

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre
Suite 210A – 3001 Tutt Street,
Kelowna, B.C., V1Y 2H4
Phone – (250) 712-2002
Fax – (250) 712-2004
E-mail – oprc@silk.net



**CANADIAN PROSTATE
CANCER NETWORK**

P.O. Box 1253
Lakefield, Ontario,
K0L 2H0
Phone – (705) 652-9200
Fax – (705) 652-0663
1-866-810-2726
<http://www.cpcn.org>

CCS Cancer Information Line – 1-888-939-3333

Publisher/Editor– Bren Witt

Newsletter available on line at – www.cpcn.org

VOLUME 10 – ISSUE 6 – (NUMBER 114) – JANUARY 2007

Happy New Year

Yvonne and I would like to take this opportunity to wish everyone a very **Happy New Year**. We hope that you will all have a great year in 2007. We would also like to take this opportunity to thank all those who attend our meetings for their continued support. The Kelowna Prostate Cancer Support and Awareness Group would not be as successful as it is without all the support we receive from you who take time out your Saturdays to attend our meetings.

At the December meeting of the Kelowna Prostate Cancer Support and Awareness Group we had a short information session and then we adjourned for some social time. This gave me an opportunity to speak to a great many people, I generally find myself so busy at the front of the room I don't get the time to talk to a lot of people at our meetings. We had a few new people attend this meeting for the first time, including a visitor from New Brunswick.

Prostate Cancer and its Association with Plasma Cholesterol –

The following information was obtained from the Internet and originated with *eMaxHealth* –

Prostate Cancer patients who had lower levels of cholesterol in their blood had a significantly reduced chance of developing more aggressive forms of the disease compared to patients with higher cholesterol readings.

These findings may help explain the earlier discovery, reported by the same team of researchers at the *American Association of Cancer Research (AACR)* annual meeting in 2005, that showed that men who used statin drugs experienced half the risk of developing advanced prostate cancer.

“Statin drugs reduce cholesterol in the blood, but they also influence a number of different pathways,” said the study’s lead researcher, *Elizabeth Platz, ScD, MPH, Associate Professor in the Department of Epidemiology at Johns Hopkins Bloomberg School of Public Health*. “This study suggests that the ability of statins to lower cholesterol may be important to prostate carcinogenesis, but we are continuing to examine other pathways with which statin drugs interact, such as reduction in inflammation.”

The researchers looked at cholesterol levels first because

cholesterol affects cell signaling and survival. Some scientists theorize that a large quantity of cholesterol in the blood could stimulate the survival of abnormal prostate cells.

The researchers studied blood drawn from 698 men before they were diagnosed with prostate cancer and matched it to blood drawn from 698 men who had been diagnosed with the disease. All of the men participated in *Harvard University’s Health Professionals Follow-up Study*, a group of 18,018 participants who provided a blood sample between 1993 and 1995.

They found that mean cholesterol levels did not differ between the men with prostate cancer and the control participants, suggesting that cholesterol was not involved in the initial development of prostate cancer, Platz said.

But when comparing men who had the lowest quartile of serum cholesterol to men who had the highest, they found that prostate cancer patients with lower cholesterol had the lowest risk of developing a more worrisome form of the disease. They specifically found that the risk of being diagnosed with high-grade or advanced cancer was reduced by 40 percent and 50 percent, respectively.

Platz says it is not clear at what levels serum cholesterol may stimulate the abnormal growth seen in cancer development. “The findings suggest either that high cholesterol may push existing prostate cancer to become

aggressive, or alternatively, very low levels of cholesterol may provide protection against development of an aggressive cancer,” she said. “We just don’t know which it is at this point.”

She also said that because the findings come from an observational study, not a trial, it is impossible to conclude that men can lower their risk of developing an aggressive form of prostate cancer by reducing their intake of saturated fat, the type of fat that increases serum cholesterol, which some studies have linked to an increased risk of advanced prostate cancer.

“It is too soon to say that such measures would be specifically beneficial to lowering such a risk, but for health in general, it is prudent to consume a diet that contains healthful fats that do not increase serum cholesterol,” she said.

Vow Broken on Cancer Wait Times –

The following information is an excerpt of an article that was obtained off the Internet and originated with *The Globe and Mail*.

It was a bold promise backed by billions of dollars in new government funding: Cancer patients should not have to wait longer than four weeks to obtain critical radiation treatment.

Four weeks. That’s double the maximum waiting time oncologists recommended but still seemingly better than the cancer-care limbo many patients faced when then *Liberal Health Minister*

Ujjal Dosanjh and his provincial counterparts made the announcement last December.

One month later, a new Tory Government was ushered in and waiting times became the centerpiece of health Minister Tony Clement’s health-care strategy.

But figures obtained by *The Globe and Mail* show a staggering 70 per cent of Canadian hospitals surveyed are unable to meet that standard for prostate cancer patients.

For breast cancer patients, the numbers are better but still fall short: Forty-seven per cent of hospitals surveyed are failing to radiate these patients within four weeks of being “ready to treat.”

“...There are lots of examples for patients who have really exemplary care, but there are others where patients are waiting long periods of time.”

In fact, the federal government’s four-week standard is perplexing in itself: Radiation oncologists have long said patients should face a maximum two-week wait after being deemed “ready to treat.”

“In my view, it’s the wrong target,” said *Tom Pickles, President of the Association of Radiation Oncologists*.

With a new federal government at the helm, Dr. Pickles was charged with contacting officials in March to ask why they would select a benchmark twice as long as what radiation oncologists recommend.

He said he never got a satisfactory answer, but was told it was a “done deal.”

Still, Dr. Pickles added, “Four weeks is better than no benchmark at all.”

That might have been the case if hospitals and other institutions providing radiation treatment across Canada were meeting that four-week standard. But not all of them are. And when oncologists applied their two-week treatment standard to the same institutions, the numbers were abysmally low.

Specifically, The Survey Found:

- Sixty-five per cent of hospitals are meeting the four-week benchmark for rectal cancer patients; 24 per cent are meeting the two-week standard.
- Seventy-five per cent of hospitals are meeting the four-week benchmark for patients with head and neck cancers, which can be fast growing; 19 per cent are meeting the two-week standard.
- Little more than half, or 53 per cent of institutions are meeting the four-week benchmark for breast cancer patients; 26 per cent are meeting the two-week standard.
- **Prostate Cancer** patients fared the worst, with only 30 per cent of institutions radiating them within the four-week benchmark and 15 per cent meeting the two-week standard.

- Lung cancer patients fared reasonable well, with 82 per cent of institutions radiating them within the four-week benchmark and 53 per cent meeting the two week standard.

It was almost a year ago when the provinces went to work on waiting times. They created clinical benchmarks for radiation cancer treatment for key medical procedures in exchange for signing a \$5.5 billion Wait Times Reduction Fund, part of a \$41 billion health accord created by the then-Liberal government.

Presented as the first step in a 10-year plan to repair a beleaguered health-care system, it tied federal money to results by urging the provinces to set benchmarks in five priority areas, including cancer services. Quebec opted to establish its own guidelines.

Under the accord, cancer services were defined by two groups – radiation oncology and screening. In the first group, provinces would “strive to provide” cancer patients with radiation therapy within four weeks of being deemed “ready to treat.” (The accord did not spell out a definition of “ready to treat,” but according to Dr. Pickles, doctors regard it as that time after which a patient has seen a radiation oncologist and had further tests ordered, and a treatment plan has been devised and agreed upon.)

Excluded from that list was surgery, even though 80 per cent of cancer patients will require it. That areas is highly difficult to track, largely because it involves 6,500 different operations done by at least 10 different

subspecialists, said *Jonathan Irish*, chairman of the expert panel for cancer surgery waiting times for Cancer Care Ontario. Ontario stands out as being aggressive in shaving down its waiting times for cancer surgery.

Robert Pearcey, former president of the *Canadian Association of Radiation Oncologists*, said some prostate cancer patients are choosing treatments they would not have selected as a first choice – such as an operation, or being put on hormone treatment – because waits to see a radiation oncologist are so long.

“In a worst-case scenario, there may be the odd patient who is not cured who could be cured [due to delays],” said Dr. Pearcey, a radiation oncologist in Edmonton.

Prostate cancer patients, he said, are waiting 14 weeks in Edmonton for a first appointment with a radiation oncologist.

“There’s a belief for which there is no good scientific evidence that prostate cancer might be a slower-growing cancer, therefore it’s more reasonable for these patients to wait,” Dr. Pearcey said.

But while some prostate cancers grow slowly, not all of them do.

Survey results show centers providing radiation treatment were having the most difficult time meeting the four-week benchmark when it came to patients with cancers of the breast and prostate – two groups that comprise roughly half of all patients requiring radiation.

WITT'S WIT (ON THE LIGHTER SIDE) -

MUSTARD OR MUSTURD?

As ham sandwiches go, it was perfection; a thick slab of ham on a fresh bun with crisp lettuce and plenty of expensive, light brown, gourmet mustard. The corners of my jaw aching in anticipation, I carried it to the table in our backyard, picked it up with both hands but was stopped by my wife suddenly at my side.

“Here, hold Johnny (our six-week old son) while I get my sandwich,” she said.

I had him balanced between my left elbow and shoulder and was reaching again for the ham sandwich when I noticed a streak of mustard on my fingers.

I love mustard.

I had no napkin.

I licked it off.

It was not mustard.

No man ever put a baby down faster. It was the first and only time I have sprinted with my tongue protruding. With a

washcloth in each hand, I did the sort of routine shoeshine boys do; only I did it on my tongue.

Later after she stopped crying from laughing so hard, my wife said, "Now you know why they call that fancy mustard... *"Poupon."*

Dendreon Completes FDA Filing for Prostate Cancer Drug

The following information was obtained off the Internet and originated with *The Seattle Times*.

Dendreon said on Monday November 13, 2006 that it had submitted the final portion of its application to the Food and Drug Administration for approval to market its prostate cancer drug in the U.S.

The Seattle based biotech company has asked the agency for a priority review of Provenge as a potentially life-saving drug. If the FDA grants the request, it would review the application for six months, instead of the usual 10 months.

Provenge is designed to stimulate a patient's immune system to attack prostate cancer cells. The company is asking for approval based mainly on a 127- patient study of men with terminal prostate cancer, which showed Provenge patients had a 4.5-month median survival edge over patients on a placebo. The drug's side effects primarily involve fever and chills that last one to two days.

Diabetes Linked to Lower Prostate Cancer Risk –

The following information was obtained from the Internet and *MedlinePlus*, the article originated with *Reuters Health*, and was published on November 22, 2006.

According to the results of a new study published in the *American Journal of Epidemiology* men with long-term diabetes may have a reduced risk of prostate cancer.

"Recent studies suggested an association between type 2 diabetes mellitus and lower risk for prostate cancer," *Dr. Mona Saraiya* and colleagues from the *Centers for Disease Control and Prevention, Atlanta*, write. "It has been hypothesized that men with long-term diabetes have a lower risk of prostate cancer than nondiabetic men, and recently diagnosed men have a higher risk."

In the current study, the researchers used data from the *National Health and Nutrition Examination Survey 2001 to 2002* to investigate the association between diabetes and prostate-specific antigen (PSA) levels, a biological marker for prostate cancer. Higher PSA levels indicate an increased risk of cancer.

The researchers adjusted the findings for the effect of known potential risk factors. For subjects without a diagnosis of diabetes, the researchers used fasting blood-sugar measurements to determine the presence of undiagnosed diabetes.

The average PSA levels were 21.6 percent lower among men with a self-reported diagnosis of diabetes compared with men without diabetes.

This difference increased with years since the diabetes diagnosis was made. Men diagnosed more than 10 years ago had a 27.5 percent lower average PSA level. Overweight men who had been diagnosed with diabetes more than 10 years ago had a PSA level that was 40.8 percent lower than normal-weight men without diabetes.

“It is unclear whether the lowered PSA level in diabetic men accurately reflects a decreased risk of prostate cancer in the diabetic population or whether their lower PSA levels result in a reduced likelihood of receiving a diagnostic workup for detection of asymptomatic prostate cancers, as has been suggested for obese men.” Saraiya and colleagues note.

“If the latter were true, diabetic men might well be diagnosed with later-stage tumors and have poorer treatment outcomes, and overweight diabetic men would have later-stage tumors than normal-weight diabetic men.”

Partners of Cancer Patients Suffer Too –

The following information was obtained from *Google Alerts – Prostate Cancer*.

New research is showing that the partners of men newly diagnosed with prostate cancer are hit harder with depression and anxiety than the victims themselves.

However, six months after diagnosis, it's the men who feel the most stress. A *University of Melbourne* study published in the October 2006 issue of the *Medical Journal of Australia* is one of the first to investigate the effects of the disease on both the spouse and the patient.

Researchers enlisted 103 Victorian men with the disease and their partners over a six-month period. They found that at the time of diagnosis it was the partners, not the patients, who showed higher rates of depression and anxiety disorders. Their rates were more than twice that of an average Victorian resident.

But as the months progressed the situation reversed, so that the patients were experiencing the higher levels of psychological distress.

Satisfaction in the marriage remained constant in the patients throughout the period but their partners showed increasing dissatisfaction at the end of the study.

“Clearly, the negative psychological effects of this cancer represent a major health care issue, *Dr. Jeremy Couper* wrote.

The psychiatrist and his colleagues said their findings strengthen the case for offering counseling and support to the man and woman if it is to have any real effect.

“Our findings suggest the value of a couple-focused counseling program, similar to that devised and applied for couples facing breast cancer,” the author wrote.

“A preventative intervention of this type could help the growing number of middle-aged and older men affected by (prostate cancer) and their partners to enjoy productive lives together.

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- 2007

February 10th – March 10th – April 14th – May 12th – June 9th

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Kelowna Health Centre – 1340 Ellis Street. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank Sanofi Aventis manufacturer of Eligard®, Taxotere® and Xatral® 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

NAME - _____

ADDRESS - _____

CITY - _____ PROV. _____ POSTAL CODE _____

\$25. \$50. \$100. \$250. \$500. \$ Other amount _____

Please make your cheque payable to the –

Okanagan Prostate Resource Centre Society,
Ste. 210A – 3001 Tutt Street,
Kelowna, B.C.,
V1Y 2H4

An official charitable receipt will be issued and mailed out to you.

Canada Revenue Agency: <http://www.cra-arc.gc.ca>