

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



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**O**ur guest presenter at the January meeting of the Kelowna Prostate Cancer Support and Awareness Group was **Dr. Alana Berg, N.D.** I thought that January was a good month to get Dr. Berg out to speak to our support group to get everyone back on track with proper eating habits especially following the Christmas and holiday break. Dr. Berg's presentation was based on the "Acid/Alkaline Diet." She handed out a copy of the acid/alkaline diet, that indicated that 75% of the foods we eat should be on the alkaline side of the diet plan and 25% may be acidic. Dr. Berg mentioned that we should start our day off with lemon and water and to help with digestion we should have about a ¼ teaspoon of Apple Cider Vinegar before meals. This can be mixed with water or possibly used as a salad dressing.

The hand out Dr. Berg presented to us indicated that the body fluids of the healthy are alkaline (high pH), whereas the body fluids of the sick are acidic (low pH). She suggested that we take our pH levels every day.

## **Letter to the editor of the Kelowna Prostate Cancer Support Group Newsletter**

Re: "Watchful waiting for Prostate Cancer may be a Safe Choice"

The recent article in the Journal of Clinical Oncology by Klotz et al has provoked much interest and discussion among both prostate cancer experts and patients. The comments from CTV published in the last newsletter attempt to summarize the findings of that study but are somewhat misleading.

The real message from that study is that if you have a favourable prostate cancer, and don't expect to spend more than another 10 years on this planet, then surveillance is likely an appropriate option. Klotz et al have shown that if you die in the first 10 years after your diagnosis, you are much more likely to be dying of something other than prostate cancer. But favourable prostate cancer takes longer than 10 years to result in death, and in fact often takes 15-20 years before making an impact on survival. So for the rest of us who want to live another 20-30 years, the jury is still out as to whether waiting is a safe choice. The important data from this study is still to come in the next decade.

The second important point in this study is that when men began surveillance and then decided to undergo treatment later, they found that it was only about half as effective as it would have been if given at the time of diagnosis. After waiting and being watched for a few years, fewer than 50% could be cured by definitive treatment, no matter whether it was surgery or radiation. The window of opportunity for cure had passed.

Klotz et al conclude in their final paragraph that this approach "appears safe in men over 70 years". If you are a healthy man in your 50's or early 60's, you should think very carefully before undertaking a surveillance approach. Discuss your options with your urologist AND radiation oncologist.

Sincerely,

Dr Juanita Crook MD FRCPC (Radiation Oncology)  
Dr Michael Carter MD, FRCSC (Urology)  
Dr Thomas Kinahan MD FRCSC (Urology)  
Dr Keith Prestage MD FRCSC (Urology)

### Reference

Klotz L, Zhang L, Lam A, et al: Clinical results of long-term follow-up of a large, active surveillance cohort with localized prostate cancer. J Clin Oncol, 2009

The above was in response to an article contained in my December newsletter that was obtained from the CTV Globe Media website. As I stated in my Editors Comments Active Surveillance or Watchful Waiting is not for every patient. You have to really discuss the situation with your doctors, and health care professionals.

**New Erectile Dysfunction (ED) Website Launched –**

**F**or those interested, a new website on erectile Dysfunction (ED) has been launched. This website goes under the name – **40over40.ca**. This website is not one product specific but mentions all products available for erectile dysfunction, including the three PDE5 oral medications for ED that include Viagra®, Levitra® and Cialis®, as well as the use of vacuum pumps, cavernosal injection therapy and implants. The information in this website also talks about the possible side effects and effectiveness of all products. This is an interactive website with a few graphs and charts. This website got its name from the fact that an estimated 40% of men in their 40s suffer from erectile dysfunction.

**WITT'S WIT (ON THE LIGHTER SIDE)**

**The Cardiologist**

A very prestigious cardiologist died, and he was given a very elaborate funeral by the hospital

he worked for most of his life. A huge heart covered in flowers stood behind the casket during the service as all the doctors from the hospital sat in awe.

Following the eulogy, the heart opened, and the casket rolled inside. The heart then closed, sealing the doctor in the beautiful heart forever.

At that point one of the mourners just *burst* into laughter. When all eyes stared at him, he said, "I am so sorry, I was just thinking of my own funeral, I'm a gynecologist".

The urologist fainted!

**UBC Okanagan Professor Climbs Mountain to Raise Money for Prostate Cancer Research –**

The following is an excerpt of an article that was obtained from the Internet and originated with *Kelowna.com*

**E**dmond Rivère, a professor of French at UBC Okanagan, recently returned from a 13-man mountaineering expedition to the highest mountain in the Americas, Cerro Aconcagua (6,963m or 23,000 feet), to raise funds for researchers working to defeat prostate cancer and to raise public awareness of the importance of early detection and treatment of the disease.

“Personally, I’ve done a lot of mountaineering, but this was my first high altitude expedition”, says Rivère, who is also an avid rock climber and paraglider. “I’ve wanted to climb Aconcagua for a while, so when I heard about my colleagues’ plan to raise money for prostate cancer research and awareness, I thought, ‘sure - lets do it.’”

Rivière was one of five people from the Okanagan Valley to make the trip. Collectively, the expedition raised about \$200,000 for the UBC Hospital Foundation and the Prostate Centre at Vancouver General Hospital.

“The group from the Okanagan paraglides together, so the deal was to go to the summit and fly all the way down to Punta del Inca, a 40-kilometer glide,” says Rivère.

Paragliding from the summit has been done before, but Aconcagua is one of the windiest mountains on the planet. “Of 18 days on the mountain, we only had one day without wind, which blew at an average of about 60 to 80 kilometers per hour, night and day. To fly the summit you need only one thing: light winds on the summit and hardly any wind in the valley. We had a forecaster checking winds every day on Aconcagua at different elevations.”

Although not the most technically difficult climb for mountaineers, Aconcagua does present its own challenges. The base camp is at an elevation of

4,200 meters, meaning mountaineers must acclimatize themselves to avoid health risks such as pulmonary or cerebral edema, which is fluid in the lungs or brain caused by high elevations and can result in death.

“It takes three days of walking to get to Base Camp from the village of Punta del Inca – about 60 kilometers – and we had mules to carry the equipment and food, which weighed about 60 to 80 kilograms per person,” says Rivère. “Then once we reached Base Camp, we had rest days, hiking days and flying days. We actually had a good flight on the second rest day.

After days of carrying equipment from Base Camp One and then Camp Two (at about 6,000 m), the expedition was facing a time crunch, so the men decided to head from Camp Two straight to the summit, instead of moving to Camp Three. Six of the 12 men reached the summit – a good success rate for any expedition.

I wasn’t one of them, though because I wanted to climb and paraglide,” says Rivère. “We had an emotional and exciting moment at Camp Two, because we got a call from our forecaster Jerry Mason who said that there would be a flying window between midnight and mid-day the next day. That evening we packed our wings and climbing gear preparing for the final assault towards the summit hoping to fly from the top the next day.”

However, that night a number of paragliding team members

experienced mild stomach problems and headaches from high altitude.

“It was really hard to swallow, but at 4 a.m., we decided not to go.,” says Rivère. “I think we did the right thing – we didn’t feel 100 per cent, and it’s a 16 hour climb from Camp Two to the summit.”

### Early Stage Prostate Cancer Linked to Fat Intake –

The following is an excerpt of an article that originated with *Renal & Urology News* and was written by *Jody A. Charnow*

**M**en with a high dietary fat intake are at increased risk of prostate cancer at a relatively young age, a British study shows.

Among men aged 60 years or younger, those in the highest quintile of total fat intake or saturated fat intake had a significant 2.5 times increased risk of prostate cancer compared with men in the lowest quintile after adjusting for confounding variables, investigators reported in the *British Journal of Nutrition*. Men in the highest quintile of monounsaturated fat and polyunsaturated had a significant 2.7 and 2.3 times increased risk. Total fat intake was significantly greater among prostate cancer patients than controls.

This study was led by two Researchers at the *Health Sciences Research Institute at Warwick Medical School in Coventry, U.K.* The study included 512 cases and 813 matched controls. The mean age of cases (at diagnosis) and controls was 55.7 years. Researchers obtain dietary and other

information from questionnaires filled out by study participants.

If the association between dietary fat intake and prostate cancer is casual, about 42% of prostate cancer cases in the study, on average could be attributed to increased fat intake (greater than 64.8 g/day).

### Short Excerpt on Report from Canadian Research Alliance and Canadian Partnership Against Cancer –

**T**here was some very interesting information in the 2007 investment by cancer site report regarding funding for various types of cancers. Even though Prostate Cancer is a very serious cancer it again lacks major Federal and other funding. Number one is Breast Cancer that received over \$25 million in Federal funding, followed by Leukemia that received over \$14 million, Colorectal received over \$8 million in Federal funding, and Prostate Cancer received just over \$7 million in Federal funding. Regarding the total funding that included Federal, Provincial, Voluntary, and Multi Funded etc. Breast Cancer received 13.57% for a total of \$54,628,606; Leukemia received 5.89% for a total of \$23,713,850 followed then by Prostate Cancer that only received 4.27% for a total of \$17,197,503.

Even though on average more men are diagnosed with prostate cancer than women with breast cancer prostate cancer still lacks research funding and investment.