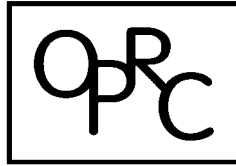


# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
SOCIETY**

**Okanagan Prostate Resource Centre**

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**A**t our regular meeting in June I mentioned that the Cancer Centre for the Southern Interior in Kelowna had performed its first High Dose Rate Brachytherapy procedure and that several more were scheduled to be performed during the summer. I believe that Kelowna is the first Cancer Centre in B.C. to be performing the High Dose Rate Brachytherapy procedure. This is a real coup for our Cancer Centre in Kelowna. I was also able to go over some of the new cancer statistics from the 2011 Canadian Cancer Statistics book that is produced annually by the Canadian Cancer Society, Statistics Canada, and Cancer Registries across Canada. Again this year it is predicted that Prostate Cancer will be the overall number one diagnosed cancer in Canada with an estimated 25,500 new cases this year. That compares with 24,600 in 2010. The B.C. rate is also predicted to increase to 3,400 new cases this year. We also had some general discussion with quite a few questions from those present in the group. Following the question and answer session we had a bit of a social time as this was the last meeting until September.

## MICE ON HIGH-CARB DIET SHOW HIGH LEVELS OF TUMOUR GROWTH –

The following by *Denise Ryan* appeared in the Vancouver Sun on June 15, 2011

It's another blow for the bagel and the baguette: a new study shows a dramatic link between high-carb diets and the growth and spread of cancerous tumours in mice.

"It's possible that by simply changing our diet to a low-carb, low-fat, high protein diet, we can starve the cancer by eliminating the glucose the tumours need to grow," said **Dr. Gerry Krystal**, the research scientist at the *BC Cancer Agency* who authored the study along with **Dr. Vincent Ho**.

Krystal and his team fed one group of mice a typical western diet, and another group of mice a high-protein, low carb diet.

"On the Western diet, half of the mice had tumours by middle age. On the low-carb diet, none of the mice had tumours."

Krystal said the mice used in the experiment were genetically predisposed to breast cancer, and had a normal life expectancy of two years.

About 70 per cent of the mice on the Western diet developed cancer by the time they died, compared to 30 per cent of those on the low-carb diet.

"Only one of the mice on the Western diet reached a normal lifespan, and half of the other mice reached or exceeded the expected lifespan."

The mice on the Western diet ate 55-per cent carbs, 23-per cent protein, and 22-per cent fat. Mice on the low-carb, high protein diet ate 15-per cent carbs, 25-per cent fat and 60-per cent protein.

Interestingly, said Krystal, "we kept the diets the same number of calories, the mice on the Western diet gained a lot of weight."

Although the study hasn't yet been conducted on humans, the link between the growth of cancer cells and glucose has long been known, said Krystal. Carbs, whether complex or simple, convert quickly to glucose in the bloodstream.

"It's yet another indicator that a higher protein, lower carb diet will reduce not just the incidence but the growth rate of cancer."

In another finding, Krystal said the low-carb, high-protein diet is even more effective when combined with a Cox-2 inhibitor (a non-steroid anti-inflammatory), or Aspirin or Motrin.

Krystal said the he has made significant changes in his own diet since seeing the results of the research.

"I would like to see people go up to 35 per cent protein," said Krystal. To boost protein without

increasing fat levels, he drinks whey protein mixed with water.

Any changes people can make to lower carb levels and increase protein without increasing fats would have a beneficial effect, said Krystal.

“Avoid things that are white: white pasta, white potatoes, they are starch.”

Anyone with Type One or Type Two diabetes should consult their physician before making any dietary changes, cautioned Krystal.

The study will appear in the July issue of *Cancer Research*

**Editors Note:** Please check with your family physician prior to making changes to your diet. Adding the non-steroid anti-inflammatory may not be the best – Please check with your doctor prior to making dietary changes.

**Middle-Aged Face Cancer Risk –**

The following is a very short excerpt of an article that was obtained from the Internet and originated with *staffnurse.com*. Note this information is from England but it may possibly pertain to those of us in Canada.

Britain’s middle-aged generation may have an increased life expectancy – but it is also facing rising cancer rates, according to new figures published on July 18.

The risk of developing cancer in the 40s and 50s has increased by almost 20 percent in just 30 years, according to Cancer Research UK.

The biggest increase has been among women – hit by breast cancer – but men have suffered a six times increase in prostate cancer rates since 1979, the figures show.

In total some 61,000 people in this age group were diagnosed with cancer in 2008 – compared with 44,000 in 1979. The increase may partly reflect early detection for two common cancers.

Some of the New Canadian Cancer Statistics as published by the Canadian Cancer Society –

**Prostate Cancer Rates -**

2011 Rates –	Canada - 25,500
	B.C. - 3,400
2010 Rates –	Canada – 24,600
	- B.C. - 3,100
2006 Rates -	Canada – 20,700
	B.C. 3,000

**Actual Incidence Rates –**

2008 Rates -	Canada – 23,300
	B.C. - 3,100
2003 Rates -	Canada - 20,400
	B.C. 2,600

As you can see from the above, the incidence rate for prostate cancer in Canada is rising very dramatically. I feel that it is very important that we all get out and promote Prostate Cancer Awareness. Make sure your family, friends, co-workers are getting checked for this very common disease. As many of us

know early stage prostate cancer tends to have very few or no symptoms. Prostate Cancer today tends to be a disease of middle age and not as many suspect old age.

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## WITT'S WIT (On The Lighter Side) -

Golf And What It All Means -

This Explains it All -

**Golf** can be best defined as an endless series of tragedies obscured by the occasional miracle, followed by a good bottle of beer.

**Golf!** You hit down to make the ball go up.

You swing left and the ball goes right.

The lowest score wins, on top of that, the winner buys the drinks.

**Golf** is harder than baseball.

In **Golf**, you have to play your foul balls.

If you find you do not mind playing **Golf** in the rain the snow, and even during a hurricane, here's a valuable tip.....your life is in trouble.

**Golfers** who try to make everything perfect before taking a shot rarely make a perfect shot.

The term 'mulligan' is really a contradiction of the phrase 'maul it again.'

A 'gimme' can best defined as an agreement between two golfers ... neither of whom can putt very well.

An interesting thing about **Golf** is that no matter how badly you play, it is always possible to get worse.

**Golf's** a hard game to figure.

One day you'll go out and slice it and shank it, hit into all the traps and miss every green.

The next day you go out and for no reason at all you really stink.

If your best shots are the practice swing and the gimme putt, you might wish to reconsider this game.

**Golf** is the only the only sport where the most feared opponent is you.

**Golf** is like marriage, if you take yourself too seriously it won't work, and both are expensive.

**Golf** the best wood in most amateurs' bags is the pencil.

## Short-Term ADT Improves Prostate Cancer Survival –

The following is an excerpt from *medscape.com* – by Roxanne Nelson

The addition of short-term androgen- deprivation therapy (ADT) [hormone therapy] to conventional radiotherapy was associated with a survival benefit for men with localized prostate cancer, according to a study published in the July 14 issue of the *New England Journal of Medicine*.

The 10-year overall survival rate was 62% among men who received radiotherapy plus short-term ADT compared with 57% among men who received radiotherapy alone. Adding ADT also decreased the 10-year disease-specific mortality rate from 8% to 4%.

However, when the authors reanalyzed the data according to risk subgroups, they found that the improvements in overall survival and reductions in disease-specific mortality were primarily limited to patients in the intermediate-risk subgroup.

The authors note that they also saw reductions in the secondary endpoints of biochemical failure, distant metastases, and the rate of positive findings on repeat biopsies at 2 years.

“For men with high-risk prostate cancer, previous studies have shown us that adding short-term ADT to radiation therapy is not enough,” said lead author *Christopher U. Jones M.D.*, from Radiological Associates of Sacramento California. “We need to add long-term

ADT to radiation therapy for maximum benefit for these patients.”

The data from this study support these previous findings, he added.

“But for men with intermediate-risk prostate cancer, treated with conventional doses of radiation, the standard of care now should be to add short-term ADT to the radiation therapy,” Dr. Jones told *Medscape Medical News*.

However, the authors point out that despite the favorable results seen in their study, the adoption of new and advanced modalities in radiotherapy may put the value of adding short-term ADT in patients treated with these new radiation therapies in doubt.

“What complicates the issue is that most men are now treated with modern techniques, which allows considerable higher doses of radiation to be administered safely and with improved efficacy against prostate cancer,” Dr. Jones explained. “We do not know if the addition of short-term ADT will still be needed for patients treated with these higher doses of radiation.”

## American Urological Assn. Meeting Abstract –

The following information was obtained from the *PCRI Insights Newsletter* – The Summary and MS comments are by Dr. Mark Scholz.

**Predictive Aspects of PSA Recurrence after Surgery – Abstract #639 -**

**Introduction:** Only 27 to 60% of men with PSA relapse develop clinical progression (detectable metastatic disease)

**Conclusions:** Early PSA relapse (within 6.4 months) following surgery was associated with a higher risk for eventual clinical progression. Late PSA relapse (after 5 years) was seen in 12% and was rarely associated with development of metastatic disease.

**MS Comment:** Men with PSA relapse behave in a variable fashion. The rapidity of PSA rise – a fast PSA doubling time - is the best indicator of aggressive disease. However, this abstract also shows that an early relapse is also associated with more aggressive cancer behavior. Still, it is encouraging that even in the worst group, the group with early relapse, less than a third of the men developed metastatic disease within the first 10 years of having surgery.

**Advanced- Stage Prostate Cancer Patients Experience 20-Year Survival Rates –**

The following is an excerpt of information that was obtained from the *Manitoba Prostate Cancer Support Group Newsletter*

**L**ong-Term survival rates for patients with advanced prostate cancer suggest they can be good candidates for surgery, Mayo Clinic researchers have found. Their study found a 20-year survival rate for 80

percent of patients diagnosed with cancer that has potentially spread beyond the prostate, known as cT3 prostate cancer, and treated with radical prostatectomy, or the surgery to remove the prostate gland. Previously patients found to have cT3 prostate cancer were offered radiation or hormone treatment, but not radical prostatectomy.

“We are doing a much better job of identifying and expanding candidates for surgery, which results in better, longer outcomes for so many of our patients,” says *R. Jeffery Karnes, M.D.*, of Mayo Clinic’s Department of Urology. “We have confirmed that patients diagnosed with locally advanced prostate cancer can enjoy a long, cancer free survival.”

The 80% rate for cT3 diagnoses at 20 years compares to 90% for cT2, or cancer confined to the prostate. This long-term follow-up was of patients who underwent surgery between 1987 and 1997.

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**Editors Notes:**

Abiraterone acetate the new drug I have written about in this newsletter now has an official name it is now known as **ZYTIGA™**, and recently received Health Canada approval. I will have the official News Release by Janssen in next month’s newsletter. Also next month I will have a reprint of a Vancouver Sun article written by Karen Gram interviewing **Dr. Kim Chi** a Medical Oncologist at the Prostate Centre in Vancouver.