



The Manitoba Prostate Cancer Support Group NEWSLETTER

Vol. 225 – March 2010

manpros@mts.net

Thought For Today

Only a fool tests
the depth
of water
with both feet!

- Kirby Hay

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, March 18th, 2010 7 - 9 P.M.

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

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.



Bingo Fund Raiser

On Sunday, Feb. 14th, some of our members gathered at the Regent Casino. We worked the late shift at the bingo in order to qualify for funding from the Manitoba Community Services Council. Thank-you to Allan Aussant, Liz & Pat Feschuk, Joanna Burns, Norm Oman, Ruth & DeVere Viola, Len Bueckert, Tom Boomer, and June & Brian Sprott for making this a priority on Valentines Day. We appreciate your commitment and assistance. In addition, the Executive would like to thank the MCSC for giving us the opportunity to participate in this fund raising event.



MANITOBA COMMUNITY SERVICES COUNCIL INC.

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

Better Prognosis Markers for Prostate Cancer Found

ScienceDaily Feb. 19, 2010

Measuring levels of the active form of the protein EGFR in the tumor and its vicinity can provide a more reliable prognosis for individuals with prostate cancer. This is what Umeå University researcher Peter Hammarsten and his associates write in a study in the leading scientific journal Clinical Cancer Research.

One of the major problems with prostate cancer is that, with today's prognosis markers, some 70-80 percent of patients wind up in a group where very little can be said about their prognosis. Unfortunately, today no methods to are good enough determine which patients truly need treatment and which ones can get along fine without the difficult treatment. This in turn means that certain patients are over-treated with therapies that can lead to serious side effects and that other patients who really need intensive treatment do not get it or get it too late.

(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

Name: Mr. Mr. & Mrs. Mrs. Ms Miss

This gift is IN HONOUR of:

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Postal Code: _____

Other: _____

Card to be signed from: _____

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This gift is IN MEMORY of:

Please notify the following person of this gift:

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\$25 \$50 \$100 \$250 \$500 \$1000 \$1000 +

Make cheque or money order payable to:
Manitoba Prostate Cancer Support Group (MPCSG)
705 - 776 Corydon Ave., Winnipeg R3M OY1

Charity number: 88907 1882 RR001

**a tax deductible receipt will be issued.*

(Continued from page 2)

In a study recently published in the scientific journal *Clinical Cancer Research*, Hammarsten studied tissue biopsies from prostate tumors in 259 patients and found a new prognosis marker for prostate cancer. It is the active form of the protein EGFR (Epidermal Growth Factor Receptor) that was shown to provide information about the aggressiveness of the tumor, both when it is measured in the tumor or in the healthy tissue surrounding the tumor.

EGFR belongs to the same family as the prognosis marker HER2, which is used today for breast cancer to determine the aggressiveness of a tumor that is to be treated with inhibitors of HER2, that is, the drug Herceptin. In a similar way, it may be possible in the future to use the active form of EGFR to select patients with a poor prognosis and are suitable for treatment with inhibitors of EGFR. In order to use EGFR as a prognosis marker clinically in the future, further studies will need to target its expressions in other and larger material in prostate tumors.

Prostate cancer is the most common cancer form among men in Sweden. Every year some 10,000 men are diagnosed with prostate cancer. Some 2,500 of them will die of their disease. In other words, some patients have an aggressive fatal disease, whereas others have a slowly growing tumor that will not cause any major problems.

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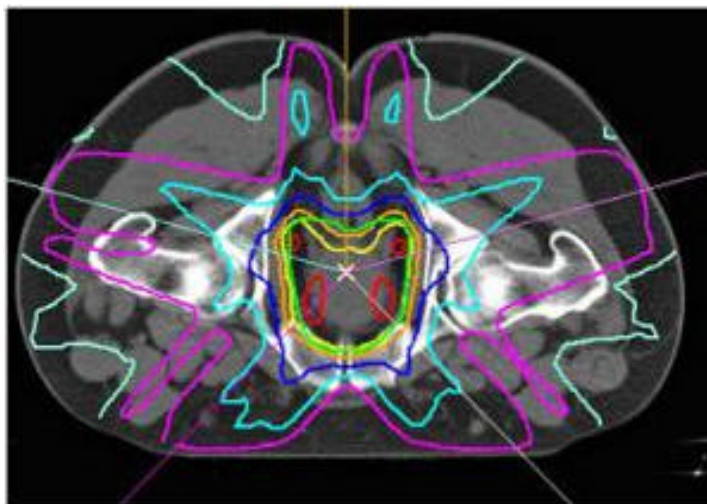
Sexual Function Does Not Continuously Decline After Radiation Therapy Treatments for Prostate Cancer, Study Finds

ScienceDaily (Jan. 6, 2010) — Sexual function in prostate cancer patients receiving external beam radiation therapy (EBRT) decreases within the first two years after treatment but then stabilizes and does not continuously decline as was previously thought, according to a study in the January 1 issue of the *International Journal of Radiation Oncology*Biophysics*, the official journal of the American Society for Radiation Oncology (ASTRO).

Prostate cancer is the most common male cancer other than skin cancer. It can be effectively treated using multiple methods, including prostatectomy, brachytherapy and EBRT, so the long-term side effects are often used by patients and doctors as deciding factors when choosing a treatment.

Changes in sexual function are some of the more common side effects from prostate cancer treatments, but the degree to which EBRT affects function varies widely, depending on the study.

In a first of its kind study, researchers at the Jefferson Medical College of Thomas Jefferson University in Philadelphia, the Thomas Jefferson University Hospital Department of Radiation Oncology in Philadelphia and the University of California, Davis, School of Medicine Department of Radiation Oncology in Sacramento, Calif., evaluated 143 prostate cancer patients receiving EBRT who completed baseline data on sexual function before treatment and at follow-up visits.



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 that 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 then stabilized with no significant changes thereafter.

"Treatment-related side effects, especially sexual function, have a significant effect on a patient's quality of life and satisfaction with their overall outcome," Richard Valicenti, M.D., M.A., senior author on the study and professor and chair of radiation oncology at the University of California, Davis, School of Medicine. "The results of this study allow patients and their partners to have a fuller understanding of the long-term sexual side effects of EBRT and what they can expect after treatment, which should aid in deciding on a treatment course."

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Experts Issue Warning On Prostate Hormone Therapy

People Underestimate Effect On Heart From Androgen Deprivation, Official Says

URL of this page:

http://www.nlm.nih.gov/medlineplus/news/fullstory_94772.html

(*this news item will not be available after 05/02/2010)

HealthDay Monday, February 1, 2010

MONDAY, Feb. 1 (HealthDay News) - Men with prostate cancer and the physicians who treat them are being warned that the androgen-deprivation therapy (ADT) commonly used against the malignancy might increase the risk of heart attack and cardiac death.



"There is a substantial amount of data demonstrating that ADT adversely affects traditional cardiovascular risk factors, including serum lipoproteins, insulin sensitivity and obesity," according to an advisory published online Feb. 1 in *Circulation* by a group of experts from the American Heart Association, American Cancer Society and the American Urological Association.

The warning is guarded, saying that risks have not been found in all studies. "But we think that physicians treating patients with localized and metastatic prostate cancers as well as patients ought to realize that there are significant risks associated with the use of hormone therapy," said Dr. Otis Brawley, chief medical officer of the American Cancer Society.

ADT reduces or eliminates the male hormones that can promote growth of prostate cancer. About one-third of all men with prostate cancer are given ADT, Brawley noted.

"Many people underestimate the harm of hormonal therapy and overestimate the potential benefits of hormonal therapy," he said.

Six studies—two done in Europe, four in the United States—have shown increased incidence of cardiovascular problems in men, Brawley said.

One U.S. study of 37,000 men treated for prostate cancer at Veterans Affairs hospitals found a 27 percent increased risk for heart disease among those given multiple hormone-blocking agents. Surgical removal of the testes was associated with a 40 percent increased risk for heart disease and a more than doubled risk for a heart attack.

"These drugs do have usefulness," Brawley said. But there

has been debate about whether ADT should be used in some cases, such as when levels of prostate-specific antigen (PSA), a cancer-associated protein, begin to go up but there are no other signs and symptoms of cancer progression, he said.

"A man has had radical prostatectomy [cancer surgery] and PSA starts rising again," Brawley said. "There has been a debate in the medical profession: Should we start hormonal therapy or just watch it go up and act only if we see the cancer spreading?"

More research is needed to determine the proper course of action in these and other cases where the course of the disease is not clear, the new advisory said.

Meanwhile, "the American Cancer Society is advising that physicians be aware that all hormone therapies for prostate cancer can have an increased risk of cardiovascular disease and diabetes and death," Brawley said. "They can be useful in treatment but should be used with caution."

A need for caution was also emphasized by Dr. Arthur Sagalowsky, a professor of urology and chief of urologic oncology at the University of Texas Southwestern Medical Center in Dallas and one of two urologists representing the American Urological Association on the panel that produced the advisory.

"One needs to be very careful in not overdrawing conclusions beyond what the panel has done," Sagalowsky said.

The risk for cardiac problems should be one of many issues discussed in the treatment of prostate cancer, he said. "It adds to the body of information that I present to patients with prostate cancer when they decide whether or if to begin androgen-deprivation therapy," he said. "How one decides will depend on the circumstances of the patient's prostate cancer, and this individual side effect is one of the issues that enter into the discussion."

SOURCES: Otis Brawley, M.D., chief medical officer, American Cancer Society, Atlanta; Arthur Sagalowsky, M.D., professor, urology, and chief, urologic oncology, University of Texas Southwestern Medical Center, Dallas; Feb. 1, 2010, *Circulation*, online

HealthDay

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Exercise May Prevent Incontinence From Prostate Surgery

Thu, Jan 7 2010 By Amy Norton

NEW YORK (Reuters Health) - A healthy weight and regular exercise may help protect men from one of the most common side effects of prostate cancer surgery, a new study suggests.



Researchers found that among 165 men who had their prostate glands removed due to cancer, those who were not obese and were getting regular exercise before surgery had the lowest prevalence of long-term urinary incontinence.

What's more, even among obese men, those who had been physically active before surgery were less likely to be incontinent one year after surgery.

All of the men in the study had undergone radical prostatectomy, where a surgeon removes the prostate gland and some of the surrounding tissue. Urinary incontinence and sexual dysfunction are common side effects, though both often improve over time.

So far, most efforts to prevent lasting side effects have focused on improving surgical techniques—limiting damage to the nerves, muscles and blood vessels around the prostate gland.

But these latest findings suggest that there are also lifestyle measures men can take to cut their risk of lingering urinary incontinence, said lead researcher Dr. Kathleen Y. Wolin, an assistant professor of surgery at Washington University School of Medicine in St. Louis.

"This is another reason for men to get up and get active," she told Reuters Health in an interview.

In general, men with prostate cancer, like all other men, are encouraged to follow a healthy lifestyle, which includes regular exercise. A study published last month found that

among men with prostate cancer, those who got as little as 15 minutes of exercise per day had lower death rates than inactive men during the two-decade study period.

"We strongly recommend that men with prostate cancer talk with their physicians about how to fit physical activity into their lives if they are currently sedentary," Wolin said.

For their study, published in the *Journal of Urology*, Wolin and her colleagues looked at urinary incontinence rates among 165 men roughly one year after radical prostatectomy. Before surgery, all of the men had reported on their exercise habits; those who said they exercised for at least one hour per week were considered active.

Overall, the researchers found that obese, sedentary men had the highest rate of long-term incontinence, at 41 percent. Active, non-obese men had the lowest rate, at 16 percent.

Among obese men who were physically active, one-quarter were incontinent, which was identical to the rate among non-obese, inactive men—suggesting, the researchers say, that exercise can offset the negative effects of obesity.

Exactly why exercise might prevent incontinence is unclear. One possibility, Wolin said, is that exercisers have better overall muscle tone, which may help with bladder control.

Another potential reason is that long-time exercisers are more likely to follow their doctors' advice on performing post-surgery Kegel exercises, which strengthen the pelvic-floor muscles and may improve incontinence and sexual function.

According to Wolin, more studies are needed to see whether certain types and intensities of exercise are more effective than others—and how exercise habits after prostate surgery may affect long-term incontinence risk.

SOURCE: *Journal of Urology*, February 2010.



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Early Detection of Bone Metastases

When they spread outward, away from the prostate, prostate cancer cells tend to settle first locally, affecting the pelvic bone, the lower spine, and the upper thighs. Many men experience pelvic area pain as a first sign that the cancer might have spread to the bone, and aggressive management strategies are used to manage the pain, minimize the effects of the metastases, and avoid complications caused by the metastases.

For men with suspected bone metastases, or for men with advanced disease who are considered at risk for developing bone metastases, detection tools will be used to pinpoint the location of the metastases in order to better assess how to treat it.

The "gold standard" test for bone metastases is the bone scan. A radioactive substance that acts like a dye is injected in a vein, and images of the entire skeleton are taken. The dye-like material highlights areas where bone tissue is changing rapidly—a hallmark effect of prostate cancer bone metastases.

Bone scans can detect even small amounts of increased bone metabolism, but not all changes are caused by prostate cancer bone metastases. The dye might be detecting changes in the bone due to a previous fracture, infection, arthritis, or even bone loss that can result from the use of hormone therapy. A complete medical history can help doctors better assess the results of the bone scan and therefore determine the best treatment approach.

Other types of scans, such as x-rays, CT scans, MRIs, and PET scans, are typically used to monitor the effects of the metastases over time and to determine whether any new changes on a bone scan are caused by bone metastases.

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A Gold-Plated Evening

PROSTATE CANCER DINNER

TUESDAY, APRIL 27, 2010

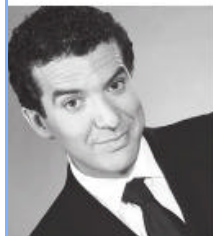
GUEST SPEAKER: RICK MERCER

MASTER OF CEREMONIES: John Sauder

WINNIPEG CONVENTION CENTRE

COCKTAILS: 6:00PM | DINNER: 7:00PM

TICKETS \$175 | PATRON \$225 (TAX BENEFIT)



Please join us

Call 787-1800 for more information
or visit cancercarefdn.mb.ca



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.

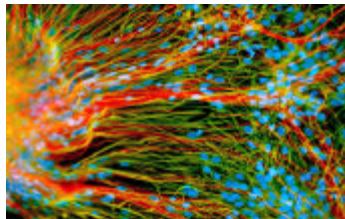
The Manitoba Prostate Cancer Support Group Executive.

New Tool Illuminates Connections Between Stem Cells and Cancer

ScienceDaily (Feb. 24, 2010) — Researchers have a new tool to understand how cancers grow—and with it a new opportunity to identify novel cancer drugs. They've been able to break apart human prostate tissue, extract the stem cells in that tissue, and alter those cells genetically so that they spur cancer.

Owen Witte, a Howard Hughes Medical Institute investigator at the University of California, Los Angeles, presented the findings on February 20, 2010, at the annual meeting of the American Association for the Advancement of Science.

Many tissues contain pools of stem cells that replenish the tissue when it's damaged or when changes take place. For instance, stem cells in the skin produce new cells to replace those irreparably damaged by the sun, and stem cells in the breast create milk-producing cells when a woman is pregnant. The hallmark of these stem cells is that they self-renew. This means that in addition to making cells with a specific function, they also make many new stem cells.



Mounting evidence suggests that these self-renewing cells are also tied to cancer. They tend to collect mutations, says Witte, and not much separates tumor cells, with their capacity for unchecked growth, from healthy, tissue-forming stem cells. "These cells have a huge capacity for self-renewal, and when the pathways that control self-renewal are augmented or changed, they can form tumors," says Witte.

Many scientists suspect that although tumors are made up of many cells, only the tumor cells derived from stem cells contribute to the growth of the tumor. For certain cancers, such as breast cancer and leukemia, that idea is well established. For others, such as prostate cancer, which Witte studies, the data are not conclusive.

Witte's group has been analyzing the relationship between tissue stem cells and cancer stem cells in the prostate. They have been attacking this problem by dividing mouse prostate tissue into its component cell types, culturing those cells, and then reassembling them to understand how they interact. Now, for the first time, they've accomplished that feat with human tissue. Importantly, they've also engineered specific genetic changes into human prostate stem cells to transform them into cancer cells.

The group is in the early stages of putting the technique to use, but Witte says it offers some distinct advantages for developing new cancer drugs. Cells can be grown directly from a prostate tumor for use in experiments, but without knowing the precise genetics of those cells, scientists may never know why they became cancerous. Drugs that are effective in stopping their growth may not have the same impact on prostate tumors driven by different gene mutations. Starting from prostate stem cells, Witte knows exactly which genetic changes have made a cell cancerous.

"Here you can preprogram the genetic buffet, and then evaluate a compound in the face of those specific changes," says Witte.

That precision should speed the development of a new generation of fine-tuned cancer therapies. The new system should give scientists a firmer grasp of the genetic makeup of cells that are affected by particular compounds, and by extension, help clinicians identify the drugs that will best help particular patients. "The field of cancer research has produced a significant number of major new targeted therapies," says Witte. "Now we have to understand how best to use those therapies."

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Hormone Therapy For Prostate Cancer: Pros and Cons

By Mayo Clinic staff

Pros of hormone therapy

It can temporarily slow the growth of prostate cancer and shrink existing tumors, reducing your symptoms and prolonging life in some cases.

With the exception of testicle removal, hormone therapy can be stopped, allowing the return of normal hormone production.

If you stop hormone therapy, as is often done during intermittent therapy, side effects may go away.

Cons of hormone therapy

It doesn't get rid of cancer on its own. It must be used in conjunction with another form of treatment if it's being used with the intent to cure.

The potential side effects of hormone therapy include nausea, diarrhea and fatigue. Other possible side effects include hot flashes, breast enlargement, loss of muscle mass and bone mass (osteoporosis), loss of sex drive, and impotence.

Your cancer eventually might become resistant to hormonal drug therapy.

Some medications can cost hundreds of dollars a month and may not be covered by insurance.

It increases your risk of diabetes and heart disease and may cause liver damage.

