

# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



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**Publisher/Editor– Bren Witt**

**Newsletter available on line at – [www.cpcn.org](http://www.cpcn.org)**

**VOLUME 10 – ISSUE 10 – (NUMBER 118) – MAY 2007**

**T**he guest speaker at the April meeting of the Kelowna Prostate Cancer Support and Awareness Group meeting on April 14, was Dr. Alistair Baillie, a Medical Physicist and the head of Medical Physics at the BC Cancer Agency Centre for the Southern Interior in Kelowna. Dr. Baillie's presentation was about what is radiation and how is it used to treat cancer. Dr. Baillie mentioned that radiation can be very dangerous even at lower doses, however when it is used to treat cancer it is considered to be safe as the doses are limited to where the risks are negligible and similar to other risks we don't care about or readily accept. He mentioned that we have to remember that there is radiation all around us at any given time as it is in the atmosphere, in the ground for example granite has more radiation in it than perhaps some other rocks that aren't as hard or dense.

Dr. Baillie mentioned that in the next two to three years there should be some big things happening at the Cancer Centre in Kelowna as they hope to install a fifth linear accelerator and then they will begin to replace the other four linear accelerators.

## Prostate Cancer Therapy May Increase Risk of Death from Heart Disease –

The following information was obtained from *Google Alerts – Prostate Cancer* and originated with *Science Daily*. The source of the information was *Dana-Farber Cancer Institute*.

According to researchers at the *Dana-Farber Cancer Institute, Brigham and Women's Hospital and other Institutes* androgen deprivation therapy (hormone therapy) –one of the most common treatments for prostate cancer – may increase the risk of death from heart disease in patients over 65.

The study results were based on data from CaPSURE, a national registry of men with prostate cancer. Although the findings need to be confirmed in clinical trials, the study authors state that oncologists should weigh the benefits of androgen deprivation therapy, or ADT, against the risk of heart problems in older prostate cancer patients.

The researchers presented their study at the Prostate Symposium in Orlando, Florida on February 24<sup>th</sup>, 2007. The symposium is sponsored by the American Society of Clinical Oncology, the American Society for Therapeutic Radiology and Oncology and the Society of Urologic Oncology.

The goal of ADT is to block the level of circulating androgens (male hormones), which can fuel the

growth of prostate cancers. “Androgen deprivation therapy is associated with elevated body mass index, increased body fat deposits and diabetes all of which raise the risk of death from hart disease,” explains the study’s lead author, *Henry Tsai, M.D.*, a resident physician at Dana-Farber, Brigham and Women’s and the Harvard Radiation Oncology Program.

“Although our findings demonstrated that older men receiving this treatment may be at increased risk, even after taking account other cardiovascular risk factors, a prospective clinical trial would be needed to confirm a cause-and-effect relationship.”

Drawing on the CaPSURE database, Tsai and his colleagues compared the number of cardiac-related deaths among 735 men with localized prostate cancer who received ADT and among 2,901 men with the disease whose treatment did not include ADT.

After factoring in other known risks for cardiovascular disease (such as diabetes, hypertension, body mass index and smoking) researchers found that the longer patients received ADT, the sooner they were likely to die from heart disease. When the researchers analyzed the data by patients’ age, the link between ADT use and death from heart disease was significant in patients over age 65, but not in those under 65. After five years, 3 percent of older men who received androgen deprivation therapy died of cardiac causes, compared with only 0.9

percent of men who did not receive the therapy.

“These findings should help oncologists determine which older patients are the best candidates for ADT,” Tsai remarks. “If a patient is at high risk of cardiovascular disease, it would be advisable for an oncologist to discuss the pros and cons of ADT treatment weigh him before proceeding on a course of treatment.”

## Descriptive Epidemiology of Prostate Cancer –

The following information was obtained from the book *Diagnosis and Management of Prostatic Diseases* by Dr. Michael McCormack and Dr. Fred Saad – The information contained below is an excerpt of an article in the book written by Dr. Neil Fleshner.

The descriptive epidemiology of prostate cancer is somewhat unique among all human neoplasms (any new and abnormal growth: any benign or malignant tumor). This is due in particular to four features that demonstrate that the prevailing factor driving the high prevalence of prostate cancer is the environment, not genetics.

- 1) – The first of these features is the varying incidence and mortality rates of prostate cancer across the globe. In the low-risk nations such as Japan and Thailand, for instance, the incidence and death rate are from 10 to 100 times lower than in the West.
- 2) - The second noteworthy aspect of the descriptive epidemiology

of prostate cancer is the existence of latent disease. The term latent cancers, also known as autopsy cancers, refers to the development of microscopic amounts of prostate cancer among males as they age, a process that seems to occur worldwide. It appears that the amount and timing of latent prostate cancer, particularly in young men, is the same for those residing in low-risk nations in the Far East or high-risk nations such as the United States, Canada, or the countries of Western Europe.

- 3) - The third interesting feature of prostate cancer is derived from studies among migrating populations. One attempt to answer the etiological question of the role of genetics verses the environment has involved studying populations that have migrated from low-risk to high-risk areas. In Japanese and Chinese Americans, of example, it appears that the risk of prostate cancer increases after having resided in the new nation for at least nine to eleven years and that previous residence in a low-risk country has minimal protective effect. This observation strongly suggests that the environment and not genetics is the crucial factor. If genes were the predominant factor, these populations would be expected to retain the protective effects of their genetic makeup once they migrated to the new environment.
- 4) – Finally, the fourth notable aspect of prostate cancer

epidemiology is the age at which the disease develops. Clinically speaking, prostate cancer affects men in their fifties, sixties, seventies. However, the disease actually begins developing when men are in their thirties. Autopsy studies among trauma victims in the Detroit area have revealed that as many as one out of every three men in the third decade of life harbor microscopic prostate cancer. Typically these cancers are small and slow growing.

These four interesting aspects of descriptive epidemiology can be grouped into one unified hypothesis according to which events – that is, the development of early microscopic disease. It is therefore the turnover or intraprostatic progression of these cells that is influenced by the environment. A favorable environment such as the Far East, the cells generally turn over slowly and men are more likely to die of old age, never knowing that they had prostate cancer. Conversely, in the West, where the environment is more likely to be unfavourable, the cancers may grow quickly and become capable of dedifferentiating into a more aggressive disease phenotype. This model also suggests that although prostate cancer starts when men are in their thirties, its progression is very slow. Consequently, slowing it down even slightly would have significant and tangible benefits in terms of the prevention of metastatic disease and death.

This unified hypothesis also logically implies that any strategy or intervention shown to delay the development of prostate cancer is actually a tertiary prevention approach. Because the

disease begins developing early, primary prostate cancer prevention – that is, preventing the very first prostate cancer cell from forming – would require intervention when men are in their teens or twenties. Conversely, if agents or strategies prove to be effective in men in their forties and fifties, this is not because they prevent the first prostate cancer cells from forming, but rather because they slow the progression of these cells, thereby delaying metastatic disease and death from clinical prostate cancer. It also stands to reason that these same agents may also be useful adjuncts to traditional treatments, for instance a way of preventing recurrence after radiation therapy or surgery. It is therefore not surprising that such treatments are commonly used as complimentary therapies to traditional anti-cancer therapies.

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

### A Couple of Short Snappers

A little boy was doing his math homework. He said to himself, "Two plus five, the son of a bitch is seven. Three plus six, the son of a bitch is nine..."

His mother heard what he was saying and gasped, "What are you doing?"

The little boy answered, "I'm doing my math homework, Mom."

"And this is how your teacher taught you to do it?" the mother asked.

"Yes," he answered.

Infuriated, the mother asked the teacher the next day, "What are you teaching my son in math?"

The teacher replied, "Right now, we are learning addition."

The mother asked, "And are you teaching them to say two plus two that son of a bitch is four?"

After the teacher stopped laughing, she answered, "What I taught them was two plus two, THE SUM OF WHICH, is four."

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One day the first grade teacher was reading the story of Chicken Little to her class. She came to the part of the story where Chicken Little tried to warn the farmer. She read, "...and so Chicken Little went up to the farmer and said, "The sky is falling, the sky is falling!"

The teacher paused and then asked the class, "And what do you think the farmer said?"

One little girl raised her hand and said, "I think he said: 'HOLY SHIT! A talking chicken!'"

The teacher was unable to teach for 10 minutes.

### Green Tea and Celebrex May Fight Prostate Cancer –

The following information was obtained from *Google Alerts – Prostate Cancer* and originated with *Medline Plus® and cancerfacts.com™*

According to a new U.S. study a component of green tea, combined with low doses of the cox-2 inhibitor painkiller Celebrex, may be able to slow prostate cancer growth.

In a study led by *Dr. Hasan Mukhtar*, Professor of Dermatology at the University of Wisconsin, researchers have shown that low doses of the COX-2 inhibitor, Celebrex that was administered with a green tea polyphenol called pigallocatechin-3-gallate (EGCG), can slow the growth of human prostate cancer. Their experiments were performed in laboratory cell cultures and in a mouse model for the disease. This experiment indicated that this combination was 15 percent to 28 percent more effective in slowing the growth of cancer cells than either agent alone. The results appear in the March 1 issue of *Clinical Cancer Research*.

"Celecoxib and green tea have a synergistic effect – each triggering cellular pathways that,

combined, are more powerful than either agent alone. We hope that a clinical trial could lead to a preventative treatment as simple as tea time,” Hasan Mukhtar, professor of dermatology and a member of the *Paul Carbone Comprehensive Cancer Center*, said in a prepared statement.

**Editors Note:** Remember this was an experiment in the lab and with mice. To date they haven’t done experiments with humans please don’t self treat.

Soy Study Opens More Questions Than Answers –

The following is an excerpt of information that was obtained off the Internet and originated with *Cancerfacts.com*.

Researchers who led the largest study to date examining the link between soy and cancer found that eating foods rich in isoflavone the active chemicals in soy foods, decreased the risk of localized prostate cancer but increased the risk of advanced prostate cancer.

The research led by *Dr. Norie Kurahashi, of the Epidemiology and Prevention Division of Japan’s national Cancer Center* the study analyzed the diet and prostate cancer history of 43,509 Japanese men. The results were published in the March issue of *Cancer Epidemiology, Biomarkers & Prevention*, suggests that the effects of isoflavones on prostate cancer development may differ according to disease stage.

“The present findings provide no clear understanding of when or how localized cancer will develop into aggressive cancer, and the related effect of isoflavones,” Kurahashi said in a prepared statement. “Given that Japanese consume isoflavones regularly throughout life, we do not know the period during which the effects of isoflavones on prostate cancer are preventative, and further research is required to find that out, including well designed clinical trials,” she said.

In this study researchers polled thousands of men aged 40-69 about their consumption of 147 foods, the most popular of which were miso soup (primarily made from fermented soybeans), natto (also a product of fermented soybeans) and tofu made from soy milk. Japanese consume miso soup more frequently, usually daily, than other soy foods, and miso, natto, and tofu account for about 90 percent of the population’s consumption of daidzein and genistein, according to Kurahashi.

The researchers then followed participants from 1995 through 2004 and found that 307 men were diagnosed with prostate cancer. In this group, 74 cases were advanced, 218 were confined to the prostate organ, and 15 were of undetermined stage.

In a discovery they cannot explain, they also calculated that the risk of developing advanced prostate cancer was twice as high in men who consumed two or more bowls of miso soup a day than men who ate less than one bowl a day.

They also found that the protective effect of isoflavone-rich food

was strongest in men who were older than 60: the more isoflavones they ate, the more they reduced their risk of developing localized prostate cancer.

“Isoflavones may be protective for localized prostate cancer only in men aged more than 60 years, and may not have a protective effect in the early stage of prostate cancer in younger men,” the researchers wrote.

Isoflavones act as both strong antioxidants and plant-based estrogens. Soybeans are the most common source of isoflavones, especially genistein and daidzein, which have been shown in some animal studies to exert a protective effect against prostate cancer.

“A broad body of research is required to clarify the timing and period of isoflavones’ preventative effect on prostate cancer development.” Kurahashi said.

### **Urine Test May Improve Prostate Cancer Screening –**

The following is an excerpt of information that was obtained from the Internet and originated with *Reuters Health*.

**N**ew research is suggesting that testing for the prostate cancer gene 3 (PCA3) in urine may improve screening for prostate cancer.

Screening for prostate cancer usually involves measuring a protein in the blood called prostate specific antigen or PSA. High PSA levels suggest that cancer may be present and a biopsy is then performed to confirm the diagnosis.

Unfortunately in some men with a high PSA, the biopsy comes back negative, leading doctors to question whether the patient does not have cancer or whether the cancer was missed on the biopsy.

Unlike PSA, which can be elevated with benign as well as malignant prostate disease, PCA3 appears to be specific for prostate cancer, according to the report in the journal *Urology*. In the present study, *Dr. Leonard Marks* and his team assessed the ability of urine PCA3 testing to detect prostate cancer in 233 men with elevated PSA levels and at least one prior negative biopsy.

A PCA3 score was determined for each subject using a highly sensitive quantitative test. This score was then compared with PSA testing in predicting the outcome of the repeat biopsy.

Overall 226 of the men had adequate amounts of genetic material in their urine to facilitate PCA3 analysis, the report indicates. Sixty of the men had prostate cancer on repeat biopsy.

The researchers found that the PCA3 score was more accurate than the PSA test at predicting whether the repeat biopsy would show cancer.

“In men with elevated...PSA levels and previous negative biopsy findings, the determination of the urinary PCA3 levels appears to have value in the prediction of repeat biopsy outcomes.”

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-**

**June 9<sup>th</sup> – July 14<sup>th</sup> – August 11<sup>th</sup> – September 8<sup>th</sup> – October 13<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 11:00 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.”

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