The Manitoba Prostate Cancer Support Group

Vol. 217 – July 2009

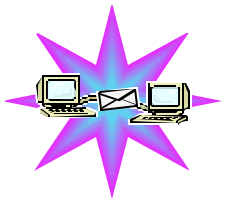
SHARING IS CARING

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

The early bird may get the worm, but the second mouse gets the cheese in the trap.

-Pam Boomer

Thanks For Your Generosity

Recently, our Prostate Cancer Support Group has received very generous donations from:

- Goldwing Road Riders Association
- Gio's Club and Bar
- The Mark and Dorothy Danzker Perpetual Trust Fund
- Canada Safeway
- Canadian Bridge Federation Incorporated
- Pfizer Canada
- Sanofi Aventis

These donations, along with those from individual members, make the running of our Support Group possible.

We are grateful to all contributors.

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

Ross MacMahon M.D.
Urologist

John Milner M.D.
Urologist

Jeff Saranchuk 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:

7 - 9 P.M. Thursday, July 16th, 2009

Jason Bachewich, Naturopath -
"New Science & Nutritional Breakthroughs in Prostate Cancer Support"

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

Complementary Therapies for Prostate Disease

If you have been diagnosed with prostate disease, chances are that you've thought about trying some type of complementary therapy in addition to conventional medical treatment from a physician. If you have, you are not alone. Various studies have found that anywhere from 27% to 43% of American men with prostate cancer use at least one form of complementary therapy. Similar findings have been reported in Canada and Europe. Although statistics are harder to find for how many men use complementary therapies for benign prostatic hyperplasia (BPH), erectile dysfunction, or prostatitis, it is likely that the practice is common.

Research will help provide some more definitive answers. For example, SELECT (Selenium and Vitamin E Cancer Prevention Trial) is the largest prostate cancer prevention study ever undertaken, with more than 35,000 men participating. Participants have been randomly assigned to take 200 mcg of selenium or 400 IU of vitamin E — or the two in combination, or a placebo — and will be followed for a minimum of seven years and a maximum of 12 years. By that time it should become clear whether taking selenium or vitamin E, or both together, will reduce the risk of prostate cancer. [1]

Unfortunately, the issue of complementary therapies doesn't often come up during a visit to the physician. Patients tend not to mention the complementary therapies they are using, while doctors may not ask about them. The following tables offer a summary of the current research on some of the more popular supplements for prostate disease and can help you evaluate your options with your physician.

[1] The SELECT trial has been terminated - http://www.nci.nih.gov/clinicaltrials/digestpage/SELECT

Complementary therapies for benign prostatic hyperplasia (BPH)	
Substances that may work	
Substance and possible mechanism of action	Assessment
Beta-sitosterol Mixture of several extracts of plants containing substances that mimic cholesterol; not clear how it alleviates BPH symptoms.	One review of four randomized trials involving a total of 519 men, published in 1999 in BJU International, concluded that beta-sitosterol improves urinary symptoms, but cautioned that long-term safety and effectiveness were unknown.
Pygeum Derived from the bark of an African evergreen tree; not clear how it works, but some researchers have proposed that it reduces inflammation or slows prostate growth.	One study, involving 263 men recruited at eight sites in Europe, found that participants who took pygeum experienced improvement in urinary symptoms. (The study is available only in German, so a citation is not provided here.)
Saw palmetto Derived from the berry of the saw palmetto tree; not clear how it works, although a leading theory is that it affects male hormones. Safety considerations: May increase the risk of bleeding when taken with herbs and drugs that also have this effect (such as garlic, aspirin, anticoagulants, antiplatelet medications, NSAIDs); should not be taken with drugs that affect levels of male hormones.	Probably the best studied herb for BPH treatment, but studies are conflicting. A review of 18 studies involving 2,939 men, published in 1998 in the Journal of the American Medical Association, concluded that saw palmetto supplements improved urinary symptoms about as much as the medication finasteride (Proscar). But a randomized trial involving 225 men who took saw palmetto for a year, published in 2006 in the New England Journal of Medicine, found no evidence that saw palmetto was any better at improving urinary symptoms than placebo. *Continued on page 3*





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Complementary therapies for prostate cancer

Many complementary therapies used for prostate cancer, such as vitamins and particular nutrients, are found naturally in food. Our panel of Harvard experts agreed that men seeking to reduce their risk of developing prostate cancer — or of having it progress, if it's already been diagnosed — should eat a healthy diet and engage in regular physical activity. These "lifestyle" habits offer the best all-around protection because they reduce the risk of the number 1 threat to men — heart disease.

Nevertheless, epidemiologic studies (which follow large groups over time) have identified a number of specific dietary factors that appear to affect risk of prostate cancer development. Data are limited, however, about whether dietary changes made after diagnosis will have any impact on cancer progression.

Substances that may reduce risk

Substance and possible mechanism of action	Impact on prostate cancer risk	Impact on prostate cancer progression
Fish Not clear why fish may be protective; one theory is that omega-3 fatty acids contained in fatty fish may inhibit a particular molecular pathway involved in cancer development.	Fair-to-good evidence exists that eating fish may reduce risk of prostate cancer. Two large prospective studies, for example, found that men who ate fish were less likely to develop prostate cancer or die from it.	May reduce progression, but less data are available. A 2006 study found that men with the highest intake of fish after diagnosis were 27% less likely to have their cancer progress than men with the lowest consumption.
Tomatoes Contain a number of nutrients; it remains unclear whether the antioxidant lycopene, some other nutrient, or combinations of nutrients underlie protective effect.	Good evidence that consumption of cooked tomatoes may reduce risk. A 2002 study found that men who regularly consumed two or more servings of tomato sauce per week could reduce their risk of developing prostate cancer by 35% compared with men who ate tomato sauce less than once a month. A review of 21 studies found anywhere from a 10% to 20% reduction in risk among men with the highest intake of tomatoes, with cooked tomatoes offering the most protection.	Increasing consumption after diagnosis may reduce progression but data are more limited. A 2006 study found that increased intake of tomato sauce after diagnosis might reduce risk of prostate cancer progression by 30% to 40%. Other studies reporting a protective effect from increased tomato consumption after treatment have been small or poorly designed.
Vitamin E Has antioxidant effects that may be helpful; supplements contain alpha-tocopherol, a form of vitamin E.	Safety considerations: May increase risk of bleeding if you are taking anticoagulants or antiplatelet medications; may interfere with treatment if you are undergoing radiation therapy (ask your doctor).	Good evidence that this may reduce risk, but the benefit is seen only in men who smoke. The Alpha-Tocopherol Beta-Carotene study, for example, reported that men who smoked and took 50-IU vitamin E supplements a day reduced risk of prostate cancer by 30% to 40%. Other studies have confirmed a protective effect for smokers. Limited data exist regarding impact on progression. *Continued on page 4*

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Substances that may be protective, but evidence is limited

Substance and possible mechanism of action	Impact on prostate cancer risk	Impact on prostate cancer progression
Carotenoids (Other than lycopene; see "Tomatoes," above) Occur naturally in plants; may have antioxidant properties.	Some evidence of reduced risk, but data are limited and findings have been mixed. One study reported that men with higher blood levels of particular antioxidants — lutein, beta-cryptoxanthin, and zeaxanthin — had a 70% to 80% reduced risk of prostate cancer. But a randomized clinical trial found that men who took beta carotene supplements had an increased risk of prostate cancer if they already had high blood levels of this antioxidant.	Limited data exist regarding impact on progression.
Melatonin Inhibits prostate cancer cell growth in test tubes. Safety considerations: Avoid if you are taking anticoagulants or antiplatelet medications; may increase or decrease blood pressure, and may increase blood sugar levels in people with diabetes.	Insufficient evidence, although some studies have suggested that men with prostate cancer have lower levels of melatonin than other men.	A small study involving 14 men with advanced prostate cancer who were not responding to hormone therapy alone found that taking melatonin supplements in addition to hormone therapy improved response. PSA levels decreased by more than half in eight men, and nine lived longer than one year.
Pomegranate juice Contains a variety of antioxidants and flavonoids, which may inhibit cancer growth.	Insufficient evidence regarding impact on developing prostate cancer.	A small 2006 study suggests that men whose PSA is rising after cancer treatment may be able to slow the rate at which PSA increases by drinking 8 ounces of pomegranate juice every day. The study involved 50 men who were followed until their PSA doubled. Investigators found that average PSA doubling time slowed from an average of 15 months before the study began to an average of 54 months afterward.
Soy Contains isoflavones, nutrients that can inhibit cell growth and affect hormones that may fuel the growth of prostate cancer. Safety considerations: May interact with warfarin (Coumadin); check with your doctor for advice.	Limited data exist, but suggest that higher soy intake may reduce risk.	No evidence exists regarding impact on progression.
Vitamin D May inhibit growth of prostate cancer cells.	Epidemiologic studies have produced mixed results.	Limited evidence regarding impact on progression.

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Substances that may increase risk

Substance	Impact on prostate cancer risk	Impact on prostate cancer progression
Calcium and dairy products	Good evidence that higher intake increases risk. One study found that men who consumed more than 2,000 mg of calcium daily were five times as likely to develop metastatic prostate cancer as those who consumed less than 500 mg of calcium per day. A large epidemiologic study found that intake of more than 1,500 mg of calcium per day might increase the risk of aggressive and fatal prostate cancer, but not the risk of less aggressive, localized cancer.	Studies suggest that high calcium intake may increase the likelihood of progression. One theory is that calcium has different effects, depending on the stage of cancer development or progression.
Meat consumption	A number of studies have found that increased consumption of meat, especially red meat, increases risk of developing prostate cancer, possibly because of high fat content or the way the meat is cooked.	Insufficient evidence regarding impact on progression.
Zinc Because zinc contributes to many bodily functions, including healthy immune functioning and wound healing, zinc supplements have sometimes been touted as a cure for various prostate diseases. However, there is no evidence that zinc supplements help — and in prostate cancer, such supplements may cause harm.	Limited evidence that zinc supplements may increase risk. One study found that men who took 100-mg zinc supplements daily were more than twice as likely to develop advanced prostate cancer as men who did not take the supplements.	No data are available regarding impact on progression.

Complementary therapies for prostatitis

Substances that may work

Substance and possible mechanism of action	Assessment
Quercetin A bioflavonoid, a chemical that contributes to color in plants; its antioxidant and anti-inflammatory effects may explain how it works.	One small randomized controlled study has evaluated quercetin for the treatment of chronic nonbacterial prostatitis (chronic pelvic pain syndrome). The study involved 30 men who took quercetin for a month. Investigators reported in 1999 in Urology that 67% of men taking quercetin reported improvement of symptoms, compared with 20% of men taking placebo.

From the series of articles - PERSPECTIVES ON PROSTATE DISEASE www.health.harvard.edu

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Healthbeat: Prostate Cancer Common In Men, But Easier To Detect

June 25, 2009 Source: Evanston Review

According to the National Cancer Institute, nearly 16 percent of men born today will be diagnosed with cancer of the prostate at some time during their lifetime. The good news is that thanks to improved screening methods, prostate cancer is being diagnosed at an earlier stage and thus there has been a steady decline in the mortality rate related to prostate cancer.

Prostate cancer forms in tissues of the prostate, a gland in the male reproductive system found below the bladder and in front of the rectum. Dr. Dean Conterato, a radiation oncologist on staff at Elmhurst Memorial Hospital, notes that perhaps the biggest risk factor for this type of cancer is age.

"Men older than 65 have a much higher risk of prostate cancer, men under 65 have an incidence of 51.7 per 100,000 whereas for those older than 65, the rate increases to 966 per 100,000."

In addition, certain ethnic groups have higher rates of prostate cancer. The highest rate of prostate cancer is in Scandinavians where it is the leading cause of male cancer deaths. Conterato notes the lowest recorded rates are in Asia and the United States is somewhere in between.

It should also be noted that African-Americans have higher risks for prostate cancer and the age of onset in African-American men is earlier than for comparative groups.

Research has shown that genetics also plays a role as first-degree relatives of prostate cancer patients have more than double the risk of developing prostate cancer.

"There is a lot of research being done in the genetics field," notes Conterato. "They have detected a number of prostate cancer susceptibility genes which hopefully in the future will give us better insight into the nature of and individuals risk of prostate cancer."

So, what are the symptoms of prostate cancer? Conterato explains that unfortunately, prostate cancer does not commonly present with definite symptoms. In fact, prostate cancer can be quite large before causing symptoms.

When it does cause symptoms it is usually related to urine outlet obstruction symptoms. When symptomatic, prostate cancer can cause urinary urgency, nocturia, frequency and hesitancy. However it should be noted that these symptoms are also present in men with benign prostatic hyperplasia (BPH) and are more likely to be caused by BPH than cancer.

"Most patients in this country present without any symptoms and a normal rectal exam," notes Conterato. "They are often only diagnosed because of elevated PSA."

Serum PSA (prostate specific antigen) is a protein that may be elevated when prostate cancer is present and is the most sensitive test this type of cancer. Elevations or rapid rises in PSA should prompt evaluation by a physician for possible biopsy.

Interestingly, since the use of PSA testing in 1993 the detection of prostate cancer has changed significantly with most patients having localized disease at diagnosis (81-96 percent). Prior to the PSA test, the majority of patients presented with advance stage prostate cancer as it was often first detected by digital rectal examination or because of urinary symptoms.

The American Cancer Society recommends physicians discuss the pros and cons of testing with men so each man can decide if testing is right for him. If a man chooses to be tested, the tests should include a PSA test and digital rectal exam yearly, beginning at age 50. For men at high risk, this discussion should take place starting at age 45.

Chris Doucet wrote this column for Elmhurst Memorial Healthcare

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Q & A: Prostate Cancer Screening

BY LEN LICHTENFELD, MD

Q: *Does PSA screening save lives?*

A: Recent scientific studies haven't done much to answer the question whether or not screening for prostate cancer with the widely available and widely accepted PSA (prostate-specific antigen) blood test really saves lives.

The studies, one from the United States and the other from Europe, came to different conclusions about the effectiveness of the PSA test, as reported in March in The New England Journal of Medicine.

The U.S. study found no evidence that the PSA test saved lives. The European study, on the other hand, did say there was about a 20 percent reduction in prostate cancer deaths in men who had the PSA test. However, they also reported that to save one life, 48 men would have to be treated for the disease. Given the cost and side effects, such as impotence and incontinence, of prostate cancer treatment, it isnat yet clear whether the test actually resulted in a life-saving benefit for many men diagnosed with the disease.

So what is a man to do? Should a man age 50 or over (age 45 for African-American men and those at higher risk) get an annual digital rectal examination and PSA blood test?

The answer-sadly-is that there is no "one size fits all" answer.

Each man (and his family) needs to make the decision that is right for him. You should have a careful and complete discussion of the benefits and risks of prostate cancer screening with a health care professional you trust, one who does not have a vested interest in your answer. That would usually be the clinician you look to for your primary care.

You may be someone who wants every test done that may show some benefit in finding a cancer early. Or, you may be the kind of person who says that with such a high risk of an unpleasant outcome from the treatment with little hope of benefit, you are willing to take the chance that you are much more likely to die from something other than prostate cancer than have your life saved by getting the PSA test and subsequent treatment.

What we really need and need soon is a test that will help us tell the difference between which prostate cancers are really bad, and which are just something we will live with for years. Until we have such a test, the judgment as to whether or not to start an annual screening program is yours to make. There simply is no right or wrong answer for every man.

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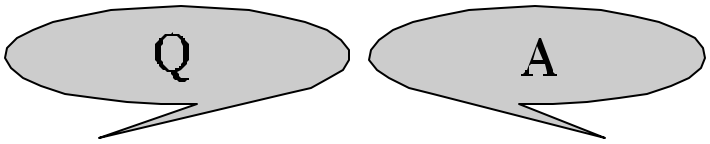

ARE WE UP TO DATE ???

Executive member, Darlene Hay,
is updating our newsletter mailing list.

For those people on the list that have **not** been phoned recently:
please call her if you still wish to receive a printed copy of the newsletter.

Darlene can be reached at (204) 837-6742
or kdhay@mts.net

Our newsletter is also available on-line at www.manpros.org

Manitoba Prostate Cancer Support Group
705 - 776 Corydon Ave.,
Winnipeg
R3M OY1

Publications Agreement
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2009 MEETINGS:

Jan. 15.....Dr. Paul Daeninck, Pain Management specialist -
" Supportive Care for The Prostate Cancer Patient and his Family "

Feb. 19.....MPSGC member stories -
" Let's Share Some of our Stories (Good & Bad) "

Mar. 19.....Dr. John Milner, Urologist -
" Prostate Cancer : What Does "Cure" Mean for This Disease? "

April 16.....Dr. H. R.Wightman, Pathologist -
" Explaining the Role of The Pathologist "

May 21.....Dr. Janice Dodd, PhD, Physiology -
" What's New in Prostate Cancer Research "

June 18.....Tom Roche, Social Work -
" So You've been referred to a Soc ial Worker: Now What? "

July 16.....Jason Bachewich, Naturopath -
" New Science & Nutritional Breakthroughs in Prostate Cancer Support "

Aug. 20.....Robin Chambers, Oncology Dietician -
" Common Myths About Diet and Cancer "

Sept. 17.....Dr. Jeff Sisler, Family Physician -
" Prostate Cancer : Post Treatment Concerns "

Oct. 15.....Kim Hodgins, Physiotherapist -
" Incontinence and The Pelvic Floor Muscle "

Nov. 19.....Greg Harochaw, Pharmacist -
" Treating Erectile Dysfunction after Prostate Cancer Treatment "

Dec. 17.....Party Time: Don Swidinsky - guitarist.: Celtic Group
" Beggars Brawl " - Miriam, Darrell, Mike & D'Arcy

***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 Coordinator	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, Editor	668-6160
June Sprott, Executive Member	668-6160
Lorne Strick, Videographer	667-9367
Arthur Wortzman, Speaker Chairman	287-8621
Our Answering Machine	989-3433

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

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