



September 2011 - Issue #70

Prostate Cancer Canada Network



Montreal West Island Support Group

EVERYONE IS INVITED TO ATTEND OUR MEETINGS

We meet every fourth Thursday of each month except July, August and December

MEETING LOCATION

Sarto Desnoyers Community Centre
1335 Lakeshore Drive, DORVAL

On September 22, 2011, Steve Jones, President and CEO, Prostate Cancer Canada Network, and Helene Vassos, Executive Vice-President, National Development, will address us. The title of their talk is "Prostate Cancer Canada -- Our Vision, and our Commitment."

On October 27, 2011, Dr. Jacques Corcos, Professor of Urology, McGill University and the JGH, will be our guest speaker. His talk is entitled "Focal Therapy - New Treatment Avenue of Prostate Cancer."

In This Issue

- ❖ Two New Prostate Cancer Biomarkers in Development.....P 2
- ❖ Some excerpts from a recent Johns Hopkins Prostate Bulletin looking at four common misunderstandings about prostate cancer.....P 2
- ❖ Inovio receives top-notch results in monkey study for prostate cancer vaccine.....P 3
- ❖ Cabozantinib Shown to Control Tumors and Bone Metastases.....P 3
- ❖ Coffee cuts risk of lethal prostate cancer: Study.....P 4
- ❖ Canadian company claims new test is 600% more accurate than free PSA test.....P 5
- ❖ 10 Myths and Misconceptions About Prostate Cancer.....P 5
- ❖ Urgent RequestP 7
- ❖ Annual Donation form.....P 7

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The Montreal West Island Prostate Cancer Support Group

Our Website

Be sure to check out our website. Our internet address is <http://mtlwiprostcansupportgrp.ca/> The website provides information about our group, links to PCCN and Procure and gives access to current and past issues of our newsletter as well as up-to-date information about our meetings and other items of interest. Check it out and give us your feedback. Our Director Monty Newborn is the creator and manager of the site and our WEBMASTER.

This Newsletter is available at our website:

<http://mtlwiprostcansupportgrp.ca/>,
as well as at www.pccn.org

PCA3 and Gene Fusion:

Two New Prostate Cancer Biomarkers in Development.

Biomarkers are substances like prostate-specific antigen (PSA) that can be measured in blood, urine or other body fluids and used to detect or monitor a disease. Researchers are investigating a number of potential biomarkers that, in the future, may improve upon the PSA test's ability to detect prostate cancer and identify potentially life-threatening tumors. Two promising biomarkers are PCA3 and gene fusion.

PCA3. PCA3 is a test that measures a gene that is overexpressed (60 to 100 times greater) in prostate cancer cells versus noncancerous cells. Cells shed by the prostate containing the PCA3 gene are detectable in the urine. Researchers report that the lower the level of PCA3 in the urine, the less likely the presence of prostate cancer. Because PCA3 is not produced or is produced only minimally by noncancerous cells, the presence of conditions like benign prostatic hyperplasia (BPH) or infection is less likely to produce falsely elevated PCA3 levels. PCA3 testing is most reliable when done in conjunction with a digital rectal exam (DRE).

Researchers report that when performed after a DRE, the results from PCA3 testing are valid in 98 percent of cases. If the test is performed without a DRE, validity drops to 80 percent. Researchers believe that rather than replacing PSA screening, the PCA3 test may help identify or rule out cancer in men with elevated PSA levels but no prostate cancer on the initial biopsy. In addition, some evidence suggests that the test may be useful in helping to identify men who are appropriate candidates for active surveillance. Currently, PCA3 testing is available only through clinical trials in the United States.

Gene fusions. A gene fusion is a hybrid gene formed from two previously separated genes. Scientists have discovered that many prostate cancer patients have gene fusions involving the ERG and TMPRSS2 genes that create a new gene that is thought to promote the development of prostate cancer -- and, possibly, a more aggressive form of the disease. Gene fusions are now being detected in urine and have promise as new biomarkers for prostate cancer.

More research is needed, however, before this method of testing moves into the mainstream.

Some excerpts from a recent Johns Hopkins Prostate Bulletin looking at four common misunderstandings about prostate cancer.

Myth: A PSA of 4 ng/ml or less is normal and means that no prostate cancer is present.

Fact: There is no such thing as a "normal" PSA result. It's estimated that 15 to 20 percent of men with a total PSA of 4 ng/ml or less actually have clinically significant prostate cancer. What a smart clinician will do is look at any changes in PSA velocity -- the rate of rise in PSA from year to year -- and use this critical figure to inform the patient about possible next steps.

Myth: An elevated PSA test indicates that prostate cancer is present.

Fact: Not necessarily. PSA levels increase when excess prostate specific antigen enters the bloodstream due to a prostate disorder. This could be a prostate infection from a urinary tract infection or prostatitis, or benign prostatic hyperplasia, an enlargement of the prostate that often occurs with age.

What the PSA test does better than any other assay we currently have is inform the doctor that some type of activity is occurring in the prostate. Before ordering a prostate biopsy to look for cancer, a savvy urologist will first rule out other prostate disorders and prescribe medication, if necessary, to treat a suspected medical issue. Following a repeat PSA test several weeks later, if PSA remains elevated, or has risen further, a biopsy will then be performed to check for possible cancer.

Myth: The prostate biopsy exam will cause cancer to spread if present.

Fact: A prostate biopsy is ordered when a urologist suspects -- based on the DRE and PSA test -- that prostate cancer may be present. There is no evidence that piercing the prostate with the biopsy needles during the procedure will cause prostate cancer to spread.

Myth: A prostate biopsy exam will lead to erectile dysfunction.

Fact: After the gland is punctured a dozen times during the course of a prostate biopsy, there will be some swelling and inflammation. However, this swelling has no impact on erections. There will often be blood in the urine and semen for several weeks following biopsy, but this, too, has no effect on the ability to attain and maintain an erection.

Posted in [Prostate Disorders](#) on August 18, 2011

Inovio receives top-notch results in monkey study for prostate cancer vaccine

Reported by Deborah Sterescu

Inovio Pharmaceuticals (AMEX:INO) said Wednesday that its DNA vaccine for prostate cancer showed "remarkable" immune responses in a monkey trial, positioning the company one step closer to start a phase one clinical study by mid-year 2012.

The new data follows similar strong T cell levels, cells crucial to the immune system, in previously reported animal trials, the company said.

"In this monkey trial, vaccinations with INO-5150 generated strong and robust T cell immune responses," it described in a statement.

"In a prior study in mice, INO-5150 immunization induced potent antibody and T cell responses, providing initial evidence that the concept for a therapeutic DNA vaccine comprising a broader collection of antigens, administered with Inovio's electroporation-based delivery technology, would improve the breadth and effectiveness of a prostate cancer immunotherapy."

The development of a new treatment for prostate cancer would be a significant medical advance given that present treatment options, including surgery, radiation and hormone deprivation, all carry deleterious side effects and often do not confer a long-term cure.

Across the US, there were 218,000 new cases of prostate cancer and more than 32,000 deaths in 2010. Inovio is currently manufacturing clinical grade vaccines, with the goal of launching its planned phase one study in the middle of next year.

"The immune response data achieved by our SynCon prostate cancer vaccine in this large animal study is exceptional. It reinforces the repeatedly and consistently strong, long-lasting immune responses achieved by Inovio's DNA vaccine platform against multiple cancers as well as other diseases," said president and CEO Dr. J Joseph Kim.

"We are optimistic about the potential of this therapeutic vaccine in our planned prostate cancer human study and broadly speaking for cancers in general, including our currently progressing cervical cancer and leukemia phase II clinical studies."

The company's DNA vaccines are designed to provide broad cross-strain protection against known as well as newly emergent strains of pathogens.

These vaccines, in combination with Inovio's own electroporation delivery devices, have been shown to be safe and generate significant immune responses. The company has three clinical programs in phase two studies for vaccines treating cervical dysplasia/cancer, the hepatitis C virus, and leukemia. Other programs are targeting the flu and HIV.

Cabozantinib Shown to Control Tumors and Bone Metastases

Elsevier Global Medical News. 2011 May 19, J Smith
The experimental drug cabozantinib achieved high rates of disease control and shrunk or eliminated bone metastases in a range of advanced cancers, according to results from a phase II trial.

The overall response rate was only 9%, but cabozantinib monotherapy was shown to stabilize disease after 12 weeks in 76% of participants with liver cancer, 71% of those with prostate cancer, and 58% of those with ovarian cancer. The drug achieved disease control rates of 45% in melanoma, 45% in breast cancer, and 40% in non-small cell lung cancer.

Moreover, cabozantinib surprised investigators by

shrinking or eliminating bone metastases in 59 of 68 people who entered the study with bone metastases. This outcome was most pronounced in castrate-resistant prostate cancer, with "complete or partial bone scan resolution" in 86% of prostate cancer patients, lead author Dr. Michael S. Gordon said during a press briefing at which the American Society of Clinical Oncology (ASCO) offered a preview of studies to be presented at its annual meeting in June.

The study has been expanded to include more patients with castrate-resistant prostate cancer and with platinum-resistant or refractory ovarian cancer, and phase III trials are contemplated.

The findings suggest that cabozantinib, an oral tyrosine kinase inhibitor also known as XL184, may be effective across a range of solid tumors, possibly because of its action, which targets two pathways of tumor growth: vascular endothelial growth factor 2 (VEGF2) and MET.

"Cabozantinib demonstrated antitumor activity in 12 of 13 tumor types studied," said Dr. Gordon of Pinnacle Oncology Hematology in Scottsdale, Ariz. It also showed "unprecedented bone scan improvement," he added.

For their study, Dr. Gordon and his colleagues analyzed 398 patients with progressive measurable disease, and of whom 39% had bone metastases at enrollment.

All patients received cabozantinib 100 mg daily over 12 weeks in an open-label setting. At 12 weeks, patients with progressive disease (growth of 20% or more) were removed from the trial; patients with a partial response (shrinkage of 30% or more) stayed on the drug; and patients with stable disease were randomized to cabozantinib or placebo. This design, called a discontinuation trial, allows investigators to assess whether patients are "stable in spite or because of the drug," Dr. Gordon explained.

The findings on bone metastases were particularly striking, as they included patients with breast cancer, prostate cancer, and melanoma who experienced either partial or complete disappearance of the cancer on bone scans, often with improvement seen after 6 weeks of treatment. Improvement in bone scans was typically accompanied by relief of pain and less need for pain medications, a reduction in markers of bone reabsorption, and "sustained increases in hemoglobin in patients previously anemic," Dr. Gordon said.

The most common grade 3 or higher adverse events in the study were fatigue (9%), hand-foot syndrome (8%), and hypertension (5%). The discontinuation rate for adverse events was 12%.

Dr. Mark G. Kris, chief of the thoracic oncology service at Memorial Sloan-Kettering Cancer Center, New York, and chair of cancer communications for ASCO, commented at the press conference that the cabozantinib findings showed "an evolution in targeted cancer therapies" that go after "not just one pathway but the entire network."

"Here we are attacking multiple targets MET and VEGF, and we saw some very important tumor shrinkages," in common types of cancer, Dr. Kris said, along with benefits including stronger bones and less pain among patients with bone metastases.

The study was funded by Exelixis, the manufacturer of cabozantinib. Dr. Gordon said that he did not own stock in Exelixis or have other conflicts of interest. Several of his coauthors disclosed stock ownership in and/or employment with Exelixis.

Coffee cuts risk of lethal prostate cancer: Study



Even just one to three cups of coffee per day was linked to a 30 per cent lower risk of developing lethal prostate cancer.

More is better when it comes to drinking coffee

to ward off the risk of deadly prostate cancer, according to a major U.S. study released by researchers at the Harvard School of Public Health. Men who drank six or more cups per day had a 60 per cent lower risk of developing the most lethal type of prostate cancer and a 20 per cent lower risk of forming any type of prostate cancer compared to men who did not drink coffee, it said.

Even just one to three cups per day was linked to a 30 per cent lower risk of developing lethal prostate cancer.

"Few studies have specifically studied the association of coffee intake and the risk of lethal prostate cancer, the form of the disease that is the most critical to prevent," said Harvard associate professor and senior author Lorelei Mucci.

"Our study is the largest to date to examine whether coffee could lower the risk of lethal prostate cancer," she said.

The effects were the same whether the coffee was caffeinated or decaffeinated, leading researchers to believe the lower risk could be linked to the antioxidant and anti-inflammatory benefits of coffee.

Prostate cancer is the most commonly diagnosed form of cancer in U.S. men, but it is not always deadly. A blood test can detect it early, and the cancer can be graded on what is known as a Gleason score; the higher the score the more likely the cancer is to spread. There are 16 million survivors of prostate cancer worldwide, and one in six men in the United States will get prostate cancer during their lifetime.

Risk factors are typically linked to Western high-fat diets, heredity, alcohol and exposure to chemicals. The study examined 47,911 U.S. men who reported on how much coffee they drank every four years from 1986 to 2008.

Over the course of the study, a total of 5,035 cases of prostate cancer were reported, including 642 fatal, or metastatic, cases.

The lower risk seen in coffee drinkers remained even after researchers allowed for other factors that typically boost risk and were more often seen in coffee drinkers than in abstainers, such as smoking and failure to exercise.

Canadian company claims new test is 600% more accurate than free PSA test

Posted on September 8, 2011 by Sitemaster

According to a media release issued by the Canadian company BioCurex earlier today, its new RECAF™

test "outperformed the established free-PSA test by approximately 600% in its ability to prevent unnecessary prostate biopsies."

Now before anyone gets too excited by this announcement, few people have yet to see the data on

which this claim is based. The data that supposedly support this claim will be presented at the annual meeting of the International Society of Oncology and Biomarkers (ISOBM) in October. BioCurex further states that widespread use of the RECAF test could prevent 70 percent of the biopsies carried out in the USA each year. That's a pretty aggressive claim, so let's hope that the data to be presented at ISOBM can actually support such a claim.

According to the media release, RECAF is the receptor for a molecule called α -fetoprotein. α -Fetoprotein is classified as an oncofetal antigen because it is found on both fetal and malignant tissues. While it can be detected on cancer cells, it is not detected in significant levels on healthy cells or benign tumor cells. Additional information about the RECAF test can be found on the BioCurex web site.

10 Myths and Misconceptions About Prostate Cancer

By Dan Zenka, Senior Vice President, Communications

With the identification of more than 25 types of prostate cancer by PCF-funded scientists in the past 24 months, and the fact that it remains one of the least talked about cancers, it's no wonder there remains a great deal of confusion surrounding this disease.

Ask any group of men about prostate cancer. If they don't abruptly change the subject or take the opportunity to crack a few wise remarks, chances are you will get a wide variety of answers when it comes to what it is, how it should be treated and whether or not (and when) one should be screened for this disease. Against this reality, it is always a good idea to review some of the more popular myths and misconceptions about this disease that claims the lives of more than 32,000 men in the U.S. each year.

Myth #1: Prostate cancer is an old man's disease.

While it may be true that the older you are, the more likely you are to be diagnosed with prostate cancer (65% of cases are diagnosed in men who are 65 or older), the fact remains that 35% of those diagnosed, or more than 76,000 each year, are diagnosed

at an earlier age. I was diagnosed at age 51 and I have met many men who were diagnosed in their early 40s. Although only 1 in 10,000 men under age 40 will be diagnosed, the rate skyrockets up to 1 in 38 for ages 40 to 59, and 1 in 15 for ages 60 to 69.

There are many risk factors to consider. Your race, family history, physical health and lifestyle—even geographic location—are all factors that can increase your likelihood of developing prostate cancer.

Myth #2: If you don't have any symptoms, you don't have prostate cancer.

Wrong. Prostate cancer is one of the most asymptomatic cancers in oncology, meaning not all men experience symptoms. Many times symptoms can be mistaken or attributed to something else. Signs of prostate cancer are often first detected by a doctor during a routine check-up. Common symptoms include a need to urinate frequently, difficulty starting or stopping urination, weak or interrupted flow of urination, painful or burning urination, difficulty having an erection, painful ejaculation, blood in the urine or semen, or frequent pain and stiffness in the lower back, hips or upper thighs. If you experience any of these symptoms, be sure to tell your doctor.

Myth #3: Prostate cancer is a slow growing cancer I don't need to worry about.

The answer to this one is sometimes, yes. Sometimes, no. With the 25 types of prostate cancer discovered by PCF-supported researchers, we can confirm that there are those prostate cancers a man may die with and not of, while others are very aggressive. Once a biopsy confirms the presence of cancer in the prostate, a physician uses the data contained in the pathologist's report to characterize the potential aggressiveness of the cancer and make recommendations for treatment based on many factors, including a patient's age and health status. There are many treatments available for patients and one approach does not fit all cases. Patients need to understand the complexity of this disease and make treatment decisions that are right for them in consultation with a trusted medical professional. The good news is that we believe, with the accelerated pace of scientific discovery, we will soon be able to identify the specific cancer a patient has at time of their diagnosis and match the most effective treatments for their

prostate cancer and their biological makeup. This will enable us to cure more and overtreat less.

Myth #4: Prostate cancer doesn't run in my family, so the odds aren't great that I will get it.

Wrong. While a family history of prostate cancer doubles a man's odds of being diagnosed to 1 in 3, the fact remains that 1 out of 6 American men will be diagnosed with prostate cancer in their lifetime. This compares to 1 in 8 women who will be diagnosed with breast cancer. African-American men are 60% more likely to be diagnosed with prostate cancer and 2.4 times more likely to die as a result.

Family history and genetics do, however, play a role in a man's chances for developing prostate cancer. A man whose father or mother had prostate cancer is twice as likely to develop the disease. The risk is further increased if the cancer was diagnosed in a family member at a younger age (less than 55 years old), or if it affected three or more family members.

In 2010, approximately 218,000 new cases were diagnosed in the U.S. and more than 32,000 men died as a result of this cancer. The number of new U.S. cases could exceed 300,000 per year by 2015..

Myth #5: The PSA test is cancer test.

Incorrect. The PSA test measures levels of prostate-specific antigen in the prostate, not cancer. PSA is produced by the prostate in response to a number of problems that could be present in the prostate including an inflammation or infection (prostatitis), enlargement of the prostate gland (benign prostatic hyperplasia) or, possibly, cancer. Think of it as a first alert smoke alarm, instead of a fire alarm. The PSA test is the first step in the diagnostic process for cancer. It has made detection of cancer in its early stages, when it is best treated, possible. Experts believe the PSA test saves the life of approximately 1 in 39 men who are tested. Personally, I believe the PSA test saved my life and will continue to save it as we track my response to treatment.

Myth #6: A high PSA level means that you have prostate cancer and a low PSA means you do not have prostate cancer.

Although prostate cancer is a common cause of elevated PSA levels, some men with prostate cancer may even have low levels of PSA. PSA can also be diluted in men who are overweight or obese, due to a larger blood volume, and a biopsy should be considered at a relatively lower number (i.e. 3.5 instead of 4). Again, elevated levels can be an indication of other medical conditions.

Myth #7: Vasectomies cause prostate cancer.

Having a vasectomy was once thought to increase a man's risk. This issue has since been carefully researched by epidemiologists. Vasectomy has not been linked to increasing a man's chance of getting prostate cancer but has led to the prostate being checked by the urologist more often and prostate cancer consequently being detected in the clinic.

Myth #8: Treatment for prostate cancer always causes impotence or incontinence.

While erectile dysfunction (ED) and urinary incontinence are possibilities following surgery or radiation therapy for prostate cancer, it is not true that all men experience complications. These side effects can also be highly dependent on age and physical condition. Numerous therapies and aids can improve erectile function and limit incontinence following treatment and nerve sparing surgical procedures have improved outcomes for patients as well. When selecting a surgeon, patients should inquire about the surgeon's outcomes for ED and incontinence as well as the number of surgical procedures (open or robotic) performed.

Myth #9: Sexual activity increases the risk of developing prostate cancer.

High levels of sexual activity or frequent ejaculation were once rumored to increase prostate cancer risk. In fact, some studies show that men who reported more frequent ejaculations had a lower risk of developing

prostate cancer. Ejaculation itself has not been linked to prostate cancer.

Myth #10: You can pass your cancer to others.

Prostate cancer is not infectious or communicable. This means that there is no way for you to "pass it on" to someone else.

What men can do about prostate cancer.

The first step in dealing effectively with prostate cancer is knowing the facts and eliminating confusion. Recent studies have shown that lifestyle decisions such as maintaining a healthy diet and regular exercise, such as walking 30 minutes a day, may also play a pivotal role in reducing the risk of getting prostate cancer and surviving it if you get the disease. Talk to your family and friends about prostate cancer and, if you are over 40, talk to your physician to develop a prostate health and screening plan that is right for you.

Urgent Request

Due to the less than optimal health state of our treasurer André Reynolds, he is compelled to retire from his post as Treasurer. We are thus seeking another individual with some bookkeeping knowledge and the desire to take on the duties of Treasurer. Our former treasurer, Fred Crombie who previously held the post for about ten years and who recently retired, has agreed to remain available for assistance and/or advice should the need be there. If interested, please contact any members of the Steering Committee.

We are also seeking a volunteer to take on the duties associated with hospitality, namely to look after providing refreshments, coffee, donuts, etc at our monthly meetings. Again, if interested, please contact any member of the Steering Committee.

Newsletter Disclaimer:

All articles appearing in this newsletter, are for information purposes only and not intended to be a substitute for the advice of a doctor or healthcare professional or recommendations for any particular treatment plan. It is of utmost importance that you rely on the advice of a doctor or a healthcare professional for your specific condition.

The Montreal West Island Prostate Cancer Support Group operates on your donations

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NOTE: It is NOT necessary to include this form, a receipt will be issued from the information on your cheque.

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P.O. Box 722, Pointe-Claire, QC, Canada H9R 4S8

Telephone Helpline (514) 694-6412

IMPORTANT NOTICES:

- ❖ The Montreal West Island Prostate Cancer Support Group Inc encourages wives, loved ones and friends to attend all meetings. Please ask basic or personal questions without fear or embarrassment. You need not give your name or other personal information.
- ❖ The Montreal West Island Prostate Cancer Support Group Inc does not recommend treatment procedures, medications or physicians. All information is, however, freely shared. Any errors and omissions in this newsletter are the responsibility of the authors.
- ❖ The Montreal West Island Prostate Cancer Support Group Inc. is a recognized charitable Organization. All donations are acknowledged with receipts suitable for income tax deductions. Your donations and membership fees (voluntary) are a very important source of funds vital to our operations. Together with contributions from several pharmaceutical companies these funds pay the cost of printing and mailing our newsletter, hall rental, phone helpline, equipment, library, etc.

Your support is needed now!

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VOLUNTEERS URGENTLY NEEDED!

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