



The Manitoba Prostate Cancer Support Group NEWSLETTER

Vol. 231 – September 2010

manpros@mts.net

Thought For Today

Living on earth is expensive, but it does include a free trip around the sun every year.

- Lorne Strick.

Medical Advisors to The Manitoba Prostate Cancer Support Group

- => Paul Daeninck M.D.
Pain Management
- => Darryl Drachenberg
M.D. Urologist
- => Graham Glezeron
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, September 16th, 2010 7 - 9 P.M.

Dr. Robert Wightman, Pathologist

"Understanding Your Biopsy Report"

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.

Michael Doob

Executive member, Michael Doob, is the person "behind the scenes" searching the internet for our monthly newsletter articles. However, at this time, he finds his University of MB teaching and travel schedule to be somewhat onerous and has decided to retire from the MPCSG Executive. As newsletter coordinator, Michael has spent many years helping us produce a newsletter with all the latest research and information on prostate cancer. Our newsletter is mailed to 850 people each month and goes to every province in Canada and some States in the U.S. It is read by many others on line and also used by other Support Groups. We have had excellent reviews from many sources and owe our thanks to Michael for the high quality articles. The Executive wishes to recognize Michael for his contribution and many years of commitment to our Support Group.

Special Thanks to AstraZeneca

The Manitoba Prostate Cancer Support Group would like to acknowledge a recent donation from AstraZeneca. AstraZeneca is a research-oriented company that produces Casodex and Zoladex - two drugs used for prostate cancer hormone treatment. We are grateful that they have chosen to assist us with our work this year. Their generous donation is very much appreciated.

AstraZeneca 

WE REALLY APPRECIATE YOUR SUPPORT

The Manitoba Prostate Cancer Support Group operates on your donations

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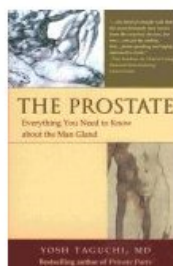
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Recommended Reading

The Prostate - by Yosh Taguchi, MD

Note: Dr. Taguchi, a Canadian urologist in Montreal, writes a straight forward account of:

- the anatomy and function of the prostate
- enlarged prostate (benign and cancerous)
- surgical options
- medical options including drugs
- preventative measures and
- pain control.



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INTERNET READERS

*If you are reading this newsletter on the internet,
 we would like to know.*

Please email us at manpros@mts.net.

*We'd like to know your location
 and any comments you might like to send us.*

BC Scientists Develop New Drug Candidate For Prostate Cancer

by Stephanie McInnis Jun 16, 2010

Dr. Marianne Sadar, Senior Scientist, Michael Smith Genome Sciences Centre, BC Cancer Agency, and Dr. Raymond Andersen, Professor, University of British Columbia have published their latest research on the treatment of prostate cancer in the June 15th issue of the journal Cancer Cell.

Vancouver – Scientists in B.C. have developed a unique experimental drug, EPI-001, that shrinks prostate cancer tumours in the lab. The breakthrough came from the research groups of Dr. Marianne D. Sadar, Senior Scientist, BC Cancer Agency, an agency of the Provincial Health Services Authority, and Dr. Raymond Andersen, Professor, University of British Columbia. EPI-001 targets a protein believed responsible for the fatal progression of advanced stage prostate cancer.

(Continued on page 3)

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This research announcement has been featured in the Vancouver Sun and on Global TV News Hour, Health Headlines June 14th

The research, published today in *Cancer Cell*, is groundbreaking. Dr. Sadar's team countered the findings of other scientists who were focused on one area of the androgen receptor protein. Dr. Sadar believed that an area at the opposite end of the protein structure, the N-terminal, was the true "engine" and should be targeted. In 2007, she made the discovery that the N-terminal was in fact implicated in advanced prostate cancer.

Based on this discovery, Drs. Sadar and Andersen collaborated to find a drug that would work on this target to delay or prevent the growth of prostate cancer. Thousands of marine natural products, known as potential leads for the development of anticancer drugs, were collected by Dr. Andersen's team and screened to discover EPI-001, which is the first drug candidate in the world developed to target the N-terminal of the androgen receptor.

"What is remarkable about EPI-001 is that when used in laboratory conditions, it caused prostate cancer tumours to shrink", says Dr. Sadar. "Testing in the lab showed no apparent toxicity." Dr. Sadar notes that while the initial lab results are promising human clinical trials need to be undertaken and the results of any human trials may not be available for years.

Current drug therapies for advanced prostate cancer all target the opposite end of the androgen receptor, away from the "engine". While initially effective in slowing tumour growth, these therapies are not curative. For this reason, EPI-001 is drawing attention from the international medical community.

"Dr. Sadar's discovery is important because her inhibitor blocks the activating function of the androgen receptor by a mechanism that is independent of androgens. This inhibition is different from other clinically used antiandrogens, which inhibit the binding of androgens to the androgen receptor. Thus, EPI-001 may be effective for treating prostate cancers that have escaped hormonal therapy," explains Dr. Donald J. Tindall, Director of the Prostate Cancer Program at the Mayo Clinic Cancer Center.

There is an urgent need to find new treatments for fatal prostate cancer. On average, 20 per cent of patients with prostate cancer have recurrence, and current drug therapies are not curative. Globally, in 2007, it was estimated that more than a quarter of a million men died from prostate cancer.

Dr. Bruce Montgomery, Associate Professor and Head of Prostate Cancer Research at the University of Washington, specializes in clinical trials for new cancer treatments.

"EPI-001 is an entirely novel means of inhibiting the androgen receptor, which remains the most important target for the treatment of advanced prostate cancer. EPI-001 effectively targets hormone sensitive cancers and is perhaps most exciting because it could potentially deal with all of the most important mechanisms of resistance which prostate cancer can generate to hormonal therapy. The discovery of these sorts of agents is why it is so exciting to be part of prostate cancer research today," says Dr. Montgomery.



www.bcgsc.ca/about/news/bc-scientists-develop-new-drug-candidate-for-prostate-cancer

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Dog Sniffs Out Prostate Cancer in Small Study

2010 HealthDay

Researchers believe canines have a role to play in disease detection TUESDAY, June 1 (HealthDay News) -- New research suggests that dogs can sniff out signs of prostate cancer in human urine, adding to the ongoing debate over the disease-detecting powers of man's best friend.

Some scientists have questioned similar reports of dogs with such diagnostic powers in recent years, but the lead author of this latest study said the findings are promising and could lead to better cancer-sensing technology.

"The dogs are certainly recognizing the odor of a molecule that is produced by cancer cells," said French researcher Jean-Nicolas Cornu, who works at Hospital Tenon in Paris.

The problem, he said, is that "we do not know what this molecule is, and the dog cannot tell us."

Still, the report could represent a significant development since cancer often goes undetected until it is too late to treat.

The detection of prostate cancer has been particularly controversial. Some researchers think many patients are treated unnecessarily because existing tests of prostate-specific antigen (PSA) aren't accurate enough and fail to

(Continued on page 4)

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distinguish between dangerous and harmless cancers. Urine tests can turn up signs of prostate cancer, Cornu said, but miss some cases. Some types of molecules give a distinct odor to urine, "but today there is no means to screen odors from urine and separate them," he said, and no way to link them to cancer.

Enter the dog, whose powers of smell are far greater than those of humans.

For this study, two researchers spent a year training a Belgian Malinois shepherd, a breed already used to detect drugs and bombs.

The dog was trained to differentiate between urine samples from men with prostate cancer and men without. Ultimately, researchers placed groups of five urine samples in front of the dog to see if it could identify the sole sample from a man with prostate cancer.

The dog correctly classified 63 out of 66 specimens.

If the findings hold up in other studies, they'll be "pretty impressive," said urologist Dr. Anthony Y. Smith, who was to moderate a discussion on the findings Tuesday at the American Urological Association annual meeting in San Francisco.

Skeptical researchers are concerned about factors that could throw off the results, said Smith, chief of urology at the University of New Mexico. Among other things, scientists wonder if the animals used in such studies pick up on subconscious signals from researchers.

Still, in this study, it's hard to imagine anything "other than the dogs somehow being able to smell something that we don't smell," Smith said.

If these findings are valid, they could lead to the development of more accurate tests that don't require unnecessary biopsies, Smith said.

The next steps are to determine precisely what the dogs are sniffing and to develop an "electronic nose" to detect it, Cornu said. Other dogs are already being trained, he said.

Could doctors and hospitals employ dogs and researchers to detect prostate cancer? Cornu said that's possible, but it could cost as much as hiring two full-time scientists.

SOURCES: Jean Nicolas Cornu, researcher, Hospital Tenon, Paris; Anthony Y. Smith, M.D., chief, urology, University of New Mexico, Albuquerque; June 1, 2010, presentation, American Urological Association annual meeting, San Francisco

<http://www.cancercompass.com/cancer-news/article/33853.htm?c=NL20100811>

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Test Pinpoints Aggressive Prostate Tumors **Goal of New Test Is to Determine Which Men Will and Will Not Need Treatment for Prostate Cancer**

By Charlene Laino WebMD Health News

Reviewed by Laura J. Martin, MD

April 20, 2010 (Washington, D.C.) - Researchers are developing a new blood test to help identify which men with early prostate cancer can forgo immediate treatment.

In a small preliminary study, the test proved 70% accurate in predicting which men had more aggressive tumors that require treatment.

The results have yet to be replicated, a necessary step before acceptance by the medical community.

But the test shows promise for safely identifying men who can undergo active surveillance - close monitoring for signs of tumor growth - rather than treatment, says Robert W. Veltri, PhD, an associate professor of urology and oncology at Johns Hopkins University.

"The goal of the new test, which measures blood levels of three different forms of PSA, is to determine who will and who will not progress and require treatment," Veltri says.

The findings were presented at the annual meeting of the American Association for Cancer Research.
Prostate Cancer: To Treat or Not?

To treat or not to treat is one of the most difficult dilemmas facing men with prostate cancer, especially men with early, localized cancer that is contained within the prostate, when it is curable.

Because prostate cancer often grows so slowly it may never become life-threatening, many of these men, particularly older men, may die of other causes before the prostate cancer causes problems. But in some men, the cancer will spread beyond the prostate without treatment. Then it may no longer be curable.

As a result, there has been a long-running debate in the medical community about the value of treatment to destroy cancer cells vs. active surveillance, also known as watchful waiting.

(Continued on page 5)

(Continued from page 4)

Watchful waiting consists of close monitoring with periodic digital rectal exams, yearly biopsies, and PSA (prostate-specific antigen) blood tests.

New Prostate Cancer Test Shows Promise

Rising PSA levels can be a sign of prostate cancer spread in men with early cancer. But the PSA test can't distinguish between slow-growing and aggressive cancers, Veltri tells WebMD.

"Because of PSA, there is overdiagnosis and overtreatment of prostate cancer," he says.

The new blood test, known as the Prostate Health Index (PHI), measures three forms of PSA, including pro-PSA. Pro-PSA is a shortened molecule that is missing a few of the amino acids that make up the PSA protein. It's the most accurate form of PSA, Veltri says.

The federally funded study involved 71 men who were diagnosed as having small, low-grade, and low-stage prostate cancer based on their PSA results. At the time of their diagnosis, their blood had been banked.

By an average of nearly four years later, 39 had unfavorable biopsy results that signaled a need for treatment.

The PHI test was performed on blood samples from all 71 men.

"When we combined the [biopsy results] and the serum Prostate Health Index, we were able to predict seven in 10 men that might progress," Veltri says.

Veltri says the PHI test won't replace biopsies but will hopefully allow men to have them every other year instead of year.

His lab is now conducting an expanded study to look for other biomarkers that may predict aggressive cancers.
Test May Predict Prostate Cancer Spread

Also at the meeting, researchers reported using a microchip to detect circulating tumor cells in the blood of people with prostate cancer.

The presence of circulating tumor cells, or CTCs, in the

blood is an indication of cancer spread, says Sunitha Nagrath, PhD, an instructor of surgery and bioengineering at Harvard Medical School.

CTCs also carry molecular signatures that can be used to guide targeted drug therapy, she says. The problem: There are only a few CTCs in millions of cells, she tells WebMD. "It's like looking for a needle in a haystack."



The CTC-chip can capture about 200 circulating tumor cells from a teaspoon of blood, she says.

In a small pilot study, the researchers found CTCs in nearly half of 20 people with early-stage prostate cancer and in two-thirds of people with advanced cancer.

"We think that's an indicator they are more prone to metastasis (cancer spread), but that remains to be proven," Nagrath says.

The test is not commercially available.

"Eventually we hope that when a patient walks in, we can take a simple blood test that tells us if a cancer will spread and also about its molecular signature," she says.

Massimo Cristofanilli, MD, chairman of the department of medical oncology at Fox Chase Cancer Center, is cautiously enthusiastic, saying that a lot more work is needed before either test can be integrated into patient care.

With the CTC chip, he says, one of the issues to be worked out is when to give the test: at the time of diagnosis, surgery, or a few weeks afterward.

There's also the issue of who will pay for new tests, he says. "Insurance will not cover every test for every patient," Cristofanilli tells WebMD.

SOURCES:

American Association for Cancer Research 101st Annual Meeting 2010, Washington, D.C., April 17-21, 2010.

Robert W. Veltri, PhD, associate professor of urology and oncology, Johns Hopkins University, Baltimore.

Sunitha Nagrath, PhD, instructor of surgery and bioengineering, Harvard Medical School.

Massimo Cristofanilli, MD, chairman of the department of medical oncology at Fox Chase Cancer Center, Philadelphia.

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Prostate Cancer Awareness Evening

Tuesday, September 28, 2010 | 7pm to 9pm

Basic Medical Sciences Building | Theatre A

730 William Avenue

FREE ADMISSION

Guest Speakers:

Dr. Gerald Konrad, Family Physician

Dr. Piotr Czaykowski, Medical Oncologist

Dr. Jeff Saranchuk, Urologist

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City Firm Develops Kit To Diagnose Prostate Cancer

Products To Be Sold To Researchers First

By: Murray McNeill 13/08/2010

Winnipeg Free Press

A Winnipeg medical diagnostic company has developed a new kit that could make it easier to diagnose patients with prostate cancer.

Miraculins Inc. will start off selling the kit to prostate-cancer researchers, who will hopefully use it in their clinical studies and build up a body of data on how well it performs.

If it performs well, the company hopes to eventually seek government approval for the kit to be used by doctors, which would open the door to a much bigger market for the product.

"Research-only kits have a limited market," Miraculins president and CEO Christopher Moreau said in an interview Thursday. "So this is not a huge, huge development for Miraculins."

But if the kit is eventually approved for use by physicians, that's a whole different ball game, he added.

He said there are hundreds of thousands of biopsies ordered each year for patients who are suspected of having prostate cancer and the majority of them come back negative. If doctors had an easier, less costly tool for screening patients, they might not have to order as many biopsies, he added.



Christopher Moreau

"So the potential for this test in the future is that it has the potential to reduce the number of biopsies. And that would have a significant impact on the health-care system."

Moreau said it's impossible to say if or when the company might seek approval for the kit to be used by doctors. That largely depends on the response from researchers and the length of time it takes to build up a suitable body of data on its performance and usefulness.

The launch of this new kit comes less than a week after Miraculins announced it had acquired the worldwide rights to a new technology that can detect high levels of cholesterol in patients through a simple skin test.

An official with a Toronto-based investment bank said that diagnostic kit, which has already been cleared for use by doctors in North America and Europe, has the potential to generate tens of millions of dollars a year in revenues for Miraculins.

The new prostate-cancer kit, which took several years to develop, measures the amount of a particular amino acid protein - called PSP94 - in a urine sample from a patient. PSP94 is found in the cells of the prostate, and there's a growing body of medical evidence to suggest men with prostate cancer have reduced levels of it in their urine.

But Miraculins said further research is also needed to confirm the validity of PSP94 as a biomarker for prostate cancer.

murray.mcneill@freepress.mb.ca

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Prostate Cancer Linked To Low Levels Of Bone Mineral Content

By Mark McGhee Jul 15th, 2010

Prostate cancer patients may be at an increased risk of suffering from bone mineral content (BMC) loss compared to men who are cancer-free, according to findings published in BJUI. Individuals who develop lower levels of BMC can also be at an increased risk of suffering from bone fractures and osteoporosis.



A total of 519 participants with an average age of 56 were

enrolled in the Baltimore Longitudinal Study in which researchers observed BMC over the course of 11 years.

During 35 years of follow-ups, 76 of the men developed prostate cancer.

Investigators discovered that patients who had been diagnosed with the disease were among the men with the lowest BMC. Also, the results of the study showed that patients with lower BMC levels were more likely to develop prostate cancer.

Stacy Loeb, researcher from Johnson Hopkins University, stated that "there are numerous possible

(Continued on page 8)

(Continued from page 7)

mechanisms to explain the relation between prostate cancer and BMC, [including] that prostate cancer frequently [spreads] to bone." She added that "our findings suggest that common growth factors might be involved in both bone maintenance and the progression of prostate cancer."

In addition to improving bone health, a high intake of vitamin D may also be contributing to protecting cognitive

function, as a recent report from The Alzheimer's Association stated that consuming vitamin D-rich foods and beverages can lower the risk of developing memory problems, according to the Epoch Times.

<http://www.betterhealthresearch.com/news/prostate-cancer-linked-to-low-levels-of-bone-mineral-content-19893251/>

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DVD's Available

Did you know that Lorne Strick makes a DVD copy of all our guest speakers?

They can be purchased for individual or group use

Phone Lorne at 204-667-9367

Or email Brian Sprott at jbsprott@shaw.ca Cost is \$5.00 plus shipping

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. Spencer Gibson,
Provincial Director, Research, Cancecare MB.
"Research at Cancecare Tumour Bank"
- June 17.....Nursing Staff from the Prostate Centre,
Cancecare 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.....Dr. Aziz Mhanni, Medical Geneticist.
- Dec. 16.....Potluck Party Time

M.P.C.S.G. Executive

Brian Sprott - Chair, jbsprott@shaw.ca	668-6160
Joseph Courchaine - Treasurer	257-2602
June Sprott - Secretary.....	668-6160
<i>Committee Chairs:</i>	
Michael Doob / Brian Sprott - Newsletter	488-0804
Kirby Hay - Information.....	837-6742
Darlene Hay - Membership, kdhay@mts.net	837-6742
Norm Oman - Events.....	487-4418
Tom Boomer - New Member Contact	663-1351
Lorne Strick - Videographer.....	667-9367
<i>Members at Large:</i>	
Pam Boomer.....	663-1351
Len Bueckert.....	782-4086
Laurie Courchaine.....	257-2602
Liz Feschuk.....	654-3898
Pat Feschuk	654-3898
Jim Leddy	831-6119
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