

PROSTATE CANCER CANADA - NEWMARKET

Volume 15, Issue 2,

October 15th, 2010

**A support group that provides understanding,
hope and information to prostate cancer patients and their families**



Well after last months session with the Naturopathic Doctor Robert Gatis and his message of how we can help our body in its own healing of prostate cancer, for our October 21st meeting we would like to introduce you to a relatively new urologist to this area. Dr. Rohan Shahani has recently joined the staff of York Central hospital. His Clinical interests include the minimally invasive surgical management of Urologic disease, in particular Kidney and Prostate cancer. Research interests include clinical trials in medical and surgical therapies for Urologic diseases. He will also bring us up to speed on the latest in Laparoscopic surgery.

Meeting Date: October 21st, 2010

**Place: Newmarket Seniors Meeting Place,
474 Davis Drive, Newmarket**

Time: 7:00 pm to 9:00 pm

Speaker: Dr. Rohan Shahani

**Subject: Laparoscopic Radical Prostatectomy
and minimally invasive treatment of prostate cancer**

Prostate Cancer Canada - Newmarket

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www.newmarketprostatecancer.com

a member of the



Assisted by the Canadian Cancer Society

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The Newmarket Prostate Cancer Support Group does not recommend products, treatment modalities, medications, or physicians. All information is, however, freely shared.

September Notes . . . Robert L. Gatis, Naturopathic Doctor

Subject: Helping your body to heal itself.

Dr. Gatis gave us a very thorough picture of Naturopathic treatment and how it enlists our bodies immune system and our own common sense to help us battle our cancers. Many of his ideas I am sure, will be added to our daily must does. As we expected he kept the attention of everyone there for over one and a half hours spending over half of that time answering questions related to individual health issues of members. The following is a brief introduction to his talk. A more thorough article will appear in a future issue of this newsletter.

I'm assuming that all of you, ladies excluded, have prostate cancer. Do you know what Naturopathy is? I don't want to call it alternative or complementary, we just have a different way of looking at health and disease than the regular medical people do. It's not mutually exclusive, though. My training as a naturopath is basically the same as your GP. We take most of the same courses, including looking at drugs, etc. The last two years of our training, we tend to look at the various modalities including botanical medicine, homeopathic medicine, the types of things that support the body in its own healing. That's really a different to look at health and disease than the regular medical people tend to do. They tend to look at everything as the glass is half empty. I prefer to look at it as if the glass is half full and how can we fill up that glass with more things that the body can do. How do you get over a cold, for example? Your body does it for you, doesn't it? Why can't it do it for prostate cancer?

Do all of you have an idea of what cancer is? Prostate cancer is primarily a disease of old age. About 80% of the cases are over 65. By 80 years old, 80% of all men have prostate cancer to some degree and the prostate cancer isn't going to kill them. Something else will before the prostate cancer gets them. It tends to be slow growing, although there are some exceptions. There is a higher incidence in men who have a close relative with prostate cancer; and also in married men; men who have had recurring prostatic infections or sexually transmitted diseases; and men who have taken testosterone. What's the difference between Naturopathic medicine compared to regular medicine? There's a whole bunch of overlaps. Let's take a look at what the difference is between the normal cell and the cancer cell. In a normal cell, we all know DNA is in the cell, There's actually Pan outside charge on all cells. It's an electrostatic charge, why is it there? It produces what is called contact inhibition. Why is that useful? If you bring two north pole magnets together and you try to push them together, what happens? You can't do it, can you? That's exactly like the cells that have that charge on there. When we have two cells come together, there's a little space in between. It's like they all choose have their own space. In an abnormal cell, that changes. It flips to a negative. So there are two cells. They have the same complement as each other. Along comes another cell and they join it. We're fighting cancer cells every day of our lives. A medical doctor once said to me, "If you search for cancer hard enough in a patient,



you will find it, no matter what age the person is."

I've just got so much to tell you tonight because what I'm going to tell is going to help you to understand that you're not in a helpless, hopeless situation, no matter what route you take, medical or otherwise. My job is, people come in and they say, "I want you to help my prostate function better. I want you to help my body overcome cancer cells." In a situation like this, what's happened is the immune system now either doesn't recognize that cancer cell as foreign or it doesn't have the ability to take it out. The normal processes now are not working as well as they did. So what else is inside the cancer cell? Why do they flip over like this. What's in the cell that produces a charge? In general, amino acids and minerals. They have a charge on them like Calcium+2. Amino acids have positive and negative ends. So, if you think about it for a minute, from a logical point of view, if something is changing this polarity around the outside of the cell, could it be perhaps in certain cases of cancers, something is affecting the amino acid balance and mineral balance. If you get it back in balance, maybe the cell will go back to normal. A little radical idea, maybe.

Everybody who has been diagnosed with cancer, no matter who it is, no matter what the stats are, everybody goes, "Oh, my God, I'm dead!" Everybody I've ever talked to that are told they have cancer, says "When I first tell my friends, they shy away from me. as if I'm six feet under already." Similarly, no matter how good the treatment is and in medical terms you're told, "We don't think you have any cancer left." yet they still say "We'll just check you out every three or six months and we'll do this, this and this to make sure." and that keeps your mind thinking about the cancer all the time, doesn't it? So naturopathic, in general, uses a different approach. What can we do to help your immune system, first of all, is it pos-

sible to reidentify this as a normal cell and/or find ways to take it out? This is what you do every day.

The other thing that kind of bothers me about abnormal cells is that the DNA in there is the same DNA as in the normal cells but something is affecting them. We know in skin cancer that ultraviolet rays from the sun can change the DNA, so that's one way you can get a cancer cell. The other possibility, and there are many different ideas on how cancer begins, the one that really strikes me is the viral one. Viruses are very interesting because, if we look at the difference between bacteria and a virus, first of all, there's a size difference, huge size difference, and the bacteria does all the same things at a very low microcosmic scale that we do: it breathes, it does all the functions inside, maybe in a different way, but does all the normal stuff. What does a virus do? It's a piece of DNA, with a code on it, that under a microscope **we see a firebreak**. How is it even determined to be alive? It doesn't breathe, it doesn't eliminate, it doesn't do anything. Scientific American says that we now have 40% of viral DNA in our DNA. Think of what happens if you get a cold sore. The virus gets in where the body says, "Oh, you're part of me." So it doesn't defend against it and somehow or other the virus knows when you're under enough stress or whatever else to have it come out. Usually viruses come out when we're under stress. When you're feeling good, chances are you're not going to get cold sores. A lot teachers don't think they're going to make it to retirement because they are handling a lot of kids who are more lawyers than kids: Don't touch me or my father will sue you! So this lack of contact inhibition or changes in it and potential changes in electrolytes and amino acids are somethings you can change.

My thesis in the Naturopathic Medical School, the final year, we all had to do some research. It was on a herb called Chianchi, which is for lowering cholesterol. This lowers cholesterol just as well as most of the drugs, including statins. His first question was, "Now we have to find the acting principal in the herb." I asked Why. Why wouldn't we just take the herb? We've got to find out what's in it. Who knows, if you take that thing out of its natural environment, it might change its properties.

I link prostate cancer in many ways with breast cancer. In other words, they have similar characters in each of them. When they analyze breast tissues, they find heavy metals, plastics, other things in the breast tissue. Things that really shouldn't be there. They may cause irritants or something that causes the change in the cells. The breast tissues have stuff like that. Have they ever analyzed prostate for that? I don't know. I'm a generalist. I'm not a specialist in cancer but I deal with it.

Over in Europe, a lot of interesting facts have come along. About 8 or 9 years ago a news item came out about a fellow who developed brain cancer. He was a salesman on the cell phone all day long. They ridiculed the thought that this had caused his brain cancer, until about 2 years ago they decided there might be a possibility here. They discovered that cell phones open up the blood brain barrier within 30

seconds. There's a protective mechanism that the brain uses, the blood brain barrier. If that is opened up to other substances, they will get into the brain and create problems. Who says it doesn't happen anywhere else?

In radiation, too, the Germans have discovered that high tension wires increases the risk of child leukemia, for example, if they are close to the playground areas. I talked to a medical doctor in Europe, who said that the earth produces a magnetic field around itself, too. If you look down, it produces these zones about every six feet. There's a way to measure this, too. I had two PhDs come up with a geiger counter to my office. They could tell me where the zones were. Now, if you happen to sleep over one of these things, there's a far too strong magnetic field from the earth for your body to handle. It sets you up, if you are there for a number of years, for abnormal cell growth. I've seen these lines of cancer cells come across that develop where they are exposed to the zone lines for a long period of time. I had an old fellow, 80 some odd years old, who had cancer on the base of his brain. I have a machine that can tell me when you're exposed to these things. I said, "I know you're in a field somewhere, go find it." He told me that there wasn't any. So I went to his house and found one right across where he had slept in the same bed for 35 years. All sorts of things people don't know. All you have to do is move your bed three feet, out of the zone. I've had people's sleep patterns go back to normal when they move out of the zone.

What would a naturopath do for somebody who comes in with prostate cancer? The first thing, we adjust the acid base balance. People know you have an acid base balance, a ph for the blood, a ph for the urine and everything else. In general, we know that cancer cells, as well as viral cells, don't function well in an alkaline medium. So anything you can do alkalize your system helps your body fight against abnormal cells. How do you do that? You look for what causes excess acid in the body: Heavy meat consumption; grain consumption; those are the big ones. I'm not vegetarian. I like a good steak occasionally but I lean more towards white meats. However, if I was diagnosed with cancer, I would consider a vegetarian diet. You still have to maintain your protein balance, though. As we get older, that gets harder because our digestion for protein goes down. Baking soda, everybody has. You can test this. If you have seasonal allergies, start taking about 1/4 to 1/2 teaspoon of baking soda before going to bed every night. In Europe they discovered that it reduces your allergies by about 50%, just doing that alone. Forget the Reactin and all that other stuff. And increase Vitamin C level and Bioflavonites and sometimes B6. I've had allergies for years and as long as I keep my Vitamin C level up and do my baking soda at night, I don't react to them. I know, because when I forget, my friend has three cats and when I walk in to visit, within an hour I can tell if I have enough Vitamin C in my system or not.

Dr Gatis talk will be carried more completely in the January issue.

Biopsies taken to diagnose prostate cancer can have side effects

Tuesday Aug. 30 (Reuters Health) — Biopsies taken to diagnose prostate cancer commonly cause temporary erectile dysfunction and, in some cases, lingering urinary problems, according to a new study. The findings, reported in the *Journal of Urology*, highlight the fact that even the tests for diagnosing prostate cancer can have side effects. And men who are undergoing prostate biopsies — as well as those considering prostate cancer screening — should be aware of those risks, experts say. This is especially important for men facing the prospect of multiple biopsies, since the risk of side effects appears to be related to the number of needle sticks used.

For the study, German researchers followed 198 men who had been randomly assigned to undergo one of three forms of biopsy to check for suspected prostate cancer: a standard biopsy, where a needle was used to take no more than 10 tissue samples; a 10-sample biopsy along with the use of a periprostatic nerve block to lessen any pain from the procedure; or a “saturation” biopsy, where 20 tissue samples were taken. Saturation biopsies may be done in some cases where the doctor suspects a man has a particularly elevated risk of having cancer — such as a man who has had a negative biopsy in the past yet has persistently suspicious findings on PSA screening tests. Taking more tissue samples during the biopsy should increase the chances of finding any tumor.

But all those needle sticks may come at a cost, the study found. Men who underwent saturation biopsies had the highest risk of developing lingering problems with urination, such as straining to pass urine and frequent nighttime trips to the bathroom. Of that group, 10 percent reported severe symptoms before the biopsy; that figure increased to 18 percent one week after the test, and to 29 percent 12 weeks afterward. Men who’d had a standard biopsy showed an increase in urinary symptoms only in the first week. The percentage reporting moderate symptoms increased from roughly 32 percent to 39 percent, and the proportion with severe symptoms rose from 18 percent to 20.5 percent. Among men who’d had a biopsy with nerve block, just 0.6 percent reported severe urinary symptoms before the test. That rose to 8 percent one week afterward, and to almost 17 percent by week 12 — though that latter finding was not statistically significant, which means it could have been due to chance. When it came to erectile function, men in all three biopsy groups had more problems one week after the test. The side effect did, however, gradually decrease over time. Among men in both the standard biopsy and saturation-biopsy groups, just over half reported severe erectile dysfunction one week after the test — up from around one-quarter before. In the nerve-block group, that rate rose from 11 percent to 39 percent. By week 12, the men’s rates of erectile problems had declined to close to their baseline levels.

The findings are “not unexpected,” said Dr. Paul Schellhammer, a urologist at Sentara Health System/Eastern Virginia Medical School in Norfolk who was not involved in the research. However, he noted in an interview, there has been little study into the urinary and erectile side effects of prostate biopsies. “This study begins to define the risks,” said Schellhammer, who has studied the effects of prostate cancer treatment on men’s sexual and urinary function. Men facing repeat biopsies over time — whatever the type of biopsy — should be particularly aware of the chances for side effects, Schellhammer told Reuters Health, since it appears that the greater the number of needle-sticks into the prostate, the greater the odds of lingering urinary problems.

It is not clear from this study exactly why men undergoing saturation biopsy had a greater risk of longer term urinary symptoms, according to lead researcher Dr. Tobias Klein of Marienhospital Herne in Germany. But it is possible, he told Reuters Health in an email, that damage to the “neurovascular bundle” — a complex of nerves and blood vessels close to the prostate — plays a role. The fact that prostate biopsies carry some risks — which, besides the ones seen in this study, include more-immediate problems like bleeding and infection — also has implications for men considering prostate cancer screening, according to Schellhammer.

Routine screening with PSA testing is controversial. The tests measure concentrations of prostate-specific antigen, a protein produced by the prostate gland whose blood levels generally rise when a prostate tumor is present; however, a relatively high PSA does not necessarily mean cancer, and a biopsy must be done to confirm. And those biopsies often turn out to be negative. In the current study, 40 percent of the men were found to have cancer after their prostate biopsy. Much of the concern about PSA testing revolves around the fact that prostate tumors are often slow-growing, and screening may result in many men being treated for cancers that would never have caused them problems. So those treatments — with their risks of side effects like erectile dysfunction and urinary incontinence — can do more harm than good for some men. But men should also be aware, Schellhammer said, that prostate biopsies can have side effects as well, and that can be considered when they are making decisions on PSA screening. He added that the findings are also relevant to men diagnosed with prostate cancer who choose “active surveillance” — where the doctor does not immediately treat the cancer, but instead monitors its progression. That surveillance, Schellhammer noted, might include yearly biopsies.

SOURCE: <http://link.reuters.com/wew28n> Journal of Urology, online August 19, 2010.

Predicting Prostate Cancer With a Genetic Variation

The underlying cause of prostate cancer is unknown. As with other cancers, however, multiple events over a period of many years are probably necessary to produce a cancerous change in a prostate cell.

The development of cancer is broadly viewed as a two-step process. The first step is initiation, when the cell is exposed to substances (such as a chemical), agents (such as a virus), or forces (such as radiation) that cause an alteration (mutation) in the genetic machinery of the cell. The second step is promotion, in which other chemicals, hormones, or diet and lifestyle patterns stimulate the growth and reproduction of the abnormal cell. A promoter does not set the process in motion, but it creates an environment favorable for the runaway growth that causes a cancerous tumor to form and progress.

Age, race, and family history are all important risk factors for prostate cancer. In addition, diet and lifestyle factors may influence whether a man will develop prostate cancer.

Now a study from Johns Hopkins and the National Institutes of Health suggests that testing men for a specific

genetic variation may improve the ability of PSA screening to more accurately identify men with prostate cancer.

Researchers tested 505 men from the Baltimore Longitudinal Study of Aging for the presence of variations on chromosomes 10 and 19. All of the men had undergone PSA testing, and 61 had prostate cancer.

After an average follow-up period of 17 years for men with prostate cancer and 19 years for those without, the researchers found that overall, men were 18% more likely to have prostate cancer for every one-unit increase in PSA. In contrast, those with a specific variation on genotype analysis were 28% more likely to have prostate cancer for every one-unit increase in PSA. Those without the variation were only 10% more likely to have prostate cancer for every one-unit increase in PSA.

Genotyping is an expensive process that could increase the cost of PSA screening by as much as 10-fold. But if the test can improve the accuracy of PSA screening, it might become a worthwhile endeavor.

This study was reported in The Journal of Urology (Volume 182, page 101).

What Is Active Surveillance and Should You Consider It?

Some men who are diagnosed with low-grade prostate cancer choose to forego immediate treatment. Instead they meet with their doctor regularly and undergo testing to monitor cancer progression. A reader writes: *I have newly diagnosed prostate cancer and am considering active surveillance. What's the likelihood that I will eventually need treatment?* Here's our advice.

Doctors are still learning about the long-term results of active surveillance for prostate cancer. One study in *The Journal of Urology* found that of 262 men who chose active surveillance, 43 (16%) underwent treatment after a median follow-up of 2.5 years. Treatment with radical prostatectomy, radiation, cryotherapy, or androgen-deprivation therapy was successful in the short term in 42 of the 43 patients (95%). One man did develop metastatic cancer three years after beginning active surveillance.

Why choose active surveillance if there is even a tiny chance that the cancer could spread? Between 30 and 50% of men with newly diagnosed prostate cancer in the United

States have a disease that would have remained undetected during their lifetimes in the absence of screening. These men will not benefit from treatment. But if they choose treatment, they put themselves at risk for urinary and sexual problems that can dramatically impair their quality of life. Therefore, it's a reasonable option for some men to forestall treatment until it's clear that it is necessary.

Only about 10% of men with newly diagnosed prostate cancer choose active surveillance. If studies with longer follow-up continue to support the advantages of this treatment option for carefully selected patients, expect more men to follow suit.

Add these dates to your Calendar

- October 21 Dr. Rohan Shahani - Laparoscopic Radical Prostatectomy and minimally invasive treatment of prostate cancer**
- November 18 Dr. Jack Barkin - An update on HIFU**
- December 16 Christmas Party**
- January 20 Barbara Beauchamp - from Osteoporosis Canada**
- February 17 Leah Jamnicky - from Princess Margaret Hospital**

CANCER EDUCATION SERIES

LECTURE 2: COLON CANCER: WHAT YOU SHOULD KNOW

TUESDAY, OCTOBER 26, 2010

Southlake Regional Health Centre is pleased to offer an interactive eight-lecture series on cancer prevention, diagnosis, and treatment. The complimentary series will be of interest to cancer patients, their family members, community residents, and healthcare professionals.



Dr. Ian Soutter
General Surgeon
Southlake Regional
Health Centre

PRESENTER: Southlake is pleased to present Dr. Ian Soutter, MD, FRCSC, as its second speaker in the 2010 Cancer Education Series. Dr. Soutter's presentation will cover an informative overview of the prevalence of colon cancer and the signs, symptoms and treatment options available.

TOPIC: Colon Cancer: What You Should Know

TIME:

5:45 p.m. – Registration
6:00 p.m. – Presentation
6:45 p.m. – Question and Answer Period

LOCATION:

Medical Arts Building at Southlake
Level 6 – Lecture Hall
581 Davis Drive (corner of Davis Drive and Lundy's Lane)
Newmarket, Ontario

RSVP: 905-895-4521, ext. 6947

PARKING: Parking Garage – accessible from Prospect St. and Lundy's Lane. Park on Level 3 and take the Skywalk to the Medical Arts Building.

Mark Your Calendar for Future Lecture

Dates: Nov. 30, Jan. 25, Feb. 22,
Mar. 29, Apr. 26, May 31

For more information, please visit www.southlakeregional.org and click on "Upcoming Conferences."

