The Manitoba Prostate Cancer Support Group
NEWSLETTER

Vol. 221 – November 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

Don't start vast projects -
With half vast ideas!

- Norm Oman

THANKS

Many thanks to AstraZeneca
for their generous donation to
our Prostate Cancer Support Group.

National Clinical Trials

When family physician, Dr. Jeff Sisler, spoke to our group in September, he gave us a web site that covers all cancer trials in Canada. The majority of them are still recruiting participants. Look for the site on prostate cancer and then click on your particular province to find out about these trials. The web site for the clinical trials is:

www.canadiancancertrials.ca

Highlighting Our Videographer - Lorne Strick

Executive member, Lorne Strick, has been making videos for our Prostate Cancer Support Group since 1994. He generously does this on his own time and also his own "dime". He takes a video of each one of our speakers, then delivers a copy to each speaker and also keeps one for our library. You can request a video from him and he will mail it to you for the cost of the $5.00. Check the list of videos on our web site: www.manpros.org .

Thanks, Lorne, for making such a major commitment to our Support Group.

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 confus ing the subject of cancer can be. *All calls are kept confidential*

NEXT MEETING:

Thursday, November 19th, 2009 7 - 9 P.M.

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

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

CHRISTMAS IS AROUND THE CORNER

WHICH SIGNALS THE END OF THE 2009 TAX YEAR.

We want to remind everyone planning to make a donation to the support group for a deduction on their 2008 income tax return, to do so soon. That way, Joseph, our Treasurer, will have time to issue your receipt **before December 31**.

Please act soon, because Joseph gets very busy cooking his Christmas turkeys in December!

WE REALLY APPRECIATE YOUR SUPPORT

The Manitoba Prostate Cancer Support Group operates on your donations

Have you used any of our services?

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

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Prostate Cancer Sufferers Should Delay Treatment: Research

One Way To Delay Or Avoid Side Effects Of Incontinence And Impotence

By Michelle Magnan, Canwest News Service
December 10, 2008

CALGARY - More men with early-stage, low-risk prostate cancers are choosing to delay treatment, according to a British Columbia-based researcher.

Rather than treat a disease that may never become life-threatening, men in the relatively new Active Surveillance program choose to monitor their Prostate Specific Antigen (PSA) scores and decide to proceed with treatment only if it is needed.

This way, incontinence and impotence - treatment's side-effects - can be delayed for years or even avoided completely, if treatment is never needed.

John Oliffe, who is an associate professor in the University of British Columbia's school of nursing, said that less than 10 per cent of patients choose Active Surveillance right now.

But he expects those numbers to increase as awareness grows among doctors and patients.

"It's really difficult to get your head in a space where you're told you have a cancer, but you decide to wait and see," said Oliffe, who and was in Calgary on Tuesday for a speaking engagement.

Oliffe said that a pilot study he conducted last year with a group of 25 men on Active Surveillance found that they need support for lifestyle changes, such as improved diet and exercise.

Perhaps most importantly, they need a strong social support network to help them deal with their decision to wait for treatment.

"Most men, when they go off Active Surveillance, it's not because their PSA or their biopsy changes, it's because they just can't quite deal with the uncertainty of staying on," he said.

Oliffe emphasized the difference between Active Surveillance, which is a strategy that's been around for roughly five years, and Watchful Waiting, a concept that's been around for much longer. Watchful Waiting is a concept that says there is no need to treat prostate cancer in older men, when it is likely that other diseases will end their lives first. Active Surveillance monitors the development of the cancer with the understanding that treatment is likely, but can be delayed.

Oliffe hopes that more men who are diagnosed with prostate cancer discuss the option with their doctors.

"You should just ask the question," he said.

For more information about Active Surveillance, visit the Canadian Prostate Cancer Network website at cpcn.org.

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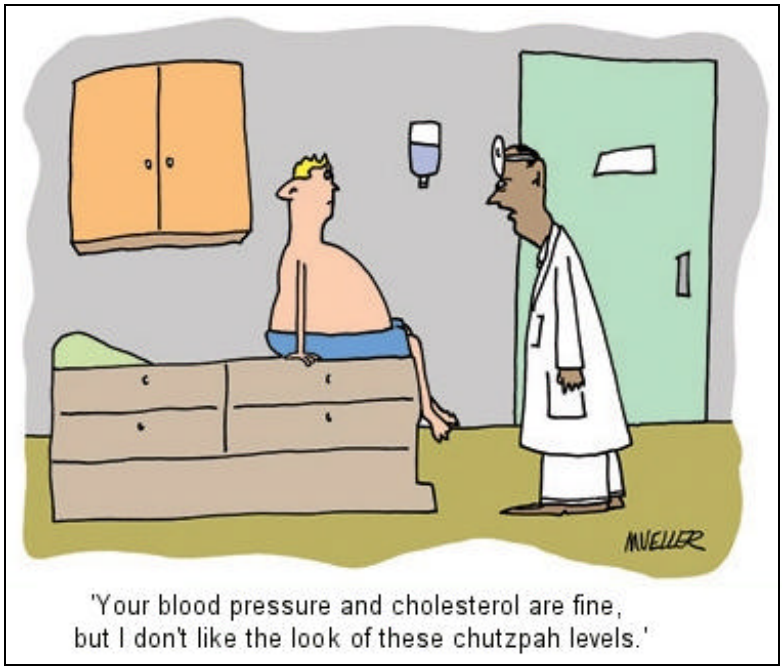

'Your blood pressure and cholesterol are fine, but I don't like the look of these chutzpah levels.'

Options exist in prostate treatment

Leading authority touts surgery as superior alternative to radiation

By Paul Brent, For Canwest News Service

Larry Goldenberg, founding director of the Prostate Centre at Vancouver General Hospital and one of Canada's leading authorities on prostate cancer, believes surgery is a superior alternative to radiation in treating the disease.

Photograph by: Don MacKinnon, Canwest News Service

Prostate cancer strikes, on average, one in six men today - but it's almost certain those statistics are going to get worse, not better, experts say.

"Doctors are saying it will reach one in four [men] within five to 10 years," said Steve Jones, president and chief executive officer of Prostate Cancer Canada. "It is definitely on the rise."

Not only are there now millions of boomers now in their 50s and 60s -- the age at which significant numbers of prostate cancers begin appearing in a population - our high-fat Western diets appear to be contributing to the disease. "People in Asia have the lowest incidence rate but if they come and live here, the incidence rates go up," Jones said.

Prostate cancer is not a one-size-fits-all disease. "Prostate cancer is an interesting disease because it comes in many different shapes and sizes, if you will. It is a creature of many appearances," said Larry Goldenberg, professor of urology at the University of British Columbia and founding director of the Prostate Centre at Vancouver General Hospital. The cancer can be so slow that it will never threaten the health of the individual, or it can be a critical, life-threatening affliction requiring immediate attention.

The two traditional ways of dealing with prostate cancer have been either radical surgery removing the prostate, or radiation. What has changed is how those surgeries are carried out, and newer treatments - some of them experimental - are being applied.

"On the therapeutic side, robotic surgery, different forms of radiation and all these other alternative forms of treatment" are the hot topics in prostate cancer treatment today, Goldenberg said.

Surgery: One of the leading authorities on prostate cancer in Canada, Goldenberg is a believer in surgery to deal with the disease. Radical surgery or prostatectomy involves the removal of the prostate gland and surrounding tissues, sometimes through an incision but more recently through minimally invasive surgery via small holes and precise robotic surgery, Goldenberg's specialty.

"It's all prostatectomy," Goldenberg said. "You are applying the same treatment, you are just doing it differently for a variety of reasons -- usually improved quality of life."

Prostate Cancer Canada, which highlights treatment options on its website (www.prostatecancer.ca), lists the benefits of prostatectomy, including: it's a one-time procedure; it potentially removes all cancer cells; it has a long history and well-established techniques and follow-up procedures; and many specialists believe it offers the best chance for long-term survival for men with localized prostate cancer.

Surgical side effects include infertility - sperm is still produced, but it is no longer released. Incontinence is common immediately after surgery and is permanent in a very small percentage of men. Erectile dysfunction is "the most common long-term side effect of surgery," according to Prostate Cancer Canada. It may take six months to a year or even two years to achieve a "workable erection."

Doing nothing is not a solution. Untreated prostate cancer can cause erectile dysfunction and incontinence, and can be deadly.

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External beam radiation: Like surgery, this is a local treatment in which radioactive beams are aimed a particular area to kill cancer cells directly or indirectly by cutting off their blood supply. Radiation therapy, which has a 60-year history, can be used alone to treat prostate cancer or it can be combined with other treatments such as chemotherapy, hormonal therapy or surgery.

Its advantages are that it can be used on men too frail or old to handle surgery or other treatments, it has a long track record and does not require hospitalization. The major disadvantage is the risk that some prostate cancer will remain or recur after radiation therapy.

Brachytherapy: This treatment most commonly involves the insertion of permanent radioactive material commonly referred to as "seeds" directly into the prostate. Benefits include avoidance of the lengthy recovery time necessary after surgery and the long-term treatment schedule needed to complete a course of external beam radiation. Also, because the seeds are implanted as close to the cancerous cells as possible, they can often deliver a higher cumulative dose of radiation to cancer cells, while limiting the exposure of healthy cells to harmful radiation.

The major disadvantage is that, because the prostate is not removed, cancer cells may remain after treatment or a new cancer may grow.

The treatment is also not as readily available as external beam radiation and, because you are radioactive, you might set off security detection devices.

Side effects vary from patient to patient and due to factors such as the radiation dosage used.

Most men become infertile, some experience incontinence and a gradual loss in their ability to achieve an erection.

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MOVING?

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Virus Linked to Prostate Cancer

Virus May Be Behind Aggressive Forms of Prostate Cancer

By Jennifer Warner WebMD Health News
Reviewed by Louise Chang, MD

Sept. 8, 2009 - A virus may be responsible for some prostate cancers and hold clues to the cause of the deadly disease, according to a new study.

Xenotropic murine leukemia virus-related virus (XMRV) has been previously linked to leukemia and sarcomas in animals, but researchers say this has more recently been identified in human prostate cancer samples.

"We found that XMRV was present in 27% of prostate cancers we examined and that it was associated with more aggressive tumors," researcher Ila R. Singh, MD, PhD, associate professor of pathology at the University of Utah, says in a news release.

If further studies confirm that the virus causes prostate cancer, researchers say it would open new avenues for diagnostic tests, vaccines, and therapies for treating prostate cancer.

Prostate cancer affects one in six American men and is the most common type of cancer among men after skin cancer. Clues to Prostate Cancer's Cause Previous studies have shown that a small group of men with a certain genetic variation were more susceptible to infection with XMRV, and the virus was present in about 10% of prostate cancer samples.

In this study, published in the Proceedings of the National Academy of Sciences, researchers examined about 200 cancerous prostate samples as well as 100 non-cancerous prostate samples.

They found 27% of the prostate cancers contained either XMRV DNA or proteins compared to 6% of healthy prostate cells. The virus was also more likely to be found in more aggressive prostate cancers.

In addition, the presence of XMRV was found in malignant prostate cancer cells, a finding that indicates the virus may be directly related to the formation of prostate cancer tumors or possibly that the virus has a preference to replicate within prostate cancer cells.

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Finally, researchers say infection with XMRV was seen regardless of whether the men had the genetic variation making them susceptible to it, which would expand the "at-risk" population from a small group of genetically predisposed men to all men.

Viruses have previously been shown to cause other types of cancer, including cancer of the cervix and immune system (lymphoma).

XMRV is a retrovirus that is known to cause cancer in animals but has not been proven to cause cancer in humans. However, researchers say these results show the virus merits further investigation as a potential cause of prostate cancer.

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Aggressive Prostate Cancer Risk Varies By Race, Weight

By CBC News September 2, 2009

Men who gain weight in older adulthood may be at increased risk of prostate cancer, depending on their ethno-racial background, researchers say.

Men who gain weight in older adulthood may be at increased risk of prostate cancer, depending on their ethno-racial background, researchers say.

'Different racial and ethnic populations tend to have differing proportions of fat relative to lean mass and carry their fat mass differently.'

-Elizabeth Platz

Obesity is a risk factor for colorectal cancer and breast cancer in postmenopausal women, but little was known about how body size may influence prostate cancer.

To find out, researchers in the U.S. analyzed long-term data from 83,879 men aged 45 to 75 who identified as black, Japanese, Hispanic, native Hawaiian and white.

During an average follow-up of 9.6 years, 5,554 of the participants were diagnosed with prostate cancer. The influence of weight at age 21 and packing on pounds after that point varied by racial background, the researchers found.

"Our findings provide evidence that adiposity and changes in adiposity between younger and older adulthood influence the development of prostate cancer," the study's lead researcher, Brenda Hernandez, a professor at the University of Hawaii's Cancer Research Center of Hawaii, and her colleagues report in the September online issue of the journal Cancer Epidemiology, Biomarkers & Prevention.

Differences in risk may be explained by where fat accumulates, which could in turn affect how prostate cancer develops, the researchers said. The combined influence of genes and lifestyle may also play a role, Hernandez speculated.

Excessive weight gain during young adulthood increased the risk of more dangerous advanced and high-grade prostate cancer for men identified as white, the researchers found.

For men identified as black, excessive weight gain as a young adult increased risks for less hazardous forms of prostate cancer that are localized and low-grade. Among Japanese-identified men, the excessive weight gain was related to decreased risk of localized prostate cancer.
Fat location matters

Readers might initially look at the results and discount them for not being consistent, but they should not, said Elizabeth Platz, a professor of epidemiology at the Johns Hopkins school of public health in Baltimore.

"Different racial and ethnic populations tend to have differing proportions of fat relative to lean mass and carry their fat mass differently," Platz said in a release, praising the large number of participants and study design.

"These differences may be used as a launching point for the next line of research: The nature of the weight gain ? amount of fat gained and distribution of the fat gained in association with prostate cancer risk overall, and by stage and grade," added Platz, who is also an editorial board member for the journal.

Men of normal weight in all groups should still be encouraged to avoid weight gain and those who are overweight or obese should be encouraged to lose weight for good health, she said.

The findings aren't definitive, and it's still not clear whether weight gain is at all important in prostate cancer, Victoria Stevens, strategic director of laboratory services at the American Cancer Society, told HealthDay News.

The study was not a randomized control trial and so can't exclude other common factors like lifestyle, income or societal influences.

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Taking A Wait And See Approach To Prostate Cancer

Treatment Of Men Over 65 With Locally Confined Tumors Provides Little Survival Benefit, A Study Finds.

By Thomas H. Maugh II
September 21, 2009 L. A. Times

For most men over 65 with localized prostate cancer, conservative management of their tumor - which might be characterized as "benign neglect," or wait and treat only if symptoms occur -- may be the best course of action, according to a new study that compares modern results with those obtained before 1990.

There is no question that treatment of a prostate cancer is required for tumors that are aggressive and have advanced outside the confines of the prostate gland itself. But those that are locally confined have been the subject of great debate.

A 2005 clinical trial showed that, for men younger than 65, treatment of the tumor prolongs survival. But for those older than 65, treatment provided no survival benefit. Nonetheless, only 10% of such older patients now undergo such a benign regimen, despite the fact that aggressive treatment can produce incontinence, impotence and other adverse effects. A large clinical trial to explore this discrepancy is now ongoing, but researchers from the Cancer Institute of New Jersey decided to see what data were available from other sources.

Epidemiologist Grace Lu-Yao and her colleagues studied data on 14,516 men with prostate cancer, ages 66 and older, collected by the government's Surveillance, Epidemiology and End Results registry, which uses data from Medicare. None of the men received treatment in the first six months after diagnosis.

The team reported Tuesday in the Journal of the American Medical Assn. that, for men with locally confined prostate cancer, the risk of dying in the 10 years following diagnosis has fallen by more than 60% since the 1990s. Men with so-called intermediate-risk cancer diagnosed after 1990 have had a 2% to 6% risk of dying during the 10-year period, compared with a 15% to 23% risk before 1990. Only 4% to 11% of the men required chemotherapy, radiation or surgery to alleviate symptoms during the follow-up period.

A 94% chance of survival without immediate treatment leaves very little room for improvement by early treatment, the authors said. Moreover, 56% to 60% of the men died during the follow-up period from causes not related to their prostate.

There are several possible explanations for the finding. One important one is the introduction of the prostate-specific antigen, or PSA, test in the early 1990s, a blood test that can show the presence of tumors. The PSA test typically produces a tumor diagnosis six to 13 years earlier than a diagnosis based on clinical symptoms, and that alone could account for the increase in survival.

But the PSA test also leads to a large number of false positive tests that require invasive and expensive procedures to confirm the findings. As a consequence, most major cancer groups do not call for routine screening of men with the test, leaving it to a discussion between the physician and patient.

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Prostate Cancer Hormone Drugs Risky For Sme

Study: Treatment Tied To Higher Death Risk In Older Men With Heart Trouble

By Carla K. Johnson The Associated Press
Tues., Aug 25, 2009

CHICAGO - A new study links hormone therapy for prostate cancer with a higher risk of death in older men who've had serious heart problems.

Hormone therapy suppresses the amount of testosterone produced, in turn causing prostate tumors to shrink or grow more slowly. The treatment, involving injections in a doctor's office, can help men with more advanced disease when used with surgery or radiation.

But the side effects are troubling: impotence, bone loss, hot flashes, memory problems, fatigue and an increased risk for diabetes and heart disease.

For the new study, appearing in Wednesday's Journal of the American Medical Association, researchers followed more than 5,000 men with prostate cancer that hadn't spread. The men, most in their 60s and 70s, were followed for an average of five years.

All the patients had brachytherapy, a type of radiation treatment, at one Illinois treatment center. Thirty percent of them also took hormone therapy for an average of four months.

Five percent of the men in the study had a history of heart failure or heart attack and 43 of those men died. Among those with heart problems, the hormone treatment was linked with a 96 percent higher risk of death after adjusting for other risk factors.

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Publications Agreement
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(Continued from page 7)

In raw numbers, of the 95 men on hormone therapy who also had a history of serious heart problems, 25 died; and of the 161 men not on hormone therapy who also had a history of heart problems, 18 died.

"Our results should heighten awareness about the potential for harm with hormonal therapy for men with pre-existing heart disease," said lead author Dr. Akash Nanda of the Harvard Radiation Oncology Program in Boston.

The study was observational, meaning the men chose their treatment with their doctors, rather than being randomly assigned to get one treatment or another. That's a less rigorous approach and means the deaths could have been caused by factors other than the hormone therapy. The small number of deaths also calls for additional research.

Hormone therapy alone linked to higher risk of death
But the findings line up with prior studies that have found that sicker men don't benefit from hormone therapy when it's added to radiation. And hormone therapy used alone in older men has been linked to a slightly heightened risk of death.

"For those who've been following the field, this is not surprising at all," said Dr. Stephen Freedland, a Duke University prostate cancer specialist, who wasn't involved in the study.

Freedland said that although some patients benefit from hormone therapy, it's dangerous in the wrong patients. The drugs can increase insulin resistance and raise cholesterol. They increase fat, too.

He likened it to the opposite of performance-enhancing drugs some athletes have taken: "You take away the muscles and give him fat."

In some men, the hormone-blocking treatment, sometimes called chemical castration, is given as a first step before brachytherapy to reduce the size of the prostate. In the study, the drugs given were leuprolide or goserelin injections combined with oral bicalutamide or flutamide.

The study was funded by Brigham and Women's Hospital and the Dana-Farber Cancer Institute in Boston.

From The Durango Herald

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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)
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Tom Boomer, Executive Member	663-1351
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Laurette Courchaine, Executive Member	257-2602
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