The Manitoba Prostate Cancer Support Group NEWSLETTER

Vol. 224 – February 2010 manpros@mts.net

Thought For Today

Everything is always ok in the end,
If it's not, then it's not the end !

- *June Sprott*

Medical Advisors to The Manitoba Prostate Cancer Support Group

=> 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 Sisler M.D. Family Practitioner

=> Gary Schroeder M.D. Radiation Oncologist

Thanks!

NEXT MEETING:

Thursday, February 18th, 2010 7 - 9 P.M.

Dr. Aldrich Ong, Radiation Oncologist

"Radiation and Chemotherapy for Prostate Cancer"

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

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.

Newsletter Sponsorship

Many thanks to the Winnipeg Foundation for sponsoring this issue of our newsletter. The Foundation was formed in 1921 and has been supporting non-profit organizations in our city since that time. We are grateful that they have chosen to assist us with our newsletter expenses.

THE WINNIPEG FOUNDATION

Canadian Cancer Society

Call toll free:
1-888-939-3333

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

Concern Over Prostate Cancer Test

One in eight men screened for prostate cancer will test positive when they do not have the disease, a major European trial has shown.

A positive result can mean undergoing invasive tests such as biopsy as well as potentially unnecessary treatment.

Screening with prostate specific antigen (PSA) is not routinely offered in the UK but government experts are reviewing evidence from the study.

Cancer Research UK said men should talk about the pros and cons with their GP.

Early data from the European Randomised Study of Screening for Prostate Cancer, which is being conducted in seven countries, showed in March 2009 that deaths could be cut by 20%.

" It is important that men in their 50s and 60s can talk to their doctor about the pros and cons of having a PSA test and only have the test if they feel it is right for them "

Professor Peter Johnson Cancer Research UK

But other recent evidence has cast doubt on the long-term benefits of screening, suggesting some men may end up being "over-treated" for slow-growing disease that would never cause a problem in their lifetime.

Now data from the Finnish part of the European trial has shown that for every eight men screened—tests are being done on a four—yearly basis—one ended up with a false positive result, even with a fairly high PSA threshold.

Those men who tested positive but were later found not to have cancer were twice as likely not to agree to screening in the future even though they were at risk of developing the disease later, the British Journal of Cancer reported.

(Continued on page 3)

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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a tax deductible receipt will be issued.

(Continued from page 2)

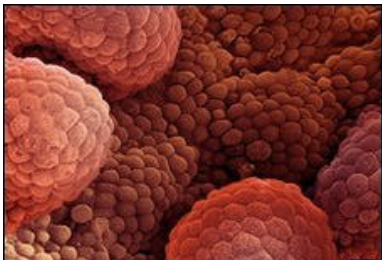
'Adverse effects'

The researchers have said more research is needed to make screening more accurate and to help pick out those who are most likely to have a true positive result.

SIGNS OF PROSTATE CANCER

Having to rush to the toilet to pass urine
Difficulty in passing urine
Passing urine more often than usual
Pain on passing urine
Blood in the urine or semen

Study leader, Dr Tuomas Kilpelainen, said: "I don't think routine screening should be advised until more is known on the adverse effects and costs of screening.



"If a man has urinary tract symptoms and is concerned he could have prostate cancer, the most important thing is to consult a GP or a urologist."

There is currently no organized screening program for prostate cancer in the UK but men can request a PSA test if they want and demand is increasing.

Professor Julietta Patnick, director of the NHS Cancer Screening Programs, said: "While the European trial, of which this Finnish study is a part, showed for the first time that prostate screening with PSA can save lives, it also suggested that 48 men would have to be treated in order to save one life.

"False positives are an issue for any screening program, and this Finnish paper is very helpful at gaining an understanding of how they might figure in the context of prostate screening."

Results from both the European trial and a large study being carried out in the US are due this year, Cancer Research UK said.

Professor Peter Johnson, Cancer Research UK's chief clinician, said the paper showed there were "two sides" to using PSA for prostate cancer screening.

"Although for some men detecting prostate cancer early through screening can be life-saving, on the other hand the test will be abnormal for around one man in eight without cancer being detectable at that time.

"For this reason, it is important that men in their 50s and 60s can to talk to their doctor about the pros and cons of having a PSA test and only have the test if they feel it is right for them."

Story from BBC NEWS

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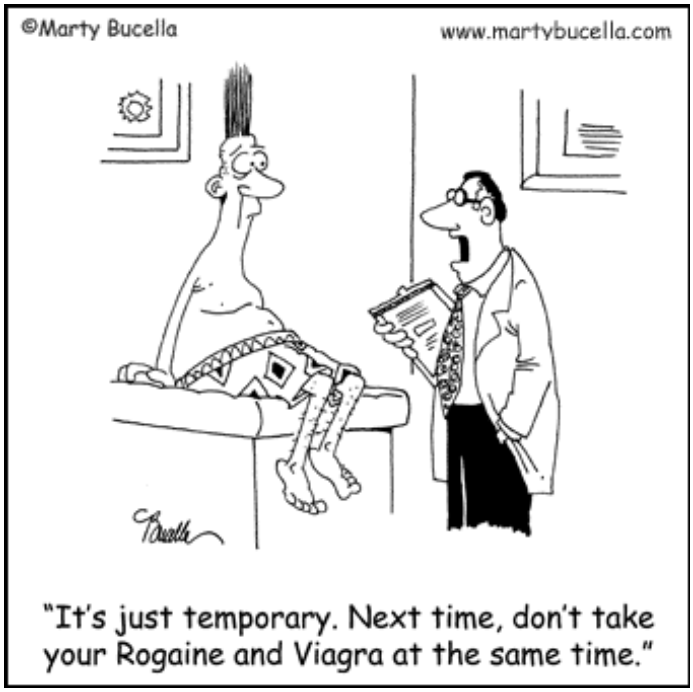
December Party

The Executive would like to send a special "thank-you" to the musical entertainers that were at our December party. Beggars Brawl Celtic Group and Don Swidinsky with his guitar provided an enjoyable night for everyone. Thanks also to all those that contributed a variety of delightful snacks. It was a great evening!



Study Shows Regular Exercise Benefits Prostate Cancer Survivors

Article date: 2010/01/07 By: Rebecca Viksnins Snowden

If you've recently finished treatment for prostate cancer, exercise may be one of the last things on your mind. But there are plenty of reasons to lace up your sneakers and commit to exercising in 2010. A new study shows that even a moderate amount of exercise – taking regular walks, for example – reduced overall mortality rates in men with prostate cancer. The more vigorous the exercise, the greater the benefits, the study found.

"We saw benefits at very attainable levels of activity," said Stacey A. Kenfield, ScD, epidemiology research associate at the Harvard School of Public Health and lead author of the study. "The results suggest that men with prostate cancer should do some physical activity for their overall health."

The study was presented recently at the American Association for Cancer Research Frontiers in Cancer Prevention Research Conference in Houston, Texas, but has not yet been published in a peer-reviewed medical journal.

Kenfield and colleagues followed 2,686 prostate cancer patients who were enrolled in the Health Professionals Follow-up Study from 1986 through 2008. The researchers assessed each man's physical activity both before and after prostate cancer treatment.

They found that men who engaged in vigorous physical activity for 30 minutes per week (jogging, biking, swimming, or playing tennis) had a 35% lower risk of dying from any cause. Men who walked 4 or more hours per week had a 23% lower risk of dying from any cause than men who walked for less than 20 minutes. Power walkers – those who walked 90 minutes or more at a normal to brisk pace - saw their risk decline even more, by 51%, as compared to men who walked less (less than 90 minutes at an easy pace).

"This is the first large population study to examine exercise in relation to mortality in prostate cancer survivors," said Kenfield. Other studies have focused on how regular exercise might prevent prostate cancer.

The longer and more vigorous the exercise, the greater the benefits for the men, the researchers found. Men who engaged in regular vigorous exercise were also less likely to die from prostate cancer, though walking didn't affect that risk.

"How these factors may work together to affect prostate cancer biologically is still being studied," said Kenfield. "For now, our data indicate that for prostate cancer survivors, a moderate amount of regular exercise may improve overall survival, while 5 or more hours per week of vigorous exercise may decrease the death rate due to prostate cancer specifically."

Regular exercise also has many other benefits. It can help reduce the bone-weary fatigue many cancer patients feel even after treatment has stopped. It improves your cardiovascular (heart and circulation) fitness, strengthens your muscles, lowers anxiety and depression, and can help you feel better about yourself. Exercise such as weight-lifting can also help combat the side effects – fatigue, functional decline, loss of lean body issue, and increased body fat – associated with hormone therapy.

Find an activity you enjoy and get moving. Just be sure to talk to your doctor before starting any exercise program to make sure it's safe for you, especially if you haven't exercised in a long time.

For ideas on getting active and adopting healthier eating habits, check out the tools and resources from the American Cancer Society at www.cancer.org/foodandfitness.

Reviewed by: Members of the ACS Medical Content Staff

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Stress From Prostate Cancer Diagnosis May Be Fatal Risk Of Cardiovascular Event, Suicide Goes Up Within A Week Of Getting News, Researchers Say

TUESDAY, Dec. 15 (HealthDay News) - Emotional stress can put newly diagnosed prostate cancer patients at increased risk for cardiovascular events and suicide, a new study has found.

Researchers analyzed data on 168,584 Swedish men diagnosed with prostate cancer between 1961 and 2004. Of those men, 10,126 (6 percent) experienced a cardiovascular event within a year of cancer diagnosis and 136 (0.08 percent) committed suicide.

Before 1987, prostate cancer patients were about 11 times

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more likely to experience a fatal cardiovascular event during the first week after diagnosis than men without prostate cancer. During the first year after diagnosis, prostate cancer patients were nearly twice as likely to have a cardiovascular event as men without prostate cancer, the researchers found.

After 1987, the risk of fatal or non-fatal cardiovascular events in men with prostate cancer was about three times higher in the first week and slightly higher in the first year after diagnosis, compared to men without prostate cancer, they noted.

Although only 136 of the nearly 170,000 men included in the study committed suicide, the relative risk of suicide associated with prostate cancer was 8.4 during the first week and 2.6 during the first year, according to the report published online Dec. 14 in the journal PLoS Medicine.

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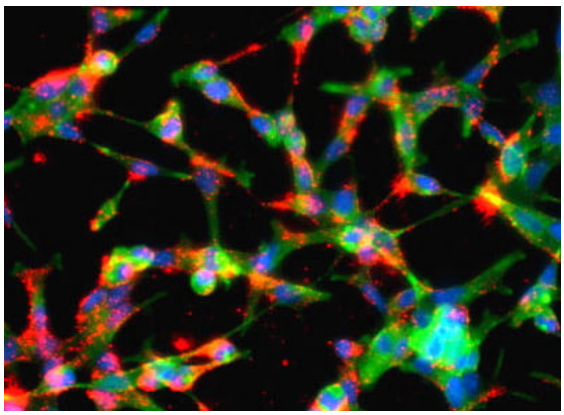
Discovery Opens Door to New Treatments for Prostate, Brain and Skin Cancers

ScienceDaily (Jan. 8, 2010) — Researchers at the Lady Davis Institute for Medical Research of the Jewish General Hospital and McGill University in Montreal have discovered a previously unsuspected link between two different genetic pathways which suppress the growth of cancer tumours. This breakthrough, they say, could lead to new treatments for some of the deadliest and most intractable forms of cancer; including prostate cancer, brain cancer and melanoma.

The scientists discovered a novel link between a tumour-suppressing gene known as the phosphatase and tensin homolog (PTEN) and a protein called PKR, which is known to inhibit protein synthesis. The researchers discovered that when PTEN is mutated or absent, PKR loses its inhibitory ability, and protein synthesis within the affected cells runs wild.



"This leads to high proliferation of cells with a survival advantage over normal cells," explains Dr. Antonis E. Koromilas of the JGH Lady Davis Institute for Medical Research and McGill's Department of Oncology. "That is a condition that facilitates tumour development."

PTEN plays a vital role in the suppression of humans cancers by inhibiting a genetic pathway called phosphoinositide-3 kinase (PI3K). Clinicians often target PI3K with drugs when treating cancer patients, but this does not work in all cases, because not all mutant forms of PTEN interact with PI3K. In 1992, in a study published in the journal Science, Dr. Koromilas and Dr. Nahum Sonenberg of McGill University identified PKR as a potential tumour suppressor, but its association with PTEN was unsuspected at the time.

The new discovery was made by Koromilas's graduate researcher Zineb Mounir, the study's first author, along with colleagues in the United States. Their findings were published December 22 in the journal Science Signalling.

"Because they are not mediated by the known PI3K pathway, existing cancer treatments don't always work on tumours with PTEN mutations," explains Mounir.

"That's why this discovery has such tremendous implications," continues Koromilas."If we start to understand how these mutants of PTEN function, we should be able to design drugs that can activate PKR, essentially switch on its protein synthesis inhibitory function."

These treatments, Koromilas adds, don't necessarily have to be tailored from scratch to pinpoint PKR.

"We also have learned from our work that DNA damage can actually activate the PKR pathway, and some chemotherapy treatments are known to damage DNA. So you have the option to design drugs that are specific to PKR, or you can use drugs that have a more general effect and activate this pathway almost as a side-effect."

The study's co-authors include Dr. Gavin Robertson of Penn State University, Dr. Maria-Magdalena Georgescu of the MD Anderson Cancer Center, and Dr. Randal Kaufman of the University of Michigan.

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Prostate Cancer Radiation May Not Hurt Sex

Published: Jan. 8, 2010 at 1:00 AM

PHILADELPHIA, Jan. 8 (UPI) - Sexual function in prostate cancer patients receiving beam radiation decreases within the first two years and then stabilizes, U.S. researchers found.

Researchers at the Jefferson Medical College of Thomas Jefferson University in Philadelphia, the Thomas Jefferson University Hospital in Philadelphia and University of California, Davis, School of Medicine evaluated 143 prostate cancer patients receiving external beam radiation therapy who completed baseline data on sexual function before treatment and at follow-up visits.

Senior author Dr. Richard Valicenti of the University of California, Davis, School of Medicine, said patients were analyzed on sexual drive, erectile function, ejaculatory function and overall satisfaction for a median time of about four years.

The study authors found the strongest predictor of sexual function after treatment was sexual function before treatment and the only statistically significant decrease in function occurred in the first two years after treatment - and function then stabilized with no significant changes thereafter.

The findings are published in the International Journal of Radiation

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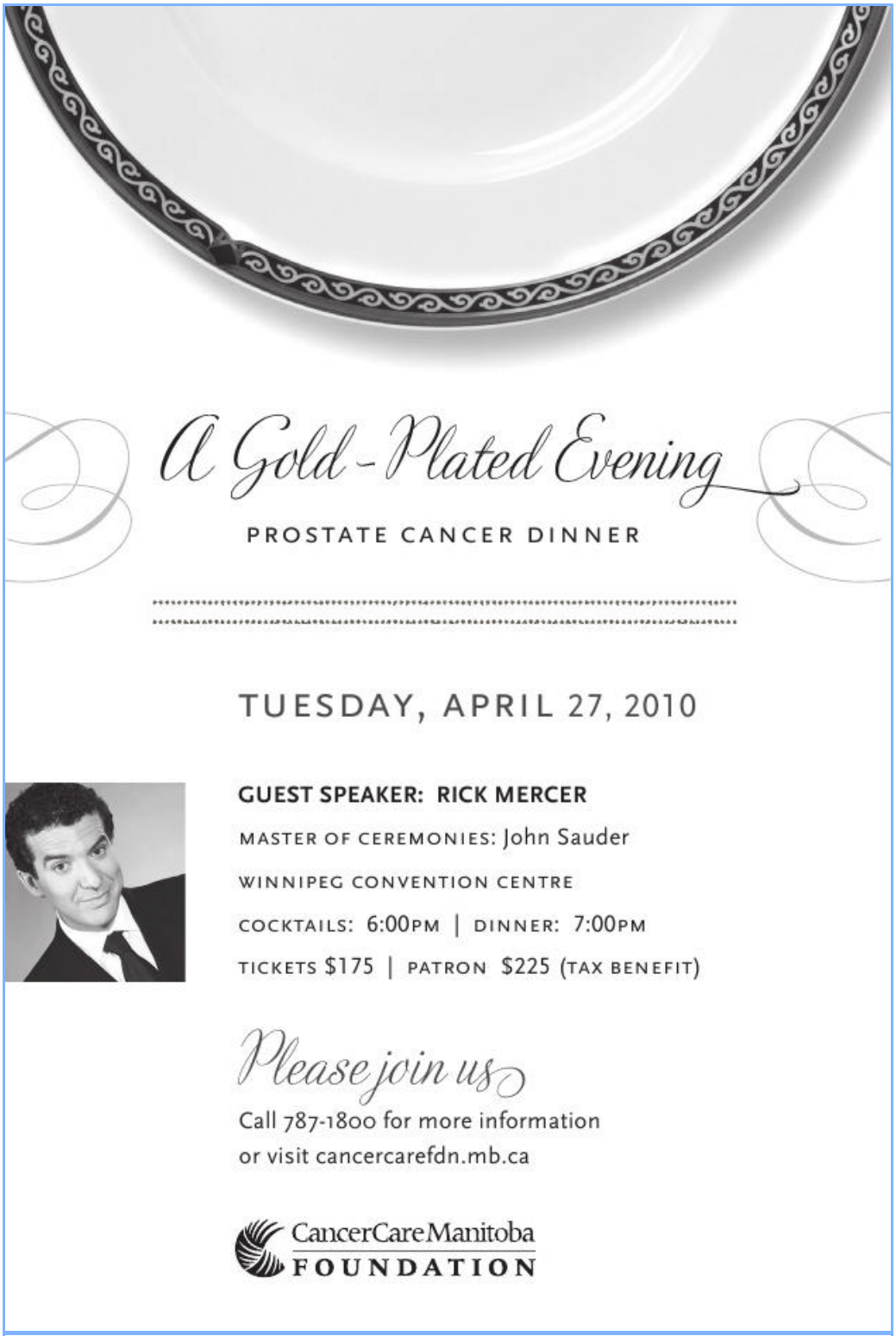

Every two years, CancerCare MB Foundation sponsors a Gala Prostate Cancer Dinner at the Winnipeg Convention Center. Previously, the money raised went towards a cryotherapy program and more recently towards a cancer tumor bank to assist with prostate cancer research in our province. The proceeds raised this year will be used towards the ongoing maintenance and operating costs of this tumor bank.

Your support and attendance at this function will advance the cause of prostate cancer treatment. We are asking that you give this fund raising event your consideration.

The Manitoba Prostate Cancer Support Group Executive.

Similar Effectiveness Among Options for Managing Low-Risk Prostate Cancer, Report Suggests

ScienceDaily (Jan. 11, 2010) — A comprehensive appraisal of the management and treatment options for low-risk prostate cancer found that the rates of survival and tumor recurrence are similar among the most common treatment approaches, although costs can vary considerably. The report was prepared by the Institute for Clinical and Economic Review (ICER), a leader in comparative effectiveness research based at the Massachusetts General Hospital's Institute for Technology Assessment.

Bringing together the findings from three previous reviews completed by ICER, the final summary report, "Management Options for Low-Risk Prostate Cancer: A Report on Comparative Effectiveness and Value," compares multiple approaches to managing the most common non-skin cancer among U.S. men:

* Active surveillance, a "watch and wait" strategy with careful monitoring and referral for surgery or radiation if necessary;
* Radical prostatectomy, surgical removal of the prostate via traditional "open" or robot-assisted approaches;
* Brachytherapy, implantation of radioactive seeds in the prostate;
* Intensity-modulated radiation therapy (IMRT) and proton therapy, two forms of external radiation therapy.

The ICER review found that there are no definitive head-to-head studies comparing these options, but that accumulated evidence from multiple studies over the years suggests that overall survival and the rate of cancer recurrence are quite similar among all options, including active surveillance. There are different risks for certain side effects and complications, but no treatment option stands out as superior overall. Because low-risk prostate cancer is typically slow-growing and may not cause any symptoms, active surveillance is a reasonable option, particularly for men 65 and older, approximately half of whom will never have their cancer progress to the point of requiring treatment.

"ICER's review provides a welcome objective summary of what we know and what we don't know that can help men in conversations with their doctor," stated David Most, PhD, prostate cancer survivor and Founder and President of Health Information Research, Inc., who was a member of the Evidence Review Group that participated in the ICER appraisal process. "Given the numerous sources of information we have on the different management options, it really can be difficult to know what to do. Having a report like this from ICER will help patients make informed healthcare decisions that reflect their values about the risks and benefits among the different options."

The ICER report included a review of published literature on the treatment of low-risk prostate cancer as well as simulation modeling to project the long-term effects of each treatment approach. The evidence on radical prostatectomy, brachytherapy, and IMRT was judged to demonstrate comparable overall clinical effectiveness for most men, while there was not enough evidence to date to make a comparison on proton therapy. The evidence on active surveillance was stronger for older men, and therefore ICER rated its clinical effectiveness as comparable to immediate treatment for men 65 and over.

Long-term outcomes with active surveillance are not yet available, but for younger men active surveillance may still be a reasonable option given that surgery or radiation can be done if regular blood tests and prostate biopsies suggest the cancer is growing. The ICER report also found that, based on Medicare payments, active surveillance costs approximately $300—$1,000 per year, while brachytherapy and radical prostatectomy procedures cost approximately $10,000. IMRT and proton therapy are more expensive, costing $20,000 and $35,000 per treatment course, respectively.

"ICER works hard to create unbiased, fully-informed appraisals of disease management and treatment options so that patients, clinicians, and payers can trust the information produced," stated Steven D. Pearson, MD, MSc, FRCP, President of ICER. "The results of the summary report on low-risk prostate cancer are an example of how scientifically-sound comparative effectiveness research can be presented in an actionable way for multiple audiences. Ultimately, this type of research can help improve patient outcomes and overall value in the healthcare system. "

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Adding Hormone Therapy to Brachytherapy May Raise Death Risk in Older Men

Jody A. Charnow January 11 2010

Adding androgen deprivation therapy (ADT) to brachytherapy for localized prostate cancer may increase the risk of death among men aged 73 years and older, data suggest.

Researchers led by Anthony V. D'Amico, MD, PhD, of Brigham and Women's Hospital and Dana Farber Cancer Institute in Boston, studied 2,474 men with localized prostate cancer treated with brachytherapy; of these, 1,083 also received ADT and 1,391 did not. The team stratified patients into two age groups: younger than 73 years and 73 years and older. All patients had at least two years of follow-up.

After a median follow-up of 4.8 years and adjusting for known prostate cancer prognostic factors and age, ADT was associated with a significant 24% increased risk of death from any cause among men aged 73 and older, according to findings published in Cancer (2010; published online ahead of print). The researchers observed no association between ADT and all-cause mortality in younger men.

Dr. D'Amico's group acknowledged that the link they observed between ADT use and all-cause mortality does not prove causality. Causes of death were not available for all patients in the study, so they chose to report on all-cause mortality, the team noted. Men aged 73 years and older would be expected to have more comorbidities than younger men, and ADT could accentuate these, the researchers pointed out.

Their study supports a growing body of literature showing that as men age and acquire comorbidities—particularly cardiovascular Comorbidities—even short-duration ADT may decrease or not improve overall survival, the investigators observed. The diagnostic tests and interventions required to attenuate the mortality risk associated with ADT remains to be worked out.

Meanwhile, the authors concluded: "Physicians should carefully weigh the risks and benefits of hormone therapy in each individual patient when designing the treatment plan."

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2010 MEETINGS:

Jan. 21.....Dr. Anne Katz, Clinical Nurse Specialist
"Sexual Relationships Following Prostate Cancer"

Feb.18.....Dr. Aldrich Ong, Radiation Oncologist
" Radiation and Chemotherapy for Prostate Cancer"

Mar.18.....Dr. Piotr Czaykowski, Medical Oncologist
"New Developments in Drug Treatment"

April 15.....Dr. Graham Glezerson, Urologist
"Treating Erectile Dysfunction After Prostate Cancer - The Hard Facts"

May 20.....Dr. Darrel Drachenberg, Urological Oncologist, Director of Research
"Panel Discussion on Treatments:
Radical , Laparoscopic, HIFU, Cryotherapy"

June 17.....Nursing Staff from the Prostate Centre, Cancercare MB
"What Happens at the Manitoba Prostate Centre"

July 15.....TBA

Aug. 19.....Dr. Paul Daeninck, Pain Management Specialist
"Insights into Pain Management"

Sept. 16.....Dr. Robert Wightman, Pathologist
"Understanding Your Biopsy Report"

Oct. 21.....Katherine Gottzmann, Psychosocial Oncology

Nov. 18.....TBA

Dec. 16.....Potluck Party Time