

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
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SOCIETY**

Okanagan Prostate Resource Centre

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We had two speakers at our Support Group Meeting in October. Don Sawatzky and his wife Bev gave us a short presentation on some of the speakers they hear while at the Nation PCCN conference in Toronto. They were very impressed with many of the speakers, especially the fellow from Australia who gave a presentation on the Movember campaign. Bev also spoke on the ladies meeting she attended.

The second presenter for the day was our son Bryan Witt who by training is a Nuclear Medicine Technologist. He asked those present if they have ever heard of Nuclear Medicine, and if they had heard of the shortage of Radiopharmaceuticals caused by the Chalk River Reactor Shutdown? He then gave us a brief overview of Nuclear Medicine – that is a branch or specialty of medicine and medical imaging that uses radionuclides and relies on the process of radioactive decay in the diagnosis and treatment of disease. In Nuclear Medicine procedures, radionuclides are combined with other chemical compounds or pharmaceuticals to form **radiopharmaceuticals**.

For imaging of disease, these radiopharmaceuticals that are administered to the patient can localize to specific organs. This property of radiopharmaceuticals allows nuclear medicine the ability to image the extent of a disease-process in the body, based on the cellular function and physiology, rather than relying on physical changes in the tissue anatomy. The special camera used for nuclear medicine imaging is a **Gamma Camera**.

Bryan then spoke on a specific type of imaging that some of us have had and that was a **Nuclear Medicine Bone Scan**. This was quite technical but here goes – the ligand methylene-diphosphonate (MDP) can be preferentially taken up by bone. By chemically attaching **tecantium-99m** to MDP, radioactivity can be transported and attached to bone via the **hydroxyapatite**, for imaging. Any increased physiological function, such as a fracture in the bone, will usually mean increased concentration of the tracer. This often results in the appearance of a ‘hot-spot’ which is a focal increase in radio-accumulation, or a general increase in radio-accumulation throughout the physiological system. Some disease processes result in the exclusion of a tracer, resulting in the appearance of a ‘cold-spot’.

Bryan also mentioned some other forms of Nuclear Medicine – including PET imaging and some on the future happenings in Nuclear Medicine.

He also mentioned that because Nuclear Medicine images are really not sharp and clear it is sometimes referred to as **Unclear Medicine**.

<p>‘Groundbreaking’ New Technology eases Diagnosis of Prostate Cancer –</p>
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The following is an excerpt of an article that ran in the *Vancouver Sun* on October 1/10 by *Tiffany Crawford*.

Radiologists at Vancouver General hospital have conducted the first successful biopsy using new digital-imaging technology that can clearly show whether a man has prostate cancer.

The software system, developed in Toronto by *Sentinelle Medical*, fuses MRI – (magnetic resonance imaging) - with ultrasound images to create a super image of the prostate that allows physicians to pinpoint where the danger spots are so they can eventually treat just that area.

This is just one of the many new technologies and treatments developed in Vancouver the provide hope for the future of patients living with the disease.

Recently radiologists at VGH gave the *Vancouver Sun* an exclusive look at how the new technology works on prostate patients. Shortly after he performed the first biopsy done using the fusion technology, *Dr. Lindsay Machan*, an interventional radiologist at VGH, emerged from the MRI room exceptionally pleased. He said this was the first successful biopsy in the world done with the new fusion software.

"I'm stunned. I'm very impressed," he said. "This is ground breaking technology that is really going to advance the diagnosis of prostate cancer."

The disadvantage of conventional imaging is there are many small cancers in the prostate that physicians can only see on the MRI screen, not the ultrasound.

The benefit of ultrasound imaging, which uses high-frequency sound waves to produce pictures of inside the body, is that the images are captured in real time, meaning they can show movement of an organ, as well as blood flowing through blood vessels.

Dr. Silvia Chang, head of body MRI at VGH explained that MRI is a non-invasive technique that uses coils, placed on top of the body, that emit a powerful magnetic field and radio frequency pulses to produce detailed pictures of organs , soft tissue and bone.

"There is no question that this improves our ability to diagnose prostate cancer and in particular, what we can tell those men who are not sure if they have prostate cancer," said Machan, adding that it means "we can more definitively say hey do or they don't have prostate cancer, which is really important."

Machan and Chang are working with *Dr. Larry Goldenberg*, an urologist and associate director of the Vancouver Prostate Centre at VGH. They plan to conduct biopsies on more than 100 men during the

pilot program over the next two years.

It will also allow a physician to determine the severity of cancer, and decide whether it is something that can be watched or one that needs more aggressive treatment.

"This technology takes MRI, which is all digital, and fuses it to your ultrasound image so now it becomes like one and you can direct your needle in to biopsy it or treat it with heat or cold or inject a cancer-seeking drug," said Goldenberg.

A decade ago, MRI wasn't thought to be very useful in detecting prostate cancer because of the picture quality. Because the prostate is located in the pelvis, it has been difficult to scan.

"It's not like a breast where you can readily do a mammogram or ultrasound. It tough to get at the prostate – it's in an awkward spot. It would be nice if it were stuck to your elbow but it's not, it's up your bum," he said.

WITT'S WIT (ON THE LIGHTER SIDE) -

Good Golf

An octogenarian who was and avid golfer moved to a new town and joined the local Country Club. He went to the Club for the first time to play, but was told there wasn't anybody he could play with because

they were already out on the course. He repeated several times that he really wanted to play today.

Finally, the assistant Pro said he would play with him and asked him how many strokes he wanted for a bet. The 80 year old said, "I really don't need any strokes as I've been playing quite well. The only problem I have is getting out of sand traps."

And he did play well. Coming to the par four 18th, they were all even. The pro had a nice drive and was able to get on the green and two-put for a par.

The old man had a nice drive, but his approach shot landed in a sand trap next the green. Playing from the bunker he hit a high ball, which landed on the green and rolled into the cup. Birdie, match and all the money!

The Pro walked over to the sand trap where his opponent was still standing in the trap. He said, "I thought you said you have a problem getting out of sand traps?"

Replied the octogenarian, "I do, would you please give me a hand."

Prostate Cancer: Not Just and Old Man's Cancer –

The following is an excerpt of an article that appeared in the *Huffington Post Newspaper* by Gabe Canales – *These are the personal views of the writer .*

I was diagnosed with prostate cancer this year at age 35. I thought it was supposed to be an older man's cancer. That's all I knew of this disease – and that's part of the problem.

This year in America, over 32,000 fathers, husbands, brothers, sons, and friend of all ages will lose their battle with prostate cancer. And the national Cancer institute says 217,230 new cases will be diagnosed.

Prostate cancer is real, and all men – of all ages and ethnic groups – need to know about it. I knew almost nothing upon hearing the words "You have cancer," then went through disbelief, sadness, depression and many questions. After all, I hadn't had any symptoms, and it was only during a checkup when a box was accidentally checked for a PSA test that I learned about the abnormality.

I knew nothing about the function of the prostate, much less prostate cancer. I didn't know whether it could kill me – it can – how to treat it – we can, in many ways – and what it meant. Surprisingly – or perhaps not surprisingly – few of my friends in their mid-20s to mid-40s knew much about prostate cancer.

The National Cancer Institute defines prostate cancer as a "cancer that forms in tissues of the prostate (a gland in the male reproductive system found

below the bladder and in front of the rectum). Many older men get this cancer, but it's slow-moving for them and they often die from other causes before prostate cancer takes them.

In my case, the cancer was caught early, which is good. But treatment options can be tough. So far I've been told either to remove my prostate now or go under a program of "active surveillance" and remove it later. I've been encouraged by many survivors and those who have lost loved ones to remove it before it metastasizes. But that's the last thing I want to do.

I'm still reeling from the biopsy, which was awful. I was awake and given a local anesthetic but the pain was unbearable, with needles poking my prostate through my rectum to take 12 pieces from the prostate. Post-biopsy, there was blood in my urine and stool. I was disturbed for weeks red streams of blood shoot out of me. So you can imagine my fear of the effects of having my prostate removed, especially when you know the risks of incontinence and impotence.

Perhaps it's my avoidance of enduring another biopsy or having my prostate removed that has me more interested in alternative methods at this time. As a result, I've met with great doctors in Huston and in New York City.

At New York Columbia-Presbyterian I recently met *Dr. Aaron Katz*, Professor of Clinical urology at Columbia University College of Physicians and Surgeons and Founder and Director of the Center for Holistic Urology. He and his team conduct clinical trials which investigate the role of natural therapies within urology. He

believes in traditional medicine but practices an integrative approach: Allopathic and holistic.

Perplexed by having prostate cancer at such a young age, I asked Dr. Katz point-blank: Are all the hormones, antibiotics, pesticides, herbicides, and fungicides in our foods contributing to rising cancer rates? His answer was and emphatic "yes."

Another doctor told me to remove stress factors in my life. Said stress also can spur cancer. Thus, I've radically changed my lifestyle. I eat five small meals a day, three of which are vegetarian. I eat mostly organic, and nothing fried. My main source of protein is usually fatty fish like salmon, and I'm on a regime of high-grade supplements of herbs, mushrooms, and antioxidants. I also make a point to sleep more than the four to five hours I used to sleep, and I've slowed down.

Anniversary –

November marks the 14th anniversary of the Kelowna Prostate Cancer Support and Awareness Group. It was November 1996 that we had our first ever meeting of this support group. At our first meeting approximately 18 fellows showed up and a few of these fellows still come out to meetings today.

On behalf of Yvonne, I would like to take this opportunity to thank everyone for your continued support of our support group. If anyone has ideas for speakers or subjects you wish to have discussed at our meeting please feel free to contact me at any time, and I will definitely look into it.

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 11th – January 8th – February 12th –

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 both AstraZeneca manufacturer of Zoladex® and Casodex® and 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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