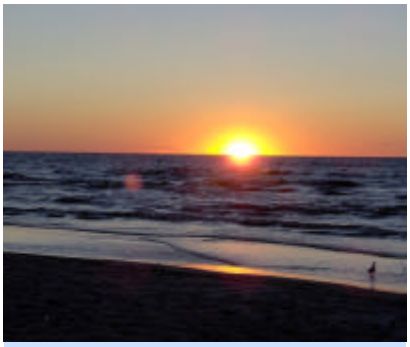
The Manitoba Prostate Cancer Support Group NEWSLETTER

Prostate Cancer Canada Network Winnipeg

Vol. 241 – July 2011



NEXT MEETING:

Thursday, July 21, 2011 *"Members speak out"*

Topics:

Radical Prostatectomies, HIFU, Active Surveillance, Radiation, Brachytherapy and more.

SNACKS included

Location: Seven Oaks General Hospital
Main Floor Auditorium- Leila & McPhillips
Time: 7:00 pm to 9:00 pm

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!

SHARING IS CARING

The Manitoba Prostate Cancer Support Group encourages wives, loved ones, and friends to attend all meetings.

Feel free to ask basic or personal questions without fear of embarrassment. You need not give out your name or other personal information.

The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians. All information is however freely shared.

Will Rogers Wisdom

If you don't learn to laugh at trouble, you won't have anything to laugh at when you are old.

SEPTEMBER 20, 2011
KEEP THE DATE OPEN
FOR OUR ANNUAL
PROSTATE CANCER AWARENESS EVENING

Special Thanks

"The Winnipeg Foundation - Canada's first community foundation - is committed to connecting donors with opportunities to support causes they care about, as well as identifying and responding to the changing needs of our community."

PCCN Winnipeg gratefully acknowledges the contribution of The Winnipeg Foundation. Together with our members PCCN Winnipeg is able to meet our goal to provide "Awareness, Education & Support"

THE WINNIPEG FOUNDATION

The Manitoba Prostate Cancer Support Group operates on your donations. Have you used any of Newsletter - General Meetings - Hospital visits -One-on-one visits – Speakers ?

WE REALLY APPRECIATE YOUR SUPPORT

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

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Charity number: 88907 1882 RR001 ***a tax deductible receipt will be issued.***

Prostate Cancer Survival May Be Especially Tough on Gay Men

MONDAY, May 16

(HealthDay News) - Gay men have a lower health-related quality of life than other men after prostate cancer treatment, a new study finds.

The study included 92 gay men in the United States and Canada who completed an Internet survey that included the Expanded Prostate Cancer Index (EPIC), which is designed to assess patient function after cancer treatment, and a widely used questionnaire on male sexual health. They also answered questions about their fears of cancer recurrence.

The gay men's responses were compared to data from men in the general population collected in previous published research.

Compared to men in the general population, gay men reported statistically significant worse functioning and more severe bother scores on the EPIC urinary, bowel and hormonal system scales. Gay men also reported worse EPIC sexual and ejaculatory functioning scores, as well as much worse mental health functioning and higher fear of cancer recurrence.

The study, presented Sunday at the American Urological Association's annual scientific meeting in Washington, D.C., is one of the first to examine the impact of prostate cancer on gay men.

"This is one of the early studies demonstrating that quality of life is more significantly impacted by prostate cancer in the gay population," Dr. Tomas L. Griebling, an AUA spokesman, said in an association news release. "More research is needed to determine what steps we can take to diminish these impacts." Research presented at meetings is considered preliminary until it is published in a peer-reviewed journal.

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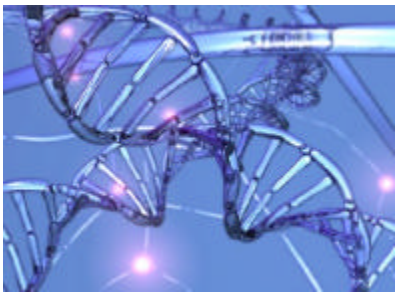
Doctor's Diagnosis

PCA3 and Gene Fusion: Two New Prostate Cancer Biomarkers in Development

Biomarkers are substances like prostate-specific antigen (PSA) that can be measured in blood, urine or other body fluids and used to detect or monitor a disease. Researchers are investigating a number of potential biomarkers that, in the future, may improve upon the PSA test's ability to detect prostate cancer and identify potentially life-threatening tumors. Two promising biomarkers are PCA3 and gene fusion.

PCA3.



PCA3 is a test that measures a gene that is overexpressed (60 to 100 times greater) in prostate cancer cells versus noncancerous cells. Cells shed by the prostate containing the PCA3 gene are detectable in the urine. Researchers report that the lower the level of PCA3 in the urine, the less likely prostate cancer is present. Because PCA3 is not produced or is produced only minimally by noncancerous cells, the presence of conditions like benign prostatic hyperplasia (BPH) or infection is less likely to produce falsely elevated PCA3 levels. PCA3 testing is most reliable when done in conjunction with a digital rectal exam (DRE).

Researchers report that when performed after a DRE, the results from PCA3 testing are valid in 98 percent of cases. If the test is performed without a DRE, validity drops to 80 percent. Researchers believe that rather than replacing PSA screening, the PCA3 test may help identify or rule out cancer in men with elevated PSA levels but no prostate cancer on the initial biopsy. In addition, some evidence suggests that the test may be useful in helping to identify men who are appropriate candidates for active surveillance. Currently, PCA3 testing is available only through clinical trials in the United States.

Gene fusions. A gene fusion is a hybrid gene formed from two previously separated genes. Scientists have discovered that many prostate cancer patients have gene fusions involving the ERG and TMPRSS2 genes that create a new gene that is thought to promote the development of prostate cancer -- and, possibly, a more aggressive form of the disease. Gene fusions are now being detected in urine and have promise as new biomarkers for prostate cancer. More research is needed, however, before this method of testing moves into the mainstream.

www.johnshopkinshealthalerts.com

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Advanced-Stage Prostate Cancer Patients Experience 20-Year Survival Rates With Surgery, Mayo Clinic Long-Term Follow-Up Shows

Sunday, May 15, 2011

WASHINGTON — Long-term survival rates for patients with advanced prostate cancer suggest they can be good candidates for surgery, Mayo Clinic researchers have found. Their study found a 20-year survival rate for 80 percent of patients diagnosed with cancer that has potentially spread beyond the prostate, known as cT3 prostate cancer, and treated with radical prostatectomy, or surgery to remove the prostate gland. Previously, patients found to have cT3 prostate cancer were offered radiation or hormone treatment, but not radical prostatectomy.

"We are doing a much better job of identifying and expanding candidates for surgery, which results in better, longer outcomes for so many of our patients," says R. Jeffrey Karnes, M.D., of Mayo Clinic's Department of Urology. "We have confirmed that patients diagnosed with locally advanced prostate cancer can enjoy a long, cancer-free interval."

The 80 percent survival rate for cT3 diagnoses at 20 years compares to 90 percent for cT2, or cancer confined to the prostate. This long-term follow-up of patients who underwent surgery between 1987 and 1997 is an important advance in understanding the quality outcomes for cT3 patients. The study sample included patients diagnosed and operated on between 1987 and 1997. Ongoing research will examine contemporary data.

Other study investigators include Christopher Mitchell, M. D., Eric Umbreit, M.D., Rachel Carlson and Laureano Rangel, all of Mayo Clinic.

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Prostate Cancer Gets Around Hormone Therapy by Activating a Survival Cell Signaling Pathway

ScienceDaily (June 14, 2011) — Cancer is crafty. When one avenue driving its growth is blocked by drugs targeting that path, the malignancy often creates a detour, finding an alternative route to get around the roadblock.

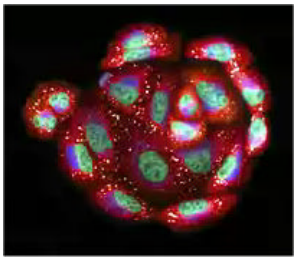
In a study at UCLA's Jonsson Comprehensive Cancer Center, researchers found that when a common type of prostate cancer was treated with conventional hormone ablation therapy blocking androgen production or androgen receptor (AR) function- which drives growth of the tumor - the cancer was able to adapt and compensate by activating a survival cell signaling pathway, effectively circumventing the roadblock put up by this treatment.

The findings could have important clinical implications as this type of prostate cancer, in which the PTEN tumor suppressor gene is inactivated, accounts for about 40 to 50 percent of primary prostate cancers and 70 to 90 percent of cancers that become resistant to hormone therapy, called castration resistant prostate cancers. Based on this study, these prostate cancers could be more effectively treated using a combination of drugs that target the AR cell signaling pathway and the compensating survival pathway, called the PI3K/AKT/mTOR pathway, said study senior author Dr. Hong Wu, a professor of molecular and medical pharmacology and a Jonsson Cancer Center researcher.

The study appears in the June 14, 2011 of the peer-reviewed journal *Cancer Cell.*

"The most significant take home message from this study is that certain prostate cancers can resist androgen deprivation therapy by activating an alternate pathway to drive its growth," Wu said. "We found that these two pathways are talking to each other, almost like regulatory circuitry, and helping each other get around attempts to kill the cancer. When we suppress one of these pathways, it essentially feeds the other."

Wu characterized the findings as surprising. What they discovered, she said, bucked conventional wisdom about the way PTEN negative or PTEN null prostate cancer operates.



"Most of the hypotheses have suggested that PTEN regulates the function of the androgen receptor pathway, which is opposite of what we show here," said Wu, who also is a researcher with the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA. "We had thought that when PTEN was lost, it activated the androgen receptor pathway, driving cancer growth. What we've found suggests that if PTEN is lost in cancer cells, then the cancer cells become androgen receptor-independent and rely on the PI3K pathway for growth and survival."

Wu's study showed that PTEN loss suppresses AR signaling and that leads cancer cells to become less dependent on the androgen receptor for survival. This is important, Wu said, because it addresses a key mechanism of resistance. Certain prostate cancers may resist hormone therapy and if you withdraw androgen as treatment, it enhances the activity of the PI3K pathway, which then takes over driving cancer growth. Both pathways must be hit to stifle growth of the cancer.

The study has important implications for those prostate patients with late stage disease, who often become resistant to hormone ablation therapy, said David J. Mulholland, a postdoctoral fellow in Wu's lab and first author of the study. Men who die of prostate cancer are those that become resistant to therapy and, as a consequence, their disease can spread or metastasize to other places, most often the bones. "What we've shown here is a mechanism that could explain why anti-androgen therapy may fail in some patients,"

Mulholland said. "Their cancer cells adapted to the low androgen receptor function and compensated by activating a survival pathway. It was a surprising result to show that these cells could continue to live without the androgen receptor signaling. Combining drugs that hit both pathways will be much more effective than using one drug alone."

The study was modeled in a mouse model created by the Wu laboratory in which PTEN and AR are absent in the epithelium. The findings were replicated using samples from cancerous prostates removed from patients, work done in collaboration with researchers at UCLA and the Specialized Program of Research Excellence (SPORE) in prostate cancer.

"We found similar result in both cases," Wu said. "The human cancers may behave the same way as the mouse models."

There are new generations of AR inhibitors that are potentially more effective than their predecessors being tested now in clinical trials. There also are drugs being tested that inhibit the PI3K pathway, which is commonly activated in a variety of cancers. Clinical trials currently are being designed at UCLA that will combine these types of drugs to cut off both the primary path and escape routes that prostate cancers use to survive.

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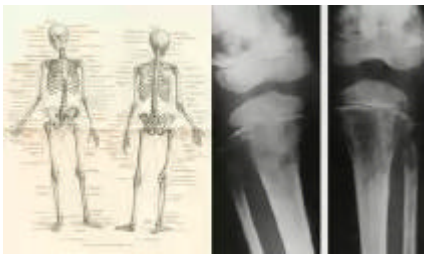
HEALTH CANADA APPROVES AMGEN'S XGEVA (DENOSUMAB) FOR REDUCING BONE METASTASES

First targeted bone therapy offers new option for patients with bone metastases from breast, prostate, non-small cell lung cancer and other solid tumours.

Please Note: This information is intended for Canadian media only.

MISSISSAUGA, ON, June 8, 2011 /CNW/ - Amgen Canada today announced that Health Canada has approved XGEVA™ (denosumab), a RANK Ligand inhibitor, for reducing the risk of developing skeletal-related events (SREs) [pathological fracture, radiation to bone, spinal cord compression or surgery to bone] in adults with bone metastases from solid tumours.[i] XGEVA is not indicated for reducing the risk of developing skeletal-related events in patients with multiple myeloma.[ii]



Bone metastases provided by The Armed Forces Institute of Pathology/Wikimedia Commons

"The approval of XGEVA is an important development in the care of patients suffering from advanced breast, prostate, non-small cell lung and other solid cancers to reduce the risk of bone complications from bone metastases," said Dr. Fred Saad from the Centre Hospitalier de l'Université de Montréal. "I am hopeful that XGEVA will be incorporated into clinical practice and will play an important role in reducing the incidence and impact of debilitating bone complications."

Bone metastases, the spread of cancer from its site of origin to the bones, are a serious concern for patients with advanced cancer and present a considerable burden to the Canadian healthcare system. Sixty-five to 75 per cent of people with advanced breast and prostate cancer develop bone metastases throughout the course of their disease.[iii] Many of these patients remain untreated for bone metastases and their resulting complications. Bones weakened by metastases can lead to fractures and compression of the spinal cord and necessitate procedures like major surgery and radiation. The primary goal of treatment for bone metastases is to prevent the occurrence of debilitating and costly bone complications, which can disrupt a patient's life and cause disability, pain and hospitalization.

"Prostate cancer is the most common cancer to afflict Canadian men, and we welcome any new treatments that may make a positive impact in the fight against this disease," said Steve Jones, President and CEO of Prostate Cancer Canada.

XGEVA is delivered as an injection under the skin every four weeks, is associated with fewer flu like symptoms than are frequently seen with certain[iv] bisphosphonates, and is not cleared by the kidneys, therefore there is no need for dose adjustments for renal impairment[iv], as needed with certain[iv] bisphosphonates. These are features that may make the treatment process simpler and more convenient for patients and healthcare providers.

"Today's approval of XGEVA marks a great stride in continued innovation and investment in medicine," said Clive Ward-Able, Executive Director, Research and Development, Amgen Canada Inc. "Bone metastases, and their resulting consequences, can have a significant impact on a patient living with cancer. We feel privileged to bring the promise that this new treatment may offer Canadian patients with prostate, breast, non-small cell lung cancer and other solid tumours."

The RANK Ligand pathway, first discovered by Amgen scientists in the mid-1990s, is believed to play a central role in cancer-induced bone destruction. XGEVA is a fully human monoclonal antibody that binds to RANK Ligand, a protein essential for the formation, function and survival of osteoclasts (the cells that break down bone). XGEVA prevents RANK Ligand from activating its receptor, RANK, on the surface of osteoclasts, thereby decreasing bone resorption.

Clinical Trial Results

Health Canada's approval of XGEVA is based on the results of three pivotal, Phase 3 head-to-head trials that evaluated XGEVA delivered every four weeks as a 120 mg subcutaneous injection versus Zometa® (zoledronic acid) delivered every four weeks via a minimum 15-minute intravenous infusion, adjusted for kidney function per the labeled instructions. The clinical program for XGEVA spanned more than 50 tumour types in over 5,700 patients. XGEVA demonstrated a clinically meaningful improvement by demonstrating superiority in reducing the risk of developing SREs compared to Zometa in patients with breast or prostate cancer and bone metastases. In patients with bone metastasis due to other solid tumours or bone lesions due to multiple myeloma, XGEVA was noninferior, trending towards superiority, compared to Zometa in reducing the risk of SREs. Superiority was also seen in the pre-specified integrated analysis of the three Phase 3 studies.[v]

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New Laser Therapy Gives Man 'My Life Back'

Treatment For Enlarged Prostate; Offers Quick Treatment, Recovery From Ailment Common Among Older Men

By CHARLIE FIDELMAN The GazetteApril 14, 2011

MONTREAL - Said Sbeiti used to wake up three to four times a night with a tight bladder, make an urgent trip to the bathroom and then wait for the urine to flow, or rather drip.

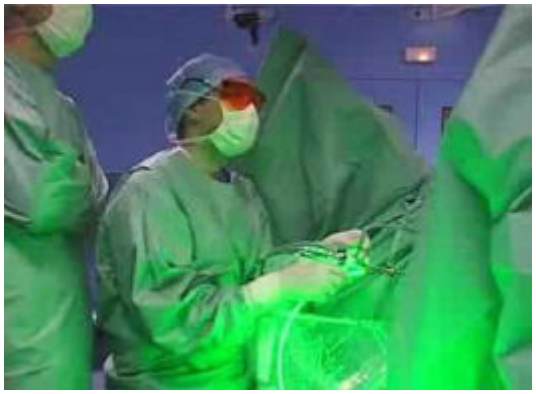
Then, one night, Sbeiti couldn't squeeze out one drop. His internal plumbing had run dry.

It's the most common problem in men, caused by prostate enlargement, noted urologist Kevin Zorn, professor of surgery at the Université de Montréal.

In fact, it's such a prevalent affliction that urologists have taken to calling it "our bread and butter," Zorn said.

Known as benign prostatic hyperplasia, the problem affects nearly half of all men age 50 and about 80 per cent of those age 80.

In Sbeiti's case, tissue from an enlarged prostate pressed against the urethra and blocked the passage of urine from the bladder.



Other symptoms can range from more frequent urination and infection, to a lack of control, painful or bloody urination, and a feeling that the bladder never empties.

Treatment choices include medication, surgery or laser therapy.

On Wednesday, the Centre hospitalier de l'Université de Montréal unveiled a new generation laser technology called Green light XPS as alternative treatment to traditional surgery that cuts hospitalization down from three days to a few hours.

An estimated 500,000 men around the world have been treated with this particular laser therapy.

On Feb. 18, Sbeiti became the first man in Canada to be treated with the new laser. Feeling no pain later that afternoon, he was discharged.

Patients recover quickly and the procedure can be performed as an outpatient procedure, Zorn said, calling it a new gold standard in prostate therapy.

The laser's advantages include a reduced risk of bleeding and other complications.

It is particularly useful in men who cannot have surgery because of existing health conditions, Zorn said.

While other laser techniques can treat the condition, for example, the 120 watt laser predecessor of the current machine, results aren't quite as precise.

This version, a powerful 180 watt laser, uses a precisely directed beam of highpowered energy that pulverizes the extra prostate tissue. It also cauterizes small blood vessels that may bleed.

At the CHUM, the new technique has reduced wait times for severe prostate enlargement in men who must use a catheter while awaiting treatment, Zorn said.

The wait times are now down to four to six weeks at St. Luc Hospital. At other Montreal hospitals, the delay for treatment can extend to six months, he added.

Sbeiti, 60, had been on medication for nearly 15 years. But his urinary problems increased as it became less effective over time, and he was referred to Dr. Zorn.

The speed and effectiveness of the laser surgery surprised Sbeiti, he said in an interview. He had expected to be in a hospital bed at least over night.

"I left the hospital and went shopping with my wife," Sbeiti recalled.

For the first time in many years, he was sleeping through entire nights.

"The difference is like night and day. I got my life back," he said.

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New Drug Extends Life a Bit in Advanced Prostate Cancer

MONDAY, May 16 (HealthDay News) - For men with advanced hormone-resistant prostate cancer who have also failed chemotherapy, the new drug Zytiga (abiraterone acetate) along with the steroid prednisone appears to increase survival modestly, a new study reports.

Based on data from the ongoing clinical trial, Zytiga was approved by the U.S. Food and Drug Administration in April. It works by inhibiting the production of the male hormone testosterone, which promotes the growth of cancer cells. In this regard, the drug mimics hormone therapy.
"Abiraterone prolonged overall survival in this patient population that had extremely limited therapeutic options after chemotherapy," lead researcher Dr. Fred Saad, chief of urology at Notre-Dame Hospital in Montreal, Canada, said during a Monday morning press conference.

Men taking the drug combination had an average survival of 14.8 months, compared with 10.9 months for men taking a placebo.

"Abiraterone represents a valuable treatment option for patients with metastatic, castration [hormone]-resistant prostate cancer who had been treated previously with chemotherapy, with very manageable treatment-related toxicity," Saad said.

The study findings were scheduled to be presented Monday at the American Urological Association's annual meeting, in Washington D.C. Because the study was presented at a meeting, the data and conclusions should be viewed as preliminary until published in a peer-reviewed journal.
The study included 1,195 men with prostate cancer who did not respond to hormone therapy and had failed earlier chemotherapy. The researchers, from 147 hospitals across 13 countries, randomly assigned the men to take either Zytiga plus prednisone, or a placebo.
The drug combination was well tolerated and resulted in less fatigue, back pain and spinal compression among the men taking it, compared with the placebo, Saad said.

The most common side effects among those taking Zytiga and prednisone were lower levels of white blood cells, fluid retention, low potassium levels, abnormal liver function tests, high blood pressure and heart problems, the researchers noted.

A one-month supply of 120 pills of Zytiga costs $5,000, said Kelly McLaughlin, a spokeswoman for the maker of the drug, Centocor Ortho Biotech Inc., and sponsor of the study.

"This study tells us that there is a form of hormonal therapy, abiraterone, that works in people who had standard hormonal therapy and chemotherapy," said prostate cancer expert Dr. Anthony D'Amico, chief of genitourinary radiation oncology at Brigham and Women's Hospital in Boston.

"It will provide people with late-stage disease with an opportunity for an extended survival that they didn't have before. I can't say it's a home run because it's only a few months improvement," he added.

Very aggressive prostate cancer may be able to make its own testosterone, which the cancer cells need to grow. "Zytiga blocks that," D'Amico explained.

"This drug provides longer life and better quality of life to men with very advanced prostate cancer," D'Amico said. "There are studies now to see if this drug will improve cure rates in men with advanced, but not metastatic [cancer that has spread to other organs], prostate cancer," he added.

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Men With Prostate Cancer, Get Colon Exam

Men who have prostate cancer should not miss having routine colonoscopies because they have significantly more abnormal colon polyps, U.S. researchers say.Dr. Ognian Pomakov of the University at Buffalo School of Medicine and Biomedical Sciences and a gastroenterologist at the Buffalo VA Medical Center and first author Madhusudhan Sunkavalli, a University at Buffalo medical resident, say the study involved 2,011 men who had colonoscopies at the Buffalo VAMC.

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The researchers reviewed patient records, colonoscopy reports and pathology reports, as well as data on the prevalence of abnormal colon polyps, or adenomas, advanced adenomas, cancerous adenomas and their location within the colon.

The study compared the colonoscopy findings of 188 patients diagnosed with prostate cancer with the rest of the patients, who served as controls.

The study found the prostate cancer patients had a significantly higher prevalence of abnormal polyps and advanced adenomas, compared with the control group.

The findings were presented at the American College of Gastroenterology meeting in San Antonio, Texas.

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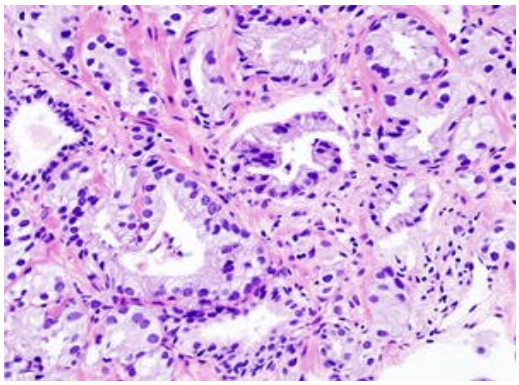
RENAL & UROLOGY NEWS

IMRT Largely Replaces EBRT for Prostate Cancer

Jody A. Charnow May 14, 2011



WASHINGTON, D.C.—Intensity-modulated radiotherapy (IMRT) has largely replaced 3D external beam radiotherapy (EBRT) as the preferred radiation treatment for localized prostate cancer (PCa), according to data presented at the American Urological Association 2011 annual meeting.

That is the conclusion of a study conducted by Matthew J. O'Shaughnessy, MD, PhD, and colleagues at the University of Minnesota in Minneapolis. Using the Surveillance, Epidemiology, and End Results (SEER)-Medicare dataset, the group studied 42,151 men who underwent primary radiotherapy for localized PCa from 2000 to 2008. Among patients treated with radiotherapy, the proportion of those treated with IMRT, with or without brachytherapy, rose from less than 1% in 2000 to 69% in 2008, the study showed. The growth in IMRT use came at the expense of 3D EBRT. Brachytherapy use remained stable during the observation period. The study also showed that the increased use of IMRT did not affect radical prostatectomy rates.

Dr. O'Shaughnessy, who is a urology resident, said the one of the likely factors contributing to the increased use of IMRT was a favorable change in reimbursement in 2000. In addition, clinicians may have switched from 3D EBRT to IMRT because the latter enables higher radiation doses to be delivered to the prostate more safely.

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2011 SPEAKERS:

July 21, 2011 "Members speak out"
Member's stories ....
Radical Prostatectomies, HIFU, Active Surveillance, Radiation, Brachytherapy and more.
SNACKS included

August 18, 2011 Dr. Darrel Drachenberg & Paula Sitarik RN
Topic: HIFU Trial for Recurrent Prostate Cancer

September 15, 2011 Fran Rosenberg, Incontinence Specialist

SEPTEMBER 20, 2011
KEEP THE DATE OPEN FOR OUR ANNUAL
PROSTATE CANCER AWARENESS EVENING

All meetings are held at
Seven Oaks General Hospital Auditorium
7-9 p.m.
Everyone welcome

M.P.C.S.G. Executive

Brian Sprott - Chair	668-6160
Joseph Courchaine - Treasurer	257-2602
Len Bueckert - Newsletter	782-4086
Tom Boomer - Recording Sec./ New Member	663-1351
June Sprott - Corresponding Sec.	668-6160
Darlene Hay - Membership	837-6742
Kirby Hay - Information Kits	837-6742
Liz & Pat Feschuk - Special Projects	654-3898
Jim Leddy - Member at Large	326-1477
Laurie Courchaine - Member at Large	257-2602
Pam Boomer - Member at Large	663-1351