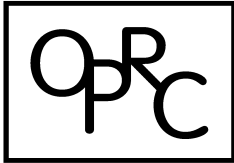


KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

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Newsletter available on line at – www.cpcn.org

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Dr. Tom Kinahan, a local Urologist and the *Principal Investigator with Southern Interior Medical Research Inc.* was the guest speaker at the September meeting of the Kelowna Prostate Cancer Support and Awareness Group. Southern Interior Medical Research has been in business for approximately three years and is primarily involved with urological-based research using new investigational drugs. Up until recently only major centers were involved in investigational trial studies involving investigational drugs. However, with Southern Interior Medical Research Inc. in Kelowna some of these investigational drugs will be available locally. The idea of using some of these investigational drugs is to see if they will work better, have fewer risks and side effects. Because these are investigational drugs all effects either positive or adverse have to be very carefully documented. Southern Interior Medical Research Inc. is primarily involved with Phase III trial studies. Phase III trials are intended to determine if the drug is safe with a cost benefit ratio therefore making the new drug a good option. Dr. Kinahan mentioned that only one in 10 drugs involved in Phase I trials make it to Phase III trials.

Prostate Cancer: Dealing with Fatigue -

The following is a continuation of the article that appeared in last month's newsletter. It was obtained from the US TOO Chapter News and was prepared by WebMD and The Cleveland Clinic.

Evaluate your level of energy. Think of your personal energy stores as a "bank". Deposits and withdrawals have to be made over the course of the day or the week to balance the amount of energy you store and the amount you need each day. Keep a diary for one week to identify the time of day when you are either most fatigued or have the most energy. Note what you think may be contributing factors. Be alert to your personal warning signs of fatigue. These may include tired eyes, tired legs, whole body tiredness, stiff shoulders, decreased energy or a lack of energy, inability to concentrate, weakness or malaise, boredom or lack of motivation, sleepiness, increased irritability, nervousness, anxiety, or impatience.

Energy Conservation. You can conserve your energy in several ways. Here are some suggestions:

Plan ahead and organize your work.

- Change storage of items to reduce trips or reaching.
- Delegate tasks when needed.
- Combine activities and simplify details.

Schedule rest.

- Balance periods of rest and work.
- Rest before you become fatigued. Frequent, short rests are beneficial.

Pace yourself.

- A moderate pace is better than rushing through activities.
- Reduce sudden or prolonged strains.
- Alternate sitting and standing.

Practice proper body mechanics.

- When sitting, use a chair with good back support. Sit up with your back straight and your shoulders back.
- Adjust the level of your work. Work without bending over.
- When bending to lift something, bend your knees and use your leg muscles to lift, not your back. Do not bend forward at the waist with your knees straight.
- Carry several small loads instead of one large one, or use a cart.

Limit work that requires reaching over your head.

- Use long handled tools.
- Store items lower
- Delegate Activities whenever possible.

Limit work that increases muscle tension.

- Breathe evenly; do not hold your breath.

- Wear comfortable clothes to allow for free and easy breathing.

Identify the effects of your environment.

- Avoid temperature extremes.
- Eliminate smoke or harmful fumes.
- Avoid long, hot showers or baths.

Prioritize your activities.

- Decide what activities are important to you, and what could be delegated.
- Use your energy on important tasks.

Other ways to combat fatigue include.

- Maintain good nutrition.
- Get moderate exercise on a regular basis.
- Learn to manage stress.

When Should I Call My Doctor?

Although cancer-related fatigue is a common, and often expected side effect of cancer and its treatments, you should feel free to mention your concerns to your healthcare providers. Fatigue may be a clue to an underlying medical problem. Other times, there may be treatments to help control some of the causes of fatigue. Finally, there may be suggestions that are more specific to your situation that would help in combating your fatigue. Be sure to let your doctor or nurse know if you have: increased shortness of breath with minimal exertion,

uncontrolled pain, inability to control side effects from treatments (such as nausea, vomiting, diarrhea, or loss of appetite), uncontrollable anxiety or nervousness, or ongoing depression.

***THE OKANAGAN PROSTATE
RESOURCE CENTRE SOCIETY
RECEIVES CHARITY
APPROVAL –***

On August 9, 2006 the Okanagan Prostate Resource Centre received Notification of Registration as a Registered Canadian Charity by the Charities Directorate, Canada Customs and Revenue Agency. As a Registered Canadian Charity we can now accept donations and present donors with a registered charitable receipt for Income Tax purposes.

Our official charity number is 89269 1718 RR0001. We have had our official receipts printed and can now provide those who wish to make a donation to the Okanagan Prostate Resource Centre Society with an official charitable receipt. Any donations over \$10.00 will receive a charitable receipt.

This process took a while, however, once the ball started rolling the process did not take too long to get completed. I must compliment all the people I dealt with at the Charities Directorate; they were fabulous people and were extremely helpful during the registration process.

They informed me that they receive between 125 and 150 applications per month from organizations who wish to be registered as a Registered Canadian Charity.

WITT'S WIT (ON THE LIGHTER SIDE) -

Ten Peeves That Dogs Have About Humans

1. - Blaming your farts on me... not funny... not funny at all!!!
2. - Yelling at me for barking... I'M A FRIGGIN' DOG, YOU IDIOT! (I haven't quite mastered talking yet)
3. Taking me for a walk, then not letting me check stuff out. Exactly whose walk is this anyway?
4. Any trick that involves balancing food on my nose... stop it!
5. Any haircut that involves bows or ribbons. Now you know why we chew your stuff up when you're not home.
6. The slight of hand, fake fetch, throw. You fooled a dog! Whooooo Hooooooooo what a proud moment for the top of the food chain.
7. Taking me to the vet for "the big snip", and then acting surprised when I

freak out every time we go back!

8. Getting upset when I sniff crotches of your guests. Sorry, but I haven't quite mastered that handshake thing yet.
9. Dog sweaters. Hello???, Haven't you noticed the fur?
10. How you act disgusted when I lick myself. Look we both know the truth, you're just jealous.

Now lay off me on some of these things, we both know who's boss here!!!

You don't see me picking up your poop do you???

Detecting Prostate Cancer Can Be Difficult –

The following is an excerpt of some information that was obtained from the Internet and originated with *delawareonline The News Journal*.

Mammograms for breast cancer are a standard recommendation for women over the age of 40, but there is no such visual screening technology available for prostate cancer, despite the fact that prostate cancer is a more common condition. That's something *Dr. Faina Shtern* and

others in the medical field want to see change. The hope to develop a comparable “*manogram*” – a term concocted by advocates to draw the connection to a woman’s mammogram – as a way to close this gap in care. Efforts are underway to adapt existing imaging technologies to the task.

Prostate cancer is known for being hard to detect and often doesn’t cause symptoms until it is well advanced. To date, screening for prostate cancer is accomplished through a digital rectal exam and PSA test, which measures chemicals in the blood that can show the presence of prostate cancer. While these technologies transformed prostate cancer care when they were introduced, they have limitations.

“If you look over the last 10 years or so, you see that prostate cancer is diagnosed much earlier and there is no question the PSA has saved a lot of lives,” says Shtern, *Director of Research in the Radiology Department at Children’s Hospital Boston, and President and CEO of the nonprofit medical research and development group AdMeTech*. “And yet, recent studies indicate that PSA causes false alarms and false assurances.”

A study by the National Cancer Institute shows that when both PSA and DRE tests are normal, about 15 percent of men actually have prostate cancer, Shtern said. According to the same study, only about 12 percent of men who had a biopsy because of an abnormal PSA test have cancer. That can be a lot

of worry for a patient and his family for what ends up being nothing.

“We are talking about 88 percent of men going through this traumatic experience, because there is nothing between a blood test and a biopsy,” she said.

The need for Better Imaging Technology

Improved imaging provides benefits from the screening phase to treatment, said *Dr. Alan Pollack, Chairman of Radiation Oncology at Fox Chase Cancer Center in Philadelphia*. Biopsies to collect tissue samples from the prostate are hit-or-miss. These days, doctors take two to three times as many samples, but even with guidance from ultrasound technology, collection is often done with little knowledge of where the cancer lies. Improved imaging may help doctors key in on suspicious tissues and likewise target the application of radiation therapy.

Some researchers already have begun exploring ways to refine imaging of the prostate. *Dr. Mitchell Schnall, Associate Chair for Penn Radiology at the Hospital of the University of Pennsylvania*, and his colleagues recently began a clinical trial involving a modified version of the *endorectal coil* used in MRI spectroscopy – a technique that uses MRI not only to obtain images, but compile a chemical profile of the tissues in the prostate. The clearer resolution is critical to viewing detail in the prostate, which is made up of a convoluted collection of ducts that can make it difficult to distinguish

between a cancerous tumor and other harmless structures.

“You need very high resolution to be able to see some of those textural differences,” said Schnall. “It lets you see the subtlety of the anatomy.”

Dr. Mark Alden, Radiation Oncologist at Cancer Treatment Centers of America at the Eastern Regional Medical Center in Philadelphia, says it’s important to note that dependable prostate cancer imaging technology will not come quickly. But when it does, it will not only save lives, it will improve the quality of life after treatment.

Women Can Help in Men’s Battle Against Deadly Prostate Cancer –

The following information was obtained from the Internet and originated with www.news-reporter.com

For many years, it has been known as “a man’s disease.” But it doesn’t have to be that way. The American Cancer Society in the U.S. wants to enlist women in the battle against the second deadliest cancer striking American men: Prostate Cancer

Wives and daughters can be effective allies in the battle against prostate cancer. Women are often the health care decision-makers in their families, and plan an important role in urging their husbands and fathers to get the important and potentially lifesaving prostate tests.

An estimated 234,000 men in the United States and 20,700 Canadian men will be diagnosed with prostate cancer this year, and 27,350 men in the U.S. and 4,200 Canadian men will die of the disease.

“Our goal is to increase the proportion of men age 50 and over who follow the American Cancer Society guidelines,” said *Patricia P. Hodge, RN, Ph.D., Chief Mission Officer for the American Cancer Society South Atlantic Division.* “Early detection is especially valuable in saving lives and increasing treatment options. More men need to speak with their doctors about whether they should be tested.”

Yet, there is hope for men with prostate cancer. It remains one of the most survivable of all cancers. In the early 1980’s, the survival rate from prostate cancer was 67 percent. According to the most recent data, relative 10-year survival is 93 percent, and 15-year survival is 77 percent. The dramatic improvements in survival, particularly at 5 years, are particularly attributable to earlier diagnosis but also to some improvement in treatment.

The American Cancer Society in the U.S. emphasizes four key points on prostate cancer.

- Get as much information about prostate health as you can.
- Talk with your doctor to determine your personal risk.
- Understand all available testing and treatment options, so you can make an informed decision.

- The fourth item is particularly for U.S. residents as it suggests that you contact the American Cancer Society about all aspects of prostate cancer. However, in Canada you can contact the Canadian Cancer Society - Cancer Information line at 1-888-939-3333 for information.

The American Cancer Society has issued guidelines for prostate screening. The guidelines are flexible in order to accommodate individual medical and personal needs, and are subject to revision based on new research evidence. They are:

- Men 50 and older should be offered early detection tests (PSA and DRE) annually.
- Men at high risk should begin early detection testing (PSA and DRE) at age 45. This should possibly begin at age 40.
- Talk with your doctor about whether you should be tested.

A Better Test For Prostate Cancer

The following is an excerpt of information that was obtained from the Internet and originated with webmd.com.

A novel blood test that spots a protein that is elevated in people with prostate cancer could spare thousands of men from the pain and discomfort of unnecessary biopsies, researchers report.

To find a more accurate way to detect prostate cancer, researchers developed a test that zeros in on the protein **human aspartyl beta-hydroxylase** or **HAAH**, which they could detect in the blood.

Elevated levels of HAAH have been found in more than 99% of tissue samples from more than 20 different cancer types, including liver, breast, ovarian, colon, esophageal, and prostate. In contrast it was not found in more than 1,000 normal issue samples. The enzyme is responsible for cell division, movement and invasion.

The latest research was presented at a meeting of the American Association of Cancer Research and involved 16 men with prostate cancer and 23 healthy individuals, all of whom had an elevated PSA. Test results showed that all the men with prostate cancer had elevated levels of HAAH in the blood, while none of the healthy men did.

Stephen Keith, MD, the President and Chief Operating Officer of Panacea Pharmaceuticals believes that by adding HAAH to the standard DRE and PSA tests the accuracy of early screening for prostate cancer would reduce the number of unnecessary biopsies.

Dr. James Morre. Ph.D., from Purdue University stated that the test shows, extreme promise as an adjunct to PSA for the detection of prostate cancer.”

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-

November 18th – December 9th – January 13th – February 10th – March 10th –

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. NOTE: the November meeting will be held on the THIRD Saturday of the month because of Remembrance Day, November 11th.

I would like to thank AstraZeneca manufacturer of Zoladex® and Casodex® 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. On August 9, 2006 we were officially registered as a Canadian Charitable Organization. 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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ADDRESS - _____

CITY - _____ PROV. _____ POSTAL CODE _____

\$25. \$50. \$100. \$250. \$500. \$ Other amount _____

Please make your cheque payable to the –

Okanagan Prostate Resource Centre Society
Ste. 210A – 3001 Tutt Street,
Kelowna, B.C.,
V1Y 2H4

An official charitable receipt will be issued, for donations over \$10.00 and will be mailed out to you.

Canada Revenue Agency: <http://www.cra-arc.gc.ca>

