The Manitoba Prostate Cancer Support Group NEWSLETTER

Vol. 235 – January 2011

manpros@mts.net

Thought For The Day

Be kinder than necessary, for everyone you meet is fighting some kind of battle.

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

Thanks!

NEXT MEETING:

January 20, 2011 Dr. Graham Glezerson - Urologist

"Prostate Cancer: Everything You Were Afraid to Ask! "

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.

Norm Oman Announces His Retirement

Norm Oman, one of the founding members of the Manitoba Prostate Cancer Support Group, has just announced his retirement from the Executive.

In the early 1990's, Norm was diagnosed with prostate cancer and shortly afterwards founded MPCSG. Norm had the foresight to see the need for a Support Group and through his leadership it all began. He has worked for years with the conviction that men diagnosed with this disease should have access to information and support. Norm was involved in every aspect of the Group and was the only Chair until stepping down in 2008. Along with others, he has organized meetings, speakers, newsletters, September Awareness Evening, and has worked tirelessly on funding.

Norm believed 100% in the Support Group and generated that enthusiasm in others. He had a special way of running the general meetings – always making people feel welcome and his easy going manner made everyone comfortable. A joke, now and again, set the tone for the evening.

Norm is responsible for making the Support Group what it is today – an entity that is well respected in Manitoba and elsewhere. We, not only owe him our thanks, but also our deep admiration for all that he has accomplished. **We recognize the value of your efforts, Norm, and are grateful.**

- MPCSG Executive.

Treating Cancer Recurrence

Despite the fact that initial prostate cancer treatments have been shown to be very effective in curing or eliminating the cancer, patients must understand their options if there is a reoccurrence of the cancer.

More and Better Options to Battle Recurrence after Surgery

Patients may have more and better options to treat a recurrence of prostate cancer if they choose to initially treat their cancer with a prostatectomy (surgical removal of the cancerous prostate).

Easier to Detect a Cancer Recurrence

It is easier and simpler for your doctor to detect a cancer recurrence when surgery is chosen as a first line therapy over beam radiation or seed implants. This is because PSA tests can be more easily used to detect a recurrence that occurs after a radical prostatectomy vs. radiation therapy.2

How Surgery Changes after Radiation

Surgery performed after radiation treatment for prostate cancer is often referred to as a salvage prostatectomy. A salvage prostatectomy is a more difficult operation to perform than a prostatectomy performed before any radiation treatment. Radiation will likely cause damage to surrounding tissues making careful dissection and visualization of important tissue planes and structures difficult. It may also be difficult to impossible to perform nerve sparing radical prostatectomies after radiation treatment (this will offer significantly worse outcomes for sexual function and continence than would otherwise occur if a nerve sparing procedure could be performed).[1] Talk to your doctor about how prostate cancer surgery and outcomes may be different after radiation therapy.

Preserving the Radiation Option to Treat Recurrent Cancer

Patients may not be able to undergo additional radiation treatments after initial radiation treatment fails. However, patients that suffer a cancer recurrence after surgery may still receive radiation therapy. Talk to your doctor about how radiation therapy can be used after a prostate cancer recurrence if radiation therapy was not used as a first line treatment.

1. Salvage Prostatectomy. Salvage prostatectomy is sometimes performed after unsuccessful radiation treatment if the cancer is still local. The odds of the procedure's success are only 10 - 64%. Many experts recommend against salvage prostatectomy in most cases of radiation failure. Severe complication rates for salvage prostatectomy are very high: 10 times that of men who have not had radiation. For example, incontinence after salvage prostatectomy is often untreatable with medications, collagen implants, or other standard treatment measures.

http://health.nytimes.com/health/guides/disease/prostate-cancer/options-if-treatments-fail.html

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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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Urine Protein Could Pave The Way For New Prostate Cancer Test

Wednesday 13 October 2010

Cancer Research UK Press Release

Cancer research UK scientists have shown that a protein in urine could be a powerful indicator of prostate cancer risk, according to a study published in PLoS ONE.

Scientists from the Cancer Research UK Cambridge Research Institute and The Institute of Cancer Research (ICR) built on earlier genome-wide research to link a genetic change associated with prostate cancer risk to a significant reduction in the amount of a protein called microseminoprotein-beta (MSMB). The protein - which regulates prostate cell death - is produced by normal prostate cells – and is linked to an increased risk of developing prostate cancer.

Previously Cancer Research UK scientists and other researchers had carried out studies to cross-examine the entire human genome from thousands of men both with and without the disease. They identified a small genetic change strongly linked to an increased risk of developing prostate cancer. The genetic change is common – occurring in around 30-40 per cent of European men. It is found in the section of DNA which 'switches on' the production of MSMB – and is the second most abundant protein in semen after prostate specific antigen (PSA). MSMB is secreted into the urine from the semen.

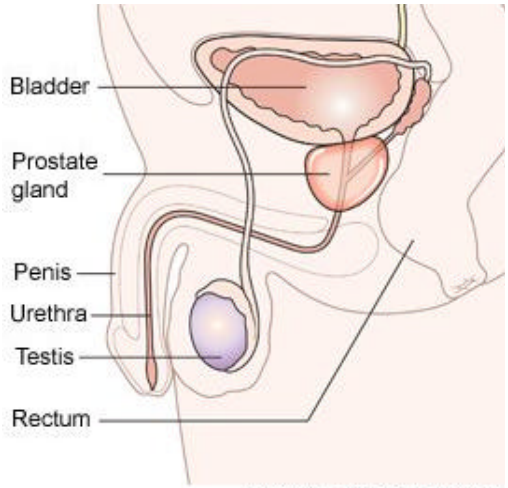

Diagram showing the position of the prostate and rectum
Copyright © CancerHelp UK

Unlike levels of PSA in serum which can be used to help test for prostate cancer, MSMB levels appear to be largely unaffected by an enlarged prostate. And previous studies have suggested they are not affected by hormones – the levels of which can be altered by some treatments for prostate cancer. At the moment, there are too many uncertainties with the PSA test for doctors to use it in a national screening programme. All men have naturally different levels of PSA and levels can sometimes be raised due to medical conditions other than prostate cancer, such as an enlarged prostate. Also some men with prostate cancer will not have a raised PSA.

This latest research suggests that levels of MSMB protein in urine could form the basis for a new test to help identify men at greater risk of developing the disease. It could also potentially be used alongside PSA testing to improve detection of prostate cancer and for monitoring progression of the disease.

Lead study author, Dr Hayley Whitaker, from Cancer Research UK's Cambridge Research Institute, said: "We looked in tissue and urine from over 350 men with and without prostate cancer to find out how much MSMB they had. We then looked to see who had the genetic change. It was really exciting to find out that the genetic change and the amount of protein were linked."

"The protein is easy to detect because it is found in urine and would potentially be a very simple test to carry out on men to identify those most at risk of developing the disease."

Study author Professor Rosalind Eeles,from the ICR and The Royal Marsden Hospital, added: "Our studies have shown that men with a small change in their MSMB gene are at a higher risk of prostate cancer, and so we are very excited that there may be a simple test for this genetic change. At the moment, PSA testing is the best method we have to detect prostate cancer but it has significant limitations, so there is an urgent need to find new biomarkers such as MSMB that could be used in screening and diagnosis."

Prostate cancer is the most common cancer in men in the UK. A quarter of all new cases of cancer diagnosed in men are prostate cancers. In 2006, more than 35,000 men in the UK were diagnosed with the disease. Each year around 10,200 men in the UK die from it.

Professor David Neal, prostate cancer specialist at Cancer Research UK's Cambridge Research Institute, said: "This is a vital piece of research that could go a long way to find a long-awaited and much-needed reliable and easy test to identify those men most at risk of developing prostate cancer. If further studies show this marker can be used in the clinic this will be a landmark discovery."

http://info.cancerresearchuk.org/news/archive/pressrelease/2010-10-14-urine-protein-cancer-test

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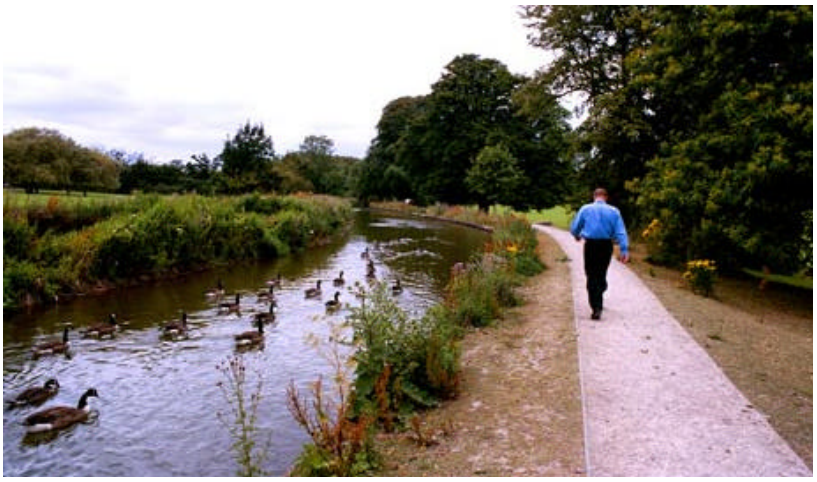

Science News

Exercise Reduces Death Rate in Prostate Cancer Patients

ScienceDaily (Dec. 8, 2009) — As little as 15 minutes of exercise a day can reduce overall mortality rates in patients with prostate cancer, according to findings presented at the American Association for Cancer Research Frontiers in Cancer Prevention Research Conference, held here, Dec. 6-9, 2009.

"We saw benefits at very attainable levels of activity," said Stacey A. Kenfield, Sc.D., 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."

Researchers assessed physical activity levels for 2,686 patients enrolled in the Health Professionals Follow-up Study, both before and after diagnosis (men with metastases at diagnosis were excluded).

Men who engaged in three or more hours of Metabolic Equivalent Tasks (MET) a week -- equivalent to jogging, biking, swimming or playing tennis for about a half-hour per week - had a 35 percent lower risk of overall mortality.

Specific to walking, the researchers found that men who walked four or more hours a week had a 23 percent lower risk of all-cause mortality compared to men who walked less than 20 minutes per week. Men who walked 90 or more minutes at a normal to brisk pace had a 51 percent lower risk of death from any cause than men who walked less than 90 minutes at an easy walking pace.
Walking didn't show any effect on prostate cancer specific mortality, but more strenuous exercising did. Men who engaged in five or more hours of vigorous physical activity a week were at a decreased risk of dying from their prostate cancer.

"This is the first large population study to examine exercise in relation to mortality in prostate cancer survivors," said Kenfield. Previous studies focused on how exercise affects risk of developing prostate cancer. Kenfield said that researchers aren't sure of the exact molecular effects exercise has on prostate cancer, but exercise is known to influence a number of hormones hypothesized to stimulate prostate cancer, boost immune function and reduce inflammation.

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

Editor's Note: *This article is not intended to provide medical advice, diagnosis or treatment.*
Email or share this story:

Story Source:

The above story is reprinted (with editorial adaptations by ScienceDaily staff) from materials provided by American Association for Cancer Research.

http://www.sciencedaily.com/releases/2009/12/091207200911.htm

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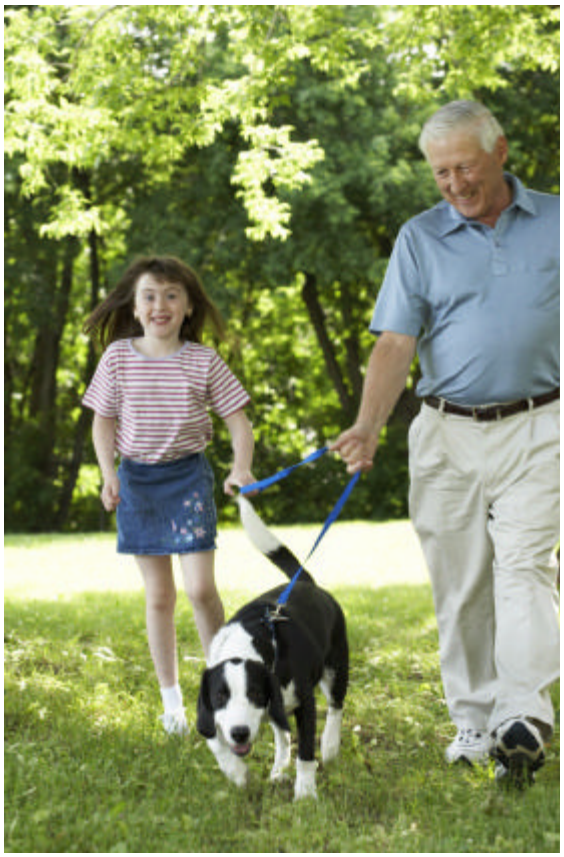
Science News

Walking Prevents Bone Loss Caused From Prostate Cancer Treatment, Study Shows

ScienceDaily (Oct. 29, 2007) — Exercise may reduce, and even reverse, bone loss caused by hormone and radiation therapies used in the treatment of localized prostate cancer, thereby decreasing the potential risk of bone fractures and improving quality of life for these men, according to a new study.

"Prostate cancer patients are not routinely advised to exercise. Walking is one tool that prostate cancer patients can use to improve their health and minimize the side effects of cancer and cancer treatments," said Paula Chiplis, PhD., RN, the lead author of the study and a clinical instructor and senior research assistant at Johns Hopkins Hospital in Baltimore. "Walking has no harmful side effects, if done moderately, but it can dramatically improve life for men suffering from side effects from some prostate cancer treatments."



Men with localized prostate cancer frequently receive radiation therapy followed by months of hormone therapy to treat their cancer. Radiation is used to kill the cancer cells, while hormone therapy decreases testosterone and estrogen that feed the cancer cells, thereby keeping the tumor from growing. Men undergoing hormone therapy lose between 4 to 13 percent of their bone density on an annual basis, compared to healthy men who lose between .5 to 1 percent per year, beginning in middle age. Men are typically not thought to be at risk for osteoporosis and bone fractures; however, their rate of bone loss is greater than that of post-menopausal women.

The study shows that prostate cancer patients undergoing hormone therapy that walked about five times a week for 30 minutes at a moderate pace maintained or gained bone density, while those who didn't exercise lost more than two percent of their bone density in eight to nine weeks.

The study involved 70 sedentary men with Stage I-III prostate cancer, who were randomly assigned to either participate in the exercise plan or usual care (not exercise) during radiation treatment, with more than half also receiving hormone therapy. Researchers wanted to determine the effects of a nurse-directed, home-based walking program in maintaining physical function and managing cancer- and treatment-related symptoms during radiation and hormone treatment for prostate cancer patients.

This research "Effects of Exercise on Bone Loss & Functional Capacity during Prostate Cancer Treatment," was presented on October 28, 2007, at the American Society for Therapeutic Radiology and Oncology's 49th Annual Meeting in Los Angeles.

Editor's Note: *This article is not intended to provide medical advice, diagnosis or treatment. Email or share this story:*

Story Source:

The above story is reprinted (with editorial adaptations by ScienceDaily staff) from materials provided by American Society for Therapeutic Radiology and Oncology, via EurekAlert!, a service of AAAS.

American Society for Therapeutic Radiology and Oncology (2007, October 29). Walking Prevents Bone Loss Caused From Prostate Cancer Treatment, Study Shows. ScienceDaily. Retrieved November 10, 2010, from http://www.sciencedaily.com /releases/2007/10/071028135820.htm

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WANTED

A cartoonist or budding cartoonist is required to develop a series of cartoons surrounding the subject of prostate cancer. The goal is to present the many circumstances we confront. as we deal with prostate cancer. More than one cartoonist would be great as collaboration seems to be an integral part of our lives. The concept is to present the humorous side to our story. I know there are many.

Please contact Len Bueckert newsletter coordinator by e-mail at lenbue@mts.net

PSA Test Reduces Risk of Spread if Prostate Cancer Strikes

MONDAY, Oct. 25 (HealthDay News) - Having a prostate-specific antigen (PSA) test to screen for prostate cancer reduces the risk that if cancer develops it will spread to other parts of the body, new research indicates.

The finding adds to the ongoing debate on whether PSA screenings actually improve survival rates or, by contrast, lead to unnecessary treatment.

"Our study shows that routine screening not only improves the patient's quality of life by stopping metastatic disease, but it also decreases the burden of care for this advanced disease that must be provided by the health-care system," study author Chandana Reddy, a senior biostatistician at the Cleveland Clinic in Ohio, said in a news release from the American Society for Radiation Oncology.

"This demonstrates that the PSA test is extremely valuable in catching the disease earlier and allowing men to live more productive lives after treatment," Reddy said.
PSA tests are blood tests that have been available and widely used since 1993. They measure levels of the prostate-specific antigen protein produced by the prostate; high levels are thought to be an indication of prostate cancer.

However, critics have cautioned that some patients diagnosed with early prostate cancer are subjected to aggressive treatments - and their unwelcome side effects, such as incontinence and erectile dysfunction -- for a disease that is often slow-moving and of no real consequence to survival if left untreated among older patients who are likely to die of other, unrelated causes.

The researchers pointed out that prostate cancer is not curable when it is caught late and has spread (or metastasized) to other parts of the body. They suggested that assessing to what degree a PSA diagnosis might reduce the risk of metastasis could be the best way to determine the value of the test.

To that end, Reddy and his team analyzed data on more than 1,700 prostate cancer patients who between 1986 and 1996 had been treated with either radiation therapy or surgery to take out their prostate gland and the surrounding tissue.

Noting that in the first half of the study period, PSA tests were not yet available, the authors compared the spread of the disease over the course of 10 years among those who had been diagnosed with a PSA test and those who had not.
Over the 10-year period, metastatic disease took hold among 13 percent of all the patients. However the researchers found that regardless of whether patients were categorized as having high-, medium-, or low-risk disease, those who had been diagnosed as a result of a PSA screening were significantly less likely than those who weren't to have seen their cancer spread during the decade following their original treatment.

It should be noted that studies presented at scientific meetings do not face the same peer-review scrutiny as those published in reputable journals.

Dr. Lionel L. Banez, an assistant professor of urologic surgery at Duke University Medical Center, said that the current study leans toward the relative benefits of prostate cancer screening.

"There is compelling evidence that PSA testing saves lives, especially when performed in an optimized strategy," he said. "For example, getting an initial PSA measurement at age 40 to properly assess baseline prostate cancer risk has been proven to be quite beneficial.

Nevertheless, Banez acknowledged that doctors need to interpret test results judiciously.

"The challenge," he stressed, "lies in ensuring that the risks for over-diagnosis and over-treatment, as well as potential decline in quality of life, are minimized or avoided."

SOURCES:
American Society for Radiation Oncology, news release, Oct. 25, 2010

http://www.nlm.nih.gov/medlineplus/news/fullstory_104757.html

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Prostate Cancer: Urinary Incontinence

Urinary incontinence, or the loss of the ability to control urination, is common in men who have had surgery or radiation for prostate cancer. You should prepare for this possibility and understand that, for a while, at least, urinary incontinence may complicate your life.

There are different types of urinary incontinence and differing degrees of severity. Some men dribble urine whereas others will experience a total leakage. Loss of urine with a cough, sneeze or laugh is called stress incontinence and is the most common type of urine leakage men experience after prostate surgery. On the other hand, the need to frequently urinate with episodes of leakage is the type seen most often after radiation treatment. Doctors continue to improve treatments for prostate cancer to reduce the chance of having incontinence after surgery or radiation.

Why Do Prostate Cancer Treatments Cause Urinary Incontinence?

It helps to know a bit about how the bladder holds urine. When urine is emptied into the bladder from the kidneys, it is stored inside the bladder until you have the urge to urinate. The bladder is a hollow, muscular, balloon-shaped organ. Urine flows out of the bladder, and leaves the body through a tube called the urethra. Urination happens when the muscles in the wall of the bladder contract, forcing urine out of the bladder. At the same time, muscles that surround the urethra relax and allow the flow of urine. The prostate gland surrounds the urethra. Because enlarged prostate glands can obstruct the urethra, a man with an enlarged prostate can have urination retention or other problems with urination.

Removing the prostate through surgery or destroying it through radiation (either with an external beam or with radioactive seed implants) disrupts the way the bladder holds urine and can result in urine leakage. Radiation can decrease the capacity of the bladder and cause spasms that force urine out. Surgery can, at times, damage the nerves that help control bladder function.

What Are Some New Techniques that Reduce the Chance of Becoming Incontinent?

When removing the prostate, surgeons try to save as much of the area around the bladder and the sphincter muscles around the urethra, thus limiting damage to the sphincter. Doctors have also fine-tuned the process of placing radioactive seed implants, using sophisticated computer projections that allow the seeds to destroy the prostate while limiting damage to the bladder.

Still, at this point, any man who is undergoing radiation or surgery to treat prostate cancer should expect to develop some problems with urinary control. With newer techniques, some men will have only temporary problems controlling their urine, and many will regain full control of their bladder in time.

What Can Be Done to Treat Urinary Incontinence after Prostate Cancer Treatment?

Treatments include:

· Pelvic floor treatments. Many doctors prefer to start with behavioral techniques that train men to control their ability to hold in their urine. A popular set of exercises, called Kegel exercises, strengthens the muscles you squeeze when trying to stop urinating mid-stream. These exercises can be combined with biofeedback programs that help you train these muscles even better.

· Supportive care. This treatment includes behavior modification, such as drinking fewer fluids, avoiding caffeine, alcohol, or spices, and not drinking at bedtime. People are encouraged to urinate regularly and not wait until the last moment possible before doing so. In some people, losing weight may result in improved urinary control. Supportive care also involves changing any medications that interfere with incontinence.

· Medication. A variety of medications can increase bladder capacity and decrease frequency of urination. In the near future, newer medications will become available to help stop some other forms of urinary leakage.

(Continued on page 8)

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(Continued from page 7)

· Neuromuscular electrical stimulation. This treatment is used to retrain and strengthen weak urinary muscles and improve bladder control. With this treatment, a probe is inserted into the anus and a current is passed through the probe at a level below the pain threshold, causing a contraction. The patient is instructed to squeeze the muscles when the current is on. After the contraction, the current is switched off.

· Surgery, injections, and devices. A number of techniques may improve bladder function.

· Artificial sphincter. This patient-controlled device is made of three parts: a pump, a pressure-regulating balloon, and a cuff that encircles the urethra and prevents urine from leaking. The use of the artificial sphincter can cure or greatly improve more than 70% to 80% of the patients.

· Bulbourethral sling. For some types of leakage, a sling can be used. A sling is a device used to suspend and compress the urethra . It is made from synthetic material or from the patient's own tissue and is used to create the urethral compression necessary to achieve bladder control.

· Other surgery. Your doctor can also do a surgery that has helped some men. It involves placing rubber rings around the tip of the bladder to help hold urine.

SOURCES:
American Cancer Society. American Urological Association.

Reviewed by Brunilda Nazario, MD on March 17, 2009
Edited by Paul O'Neill, MD on December 01, 2006

http://www.webmd.com/urinary-incontinence-oab/mens-guide/urinary-incontinence

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2011 SPEAKERS:

January 20, 2011	Dr. Graham Glezerson - Urologist "Prostate Cancer: Everything You Were Afraid to Ask! Q. and A. Session"
February 17, 2011	Bunty Anderson, Psychosocial Oncology "Riding the Emotional Rollercoaster"
March 17, 2011	Dr. Ellen Lee, Department of Physical Therapy, University of Manitoba
April 21, 2011	Dr Ross MacMahon, Urologist "Understanding Hormone Therapy"

M.P.C.S.G. Executive

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Jim Leddy - Member at Large	326-1477
Laurie Courchaine - Member at Large	257-2602
Pam Boomer - Member at Large	663-1351

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