

Printed for the Prostate Cancer Support Groups as a courtesy of Newfoundland Power



Dr. F. N. (Ray) Firme Special Recognition Award

This award was named in honor of Dr. Ray Firme for his work as a radiation oncologist in the Province of Newfoundland and Labrador. It is conferred annually to a professional cancer caregiver and carries a \$1,000 purse for academic purposes.

In the picture above, urology nurse Sue Hammond receives the award from Scott Antle, NL director of community services, Canadian Cancer Society. In presenting the award, Mr. Antle said "Sue has been recognized by the Canadian Cancer Society for her outstanding service to the prostate cancer awareness and support programs".

Sue is a member of the Prostate Cancer Advisory Board that sets the direction for the provincial awareness program. She is a tower of strength to the prostate cancer support groups and often attends the Avalon group monthly meeting. Sue "travels that extra mile" to ease the burden of diagnosis and to provide hope to many in their battle with cancer. The remarkable thing about Sue is that she is a cancer survivor herself and chooses to devote her spare time to helping others.

Events Calendar

CPCN
National Conference
September 27-30
Toronto

NL
Provincial Survivor
Conference
October 5-6

Prostate Cancer
Awareness Week
September 17-23

Walk a Mile 2007

Walk a Mile continues to be a very successful awareness program. The Canadian Cancer Society, NL Division, manages the funds that are raised through this project. The money is used exclusively to promote awareness and to provide prostate cancer support.

The program began in 2000 as a Father's Day event but is gradually shifting to **Prostate Cancer Awareness Week**. In 2007, all but three of the 30 sites will walk in September. Hundreds of people are expected to participate.

The coordinator of each walk throughout the province will publish local event details.

The 2007 St. John's walk is dedicated to the memory of **Paul Magee**. Paul was a long time emcee for the St. John's walk. The walk will take place at Quidi Vidi Lake on Saturday morning, September 22nd, beginning at 10:00 am.

"Spotlight"

Joe Stamp is 80 years old and regularly attends the Avalon Prostate Cancer Support Group meeting. The interesting thing about Joe is that he is a dual cancer survivor, with no evidence of recurrence of cancer of the prostate since 1989 and cancer of the kidney since 2002. Joe is indeed an inspiration to all those who have received a cancer diagnosis.

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EDMONTON HOSPITAL BUYS ROBOT TO PERFORM PROSTATE SURGERY

An Edmonton hospital has bought the first robot of its kind in Canada that will allow doctors to do more precise prostate surgeries that could minimize the risk of impotency and urinary incontinence. The \$4-million octopus-like robot — officially called the da Vinci S robot — will allow doctors at the Royal Alexandra Hospital to do the same minimally invasive surgeries they do now to take out cancerous prostates, but will add more precision and dexterity to the surgeon's hands. "This robot has more movement than I can do with my wrist," said Dr. Mike Hobart, one of two urologists at the Royal Alexandra hospital who will be trained in Ohio before doing the first robotic prostate procedure this September. While many centers still cut and open up a patient with a long incision from belly button to pubic bone to take out the prostate, Dr. Hobart and the full surgical team at the hospital typically cut five puncture holes into a patient, then use hand-held laparoscopic equipment to do the cutting and sewing up. The robot will work through the same puncture holes, but has probes that can swivel in all directions, doesn't have the human shakes and some studies suggest will cause fewer complications that lead to impotency or loss of urinary control.

Fitness plays a key role in battling cancer

You dutifully sign on for chemo, surgery, radiation. You also vow to eat better. More fruits and veggies, less saturated fat -- all that good stuff should tip the odds in your favor, right? There's actually surprisingly little evidence that such dietary changes prolong survival -- except perhaps for colon cancer.

What is crystal clear, though, is the importance of exercise and weight control. Gone is the folklore that people with cancer should avoid getting too thin. The real threat, say cancer nutritionists, is becoming or remaining overweight. At a basic metabolic level, excess weight and lack of exercise may not only add diabetes and heart disease to your cancer troubles, but can impair immune function and even boost levels of hormones, including insulin and estrogen that may drive some tumors.

For cancer patients who had been hoping that a good diet might improve their survival odds, some disappointing news came out this summer when scientists from the University of California at San Diego reported the long-awaited results from the Women's Healthy Eating and Living study. This randomized, controlled trial followed more than 3,000 women who had been treated for early stage breast cancer. After an average of 7.3 years of follow-up, the researchers found that women randomly assigned to the federally recommended "five-a-day" diet with five servings of fruits and vegetables, fared no worse than those who ate at least eight servings of fruits and vegetables, plus vegetable juice, a lot of fiber, and very low fat (15 to 20 percent of calories).

Somewhat better news was released in December in the Women's Intervention Nutrition Study, led by Dr. Rowan T. Chlebowski, a medical oncologist at the Los Angeles Biomedical Research Institute. The team studied 2,400 women who had been treated for early-stage breast cancer and randomly assigned them to a dietary fat reduction group or regular diet group. After five years of follow-up, there were significantly fewer recurrences among members of the lower fat group, most of whom lost weight.

The trouble is, said Chlebowski, it's not clear whether it was the low fat diet per se or losing weight that conferred the benefit. And cues from other research suggest that losing weight, in part because it brings insulin levels into better control, may be the key. "Obesity is linked to worse outcomes in a variety of cancers, especially cancers of the breast, colon, and prostate," said Dr. Matthew Smith, director of genitourinary medical oncology at Massachusetts General Hospital. For instance, in men with prostate cancer, "obesity is associated with a greater risk of prostate cancer recurrence after surgery or radiation," said Smith. And unfortunately, the hormone treatment that is often used to fight prostate cancer can itself contribute to obesity.

U-M study finds some prostate cancer patients potentially over-treated

October, 2006

More than half of men with lower-risk prostate cancer received surgery or radiation treatment when a wait-and-see approach of no therapy and active surveillance would have been a reasonable option, according to a new study from the [University of Michigan Comprehensive Cancer Center](#).

For men with less aggressive prostate cancers, the balance between the risks and benefits of immediate treatment with surgery or radiation are not always well-defined. Research has shown that older men with lower-risk [prostate cancer](#) who choose so-called watchful waiting are likely to die from another cause during the first 20 years after their [cancer](#) diagnosis. Meanwhile, surgery or radiation to treat prostate cancer can lead to complications such as erectile dysfunction, urinary incontinence and bowel difficulties.

"Just as a failure to treat a potentially lethal prostate cancer is generally considered inappropriate from a quality-of-care perspective, over treatment of lower-risk [cancers](#) is also not in the patient's best interest. For some men with early stage prostate cancer, surgery or [radiation therapy](#) may result in substantial negative effects without a survival benefit," says study author John T. Wei, M.D., M.S., associate professor of urology at the U-M Medical School. The study appears in the Aug. 16 issue of the [Journal of the National Cancer Institute](#).

Researchers looked at 64,112 men diagnosed with early stage prostate cancer, using the Surveillance, Epidemiology and End Results registry, a population-based cancer registry maintained by the National Cancer Institute. Men were divided into high-risk or low-risk categories, based on characteristics of their tumors. Among the 24,835 men with lower-risk cancers, 55 percent were treated with initial surgery or radiation, suggesting that aggressive treatment is quite common even among men where an expectant approach is a viable option.

The researchers found that, among men with lower-risk cancers, those under age 55 are more likely to be treated with surgery versus watchful waiting. In contrast, men aged 70-74 were more likely to be treated with radiation over watchful waiting. From 2000 through 2002, more than 13,000 men with lower-risk cancer received treatment with surgery or radiation within the first several months after diagnosis. Among this group, patients older than 70, with mid-grade tumors, were most likely to receive potentially unnecessary surgery or radiation within the first year after diagnosis.

"There are many men with prostate cancer who will benefit from early treatment with surgery or radiation therapy. However, prostate cancer is not a one-size-fits-all condition and we now know that many men are diagnosed with slowly growing cancers that are unlikely to cause symptoms or be fatal. Given that the average patient often has bothersome side effects of surgery or radiation, it is important to evaluate the barriers to greater use of expectant management approaches including active [surveillance](#), particularly among this reasonably large group of men with lower-risk cancers," says lead study author David C Miller, M.D., MPH, adjunct lecturer at U-M and now a health services research and urological [oncology](#) fellow at the David Geffen School of Medicine at UCLA. "Based on data from this study, it is clear that the number of lower-risk patients who receive initial aggressive therapy is not trivial and we have to ask the question whether this is too much treatment for some of these men," Miller continues. "We should continue to explore our patients' preferences regarding the different treatments for early-stage prostate cancer and better educate them about the entire spectrum of options, including the appropriateness of initial active surveillance in many lower-risk cases."

The authors report that for many men with lower-risk cancers a potentially appealing treatment option is called [active surveillance](#). Building on the traditional concept of watchful waiting, active surveillance involves frequent monitoring of the tumor without immediate active treatment. Active surveillance can help distinguish between more-aggressive and less-aggressive cancers thereby improving doctors' ability to identify the patients most likely to benefit from surgery or radiation.



Newfoundland
and Labrador
Prostate Cancer
Advisory Board

Recent meeting notes:

CPCN (NL director): Bill Kennedy has been appointed NL director with CPCN.

Public Forum: An attempt is still being made to secure the necessary funding for a public forum in late fall on an issue related to the sexual side effects of prostate cancer treatment

Daffodil Place: The launch was held on May 3rd at the Capital Hotel. The expected opening date is fall 2008.

Awareness Tour (ATV Trek): Curtis suggested that, considering the amount of planning that is required, it is wise to move this project to 2008.

Meet the Minister: The annual meeting with the Minister of Health and Community Services took place in early July. The annual report was presented and a request was made to assist in funding a public forum.

10th Anniversary Celebrations: The Avalon support group will be having a special anniversary dinner in December to mark the 10th anniversary of the formation of the first prostate cancer support group in the province.

Prostate Cancer Survivor Conference 2007

Pre-Registration

Lion Max Simms Memorial Camp

October 5-6

Please note:

Your accommodation and food will be free. Except in special circumstances, you will be responsible for your own transportation costs.

You may wish to pre-register as a group through your support group chair or, if you are not a member of a prostate cancer support group, you may wish to phone *Graham* at 1-888-753-6520, toll free, to register.

Otherwise, please complete the following and send (before September 21) to:

*Graham Mercer
Canadian Cancer Society
P.O. Box 8921, Viking Building
St. John's, NL
A1B 3R9*

Name: _____

Address: _____

Town/City: _____

Phone: _____

Postal Code: _____

Email: _____

If you would like to have your *story/journey* printed in a future issue, please forward a copy of it, along with a recent photo (optional), to me at gmerc@nl.cancer.ca or write to:

*Graham Mercer
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St. John's, NL, A1B 3R9*