

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



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Publisher/Editor– Bren Witt

**Newsletter available on line at – www.cpcn.org
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VOLUME 12 – ISSUE 11 – (NUMBER 143) – JUNE 2009

The guest speaker at the May meeting of the Kelowna Prostate Cancer Support and Awareness Group was **Dr. Ziad Jaklis, Urologist**. Dr. Jaklis is the Director of the Men's Health Clinic at iQuest Healthcare in Kelowna. The title of Dr. Jaklis' presentation was *Optimizing Erectile Dysfunction (ED) Treatment*. He started out by presenting a case scenario – Prostate Cancer Diagnosis – Ultimatum: Life or Sex Life – Patient chooses Life... Gets ED. Treating ED can become a nuisance for both the patient and the doctor – Leads to frustration, decreased Quality of Life, second guessing about the initial prostate cancer treatment, etc... - So What is Missing??? Counselling, counselling and more counselling. Doctors have stated that many times when it comes to the discussion on ED it is something men mention as they are walking out of the doctor's office. However, when it comes to begin discussing ED with your physician do it openly and ask about the different treatment options available. Today many physicians may begin treatment by using Penile Rehabilitation. The goal is to maintain penile health by various therapeutic options while the nerves are healing.

Up Date on Dr. Marianne Sadar's Research -

I recently had some correspondence with *Dr. Marianne Sadar, Ph.D.*, Senior Prostate Cancer Research Scientist with the BC Cancer Agency in Vancouver who has spoken to our support group on a couple of different occasions. I asked her how her research was coming along? She replied and indicated "Things are going wonderfully! Every time we put our drug through a test it comes up shining with such encouraging results. Right now we are waiting for our chemist to synthesize more, and slightly altered compounds to test. We are also trying to get our compound into the Rapid Access to Intervention Development (RAID) program that is designed to assist translation into the clinic of novel anticancer therapeutic interventions." The RAID program is a program that has been developed through the National Cancer Institute (NCI) in the U.S. This organization only accepts applications twice a year and is very restricted on who gets approval.

For those reading this newsletter who are not familiar with Dr. Sadar and her research I will give a short review of her research. She and her team of research scientists have been looking for therapies that will either delay or prevent tumor progression in hormone independent (hormone refractory) prostate cancer. Initially if prostate cancer recurs following treatment such as surgery, radiation or other treatments it is generally treated using Androgen Deprivation Therapy (ADT) also commonly referred to as hormone therapy. While initially effective in

reducing cancer symptoms and PSA levels, this treatment is unable to completely and permanently eliminate 100% of the cancer cells. One of the reasons for this is because not all the cancer cells are hormone dependent but some are hormone independent and don't need male hormones or androgens to grow or spread out of control. Dr. Sadar and her team have discovered a very important protein in gene expression and the disease going to the hormone independent stage that is called the *androgen receptor gene*. She and her team have identified a molecular mechanism that orchestrates the behaviour of proteins such as the androgen receptor during the progression of prostate cancer to androgen independence.

Dr. Sadar and her team developed a decoy molecule that mimics that particular part of the androgen receptor and have found a drug compound developed from a particular marine extract from a sea sponge that worked extremely well in her laboratory experiments. This compound not only caused cancer tumors to diminish greatly in size but also caused something called angiogenesis or the shutting off of blood vessel supply in cancers. Cancer tumors require a blood supply in order to grow and get larger. When she spoke to our support group she showed those present pictures of tumors before being treated with the compound and pictures following treatment. The results were amazing as the tumors not only diminished in size but also turned white.

Last year Dr. Marianne Sadar was awarded the 2008 Terry Fox Young Investigator Award, sponsored by the Terry Fox Foundation and awarded by

the National Cancer Institute of Canada, for her research dealing with prostate cancer.

Your Heart and Hormone Therapy –

I recently came across the following article in the Volume 10 Number 11 issue of the *Prostate Forum*, published by Dr. Charles E. Myers, Jr. M.D.

The Problem

Most prostate cancer patients know that androgen withdrawal therapy for this disease comes with a range of unpleasant side effects. Much of the discussion between patients revolves around loss of sexual function, hot flashes, weight gain and loss of muscle mass. Internet discussions have also developed around the problem of bone loss and what to do about that. But to my mind, the most serious side effects revolve around the damage androgen withdrawal can have on your heart.

The first problem with androgen withdrawal is that it facilitates the stiffing of the arteries. A young man's arteries are very elastic. As a result, when the wave of blood resulting from heart contraction travels down the arteries, they dilate to accommodate the sudden rush of blood. When the wave of blood passes, the elasticity of the arteries allows them to contract to their original size. This swelling and contraction of the arteries tends to minimize the differences between the high (systolic) and low (diastolic) blood pressure numbers. A healthy

teenager's blood pressure at rest would typically be 90/60. The difference between the high and low blood pressure is called the pulse pressure and this is a medically important number, as you will see.

As men get older, their arteries commonly become stiffer. In lay terms, this is "hardening of the arteries." In this process, the arteries become less elastic and do not distend as easily to accommodate the wave of blood pulsing through the blood vessels after each heart contraction. As a result, the top number in the blood pressure measurement increases while the bottom number unchanged. This leads to a widening of the blood pressure. The elevation in the top number leads to what is called systolic hypertension or an elevation in the systolic blood pressure. In a patient with healthy elastic arteries, the pulse pressure is at or below 120. However, without arterial aging, a fully normal blood pressure would be 90/60. Systolic hypertension is a serious medical problem. For every 15 points your systolic blood pressure is above 120, the risk of heart disease and stroke double. Thus, a systolic pressure of 135 is associated with doubling and a pressure of 150, a quadrupling, in your risk of a heart attack and stroke. In men, androgen withdrawal fosters "hardening" of the arteries and many develop both a widening pulse pressure and systolic hypertension.

The other major problem with androgen withdrawal is that men develop insulin-resistance. As with stiffening of the arteries, insulin-

resistance is also a common health problem in men as a result of aging. As you well know, insulin plays a major role in how your body handles the blood sugar glucose. A major way insulin does this is to stimulate muscle and a range of other tissues to take up glucose. Insulin-resistance means that insulin is less effective and as a result a number of adverse events take place. One common sequence of events would be along a path to increased fasting blood sugar, prediabetes and diabetes mellitus. Another more complex series of events lead to what is called "metabolic syndrome," which is characterized by elevated blood pressure, a decrease in HDL or good cholesterol, an increase in serum triglycerides, and increased waist size. The latter develops because fat is preferentially accumulated in the abdomen. Both diabetes and metabolic syndrome are associated with a dramatic increase in the risk of heart attack and stroke.

In men on androgen withdrawal, insulin-resistance is often quite apparent. Men start to crave carbohydrates and often gain 5-20 pounds during treatment. At the same time, the lack of testosterone fosters loss of muscle mass. Because of the simultaneous loss in muscle mass, the total gain in fat is quite a bit greater than the weight gain suggests.

Both systolic hypertension and insulin-resistance tend to worsen steadily the longer a man is on androgen withdrawal. This was one of the reasons why years ago I

switched all of my patients to intermittent androgen withdrawal. It is also important to realize that there is a lot you and your doctor can do to minimize the impact of androgen withdrawal on your heart health. Some of this is based on information published in just the last year or so.

WITT'S WIT (ON THE LIGHTER SIDE) -

Senior Moments

A distraught senior phoned her doctor's office.

"Is it true," she wanted to know, "that the medication you prescribed has to be taken for the rest of my life?"

"Yes, I'm afraid so," the doctor told her.

There was a moment of silence before the senior lady replied, "I'm wondering, then, just how serious is my condition because this prescription is marked "NO REFILLS...."

An older gentleman was on the operating table awaiting surgery and he insisted that his son, a renowned surgeon, perform the operation.

As he was about to get the anesthesia, he asked to speak to his son.

"Yes, Dad, what is it?"

"Don't be nervous, son; do your best and just remember, if it doesn't go well, if something happens to me, your mother is going to come and live with you and your wife...."

NOTE: We will hold our regular meeting in July, however, there will be NO support group meeting in August. Our meetings will commence again on September 12th

Buyer Beware: The Dark Side of Complimentary and Alternative Medicine

The following information is a very short excerpt of an article that appeared in the April issue of the *Canadian Prostate Cancer Network newsletter 'Network News'*

Many of those reading this newsletter have computers and use the Internet to look for information on all sorts of things including quite possibly alternative treatments for prostate cancer.

Online cancer treatment scams have become so common and worrisome that *Canada's Competition Bureau* launched a special initiative last year –

Project False Hope. It targets online cancer-related health fraud.

This focus is particularly relevant. In 2006, a Statistics Canada survey found that 58% of adults search health-related information online, and almost a quarter of these searchers were looking for alternative remedies. The most troublesome statistic: only 38% of those scanning the Internet for health-related material consult healthcare professionals about the information they find online. By not consulting experts, they leave themselves open to scams that can cost them dearly.

"Swindling people living with cancer is one of the most despicable forms of fraud," says Andrea Rosen, acting deputy commissioner of the Competition Bureau. Unfortunately, in spite of the good work done by Project False Hope, the situation is still one of **Buyer Beware.**

Here are some of the most important points conveyed in Project False Hope's consumer initiative:

- *Natural* or *herbal* doesn't mean safe; monkshood and mushrooms both grow in the wild and both can be toxic.
- A cure-all rarely cures much at all.
- Just saying so doesn't make it so. Beware of feel-good words harkening back to simpler times when you were younger and healthier, words such as *traditional* or *time-proven* or *mother-tested*. Also, beware of words suggesting that a treatment is new and improved (and proven), words such as *cutting*

edge or scientific or revolutionary. Being old and or being new is not the point when it comes to a treatment; whether it works is.

- We are talking about your health here. Getting your money back if something goes wrong or doesn't work just doesn't cut it. You want expert evidence to show that the therapy is safe and effective. Remember, testimonials and success stories are not evidence, and may not even be true.
- It's easy to look online. (Think online dating here!) It pays for a fraudulent "cure" to be presented professionally on the Web. A site may boast a trendy design, pictures of labs and doctors and researchers and happy clients, many charts and bar graphs, and even convincing text. And the whole thing could be a fraud. Even websites written with so much medical jargon that you think they must be the real deal, or ones presenting so many credentials, research references, or study results that they seem convincingly scientific, may be scamming you.
- Any website is suspicious that tries to separate you from professional medical care or from standard and approved treatments for your prostate cancer.
- There is always time to make the right choice. A scammer will try to hurry you along in your decision making process. Creating a false sense of urgency is in the scammer's interest because it prevents you from doing sufficient research and from consulting recognized experts.

And here is the bottom line. You need to consider any complimentary or alternative therapy from every angle. Do comprehensive research yourself. But, more important, get the opinions of all your medical specialists. (Your radiotherapy oncologist, for example, might have concerns about different complimentary therapies than the ones that worry your surgeon or your medical oncologist.)

U.S. Urologists Support Baseline PSA Test at Age 40 –
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The following is an excerpt of information that was obtained from *Medscape Medical News*.

Chicago, April 29 – The **American Medical Association (AUA)** issued new guidelines today during its 104th annual meeting. The new guidelines have lowered the age for beginning prostate-specific antigen (PSA) screening to 40 years for relatively healthy well-informed men who want to be tested.

In addition to lowering the age for PSA screening *Dr. Peter R. Carroll, M.D., Professor of Medicine and Chair of the Department of Urology at the University of California, San Francisco*, and chair of the AUA guidelines committee on PSA screening said, "there is no longer a single cut point for risk. There are no patients for which there is no risk," he told *Medscape Urology*. "Risk is a combination of PSA value, family history, biopsy results . . . and other risk factors for prostate cancer."

“The third major change [in the updated guidelines] is a clear acknowledgement of the risk of over detection and over treatment. The two should be unlinked Active surveillance is now considered a treatment option.”

Men who wish to be screened for prostate cancer should have both a PSA test and a digital rectal exam, Dr. Carroll advised. A baseline PSA level above the median for age 40 is a strong predictor of prostate cancer.

Factors such as overall health, family history, age, risk factors, comorbidities, the rate of change in PSA value over time (PSA velocity), and physical examination should all be considered when determining the risk of prostate cancer.

“The single most important message of this statement is that prostate cancer testing is an individual decision that patients of any age should make in conjunction with their physicians and urologists.” Dr. Carroll said. “There is no single standard that applies to all men, nor should there be at this time, and the AUA does not recommend a single PSA threshold at which a biopsy should be obtained.

In support of the position, the AUA panel, drew from results of the Prostate Cancer Prevention Trial. It showed that prostate cancer may occur in association with any PSA level, which AUA called a “continuum of risk.” Reliance on a specific PSA threshold, in combination with a digital rectal exam can overestimate

prostate cancer risk in some cases and underestimate in others, the AUA panel concluded.

Editors Note: To date I have not heard if the Canadian Urological Association (CUA) will be following the same guidelines.

Golfers Please Note:

This is another reminder of the upcoming prostate cancer fundraising Golf Tournament that will take place at the Shannon lake Golf Course on Friday August 7th. The cost to register is \$160.00 I believe this will include 18 holes of golf, a shared golf cart, lunch, dinner and prizes. For registration and information please contact either John Jacoby or Glen at the Shannon Lake Golf Course – 250-768-4577

WALKING FOR PROSTATE CANCER AWARENESS -

This is an update on our upcoming fundraiser for the Okanagan Prostate Resource Centre Society. Our ***Walking for Prostate Cancer Awareness*** event will take place at the Mission Creek Regional Park on Sunday June 21. With walk beginning at 10:00 A.M. Registration begins at 8:30 A.M. The first 200 registered adult walkers will receive an enviro – tote bag with some free items enclosed. There will be Entertainment, a free BBQ and lots of draw prizes at the walk. Registration/pledge forms are available at the OPRC office ph. 250-712-2002

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 13th – July 11th – PLEASE NOTE: NO MEETING IN AUGUST – Sept. 12th

Please Note Change of Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank both AstraZeneca manufacturer of Zoladex® and Casodex® and Sanofi Aventis manufacturer of Eligard® and Taxotere® 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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