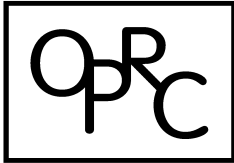


# KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
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Over 80 people were in attendance at our regular meeting on Saturday Feb. 8 to hear **Dr. David Kim** one of the five local Radiation Oncologists dealing with prostate cancer at the BC Cancer Agency Centre for the Southern Interior in Kelowna. Dr. Kim spoke on the Prostate Brachytherapy program in B.C. and specifically on the Brachytherapy program-taking place in Kelowna. The prostate cancer Brachytherapy program in B.C. started in 1998 and to date between 2,500 and 3,000 B.C. prostate cancer patients have been treated using this procedure. The five-year data will be coming out soon and he feels that the control numbers at five years will be in the mid 90%'s. The Cancer Centre for the Southern Interior in Kelowna started doing prostate Brachytherapy in April of last year, they are averaging 3 to 4 patients per month and expect to treat between 50 and 60 patients per year. Kelowna was the second cancer treatment centre in B.C. to treat prostate cancer patients using Brachytherapy. The Prostate Brachytherapy program in B.C. prefers to treat low grade generally between Gleason's 6 & 7, early stage and glands that are generally smaller than 60 cc or 60 grams in size. Dr. Kim mentioned that he prefers to treat glands smaller than 50 cc. ***Don't forget the Prostate and Male Health Forum Tuesday Evening April 22<sup>nd</sup>***

## Sex Hormones Don't Seem to Affect Prostate Cancer Risk –

The following information was obtained off the Internet and originated with the *Washington Post and HealthDay News*, and by also by *Dr. Robert A. Warscher, M.D., FACS, a Director of the Division of Surgical Oncology at Beth Israel Medical Center.*

**A** new British analysis suggests that a man's risk of prostate cancer is not related to the amount of sex hormones circulating in his bloodstream.

The conclusion was based on a review of 18 prospective cancer studies – representing 95 percent of all available research – involving almost 4,000 men and compared the levels of male sex hormones in the blood of these men with the levels found in more than 6,400 men without prostate cancer, that looked into potential links between the disease and blood hormone levels, the study authors said.

“There has been a long interest in whether or not natural variations in hormone levels in a man's blood are related to future disease risk,” said study author **Andrew Roddam**, of the *Cancer Research UK Epidemiology Unit at the University of Oxford*. “What we have shown in this collaboration is that these natural fluctuations in levels and androgens [and estrogens] do not appear to be related to subsequent risk [for] the disease.”

The findings were published online in the *January 29 issue of the*

*Journal of the National Cancer Institute.*

Although there's no single known cause of prostate cancer, risk is higher for those over the age of 50, black men, and those with a family history of the disease.

High levels of male sex hormones, known as androgens, have long been believed to be a risk factor for prostate cancer. To explore a possible hormone-cancer risk connection, Roddam and his colleagues analyzed data from studies that involved more than 10,000 men with and without prostate cancer. The research had been conducted between 1961 and 2001, and most study participants with prostate cancer had been diagnosed after the age of 60.

After compensating for other factors – such as age, body-mass index, marital and education status, smoking history and alcohol consumption – the study authors found no statistical correlation between pre-diagnosis sex hormone concentrations in the blood stream and the risk for developing prostate cancer.

Similarly, no hormone level compensation – such as a very high concentration of one sex hormone and a very low concentration of another – was associated with prostate cancer risk.

In an accompanying editorial, co-author **Dr. Paul A. Godley**, an *Associate Professor of Medicine at the University of North Carolina*

*School of Medicine*, said the “impressive” findings could push prostate cancer research in a new direction.

“Researchers should redirect their attention toward investigations of potentially modifiable nutritional, lifestyle or environmental risk factors,” he suggested, rather than target unchangeable factors – such as blood hormone levels – that do not appear to affect risk.

But, **Dr. Peter T. Scardino**, *Chairman of the Department of Surgery at Memorial Sloan-Kettering Cancer Center in New York City*, cautioned that it would be wrong to conclude that male hormones have nothing to do with prostate cancer.

“This study asks if the amount of male or female hormones in your bloodstream can predict whether you will get prostate cancer, and the answer is no,” he said. “But the prostate is like a sponge for hormones that sucks them out of circulation and converts them to even more powerful forms that can go to work in the prostate. So blood hormone levels may not have any connection with the amount of hormone in the prostate gland itself.

“The point is,” he added, “ I would not want people to think that altering the male hormone environment in the prostate has not effect. It certainly will. So if you take drugs like finasteride (Proscar) to shrink your prostate to urinate better, or Propecia to prevent balding, these drugs are working directly on hormone levels in the prostate, not

the bloodstream. And these drugs work very well.’

## A Touch of Inspiration -

The following poem is located in the chemotherapy treatment room at Royal Inland Hospital in Kamloops.

“What cancer cannot do. -  
Cancer is so limited,  
it cannot cripple love,  
it cannot shatter hope,  
it cannot corrode faith,  
it cannot destroy peace,  
it cannot kill friendship,  
it cannot suppress memories,  
it cannot silence courage,  
it cannot invade the soul,  
it cannot steal eternal life,  
it cannot conquer the spirit.  
Author unknown”

## Urine Test May be the Most Accurate Test to Date –

The following is an excerpt of information that originated with *Cancerfacts.com* –

**A**ccording to a newly published study an experimental biomarker more accurately detects prostate cancer than any other screening method that is currently in use.

Developed by researchers at the *University of Michigan*, researchers say a simple urine test that screens for the presence of four different RNA molecules accurately identified 80 percent of patients in a study who were later found to have prostate cancer, and was 61 percent effective in ruling out

disease in other study participants. The study was published in the February 1, issue of *Cancer Research*.

Led by **Dr. Arul Chinnaiyan**, *Director of the Michigan Center for Translational Pathology at the University of Michigan*, the research team says the new test is far more accurate than the PSA test currently in use worldwide, which can accurately detect prostate cancer in men with the disease but which also identifies many men with enlarged prostate glands who do not develop cancer.

“Relative to what is out there, this is the best test so far,” Chinnaiyan said in a prepared statement. “We want to develop a test to allow physicians to predict whether their patients have prostate cancer that is so accurate a biopsy won’t be needed to rule cancer out. No test can do that now.”

Chinnaiyan believes that any tests that are developed and widely tested would first be used to supplement a PSA blood screen

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## WITT'S WIT (ON THE LIGHTER SIDE) -

Don't Play Games with us Ol' Crocks ... Take Two

Two old guys, one 80 and one 87, were sitting on their usual park bench one morning.

The 87 year old had just finished his morning jog and wasn't even short of breath.

The 80 year old was amazed at his friend's stamina and asked him what he did to have so much energy.

The 87 year old said, “Well, I eat rye bread every day. It keeps your energy level high and you'll have great stamina with the ladies.”

So, on the way home, the 80 year old stops at the bakery. As he was looking around, the lady asked if he needed any help.

He said, “Do you have any rye bread?”

She said, “Yes there's a whole shelf of it. Would you like some?”

He said, “I want 5 loaves.

She said, “My goodness, 5 loaves...by the time you get to the 5<sup>th</sup> loaf, it'll be hard.”

He replied, “I can't believe it, everybody in the world knows about this but me.”

## More Gene Variations Found That Raise Prostate Cancer Risk –

The following is an excerpt of information that was obtained from the Internet and originated with the *MedlinePlus website*.

**S**cientists have uncovered at least 10 new genetic variations associated with an increased risk for prostate cancer.

The new findings double the number of genetic variants that are known to be associated with prostate cancer. Three reports detail the discoveries in the February 10 online edition of *Nature Genetics*.

“Predisposition to prostate cancer, at least in part, is due to variations in a person’s genetic code,” said **Dr. Rosalind Eeles**, a *Reader in Clinical Cancer Genetics in The Institute of Cancer Research, in Sutton U.K.* and lead author of one of the reports.

“There are many variants in the genome which confer prostate cancer risk, and these results move us nearer to being able to develop a profile of genetic variation which predicts for increased risk of the disease. This will enable us to target screening, prevention strategies and treatment,” she said.

Each of the three reports was done by a different group, one in the United States, one in Great Britain, and one in Iceland. Each group studied thousands of men with and without prostate cancer.

“We have studied hundreds of thousands of genetic variants in over 10,000 men both with and without prostate cancer,” Eeles said. “We have found seven new sites in the human genome that are linked to men’s risk of developing prostate cancer.”

**Dr. Stephen Chanock**, head of the *Genomic Variation Section at the U.S. National Cancer Institute*, and his colleagues said, “We are finding the places in the genome that are associated with the risk for prostate cancer. The reason this is so important is that prostate cancer is a complex disease and is not due to one genetic defect or one environmental exposure.”

Similar findings are being reported with breast cancer, colon cancer and lung cancer, Chanock said. “The same thing is happening in other diseases, such as diabetes, heart disease and stroke,” he said. “Most diseases are complex and associated with multiple genes.”

Exactly how each of these genes contributes to the risk for prostate cancer isn’t clear, Chanock said. “Some of them may be responsive to environmental triggers, such as what you eat or what you inhale,” he said. “Somewhere down the line, these findings may be clinically relevant, but it’s too early to do that, because we are still discovering more.”

A substantial number of men have many risk variants that together confer clinically significant risk. In fact 10 percent of men are at twice

the risk and 1 percent of men are at three times the risk of developing the disease in the general population.

Identifying which men are at risk for developing prostate cancer will be important in terms of offering care and not over treating men whose prostate cancer is less aggressive. Dr. Durado Brooks, director of prostate and colorectal cancers at the American Cancer Society. "The ability to identify aggressive tumors is likely to be a great benefit," he said.

### News Update –

The following short article was obtained from the *Urology Times of Canada* - February/March Issue Vol. 15, No. 1 -

#### **Surgery Appears to Best Treatment Option for Localized Prostate Cancer**

Researchers at *Geneva University* reviewed data for 844 men diagnosed with localized disease between 1989 and 1998 treated with either radical prostatectomy, radiation therapy, active surveillance, hormone therapy, or other therapies. Analysis of five-year survival curves found comparable survival across all cohorts, but 10-year cancer-specific survival rates were 83 percent for radical prostatectomy, 75 percent for radiation, 72 percent for surveillance, 41 percent for hormone therapy, and 71 percent for all other treatments. (This information was reported in the *Archives of Internal Medicine* 2007;167:1944-1950).

### NUTRITION AND PROSTATE CANCER –

The following is an article that originated with *Medical News Today*, and *UroToday.com*

June Chan an Associate Professor at the University of California San Francisco presented her population migration study on nutritional epidemiology of prostate cancer at a recent conference. Her study found that populations with low risk of prostate cancer moving to a high-risk area shifted to a higher-risk profile. For example Chinese men in China had a prostate cancer risk of 3/100,000, but after moving to the U.S. this increased to 100-120/100,000 by three generations later. This supports the notion that epigenetic events contribute to the prostate cancer risk.

Dietary risk factors that increase the risk of prostate cancer include foods high in calcium (and possibly processed foods and red meats) and foods that decrease risk include foods rich in lycopene and selenium (and possibly legumes, vegetables, vitamin E, antioxidants, fish and marine omega-3 fatty acids).

Chinese people a couple of decades ago used low fat, low protein and low meat diet. Their diet was full of grains and vegetables. Processed foods were rare. In contrast Americans use a diet with high fat (more that 30% calories, high protein (more than 15% calories) and high-refined sugar.

## Did You Know?

### Bone Basics –

The following information was obtained from the Vol. 3 No. 3 issue *Our Voice* magazine, and was prepared by *Dr. Fred Saad*.

**B**one is a living tissue that is continually being broken down and replaced in a lifelong process called bone turnover or remodeling. The two components include:

- Bone resorption, in which *osteoclast cells* gradually erode tissue, resulting in cavities in bone
- Bone formation, accomplished by *osteoblasts* that work to fill the cavities with new bone.

After peak bone mass is reached (early 30s), the rate of resorption begins to exceed formation. While normal aging is responsible for a gradual loss of bone mineral density (earlier in women than men), some illnesses, as well as their treatments, are responsible for speeding up this process. Examples are some therapies for breast cancer and hormonal therapy for prostate cancer.

Men on long-term hormonal therapy will likely be advised to have a bone density test to measure the effects of the treatment on their bones. It's important to get adequate amounts of calcium and vitamin D through a combination of diet and supplements. In addition, doctors may prescribe bisphosphonates or other therapies if patients show diminished bone health during the course of their disease.

## Bad Stress –

The following is an excerpt of an article that appeared in the Vol. 3 No. 2 issue of the *Our Voice* magazine. Source: *Sastry K. et al. J. Biol Chem 2001;282:14094-100*

**W**e know that bad stress affects the heart and immune system, but its connection with cancer hasn't been well studied. Recent reports suggest that it may be a factor contributing to tumor development and may reduce the effectiveness of some treatments.

It appears that a hormone called epinephrine (or adrenaline), which rises sharply in response to stressful situations, leads to changes in prostate and breast cancer cells makes them resistant to apoptosis (a process that, in healthy people, causes damaged or aging cells to self-destruct before they can develop tumors). Scientists in Winston-Salem, NC, discovered that a protein called BAD, which triggers apoptosis, is inactivated when cancer cells are exposed to epinephrine during acute or chronic stress. Previously, a Canadian study showed that men with high blood pressure who took medications to block the effects of epinephrine had an 18% lower risk of prostate cancer. Another study indicated that men who had radical prostatectomies had increased mood disturbances, often associated with elevated stress hormones. While these studies didn't directly address the role of stress hormones, they suggest a possible connection with cancer.

The Kelowna Prostate Cancer Support and Awareness Group do 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-**

**APRIL 12<sup>TH</sup> – MAY 10<sup>TH</sup> – JUNE 14<sup>TH</sup> – JULY 12<sup>TH</sup>**

**Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Kelowna Health Centre – 1340 Ellis Street. 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®, Taxotere® and Xatral® 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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