

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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HAPPY NEW YEAR

Yvonne and I would like to take this opportunity to wish everyone a **VERY HAPPY 2008**. This issue of our newsletter marks the beginning of a new year, and what I expect to be a very busy year. Through my involvement with the Okanagan Prostate Resource Centre Society we are planning to hold a Prostate and Male Health Forum on Tuesday April 22nd at the Kelowna Community Theatre. This Forum will not only cover prostate cancer but other male health problems. We are also hoping to have someone speak on Sports Medicine. Hopefully this will encourage some younger fellows to attend this forum. We are also busy getting organized for our first annual Do It For Dad Walk/Run in June

Yvonne and I would like to thank everyone for your continued support of our support group in Kelowna it is extremely encouraging the amount of support we receive.

Counseling Aids Prostate Cancer Patients and Wives

The following information was obtained from the Internet and originated with *Reuters Health and MedlinePlus*.

A recent study has suggested that just a few counseling sessions may help both men and their wives deal with a diagnosis of prostate cancer.

Past research has found that wives often suffer even more emotional distress than their husbands after a prostate cancer diagnosis. Besides dealing with their own anxiety, wives have to take on the role of caregiver – yet there are few resources available to help them.

The new study, reported in the journal *Cancer*, evaluated a program designed to improve quality of life for prostate cancer patients and their spouses.

Dr. Laurel L. Northouse, of the *University of Michigan in Ann Arbor* and associates, randomly assigned 235 couples to either a standard care or standard care plus five sessions with a nurse specially trained to help couples deal with prostate cancer. Three of the sessions were conducted in couples' homes and two were done over the phone.

Couples were given information about prostate cancer and its treatment, and learned ways to deal with their stress, maintain a positive outlook and to better communicate with each other.

At the outset, then again every four months over the next year, couples completed questionnaires on their quality of life and success in dealing with the disease.

By the study's end, the researchers found, men who received counseling reported less uncertainty about their condition and better communication with their wives than men in the comparison group.

Meanwhile, their wives seemed to benefit even more – reporting better quality of life, self-confidence and communication than women in the comparison group, as well as less uncertainty and hopelessness.

Wives might have benefited more from the program because they had an even greater need for it than their husbands did, according to researchers.

In past research, Northouse and her colleagues have found that wives often had more emotional distress than prostate cancer patients themselves, but received less help for it.

Taken together, these findings suggest that, "at a minimum," prostate cancer patients' spouses need to be included in the treatment process, Northouse's team concludes.

"To often," the investigators write, "they are viewed as outside observers or only as providers of

care. Instead, clinicians need to recognize that spouses are affected by the cancer and to treat them as corecipients of care.”

Obesity Can Skew Prostate Cancer Test –

The following information was obtained from the Internet and originated from several sources including *Reuters Health*, *WebMD*, *Johns Hopkins Medicine*, and *MedlinePlus*.

A new study published in *The Journal of the American Medical Association* is suggesting that obese men may have prostate cancer despite relatively low values on the PSA blood test.

Earlier studies showed that obese men have slightly lower PSA concentrations than lean men do. It's not clear why this is so. However, new findings from *Duke researcher Dr. Stephen J. Freedland and colleagues* now suggest an answer.

The test may yield falsely reassuring results because obese people have more blood in their bodies due to their girth, thus diluting the concentration of the protein doctors use to detect the presence of prostate tumors, the researcher said.

The researchers reviewed the medical records from some 14,000 prostate cancer patients who had undergone radical prostatectomies between 1988 and 2006 at *The Johns Hopkins Hospital, in Maryland, Duke University in North Carolina* as well as several other hospitals.

Men with a body mass index, or BMI, indicating obesity had higher blood volume and lower PSA concentrations. The most obese men had PSA concentrations 11 to 25 percent lower than those recorded in men of normal weight, the researchers reported in the *Journal of the American Medical Association*.

These men could have a total amount of PSA in the blood that might signal prostate cancer, but because they had so much more blood, the PSA concentration was so diluted that the test results seemed to show no cause for alarm, they added.

Thus, PSA concentrations that might be no worry for a thin man might suggest cancer for an obese one. “It's not that PSA is a bad test in obese men. Rather, we just need to learn how to use it better,” *Duke urologist Dr. Stephen Freedland* said in an interview.

The predictive value of the PSA test depends on accurate reading of a protein, **(P)rostate (S)pecific (A)ntigen** continually pumped out by the prostate. When the prostate is enlarged – due to cancer or other disorders – the concentration of PSA in the bloodstream can increase, signaling the possible presence of a tumor. Physicians thus commonly regard increased PSA values as a first marker to diagnose prostate cancer, to be followed by other diagnostic tests such as physical exams and ultrasound.

Complicating the picture further, the researchers note, that both physical exams and imaging studies are more difficult in obese men.

Another physician, *Dr. Nelson Stone*, clinical professor of urology and radiation oncology at *Mount Sinai School of Medicine*, is skeptical of the results, because the research just focused on men with advanced prostate cancer. That and other factors may have skewed the results, he said.

“I don’t think they have proved their point,” he said. But he added. “We need to be a bit more careful when we evaluate a patient who is larger, and we need to look at his PSA and compare to a patient who is thinner. The PSAs are not the same.”

WITT'S WIT (ON THE LIGHTER SIDE)

THE BUTTOCKS

A married couple was in a terrible accident where the man's face was severely burned. The doctor told the husband that they couldn't graft any skin from his body because he was too skinny.

So the wife offered to donate some of her own skin. However, the only skin on her body that the doctor felt was suitable would have to come from her buttocks.

The husband and wife agreed that they would tell no one where the skin came from, and they requested that the doctor also honour their secret.

After all, this was a very delicate matter. After the surgery was completed, everyone was astounded at the man's new face. He looked more handsome than he ever had before!

All his friends and relatives just went on and on about his youthful beauty! One day, he was alone with his wife, and he was overcome with emotion at her sacrifice. He said, "Dear I just want to thank you for everything you did for me. I Hope I can I repay you?"

"My darling," She replied, "I get all the thanks I need every time I see your mother kiss you on the cheek."

If this didn't make you smile ~ nothing will

Low Carb Diet May Stunt Prostate Tumor Growth –

The following information was obtained from the *MedlinePlus website* and originated with *Reuters Health*.

A study conducted in mice suggests a potential link between carbohydrate intake and prostate tumor growth. In the study, researchers observed significantly less tumor growth in mice fed a no-carbohydrate diet compared to those fed a Western-style diet.

“There is a link between diet and prostate cancer,” *Dr. Stephen J. Freedland of Duke University Medical Center, Durham, North Carolina*, told Reuters health. “What exactly that link is and how best to use it to prevent and treat prostate cancer remains unclear.”

Recent studies have suggested that carbohydrate intake may influence prostate cancer biology, Freedland and colleagues note in a report in the journal *Prostate*. To investigate further, they compared prostate tumor growth in 75 mice equally separated into three diet groups.

The no-carb diet provided zero percent carbohydrates and 84 percent fat; the low-fat diet provided 72 percent carbohydrate and 12 percent fat; and the Western diet provided 44 percent carbohydrate and 40 percent fat. All three diets provided 16 percent of the total calories as protein.

The researcher found that mice fed a no-carb diet had tumor volumes up to 33 percent smaller, on average, than mice fed the Western-style diet. Average tumor volumes did not differ significantly between mice eating the low-fat or Western diets.

Mice fed the no-carb diet also had significantly prolonged survival relative to mice fed the Western diet.

The researchers observed that the no-carb diet was associated with a reduction in serum insulin and insulin-like growth factor type 1 (IGF-

1) – a protein that helps spur cells to multiply and has been implicated in the cancer process – and with an increase in a related protein called IGF-BP3 which blocks the action of IGF-1.

Within a year, the investigators hope to assess how following a low carbohydrate diet for one month prior to prostate cancer surgery might impact tumor growth in men.

But Freedland cautions that clinical trials, such as this, need to replicate animal study findings before any general claims concerning carbohydrate intake and prostate tumor growth can be made in humans.

More on Flaxseed and Prostate Cancer

The following is a reprint from an article that appeared in the Vol. 10 No. 4 issue of the *Prostate Forum*, a newsletter published by *Dr. Charles (Snuffy) Myers*. Dr. Myers is a Medical Oncologist from Charlottesville Virginia specializing in prostate cancer treatment. Dr Myers is also a prostate cancer survivor. Dr. Myers writes -

I’ve reviewed several times the issue of flaxseed oil and prostate cancer here in the Prostate Forum. (See Vol. 8 #6 & #7). The results are easy to summarize. A bulk of the evidence suggests that flaxseed oil may speed progression of prostate cancer. Much is made of Flax as a source of omega 3 fatty acids, but human males largely lack the capacity to metabolize the omega 3 fatty acids found in flax to EPA and DHA, the omega 3 fatty acids that are

generally regarded responsible for suppressing cancer progression. EPA and DHA are found in fish oil and there seems little reason to use flaxseed oil when fish oil is so readily available. Flaxseed represents a different problem. While it contains flaxseed oil, it also contains a range of other interesting compounds. Scientific interest has focused on the lignans, phytoestrogens that have been described as having a major impact on androgen metabolism in experimental models.

At the Spring 2007 meeting of the *American Society of Clinical Oncology*, Demark-Wahnefried *et al.* reported the results of a clinical trial testing the impact of flaxseed on men with prostate cancer. I should point out that this is not a peer-reviewed publication, but rather a presentation at a national meeting. This means that you and I do not have the full details available as we would if we were discussing a published paper. Having said that, this trial was a very interesting design and involved randomizing 161 patients into four groups: control, low fat, flaxseed, and flaxseed + low fat. The size of this trial would place it more on the order of a randomized Phase II than a definitive Phase III trial. Also, the end point was unusual: they biopsied the cancer and measured the number of cells that were actively growing. They used this to calculate a mean tumor proliferation rate. An even greater suppression was seen in the group that combined low fat and flaxseed. The group on low fat alone experienced a reduction of proliferation that was not large enough to be statistically significant. The number of dying cells was the same in all groups.

I have several reactions to this trial, based on the limited information we have. First, this is a clinical trial that required great skill to execute and the authors can be proud of their accomplishment. Second, this trial suggests that flaxseed may indeed be beneficial and should be regarded as a different problem than that of flaxseed oil. The end point in the trial, suppression of tumor proliferation rate, is an unusual end point for a cancer clinical trial.

There is no literature that establishes a link between agents that suppress proliferation in a biopsy and survival or quality of life. Also, the size of this trial means that it should be viewed as simply providing information for the design of a more definitive trial. Dr. Demark-Wahnefried implied as much in an interview. As an aside, there was no effect on serum testosterone levels, so this should not interfere with sexual function or be feminizing. I have other concerns at this point. With so many papers showing a link between flaxseed oil and prostate cancer progression, I think we need to be cautious. This paper did not last long enough to rule out the possibility that flaxseed might reduce the tumor proliferation rate while fueling progression. Cancer progression is controlled by rate of metastatic spread and other factors in addition to proliferation rates. My conclusion is that this work should proceed, but that it is premature to put ground flaxseed on your morning cereal just yet.

PSA as an Effective Early Marker of Prostate Cancer –

The following is a reprint of an article that appeared in the online issue of *Johns Hopkins Health Alerts*, and was written by *Dr. Jacek L. Mostwin, Medical Editor of the Johns Hopkins Medical Bulletin*.

At a recent press briefing to describe his interesting study, *Hans Lilja, M.D., Ph.D.*, and attending clinical chemist at Memorial Sloan-Kettering Cancer Center in New York, detailed how a single PSA test given to more than 21,000 men in their early 40s was highly predictive of their developing advanced prostate cancer 20 to 25 years later. More than 60% of advanced cancers (T3) that developed over a 25-year period were associated with PSA values in the 80th percentile or greater among men between the ages of 44 and 50. "It's fascinating to realize that 20 to 25 years away from the baseline sample, this (PSA) biomarker is so informative," Dr. Lilja told the assembled reporters.

Data for Dr. Lilja's study came from archived blood samples that had been collected and stored in Maimo, Sweden between 1974 and 1986. By 2000, 161 men had developed advanced prostate cancer. Their PSA values were then compared with those of 500 age-matched controls. Small elevations in PSA increased the risk of developing advanced prostate cancer. By age 75, men whose PSA was 0.5 ng/ml at the time of sampling, years earlier, had a 2% likelihood of developing T3 prostate

cancer. However, if the original PSA level was 2 ng/ml or higher, the risk of advanced cancer was 12%, a six fold jump.

"PSA is highly controversial," said Dr. Lilja, "but obviously a PSA test taken early in life, before the age of 50, had an undoubtedly high capacity to predict future risk of prostate cancer, and cancer of unquestionable significance.

What this study suggests supports what my Hopkins colleague, H. Ballentine Carter, M.D. has suggested previously, based on his own PSA studies. That is, that men should have a PSA test in their 40's. Based on that PSA reading, a man could be placed in a low – or high-risk group, which would then determine how frequently his PSA is monitored over the next two decades.

Bottom line advice: At present, men are urged to have their first PSA test at age 50 --- an age chosen randomly and based on no real science. "This study looked at the development of advanced disease that is threatening to a man's life, and it could help predict this," said *Christopher L. Amling, M.D.*, Director, Division of Urology, UAB Hospital, Birmingham, Alabama, and moderator of the press conference. "There should be new guidelines on how we screen for prostate cancer. These guidelines may appear soon, and this study certainly supports that."

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 9th - March 8th - April 12th - May 10th - June 14th -

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

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