

# KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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## **VOLUME 10 – ISSUE 2 – (NUMBER 110) – SEPTEMBER 2006**

I was one of the approximately 160 delegates that took part in the third annual Canadian Prostate Cancer Network (CPCN) conference that took place in Calgary July 30, August 1 & 2. The theme for this year's conference was military based and was *“Winning The War Against Prostate Cancer.”* This was a very interesting an educational conference. Guest speakers included General Paul Manson, who was the keynote speaker at the Sunday banquet. Session speakers on Monday and Tuesday included *Dr. Stephen Strum, Dr. Larry Goldenberg, Ms. Vivienne Parry and Ms. Inga Christensen.* Dr. Strum was the first speaker Monday morning. His presentation was entitled *‘The End of Prostate Cancer.’* Dr. Strum mentioned that if there is a family history of prostate cancer PSA testing should begin at age 35 not 40. Another item that he spoke about was that a number of cancer drugs presently being used to treat or are under trial studies to treat other cancers including breast cancer are not being tested to see if they will be effective to treat prostate cancer. The second speaker of the morning was Dr. Larry Goldenberg from Vancouver. Dr. Goldenberg spoke about Awareness and Education. He is a strong proponent of the PSA blood test. He gave those present some statistics including that 260,000 men in North America will be newly diagnosed with prostate cancer this year and 35,000 men will die from the disease.

Dr Goldenberg also mentioned that prostate cancer accounts for 33% of all new male cancer cases and 10 % of all male cancer deaths.

Dr. Goldenberg during his presentation spoke about the barnyard where there are **Turtles, Rabbits and Birds.**

Turtles are cancers that can be treated with active surveillance.

Rabbits are those cancers that can be treated with either surgery, radiation, including brachytherapy or cryotherapy. What is the best way to treat and when is the best time to treat?

Birds are those aggressive cancers that are hard to treat.

He mentioned that it would be nice if there was an ideal screening test, however, at the moment the best test is the PSA but it has to be done in conjunction with the DRE.

The third speaker of the day was Vivienne Parry from England. Vivienne scientist by training and is also a writer of many articles that have appeared in over 40 magazines, papers and journals. She has also appeared on television and radio. She started the first and largest Prostate Cancer Charity in England. Her presentation was ***Why The Media Loves Breast Cancer and Does Not Treat Prostate Cancer the Same Way.***

Some of the reasons why the media loves breast cancer are –

- Prevalence
- Sexual meaning of breasts
- Impact on younger women
- Relative lack of stigma

- Vocal involvement of victims
- Celebrity association
- Medias need to attract female audience.

Some of the things journalists love –

- Controversy
- Drama
- Human interest

Inherited breast cancer gives all three

Prostate cancer is not sexy, even though it affects as many men as breast cancer affects women, the women are much more active in promoting breast cancer awareness and the stigma of the disease than we do promoting prostate cancer awareness. However we are making some small steps.

The last speaker Monday afternoon and also continued Tuesday morning was Inga Christensen. She conducted a workshop entitled ***'Operation Brainstorm'*** in which we all worked together to generate lists of ideas to help our support groups increase awareness of prostate cancer in our local areas. This was continued on Tuesday morning where we worked on a couple of other work sheets – ***'How do you get access to our target audience in your community?'*** and ***'How are venues and resources connected to potential projects?'*** Following these workshops some very interesting ideas were presented to those in attendance. A couple of groups mentioned what they do in their communities for prostate cancer awareness. One of the Ontario groups holds a Tag Day and for a donation gives out a small sticker as well as information brochures on prostate

cancer. This also acts as a fundraiser for this support group.

## Prostate Cancer: Dealing with Fatigue –

The following is an excerpt of information that was obtained from the June/July *Us Too International Chapter Leader News* – Presented by: *WebMD Medical Reference in collaboration with The Cleveland Clinic*.

**F**atigue is often confused with tiredness. Tiredness happens to everyone. It's a feeling you expect after certain activities or at the end of the day. Usually, you know why you are tired and a good night's sleep solves the problem.

Fatigue is a daily lack of energy. It is an unusual or excessive whole-body tiredness not relieved by sleep. It can last for just a short time (a month or less) or stay around for longer (one to six months or longer). Fatigue can prevent you from functioning normally and gets in the way of things you enjoy or need to do.

Cancer-related fatigue is one of the most common side effects of cancer and its treatment. It is not predictable by tumour type, treatment, or stage of illness. Usually, it comes on suddenly, does not result from activity or exertion, and is not relieved by rest or sleep. It is often described as "paralyzing." It may continue even after treatment is complete.

### What Causes Cancer-Related Fatigue?

The exact reason for cancer-related fatigue is unknown. It may be related to the disease itself or its treatments. The

following cancer treatments are commonly associated with fatigue:

**Chemotherapy.** Any chemotherapy drug may cause fatigue, but it may be a more common side effect of drugs such as vincristine, vinblastine, and cisplatin. Patients often notice fatigue after several weeks of chemotherapy, but this varies among patients. Some patients feel fatigue for a few days, while others say the problem persists throughout the course of treatment and even after the treatment is over.

**Radiation Therapy.** Radiation therapy can cause fatigue that increases over time. This can occur no matter where the treatment site is. Fatigue usually lasts from three to four weeks after treatment stops, but can continue for up to two or three months.

**Combination Therapy.** More than one cancer treatment at the same time or one after the other increases the chances of developing fatigue.

### What Other Factors Contribute to Fatigue?

Tumour cells compete for nutrients, often at the expense of the normal cells' growth.

Decreased nutrition from the side effects of treatments (such as nausea, vomiting, mouth sores, taste changes, heart burn, or diarrhea) can also cause fatigue

Cancer treatments, specifically chemotherapy, can cause reduced blood counts, which may lead to anemia, a blood disorder that occurs when the blood cannot adequately transport oxygen throughout the body. When

tissues don't get enough oxygen, fatigue can result.

Medicines used to treat side effects such as nausea, pain, depression, anxiety, and seizures can also cause fatigue.

Research shows that chronic, severe pain increases fatigue.

Stress can worsen feelings of fatigue. Stress can result from dealing with the disease and the "unknowns," as well as from worrying about daily tasks or trying to meet others' needs.

Fatigue may result when you try to maintain your normal daily routines and activities during treatments. Modifying your schedule and activities can help conserve energy.

Depression and fatigue often go hand-in-hand. It may not be clear which started first. One way to sort this out is to try to understand your depressed feelings and how they affect your life. If you are depressed all the time, were depressed before your cancer diagnosis, or if you are preoccupied with feelings of worthless and useless, you may need treatment for depression.

#### **What Can I Do to Combat Fatigue?**

The best way to combat fatigue is to treat the underlying medical cause. Unfortunately, the exact cause is often unknown, or there may be multiple causes. Some treatments may help improve fatigue caused by an underactive thyroid or anemia. Other causes of fatigue must be managed on an individual basis.

**Editors Note:** This article will be continued in our October newsletter.

## WITT'S WIT (ON THE LIGHTER SIDE) -

Actual Australian Court Docket 12659 -

### *CASE OF THE PREGNANT LADY*

A lady about 8 months pregnant got on a bus. She noticed the man opposite her was smiling at her.

She immediately moved to another seat.

This time the smile turned into a grin, so she moved again. The man seemed more amused.

When on the fourth move, the man burst out laughing, she complained to the driver, and he had the man arrested.

The case came up in court. The judge asked the man (about 20 years old) what he had to say for himself.

The man replied, "Well your honor, it was like this: When the lady got on the bus, I couldn't help notice her condition. She sat down under a sign that said, '*The Double Mint Twins are coming,*' and I grinned."

"Then she moved and sat under a sign that said, '*Logan's Liniment will*

*reduce the swelling,' and I had to smile."*

"Then she placed herself under a deodorant sign that said, *'William's Big Stick did the trick,'* and I could hardly contain myself."

"BUT, your honor when she moved the fourth time and she sat under a sign that said, *'Goodyear Rubber could have prevented this accident'...* I just lost it."

**"CASE DISMISSED!!"**

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| Intermittent Hormone Therapy Effective for Treatment of Advanced Prostate Cancer – |
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The following information was obtained from the Internet and originated with *CancerConsultants.com*.

Reference for this article came from Bruchovsky N, Klotz L, Crook J, et al. The following are the final results of the Canadian Prospective Phase II Trial of Intermittent Androgen Suppression for men with biochemical recurrence after radiotherapy for locally advanced prostate cancer. *Cancer*. 2006; 107:389-395.

**A**ccording to results recently published in the journal *Cancer*, intermittent treatment with hormone therapy may be an acceptable treatment alternative with fewer side effects than standard administration for men with recurrent prostate cancer who have received radiation therapy.

The prostate is a gland of the male reproductive system. It produces some of the fluid that transports sperm during ejaculation. After skin cancer, prostate cancer is the most common form of cancer diagnosed in men. The outlook for men diagnosed with prostate cancer is good: overall survival rates for all stages of prostate cancer have improved dramatically over the past 20 years.

Current treatment options for prostate cancer include active surveillance (watchful waiting), surgery, chemotherapy, radiation or hormonal therapy. Hormonal therapy is designed to block testosterone from stimulating the growth of hormone-dependent types of prostate cancer.

Hormonal therapy is a very effective and commonly used treatment for men with prostate cancer that has recurred following prior therapy, a condition referred to as recurrent cancer. However, hormone therapy, sometimes also referred to as **androgen suppression**, is associated with significant side effects, which affect patients' quality of life. The side effects include weight gain, loss of bone density and increased risk for bone fractures, loss of sexual desire, fatigue and low levels of red blood cells.

One concept that is being evaluated to reduce side effects associated with hormone therapy is **intermittent hormone therapy** or medically referred to as **intermittent androgen**

**suppression (IAS).** In IAS hormone therapy is begun and then followed by a break from treatment until prostate specific antigen (PSA) levels rise to a pre-specified level; at this time treatment is resumed. It is also thought that the time off from hormone therapy with IAS may reduce the rate at which patients stop responding to the treatment.

Researchers from Canada recently conducted a clinical trial study to further evaluate IAS in patients with recurrent prostate cancer. This study included 103 men who were treated with hormone therapy for 36 weeks and were then monitored every four weeks. If PSA levels reached a specific level or the rate of PSA increase reached a specific point, hormone therapy was re-initiated.

- There was a decrease in the duration of time a patient received treatment following the first two cycles of hormone therapy.
- Patients were off treatment for over half (53%) of the time of the trial.
- At the end of the trail, only 2% of deaths were due to prostate cancer.

The researchers concluded that IAS appears to provide an acceptable alternative to standard administration of hormone therapy for recurrent prostate cancer among men who received radiation therapy for an early diagnosis of prostate cancer.

Quality of life issues in this trial will be presented at a future date.

Men with recurrent prostate cancer who are to be treated with hormone therapy may wish to speak with their physician regarding their individual risks and benefits of IAS.

**EDITORS NOTE:** IAS is generally used as therapy in the Kelowna area.

### First Vaccine to Show Benefit in Prostate Cancer -

The following information was obtained from the Internet and originated with *cancerfacts.com* –

**S**EATTLE – Results of a clinical trial show for the first time that a vaccine produced a survival benefit in men with advanced prostate cancer. Based on the results *Dendreon*, the vaccine’s maker, plans to seek FDA approval.

Led by *Dr. Eric Small Professor of Medicine and Urology at the University of California, San Francisco*, the researchers showed that treatment with *sipuleucel-T*, named *PROVENGE*, increased survival by more than 4 months compared to a placebo. The team published the results in the July issue of the *Journal of Clinical Oncology*.

“This trial is an important milestone in the development of new treatments for prostate cancer patients,” Small said in a prepared statement. “The survival benefit that was observed has the potential to offer important benefits to patients, and represents the first time an immunotherapy has provided a survival advantage in prostate cancer.”

PROVENGE belongs to a new class of drugs that target a prostate specific protein. In this case, the drug stimulates the patient's immune system to target the prostate cancer antigen, prostatic acid phosphatase (PAP), which is found in approximately 95 percent of prostate cancers. Patients typically receive three infusions over a one-month period as a complete course of therapy.

The study conducted at 19 institutions in the United States, enrolled 127 men with advanced prostate cancer that were not responsive to hormone blockade therapy. A total of 82 men were randomly assigned to receive three infusions of PROVENGE, and 45 received a look-alike placebo every two weeks for a total of three infusions over a one-month period.

The results showed that the group who underwent therapy with PROVENGE survived a median of 4.5 months longer than the median survival seen in the group that had been assigned to receive a placebo. Among patients in the PROVENGE group 34 percent remained alive 36 months after treatment compared to 11 percent of patients who received a placebo. In addition, patients in the PROVENGE group increased the time to disease progression compared to patients in the placebo arm by 31 percent.

The results represent a 41 percent overall reduction in the risk of death. The PROVENGE group also gained an 8-fold increase in T-cell immunity after treatment compared to the placebo group. T-cells are the white blood cells that eliminate cancerous, or other abnormal cells. In addition to the observed survival benefit, PROVENGE

resulted in few side effects, with the most common side effects being low-grade fevers and chills.

These data will form the basis of the company's biologics license application to the FDA, which the company plans to submit later this year.

"We look forward to making this active cellular immunotherapy available for the treatment of the many men with advanced prostate cancer." Said Dr. Mark Frohlich, vice-president of clinical affairs at Dendreon.

The following is some newly released information regarding Dendreon.

### Dendreon Completes Plant for World-First Cancer Vaccine –

The following is an excerpt of information that was obtained from the Internet and originated with in-Pharma technologist.com and was released on August 18, 2006.

**D**endreon has finished the construction of its New Jersey manufacturing facility which it will use to produce its investigational active cellular immunotherapy for advanced prostate cancer and hoping to be the first to bring it to patients.

The new facility has the capacity to support clinical processes and future anticipated commercial needs for Dendreon's Provenge (sipuleucel-T), that may represent the first in a new class of active cellular immunotherapies (ACIs) that are uniquely designed to

stimulate a patient's own immune system.

More 20,700 men in Canada are diagnosed with prostate cancer each year and more than 3,200 men are dying from this disease each year.

"The completion of the initial build-out of our New Jersey manufacturing facility is an important milestone on the path to our Provenge license application for marketing approval, which we plan to submit to the FDA later this year," said Mitchell Gold, president of Dendreon.

"We are committed to bringing Provenge to the market to help the many men with late-stage prostate cancer and believe this achievement brings us one step closer to this goal."

The drug is currently in Phase III and, if approved, Provenge would become the first commercially available active cellular immunotherapy designed to stimulate a man's own immune system to treat advanced hormone-refractory prostate cancer.

It is delivered via Dendreon's proprietary antigen cassette technology, which uses a recombinant form of an antigen found in approximately 95 % of prostate cancers, prostatic acid phosphatase (PAP), to stimulate the patient's immune system to attack the cancer cells.

Once demand for Provenge increases, Diosynth a U.S. biotechnology manufacturing firm plans to upscale manufacture of the product to its large-scale cell culture facility in the Netherlands.

The commercial launch of the drug will depend largely on whether any established survival benefit is significant enough for the FDA to accept the data and give the green light for production.

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 health care professionals. You are advised to consult with your health professional regarding matters of your personal health.

### **UP COMING MEETING DATES –**

**October 14<sup>th</sup> – November 18<sup>th</sup> – December 9<sup>th</sup> –**

**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 11:00A.M. NOTE: The November Meeting will be held on the THIRD Saturday because of Remembrance Day.**

**I would like to thank AstraZeneca manufacturers of Zoladex® and Casodex® for their support in producing this newsletter.**

**NOTE: The Okanagan Prostate Resource Centre Society is now a Registered Canadian Charity – Our Charity number is – 89269 1718 RR0001.**