



# The Manitoba Prostate Cancer Support Group



Vol. 211- January 2009

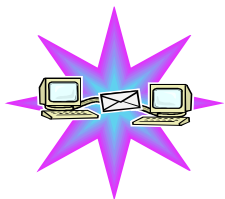


The Manitoba Prostate Cancer Support Group encourages wives, loved ones, and friends to attend all meetings.

Feel free to ask basic or personal questions without fear of embarrassment. You need not give out your name or other personal information.

**The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians. All information is however freely shared.**

Want to reach us by email ?



**manpros@mts.net**

## Thought For Today

MEN ARE LIKE BANANAS. THE OLDER THEY GET, THE LESS FIRM THEY ARE.

MEN ARE LIKE SNOWSTORMS. YOU NEVER KNOW WHEN THEY ARE COMING; HOW MANY INCHES YOU'LL GET, OR HOW LONG IT WILL LAST.

- ARTHUR WORTZMAN

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PATIENTS' QUESTIONS, DOCTORS' ANSWERS

## Medical Advisors to The Manitoba Prostate Cancer Support Group

J. Butler M.D.  
Radiation Oncologist

Paul Daeninck M.D.  
Pain Management

Darryl Drachenberg M.D.  
Urologist

Graham Glezerson M.D.  
Urologist

Len Leboldus M.D.  
Urologist  
(Honorary)

Ross MacMahon M.D.  
Urologist

John Milner M.D.  
Urologist

Jeff Sisler M.D.  
Family Practitioner

Gary Schroeder M.D.  
Radiation Oncologist

**Thanks!**

## Cancer Information Service

Call toll free:  
1-888-939-3333 or  
1-905-387-1153

When you call the toll free number of the Cancer Information Service, your questions will be answered by someone who understands how confusing the subject of cancer can be. *All calls are kept confidential*

## NEXT MEETING:

Thursday, January 15th, 2009 7 - 9 P.M.

**Speaker: Dr. Paul Daeninck**  
Specialist in pain management

**Topic: Supportive Care For The Prostate Cancer Patient And His Family**

**Location: AUDITORIUM of the Seven Oaks General Hospital - Leila & McPhillips**

## Doctor Proposes Men's Health Centre

### Male equivalent of B.C. Women's Hospital suggested

Pamela Fayerman, Vancouver Sun  
Published: Wednesday, March 26, 2008

VANCOUVER - Women outlive men by five years in B.C. and Dr. Larry Goldenberg thinks that has a lot to do with the fact men are 20 years behind women in being proactive about their health.

So just as he championed a prostate cancer centre of excellence at Vancouver General Hospital a decade ago, he is now focused on forming a men's health centre, not unlike the one for the opposite sex at B.C. Women's Hospital. People tend to think of penises and prostates as the only body parts men have to worry about, but Goldenberg begs to differ.

"The penis is like the canary in the mineshaft," he says, referring to the fact that erection and other problems may be due to numerous medical conditions, especially cardiovascular disease.

"But there's more to men's health than penises, prostates, vasectomies and circumcisions. Men are 20 years behind women in terms of gender-specific health centres," says Goldenberg, professor and head of the department of urologic sciences at the University of B.C. and Vancouver General Hospital.

Major hospitals have women's health centres in recognition of their unique attributes, and Goldenberg believes it's time to have centres for men too. More men than women suffer and die from numerous serious diseases and accidents, some of which he attributes to the fact that men haven't caught up with women's progress in personal health concerns.

"The days of men being the strong silent types, the ones with bravado, should be over. Men get osteoporosis, they have falling hormone levels as they age, just like women, and their life expectancy is shorter [on average, women outlive men by nearly five years in B.C.] so we need to address all those things."

Goldenberg has been thinking about such an initiative for many years and now he's taken the bull by the horns, lending his stature to a fundraising campaign and partnering with the Canadian Friends of the Hebrew University (Vancouver chapter). He's being honoured at a Four Seasons Hotel \$225-a-ticket dinner April 13. Funds raised will be split between the university in Jerusalem and a men's health centre at VGH that will blend research, patient education and clinical programs.

"I've never studied there and my only connection to Hebrew University is really through Zionist visions but they wanted to honour me and so I suggested we do this as a partnership with the VGH and UBC Hospital Foundation," said Goldenberg, who is also co-director of the Prostate

Centre at VGH. The centre received a \$20-million donation from business mogul Jimmy Pattison several years ago, after a pitch from Goldenberg.

This time around, Goldenberg is shooting for just \$1 million in seed money for what he calls the first men's health centre in Canada, to be based in existing space at VGH.

"Once we get the first million, the seed will be planted and then we can start fertilizing it by garnering more money from government and agencies which provide grants," he says.

Dinner organizers, including co-chairs Peter Bentley and Leon Glassman, are hoping to raise \$2 million in ticket sales and donations. VGH would get \$1 million and Hebrew University the same. A portion of the total will also go toward collaborative prostate cancer research between the hospital and the Israeli university.

"It's exciting to establish these global networks. We're also developing one with Australian scientists and several in the U.S.," says Goldenberg.



The men's health centre will act as an umbrella organization with its focus on preventive health strategies, clinical

research and the treatment of ailments relating to bones, decreasing hormone (testosterone levels), sexual health, cardiovascular conditions, prostate cancer, nutrition, and mental health.

"It will be an organization that will foster partnerships with other clinical and research centres all around the world. It's not about building something new or about building Rome in one day. I'm talking about an organization that will truly look at all the issues men face, especially as they age," said Goldenberg, adding that the centre would act as an information clearing house where family doctors could seek experts and also refer their patients.

Ron Dumouchelle, president/CEO of the VGH and UBC Hospital Foundation, applauds the Goldenberg mission, saying:

"Men don't always take care of themselves the way they should. The vision of an integrated program at VGH to diagnose, treat and support men to keep them healthy longer is innovative and world-leading. Dr. Goldenberg and his team are builders and pioneers with a strong record of achievements and breakthroughs to benefit men from across B.C."

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## Testosterone Levels Not Associated with Risk of Prostate Cancer

CancerConsultants.com - News 1/30/2008 According to an article recently published in the Journal of the National Cancer Institute, testosterone levels do not appear to be associated with risk of developing prostate cancer.

The prostate is a gland of the male reproductive system, which is responsible for producing some of the fluid that transports sperm during ejaculation. Other than skin cancer, prostate cancer is the most common form of cancer diagnosed in men.

Prostate cancer is stimulated to grow from exposure to the male hormone testosterone. Standard treatment for prostate cancer often consists of agents that lower levels of testosterone in the body, which reduces this growth stimulus. It has been speculated that men with higher levels of testosterone may have an increased risk of developing prostate cancer.

Researchers from the United Kingdom recently conducted a large study to evaluate a potential association between testosterone levels and prostate cancer. This study included data from 18 clinical studies that included 3,886 men who had been diagnosed with prostate cancer and 6,438 men who did not have prostate cancer. Data including levels of testosterone in the blood were compared between the two groups.

Overall, there was no association between levels of testosterone and the rate of prostate cancer. The researchers concluded that there does not appear to be an association with the risk of

developing prostate cancer and levels of testosterone circulating in the blood.

Reference: Endogenous Hormones, Prostate Cancer Collaborative Group. Endogenous sex hormones and prostate cancer: a collaborative analysis of 18 prospective studies. Journal of the National Cancer Institute [published early online]. January 29, 2008. DOI: doi:10.1093/jnci/djm323.

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## Annual Report to the Nation Shows Continued Decrease in Overall Cancer Incidence and Mortality

By CancerConsultants.com

Researchers from the American Cancer Society, the National Institutes of Health, and other institutions have reported a continued decline the incidence of cancer and deaths from cancer. The details of this study appeared in an early online publication in the Journal of the National Cancer Institute on November 25, 2008.[1]

A declining incidence of and mortality from cancer was noted in a previous report in 1998.[2] Annual reports since then have showed a continued decline. The current analysis covers the period 1975-2005.

These authors made the following observations:

- \* The most common cancers: lung, colorectal, and prostate in men and breast, colorectal, and lung in women comprise half of all cancer deaths.
- \* Incidence and death rates from all cancers decreased significantly in men and women; these statistics were impacted most by the most common cancers.
- \* The most pronounced declines were found in men with lung, colorectal, and prostate cancer. The decline in lung cancer deaths is attributable primarily to smoking cessation. The decline in colorectal cancer deaths is attributable to screening and treatment effects. The cause of deaths from prostate cancer is less understood but could be associated with PSA screening as well as treatment improvements. In women the most pronounced declines were in breast and colorectal cancer. Some of the decline in breast cancer was attributed to changes in hormonal replacement therapy.
- \* A leveling off of incidence and death rates for lung cancer was noted in women.
- \* Lung cancer rates and deaths increased in women in 18 states, 16 of which were in the South and Midwest.
- \* The prevalence of smoking in women was highest in the South and Midwest.
- \* California was the only state where the incidence of lung cancer and mortality from lung cancer declined.

These authors concluded that there were still regional differences in cancer incidence and mortality for lung cancer in women and emphasized the continued need for tobacco control programs.

Comments: The trends in these data are very encouraging, but there is still much to be done in prevention and treatment of most cancers.

References:

[1] Jemal A, Thun MJ, Ries LAG, et al. Annual report to the Nation on the status of cancer, 1975-2005, featuring trends in lung cancer, tobacco use, and tobacco control. Journal of the National Cancer Institute [early online publication]. 2008; on November 25.

[2] Wago PA, Ries LA, Rosenberg HM, et al. Cancer incidence and mortality, 1973-1995: a report card for the U.S. Cancer. 1998;82:1197-1207.

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## Prostate Cancer Spurs New Nerves

ScienceDaily (Dec. 9, 2008) — Prostate cancer – and perhaps other cancers – promotes the growth of new nerves and the branching axons that carry their messages, a finding associated with more aggressive tumors, said researchers from Baylor College of Medicine in the first report of the phenomenon that appears today in the journal *Clinical Cancer Research*.

Previous research showed that prostate cancer follows the growth of nerves, but this is the first time that scientists have demonstrated that the tumors actually promote nerve growth.

"This is the first report of this phenomenon," said Dr. Gustavo Ayala, professor of pathology and urology at BCM and first author of the article. "It represents an important new target in prostate cancer treatment, as prostate cancers are more aggressive when neurogenesis is present."

Ayala noted that this finding is comparable to the discovery of angiogenesis or the growth of new blood vessels. Both are part of the wound repair process.

"We also believe that axogenesis and neurogenesis is found not only in prostate cancer, but is potentially a more global phenomenon, particularly relating to those cancers that grow along nerve paths," said Ayala, also a researcher in the Dan L. Duncan Cancer Center at BCM.

Ayala and his colleagues studied the neurogenesis in tissue culture, in human tissues of patients who had had prostate cancer and compared to prostate tissues from patients who had died of other ailments. They calculated the density of nerves in human prostate tissues, including those with prostate cancer. They found that nerve density was

*(Continued on page 5)*

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considerably higher in patients with prostate cancer and in precancerous lesions. As part of the study, he used an entire prostate gland to reconstruct the prostate and enable scientists to see the growth of nerves and axons in three-dimensions, a computerized process that took substantial continuous computer processing.

He and his colleagues have even identified a possible method of regulating the growth of new nerves and axons through a protein called semaphorin 4F. Semaphorins are embryologically active molecules that regulate nerve growth and direction. Most disappear in adults, but semaphorin 4F is active in wound repair. When prostate cancer cells overproduce semaphorin 4F, new nerves result. Blocking semaphorin 4F prevents the growth of new nerves.

Others who took part in this research include: Hong Dai, Michael Powell, Rile Li, Yi Ding, Thomas M. Wheeler, David Shine, Timothy Thompson, Dov Kadmon, Brian J. Miles, Michael M. Ittmann and David Rowley, all of BCM. Thompson is now with The University of Texas M.D. Anderson Cancer Center.

Funding for this research came from the National Institutes of Health and the Tumor Microenvironment Network of the National Cancer Institute.

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## Temporary Castration For Prostate Cancer Sufferers

December 1, 2008 Dr Thomas Stuttaford

*Injections may reduce the need for a surgical solution, says Dr Stuttaford*

The case history of François Mitterrand, the late former French President, is an encouragement to every man who has advanced prostatic cancer. The president defied the gloomy prognosis of doctors by living for 15 or 16 years with inoperable prostate cancer. He chose to have intermittent hormone therapy so that, between courses of injections, much of his old vitality and virility returned.

For the best results, prostate cancer should be treated at an early stage by radical surgery or radiotherapy so that the cancer cells are removed or obliterated. Not everyone's general health makes them suitable for radical treatment and some patients may have tumours too advanced for the cancer to be eradicated.

Most, but not all, prostatic cancer cells need testosterone, the male hormone, if they are to flourish. When hormonal treatment for prostatic cancer was started, doctors surgically castrated their patients or gave them large doses of female hormone. Unfortunately the testes are not the only source of testosterone so that, although most patients go into long-term remission after castration, sooner or later the malignancy returns.

Scientists then discovered that injection of a different hormone is able to block the action of the GnRH receptors in the pituitary gland, the gland that controls the production of testosterone. These injections achieved a temporary chemical rather than surgical castration of the patient.

For years Zoladex, goserelin acetate and Prostag leuprorelin injections have dominated the market for GnRH receptor-blockers. These injections have allowed thousands of men with advanced prostatic cancer, or a constitution too frail for radical surgery, to continue to live a rewarding life.

Soon the existing injections of Zoladex or Prostag will be rivalled by degarelix, another GnRH receptor-blocker. Data from a clinical trial presented earlier in the year at the European meeting of urologists in Milan demonstrated that degarelix acts faster than leuprorelin and achieves a greater reduction in circulating levels of testosterone. The rapid effectiveness of degarelix is illustrated by the rate at which the PSA, the prostatic antigen produced by the prostatic cells whether benign or malignant, falls.

John Anderson, a consultant urological surgeon at the Royal Hallamshire Hospital in Sheffield, said recently that not only do degarelix subcutaneous injections achieve chemical castration almost as quickly as surgical castration, but there was no surge in hormone levels after the first injection, a side-effect that can sometimes cause a patient trouble.

The treatment of recurrent prostatic cancer continues to improve. As well as hormone therapy by injection, Casodex bicalutamide tablets offer many of the same advantages without always a loss of sexual drive. Chemotherapy prepared from yew tree leaves is useful in advanced hormone-resistant cases. Bisphosphonates, Fosamax-type drugs used to treat osteoporosis and breast cancer, have also been shown to delay the spread of prostate cancer. Recently hope has been raised that abiraterone may sometimes be able to remove testosterone from within malignant cells and that ZD4054, an endothelial receptor antagonist, may improve the ability of chemotherapy to treat widespread prostatic malignancy.

Local recurrence of a hormone-resistant tumour can also be treated by HIFU, high intensity focused ultrasound, a relatively simple procedure that is useful for salvage therapy. Meanwhile, patients who have had prostatic cancer, or have a family history of it, should have a tomato-rich diet. I recommend vitamin D, acquired by sunshine without sunburn, and Lyc-O-Mato, made from whole tomatoes and therefore containing several flavonoid antioxidants including lycopene.

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## Internet May Be Useful Tool for Education About Prostate Cancer

CancerConsultants.com

Researchers from several California medical institutions have reported that public health Web sites may not be as useful to men concerned about prostate cancer as educational online presentations about the disease. This study was published in the February 25, 2008 issue of the Archives of Internal Medicine.

Men at risk for prostate cancer need to be informed about screening and the various options available once a diagnosis of prostate cancer is made. Information available to assist men in decision making can be confusing and at times overwhelming. There is an abundance of information on the Internet about prostate cancer but little is known about how helpful various types of information are for individuals.

This study, conducted in the United States, evaluated 611 50-year-old healthy men. Each was assigned to either visit public healthcare Web sites or view online presentations about prostate cancer screening and treatment. Participants completed questionnaires before and after their physical examination to assess their understanding of the prostate

specific antigen (PSA) test, prostate cancer treatment preferences, and concerns regarding the disease itself.

The men who watched online presentations scored higher on tests regarding prostate cancer than those who visited public Web sites.

Additionally, greater reductions in PSA screenings were seen among the men who viewed the online presentations. Although some doctors support routine PSA testing of healthy men, there appears to be no evidence that earlier screening improves overall survival.

The researchers found that the online presentations regarding prostate cancer provided more accurate, useful information about prostate cancer screening and treatment than public health-related Web sites. As a result, online presentations were a more effective resource.

*Comments: These data support efforts to provide directed information to men about prostate cancer treatment and screening.*

Reference: Frosch, D., Bhatnagar, V., Tally, S., et al. Internet patient decision support. Archives of Internal Medicine. 2008 168(4): 363-369.

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## Ask The Doctor

If you have questions about  
Prostate Cancer ; Treatments ; etc.,

Send them to us and  
we'll try for some answers  
from our Advisory Board.

Reach us by email  
**manpros@mts.net**



## Type Of Prostate Cancer Treatment Affects Quality Of Life

Of three major treatment options for prostate cancer, each affected quality of life after treatment in different ways, according to a new multi-center study published Wednesday in the New England Journal of Medicine.

Outcomes after prostate surgery, external radiation or brachytherapy (radioactive seeds) are highly individualized and depend not only on age, but also on factors that have been previously overlooked, such as the size of the prostate and whether a man has urinary symptoms due to prostate enlargement before treatment.

The study examined the impact of the various forms of treatment on many facets of quality of life, including only sexual function, bowel function and urinary incontinence. But the researchers also looked at concerns that are common yet had not been previously studied, including weak or frequent urination due to prostate enlargement as well as a man's "vitality" or hormonal function.

Researchers from nine hospitals, including the University of Michigan Comprehensive Cancer Center, evaluated health-related quality of life and satisfaction for 1,201 men treated for localized prostate cancer with either brachytherapy, external radiation therapy or surgery, with and without the addition of therapy designed to suppress certain hormones. The study also included 625 spouses or partners.

"We found that each prostate cancer treatment was associated with a distinct pattern of change in health-related quality of life, which then influenced satisfaction of both patients and their spouses or partners. Given these findings, I would recommend that both men and their spouses or partners familiarize themselves with how each of these different treatments is expected to affect their urinary and sexual function. By doing so, they may be able to better prepare for the consequences and complications related to treatment," says senior study author John T. Wei, M.D., associate professor of urology at the U-M Medical School.

Researchers found that hormonal therapy, when combined with brachytherapy or with external radiation, worsened

multiple aspects of quality-of-life, and had particularly profound effects on men's vitality and sexuality. Patients receiving radioactive seed treatment experienced problems with weak or frequent urination, which lasted longer and had greater effect on overall satisfaction than previously appreciated.

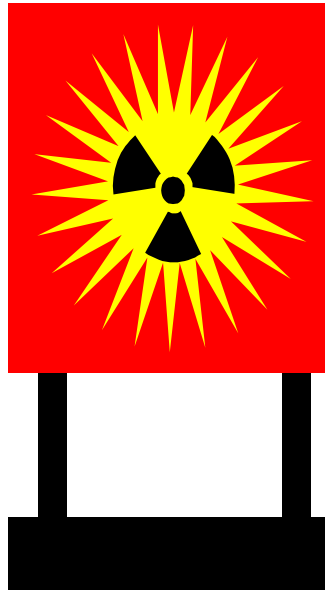
Some men who had their prostates removed surgically reported problems with urinary incontinence, in contrast to those who experienced long-term improvement in urinary obstruction. Nerve-sparing techniques reduced the sexual side effects of that surgical procedure but did not eliminate them.

The study was the first multi-center effort to focus on satisfaction with overall outcome of cancer care and to include partners in the evaluation. And the results found that changes in quality of life played a significant role in determining whether patients and their partners were satisfied.

"We didn't presume whether one type of side effect or another is more important - instead, we measured a broad range of side effects, and asked how those mesh together and which ones actually matter in terms of either the patient's or his partner's satisfaction with the overall cancer treatment outcome," says lead study author Martin G. Sanda, M.D., director of the Prostate Care Center at Beth Israel Deaconess Medical Center and associate professor of surgery at Harvard Medical School.

The research found a greater level of importance than previously thought in a patient's vitality, which includes concerns expressed by patients and their partners about the patient's energy level, weight and mood.

"When the patient and doctor sit down, they need to be able to take factors like the patient's age, prostate size, and treatment nuances into consideration and decide what's right. The concept of assigning a general treatment or non-treatment based simply on someone's age and cancer severity alone is no longer valid," Sanda says.



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**FUTURE MEETINGS:**

M.P.C.S.G.		Manitoba		2008		
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 19th, 2009  
 March 19th, 2009  
 April 16th, 2009

**Executive Committee:**

	(204)
Pam Boomer, Executive Member	663-1351
Tom Boomer, Executive Member	663-1351
Joseph Courchaine, Treasurer	257-2602
Laurette Courchaine, Executive Member	257-2602
Michael Doob, Newsletter Editor	488-0804
Darlene Hay, Executive Member	837-6742
Kirby Hay, Information Coordinator	837-6742
Jim Leddy, Secretary	831-6119
Ken Kirk, New Member Chairman	261-7767
Norm Oman, Chairman, Events Coordinator	487-4418
Brian Sprott, Media Coordinator	668-6160
June Sprott, Executive Member	668-6160
Lorne Strick, Videographer	667-9367
Arthur Wortzman, Speaker Chairman	287-8621
Our Answering Machine	989-3433

This newsletter is a **Bottom Line Computer Services** publication

[www.misterpete.com](http://www.misterpete.com)

**CAN YOU HELP?**

The Manitoba Prostate Cancer Support Group operates on your donations

**We need your contributions**

Have you used any of our services?

Newsletter - General Meetings - Hospital visits - One-on-one visits - Speakers

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 # 705 - 776 Corydon Ave., Winnipeg R3M OY1

*\*a tax deductible receipt will be issued.*