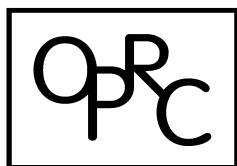


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
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SOCIETY**

Okanagan Prostate Resource Centre
Suite 210A – 3001 Tutt Street,
Kelowna, B.C., V1Y 2H4
Phone – (250) 712-2002
Fax – (250) 712-2004
E-mail – oprc@telus.net



**CANADIAN PROSTATE
CANCER NETWORK**

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Lakefield, Ontario,
K0L 2H0
Phone – (705) 652-9200
Fax – (705) 652-0663
1-866-810-2726
<http://www.cpcn.org>

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Publisher/Editor– Bren Witt

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VOLUME 12 – ISSUE 4 – (NUMBER 136) – NOVEMBER 2008

This is another reminder to all readers of the Kelowna Prostate Cancer Support and Awareness Group Newsletter the regular meeting location of the Kelowna Prostate Cancer Support and Awareness group has been changed. Our regular monthly meetings - the second Saturday of each month - are now being held at the ***Rutland Senior Citizens Centre 765 Dodd Road***. We are sorry for this change in venue; however, with the construction and removal of one third of the meeting space at the Kelowna Health Centre a change in meeting locations was needed. For those who are not familiar with this facility one of the easiest ways to find it is to follow Leathead Road to Rutland Road, cross Rutland Road (Leathead Road then becomes Bach Rd.) and follow Bach Road to Dodd Road. Dodd Road is the first signed road on the left, proceed to the parking area the Rutland Senior Citizens Centre is the low building on the right between the Athan's Aquatic Centre, YMCA – YWCA and the Rutland Arena.

Weight May Influence How Prostate Cancer is Treated

The following information was obtained from the Internet and originated with *Reuters Health and MedlinePlus*. The source was the journal *Urology*, August 2008.

Obese patients with prostate cancer appear to be more likely to receive non-surgical treatments than their normal-weight counterparts, new research shows.

Obese patients with prostate cancer have more aggressive tumors, *Dr. Benjamin J. Davies* from the *University of California, San Francisco*, and colleagues note in the *Journal Urology*, and prior studies have reported very *high body mass index (BMI)*, the ratio of body weight to height, as a risk factor for death from prostate cancer.

The investigators looked at patients' BMI and compared it with the treatment they received for prostate cancer. The study included 2,041 men who were first treated between 1995 and 2006. A BMI of 18.5 to 24.9 is considered normal, 25 to 29.9, overweight, 30 to 40, obese, and 35 or greater, very obese.

A total of 28.1 percent of patients had a normal BMI, 50.5 percent were overweight, 16.5 percent were obese, and 4.8 percent were very obese.

Increasing BMI was associated with a greater likelihood of receiving nonsurgical therapies, such as chemotherapy or radiation

therapy, rather than prostate removal.

Compared with normal-weight patients, very obese patients had a 77 percent greater chance of receiving hormone therapy and a 59 percent greater chance of receiving brachytherapy, a form of radiation therapy, as their main treatment.

Although hormone therapy may be a reasonable option for certain patients with early disease, this type of therapy cannot be considered a cure, which makes patients vulnerable to recurrence as well as side effects. *Davies* and colleagues note.

Brachytherapy, they note, is a reasonable treatment for patients with early-stage cancer and a low risk of disease spread, but not for intermediate – or high-risk patients.

There are many possible reasons for the link between higher body weight and use of non-surgical treatment, including a perception that obese patients have higher surgical complication rates, the team notes, although there are no data to support this.

“To our knowledge, this is the first study that examines the effect of BMI on patterns of treatment for prostate cancer,” the authors note. Further research on patient and physician decision-making is needed to understand the reasons for the observed trends, they conclude.

Prostate Ignorance No Wee Problem –

The following information is an excerpt of information that was obtained from the Internet and originated with *Great Moments in Science, ABC Science*. This article was published by Dr. Karl S. Kruszelnicki.

At one stage in my life, I found myself turning up at Long Bay Jail (in New South Wales) on a regular basis. No, it was not weekend detention. As a medical doctor, I was involved in teaching the prisoners some basic anatomy and physiology relating to sexual matters.

I was at first a little taken aback at how little the guys knew. But then I remembered how little I knew about my own body before I studied medicine.

So it wasn't a big surprise to read that the vast majority of Australian men did not know what the prostate gland did.

There are some very good reasons for men to understand the prostate gland – after all, it's somehow involved in sex, and apparently it can't go wrong.

And yet, according to a recent survey of 503 men aged 40 – 80 years old in Western Australia, 80 percent of men did not know what the function of the prostate gland was.

This was despite the fact that 75 percent of them had a previous prostate-related examination, and about 50 percent of them had experienced cancer of the prostate (either they had it, or when a friend had it).

The prostate gland was first described in 1536 and its cancer first identified in 1853.

In Canada, cancer of the prostate gland is the third-most common cause of cancer death in men.

In Canada it's the most common diagnosed cancer among Canadian men, this year it is estimated that 24,700 men will be newly diagnosed.

Most men with prostate cancer do not have any symptoms from it, and so do not get any treatment for it. Indeed, they may end up dying from other causes. [However, in Canada over 4,300 men die from prostate cancer each year]. This is because cancer of the prostate can grow very slowly, and also because most men with cancer of the prostate are over 60 years of age. [However, in many men cancer of the prostate may be diagnosed at an earlier age and can be successfully treated, prostate cancer can also be very aggressive and be diagnosed when it has already metastasized].

Indeed, in studies of men who died from other causes, autopsies show that cancer of the prostate was present in 30 percent of men in their 50s, and in 80 percent of men in their 70s. [A great many of these cancers were indolent and would do no harm but some of these cancers would do harm, at the present time there is not a good test to distinguish between a do harm cancer of the prostate and a do no harm cancer of the prostate. All men have to remain vigilant and pro-active when it comes to their health care].

The prostate gland is about 3cm long, and weighs about 20grams. It is usually said to be about the size of a walnut or a chestnut.

It's located deep in the pelvis, directly under the urinary bladder, and immediately in front to the rectum. The urethra, after leaving the bladder on its way to the outside world, passes through the middle of the prostate gland.

So as the prostate gland enlarges with age, it can have two effects. First, it can constrict or squash the urethra, so in interfering with normal urination, and sexual ejaculation as well. Second, an enlarged prostate can bulge upwards into the bladder, so giving a false sense of bladder fullness.

The tissue of the prostate gland is about 5 percent non-glandular (with fibro-muscular components) and 95 percent glandular (from which cancers of the prostate arise).

In the glandular part there are some 30 to 50 little glands that secrete various fluids (collectively known as prostatic fluid) into pipes that eventually lead to the urethra.

Prostatic fluid is a clear, slightly alkaline liquid with a rather characteristic smell. The alkalinity is thought to improve the survivability of the sperm in the vagina. Prostatic fluid makes up about 10-30 percent of the volume of the semen. About 10 percent of the volume of the semen comes from the vas deferens, and the remainder comes from the seminal vesicles.

So the 95 percent of the prostate gland that is glandular makes prostatic

fluid. But the 5 percent of the prostate gland that is fibro-muscular has another function – a muscular function.

During ejaculation, it provides exquisitely timed waves of muscular contraction on the outside of the urethra to help propel semen to its final destination.

In the past, the prostate has not received a lot of attention in the media, but this situation has changed over the last decade. Messages about screening can be a bit confusing, but I guess that there's nothing wrong with knowing more about any part of your body.

So boys, take care – the prostate gland could cause you a wee problem.

Support Group Anniversary

This month marks a significant anniversary for the Kelowna Prostate Cancer Support and Awareness Group. It was 12 years ago this month that we had our very first meeting with 18 men and 4 ladies present. Yvonne and I would like to thank everyone for their dedicated support over the past 12 years.

WITT'S WIT (ON THE LIGHTER SIDE) -

The following are some things that people actually said in court, word for word.

ATTORNEY: Now doctor, isn't it true that when a person dies in his sleep, he doesn't know about it until the next morning?

WITNESS: Did you actually pass the bar exam?

ATTORNEY: What was the first thing your husband said to you that morning?

WITNESS: He said where am I, Cathy?

ATTORNEY: And why did that upset you?

WITNESS: My name is Susan!

ATTORNEY: The youngest son, the twenty-one year-old, how old is he?

WITNESS: Uh, he's twenty-one.

ATTORNEY: Can you describe the individual?

WITNESS: He was bout medium, height and had a beard.

ATTORNEY: Was this a male or female?

WITNESS: Guess

ATTORNEY: Doctor, how many of your autopsies have you performed on dead people?

WITNESS: All my autopsies are performed on dead people. Would you like to rephrase that?

ATTORNEY: Do you recall the time that you examined the body?

WITNESS: The Autopsy started around 8:30 p.m.

ATTORNEY: And Mr. Denton was dead at the time?

WITNESS: No, he was sitting on the table wondering why I was doing an autopsy on him!

Meat and Dairy Could Up Prostate Cancer Risk –

The following information was obtained from the Internet and originated with *BBC News, and Bloomberg.com*

New research recently completed is indicating that eating meat and dairy products could increase the risk of prostate cancer.

Such a diet raises the level of a hormone called *Insulin-like Growth Factor-1 (IGF-1)*, which promotes cell growth.

A University of Oxford team examined the results of 12 trials done in the U.S., Europe and Australia that included 3,700 men with prostate cancer and 5,200 control patients. They found men with high blood levels of IGF-1 were up to 40% more likely to develop prostate cancer than those with low levels. The study showed that the increased risk was consistent with both young and old men, men who were normal weight and overweight and regardless whether they smoked or consumed alcohol or not. The only possible difference in risk seen was according to how aggressive the cancer cells were, Roddham said. The association between IGF-1 and

prostate cancer risk was stronger in men who developed slow-growing cancer than those who had a more aggressive form of the disease. Their study was published in the medical journal *Annals of Internal Medicine*.

IGF-1 plays a key role in the growth and development of children and adolescents. In adults it continues to regulate cell growth and death, but it can also inhibit the death of cells, which have come to the end of their natural life cycle.

Extent unclear

Lead researcher **Dr. Andrew Roddam** said the degree to which diet influenced IGF-1 levels was unclear. But he said levels could be up to 155 higher in people who ate a lot of meat and dairy products.

Dr. Roddam said: "There is a need to identify risk factors for prostate cancer, especially those which can be targeted by therapy and/or lifestyle changes.

"Now we know this factor is associated with the disease we can start to examine how diet and lifestyle factors can affect its levels and whether changes could reduce a man's risk."

Dr. Roddam said raised levels of IGF-1 were likely not only to increase the risk of developing prostate cancer, but also to aid in the spread of tumors.

Research shows that cells fed IGF-1 grow much more quickly.

However, Dr. Roddam said there was no evidence to suggest that measuring IGF-1 levels could be used to develop a new test to screen for prostate cancer.

Coverage Sought for Blood Test for Prostate Cancer –

The following article appeared in the *Vancouver Sun* on October 22, 2008, by *David Hogben*

A survey that found more than 80 per cent of Victoria doctors use a blood sample to test asymptomatic men for prostate cancer has renewed the call for such tests to be covered by medical insurance.

The survey, published in the October edition of the *B.C. Medical Journal*, found that doctors are not only in favour of the blood test – known as a PSA, because it measures levels of prostate specific antigen – but also believe it should be paid for by the provincial Medical Services Plan.

"Of the total respondents, 81 per cent reported regularly screening asymptomatic men for prostate cancer using PSA," stated the article.

"It is clear that the majority of primary-care physicians are in favour of screening asymptomatic men for prostate cancer and feel that the cost should not be borne by the patient," the article also stated.

That is a finding that sits well with prostate cancer survivor Al Payne, who is also on the steering committee of the Vancouver Prostate Support and Awareness Group.

“Absolutely, I think that all men [between 50 and 70] should be screened,” Payne said.

Payne said he feels that there is a bit of double standard in that tests for cancer in women’s breasts and reproductive organs are covered by medical insurance, but tests for cancer of the prostate in men are not, unless there are strong reasons to suspect the patient has cancer.

“We don’t think that men should be treated any differently than women,” Payne said.

The study found not only that a solid majority of doctors surveyed favoured insurance paying for the blood test, but also that some billed the MSP for the tests regardless of contrary guidelines.

It found that “nearly one-third of respondents report inappropriately billing MSP for PSA testing for prostate cancer screening purposes.” The test costs about \$35.00.

The health ministry said that it is waiting for the results of two studies currently under study in the U.S. and Europe before it revisits the issue of covering PSA tests under the provincial medical services program.

The study – headed by **Dr. Peter Pommerville**, a clinical associate professor in the University of B.C.’s Department of Urological Sciences – surveyed 121 primary-care physicians in Victoria in August 2007.

Editors Note: We should remember that for the best results in screening for prostate cancer the PSA blood test should be combined with the digital rectal exam. (DRE). A man may have an abnormally low PSA but the primary care physician may suspect that something is going on in the prostate gland because of an abnormal DRE. We have to remember that the PSA and the DRE are NOT cancer specific tests; however, if something is going on in the gland either one may send up red flags to the physician. I am a great proponent for the PSA blood test as that is how my cancer was diagnosed 13 years ago. Today many physician are also looking at the year to year velocity change in the PSA readings, and if the PSA changes by more than 0.50 or 0.75 in a year something may be going on that would require further investigation.

It was either late last year or earlier this year that the Ontario government announced that they would start funding free PSA screening tests for men between 50 and 70. There was some speculation that they were going to be possibly making some changes to this original announcement but the funding for PSA blood testing was mentioned in the Ontario budget that was brought down on October 22, 2008. In speaking to Wally Seeley, the Executive Director of CPCN on October 23, he indicated that he did not know when the free PSA testing would be implemented and what the ages would be of the men this testing would cover. Wally mentioned that once everything is clarified the full information would be placed on the CPCN website.

The Kelowna Prostate Cancer Support and Awareness Group does not recommend treatment modalities; however, all information is fully shared and confidential. The information contained in this newsletter is not intended to replace the services of your health care professionals. You are advised to consult with your health professional regarding matters of your personal health.

UP COMING MEETING DATES-

December 13th – January 10, 2009 – February 14, 2009 – March 14, 2009 –

Please Note Change of Meeting Location:

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank Sanofi Aventis manufacturer of Eligard® and Taxotere® for their support in producing this newsletter.

Thank you for helping us "Win the War Against Prostate Cancer."

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

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