

# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
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**Okanagan Prostate Resource Centre**

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The guest speaker at the May meeting of the Kelowna Prostate Cancer Support and Awareness Group was **Mr. Derek Badger** the *Community Relations Manager with Janssen which is part of the Johnson & Johnson family of companies*. Janssen is promoting a new drug that is under review by Health Canada, **Abiraterone acetate**. Abiraterone acetate is a new drug to be used to treat those men with metastatic advanced prostate cancer following the use of chemotherapy. Abiraterone acetate blocks androgen production at all sources including the tumour. During his presentation Derek explained to those present about approval process that a new drug has to pass before approval is given by health authorities either Health Canada in Canada or the Food and Drug Administration (FDA) in the United States. He explained that normally R&D (research and development) takes 8 to 10 years before a drug is approved by the health authorities. His power point presentation was extremely interesting and informative. Derek was also able to answer many questions presented to him by those present.

The following is a short excerpt of a News Release by Janssen dated May 26, 2011.

A study published today by the *New England Journal of Medicine* in patients with metastatic advanced prostate cancer following chemotherapy who were treated with abiraterone acetate plus prednisone showed a significant improvement in overall survival compared to patients treated with prednisone plus placebo.

The randomized, placebo-controlled Phase 3 study, evaluated whether the investigational agent abiraterone acetate, an androgen biosynthesis inhibitor, improves overall survival in patients with metastatic castration resistant prostate cancer (CPRC) – also defined as metastatic prostate cancer – whose disease had progressed following chemotherapy.

Androgens are hormones that promote the development and maintenance of male sex characteristics. However, in prostate cancer, androgens can help to fuel the tumours growth. Androgen production primarily occurs in the testes and adrenal glands; in men with prostate cancer, the tumour tissue is an additional source of androgens.

After a median follow-up of 12.8 months, overall survival for the group receiving abiraterone acetate plus prednisone was 14.8 months vs. 10.9 months for placebo plus prednisone (representing a 36 per cent increase in median survival). Treatment with abiraterone acetate also resulted in a 35 per cent reduction in the risk of death compared with placebo. This study

included 1,195 patients, including 154 Canadian patients, with metastatic CPRC who were previously treated with one or two chemotherapy regimens, at least one of which contained docetaxal.

The study investigators stated that, overall, despite the advanced age and level of frailty in the treatment population, patients had high compliance with abiraterone acetate treatment, for which the toxicities were in general manageable and in some cases reversible.

“Given that men with metastatic advanced prostate cancer have few options, we are pleased with the results of this rigorous study which show that abiraterone acetate may extend survival in these patients,” said **Johann S. de Bono, M.D., FRCP, MSc, PhD**, *The Institute for Cancer Research, the Royal Marsden NHS Foundation Trust*, and lead author. “The data indicate that abiraterone acetate has the potential to meet a significant unmet need for advanced prostate cancer patients and their families.

Total confirmed PSA response, defined as greater than or equal to a 50 per cent decrease from baseline, was achieved in 29 per cent of patients treated with abiraterone acetate vs. 6 per cent in the prednisone plus placebo group.

“In 2011, there will be more than 25,000 men diagnosed with prostate cancer in Canada, and over 4,000 men will die from it,” said **Dr. Kim Nguyen Chi**, an investigator and author on the study, *and Medical Oncologist at the BC Cancer Agency and the Vancouver Prostate Centre*. “The findings of this

phase 3 study of abiraterone acetate are an important development for this group of patients who are in need of more effective treatment options.”

Some Good News from the Cancer Centre for the Southern Interior in Kelowna & Other Local News -

I recently spoke to Dr. Juanita Crook, Radiation Oncologist at the Cancer Centre in Kelowna and she informed me that the first *High Dose Rate Brachytherapy* procedure was scheduled to take place in Kelowna earlier this month (June/11) and that a few more are scheduled to take place during the next few months. I feel that for all of us in the Interior of B.C. we should be extremely lucky and proud to have a facility like the Cancer Centre for the Southern Interior in Kelowna. The staff and equipment in this facility is second to none.

Other Good News Locally –

It is expected that a fourth Urologist will be commencing practice in Kelowna sometime in early September. This Urologist will have his office located with Drs. Carter and Prestage on Richter Street. It is my understanding that he will also be performing minimally invasive prostate cancer surgery namely laparoscopic radical prostatectomy.

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WITT'S WIT (ON THE LIGHTER SIDE -

Frozen Crabs  
A Lawyer at a Loss for Words

A lawyer boarded an airplane in Newfoundland with a box of frozen crabs and asked a blonde stewardess to take care of them for him. She took the box and promised to put it in the crew's refrigerator.

He advised that he was holding her personally responsible for them staying frozen, mentioning in a very haughty manner that he was a lawyer, and proceeded to rant at her about what would happen if she let them thaw out.

Needless to say, she was annoyed by his behavior.

Shortly before landing in Toronto, she used the intercom to announce to the entire cabin, "Would the gentleman who gave me the crabs in Newfoundland, please raise your hand?"

Not one hand went up ... So she took them home and ate them.

Two lessons here:

1. *Lawyers aren't as smart as they think they are.*
2. *Blondes aren't as dumb as most folks think.*

## More than half of People with Breast or Prostate Cancer Unaware of Bone Complication Risk –

The following is an excerpt of an article by from *Canada News Wire* May 12, 2011. The following are results from the *National Bone Complications In Cancer Survey*

A national survey released on May 12/11 by the Canadian Breast Cancer Network (CBCN) and Prostate Cancer Canada (PCC) revealed a significant gap in awareness amongst Canadians with prostate and breast cancer about complications that can occur if cancer has spread to the bone (metastatic cancer). *The CBCN and PCC Bone Complications In Cancer National Survey* showed that only 39 per cent of people with non-metastatic breast or prostate cancer were familiar with the complications of cancer spreading to the bone.

While five per cent of people with breast or prostate cancer may have the cancer spread to their bones, in advanced breast and prostate cancer up to 65 to 75 per cent of patients may experience bone metastases. When this happens, serious complications, collectively known as **skeletal-related events** (SREs), can occur, including broken bones and spinal cord compression, which may lead to severe pain, disability, hospitalization, and even death.

“Bone health is an issue even at the early stages of prostate

cancer,” says Steve Jones, President and CEO of Prostate Cancer Canada. “We always encourage men with prostate cancer to have continuous, open dialogue with their doctors throughout their journey.”

According to the survey, people with breast or prostate cancer agree that a conversation with their doctor about their bone health should take place earlier in their cancer journey. Half of people with breast cancer and four-in-ten people with prostate cancer would have liked to have learned more about their bone health earlier. In addition, almost three quarters of people who care for those with breast or prostate cancer (72 per cent) believed that bone health should be discussed before cancer treatment begins.

“The primary goal of treatment for bone metastases is to prevent the occurrence of debilitating and costly bone complications,” says **Dr. Fred Saad**, urologist, Centre Hospitalier de l’Universite de Montreal, Hospital Notre-Dame. “Complications of metastases include broken bones, spinal cord compression or the need for surgery or radiation. They can disrupt a patient’s life and cause disability, pain and hospitalization.”

Bone pain is one of the first signs that cancer has spread to the bone.

Diagnosed with prostate cancer in 1995, Derek Lawrence’s cancer spread to his spine in 1997. “I found that the cancer had spread to my bones after having a CT scan,”

says Derek Lawrence. “The scan revealed that the cancer had spread to my spine. As a result, I’ve had two vertebrae removed and replaced with donated bone. Two metal plates, held together under compression by titanium nuts and bolts, keep the donated vertebrae in place.”

### **More from the Survey –**

People with Prostate Cancer –

Prostate Cancer patients were less likely to be concerned about the complications of bone metastases (SREs), (53 per cent) than they were with cancer spreading to the bones (63 per cent).

When asked at diagnosis what complications of prostate cancer they expected to experience most said erectile dysfunction (75 per cent), followed by urinary dysfunction (66 percent) and cancer that spreads (52 per cent).

Many men with prostate cancer turn to Internet research for more information on bone health. Other sources of information include patient brochures and medical journals.

### Caregivers of People with Prostate or Breast Cancer –

Among caregivers, most are concerned about their loved one experiencing bone metastases (73 per cent), yet only 28 per cent have voiced their concerns to their loved one’s doctor.

### **About Bone Complications –**

Bone pain dominates the daily lives of people with metastatic disease and can severely affect a patient’s quality of life. In fact, up to two-thirds of people with bone metastases experience debilitating bone pain. In people with advanced cancer, SREs can greatly impair mobility and is associated with increased illness and death.

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### **Some Latest information –**

I just received the latest issue of the Canadian Cancer Society cancer statistics book. Again Prostate cancer will be the number one diagnosed cancer in Canada this year. It is estimated that in 2011 there will be 25,500 new cases of prostate cancer diagnosed nationally with 3,400 of those men coming from B.C. This is up from an estimated 24,600 new cases last year with 3,100 of those from B.C.

### **Note –**

This is just a reminder to all those in our Support Group and to those who receive this newsletter. We will be taking the summer off, so our next Kelowna Support Group Meeting will be held on Saturday September 10th in the Rutland Senior Centre. Our September newsletter will be available for those at our meeting and will be mailed out to those who receive this publication by mail. Note there will be no newsletter for July & August.

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-**

**- Note: - No meetings July & August next Meeting Sept. 10<sup>th</sup>,**

**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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