under your robes perhaps?"

"I would like to help you, dear but I must warn you, I will not lie."

"With your honest face, Father, no one will question you."

When they got to Customs, she let the priest go first. "The official asked, "Father, do you have anything to declare?"

"From the top of my head to my waist I have nothing to declare."

The official thought this answer strange, so asked, "And what do you have to declare from your waist to the floor?"

"I have a marvelous instrument designed to be used on a women, but which is, to date, is unused."

Roaring with laughter, the official said, "Go ahead, Father."

How Things Have Changed in 15 Years –

The following are some of this editors and publishers views on how things have changed involving a Radical Retropubic Prostatectomy during the last 15 years.

When I had my very first PSA blood test at the age of 50 in 1992 it was quite high 7.0 ng/ml, however, back then PSA wasn't looked at quite the same way as it is today, and I didn't have my first biopsy until my PSA hit approx. 10 ng/ml. in 1994. When I had my surgery in 1995 the procedure lasted approximately two hours the incision was close to 6 inches long and I was asked to bank two units of my own blood prior to the surgery, and probably could have used another unit as I lost over a litre of blood during the surgery. In those days a Radical Prostatectomy was compared to Open Heart Surgery regarding the severity of the surgery.

Today if someone presenting with a PSA of close to 7 at age 50 would probably be sent for a biopsy immediately.

A Radical Prostatectomy procedure today lasts approximately one and a half hours as the surgeon's book 90 minutes for the procedure, generally nobody has to bank their own blood prior to the procedure and the incision is only about three to four inches long. It is not longer compared to Open Heart Surgery, regarding the severity of the surgical procedure.