

# The Manitoba Prostate Cancer Support Group NEWSLETTER



Vol. 240 – June 2011



## Medical Advisors to The Manitoba Prostate Cancer Support Group

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M.D. Urologist

Jeff Sisler M.D.  
Family Practitioner

*Thanks!*

### **NEXT MEETING:**

Thursday, June 16, 2011

Dr. Chris Jensen

Topic: *Non-Traditional Prostate Cancer Assessment  
& Treatment in Canada*

Location: Seven Oaks General Hospital  
Main Floor Auditorium- Leila & McPhillips

Time: 7:00 pm to 9:00 pm



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.*

### **THOUGHT FOR THE DAY**

"Don't ever take a fence down until you know the reason it was put up"

*Gilbert K Chesterton*


### **OUR NEW ADDRESS IS**

Manitoba Prostate Cancer  
Support Group (MPCSG)  
# 315 - 971 Corydon Ave  
Winnipeg, Manitoba  
R3M 3S7

## Special Thanks

PCCN Winnipeg would like to acknowledge a recent donation from AstraZeneca. Their financial support assists us with our work, in particular with the provision of our newsletter. The continued support and generosity of AstraZeneca is gratefully appreciated.

Combined with the financial support of our members we are able to continue with our successes and make positive contributions towards supporting those seeking answers about prostate cancer.

**AstraZeneca**   
life inspiring ideas

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

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**# 315 - 971 Corydon Ave Winnipeg, Manitoba R3M 3S7**

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

*This post is courtesy of United Press International.*

### 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.

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.

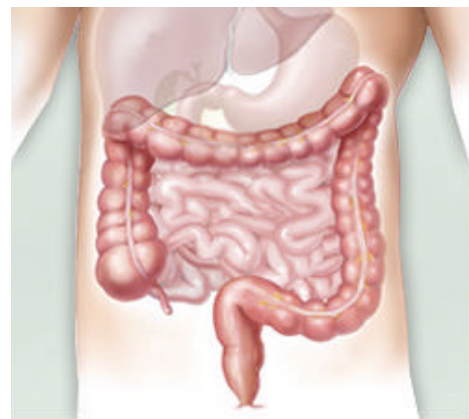
The study compared the colonoscopy findings of 188 patients diagnosed with prostate cancer

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.

<http://www.parentyourparents.com/blog/2010/cancer/men-with-prostate-cancer-get-colon-exam/>

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## PCa ITEMS OF INTEREST

### Recommended Reading

<http://harrysprostate.blogspot.com>

An account of one man's encounter with prostate cancer.

Two new books on the market:

### Winning the Battle Against Prostate Cancer

by Gerald Chodak, MD (2011)

### Invasion of the Prostate Snatchers

By Ralph H. Blum and Mark Scholz, MD (2010)



“ Insomnia is very common.  
Try not to lose any sleep over it. “

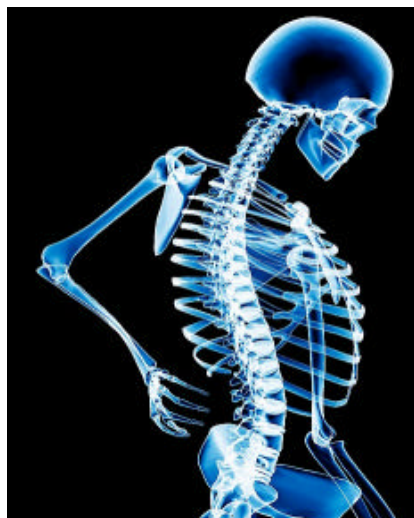
*Johns Hopkins Health*

## Hormone Therapy for Prostate Cancer Changes Body Composition

**Male sex hormones (androgens) - testosterone in particular - are required to maintain the size and function of the prostate. As a result, a number of prostate cancer treatments are aimed at interfering with the effects of androgens. Blocking testosterone can temporarily cause the cancer to regress, or at least to grow more slowly.**

Now research reported in *BJU International* (volume 102, page 44) finds that men who undergo androgen-deprivation therapy (ADT) for prostate cancer lose bone and muscle mass and accumulate more body fat.

Researchers documented these changes in body composition over 36 weeks among 72 men (median age, 73) with prostate cancer who were receiving intermittent ADT. At the start and end of the study, the men with prostate cancer underwent dual-energy x-ray absorptiometry scanning to determine whole-body and regional lean mass, fat mass, and bone mineral content and density. The researchers also measured PSA, testosterone, and



hemoglobin levels and evaluated the men's physical activity levels and fatigue at both time points.

Bone mineral density decreased by about 1.5% at the hip, 4% at the spine, 2% for whole body, and 1% in the upper limbs. Lean body mass decreased in the upper limbs by about 6%, in the lower limbs by 4%, the trunk by 1%, and whole body by 2%. During the same period, fat mass at these sites increased by 21%, 19%, 12%, and 14%, respectively. The men also experienced greater levels of fatigue and became less active during the treatment period.

**Bottom line:** If you're on ADT for your prostate cancer, be aware that over time, these changes can increase the risk of cardiovascular disease, bone fractures, and falls. Taking steps to reduce your risk of these conditions, including lifestyle changes and medication, is an important component of your care.

Posted on April 22, 2010

*Medical Disclaimer:* This information is not intended to substitute for the advice of a physician.

[http://www.johnshopkinshealthalerts.com/alerts/prostate\\_disorders/JohnsHopkinsProstateDisordersHealthAlert\\_3400-1.html](http://www.johnshopkinshealthalerts.com/alerts/prostate_disorders/JohnsHopkinsProstateDisordersHealthAlert_3400-1.html)

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*Johns Hopkins Health Alert*

## Clinical Trials: Pushing the Science Forward

**The engine of medical progress depends on data from clinical trials for fuel, but getting the best data requires the willing participation of hundreds or thousands of people. This article from our Special Report, *Advanced Prostate Cancer Treatments*, explains basic information you should know before enrolling in a clinical trial.**

Even though all patients want therapies that will keep their cancer in check, it is estimated that only 3% of the possible number of people who would be candidates for clinical trials of novel cancer agents actually enroll in the trials. What will help push the science forward at a greater pace is having more men enroll in clinical trials of experimental prostate cancer therapies.

**Why enroll?** If you have prostate cancer, you might want to join a clinical trial for a number of reasons:

If you have advanced prostate cancer, you might hope for remission, or even for a cure.

You might see participation as providing access to free, high-quality treatment.

You might be altruistic and simply want to help advance medical knowledge.

Clinical trials also provide answers to more basic questions: Can an injection get the medicine to you faster than a pill? Does the newest painkiller make you less drowsy than the others?

**Safety First** - To ensure the safest possible situation for participants, clinical trials must be approved and monitored by an institutional review board (IRB), an independent committee composed of doctors, researchers, and patient advocates. IRBs also ensure ethical practices. Participants must be well informed about their rights, including the right to withdraw at any time. Rules are strict. IRBs stop studies if side effects are common or dangerous. The IRB also can

halt a study if a treatment proves so beneficial that it should be made available to the control group - and the public - as soon as possible.

**Prior to enrolling in a clinical trial you should be able to answer the following questions:**

- => Who is funding the clinical trial?
- => Why do researchers think the treatment may work?
- => Will the treatment cause any pain? If so, for how long?
- => What happens if the treatment is harmful?
- => What medications, procedures, or treatments should be avoided during the clinical trial?
- => Will clinical trial results be made available to participants and others?
- => Can the treatment be continued after the clinical trial is over?



- => What are the possible short- and long-term side effects?
- => How do the risks and benefits of the investigative treatment compare with proven available treatments?
- => What costs will be covered by the clinical trial (for travel or overnight stays, for example)?
- => Will there be any remuneration?

=> Will participation affect insurance or medical coverage?

Posted in Prostate Disorders on January 20, 2011

[http://www.johnshopkinshealthalerts.com/alerts/prostate\\_disorders/clinical\\_trials\\_3823-1.html](http://www.johnshopkinshealthalerts.com/alerts/prostate_disorders/clinical_trials_3823-1.html)

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## A New Look at Cryosurgery

Johns Hopkins Health Alerts

Also known as cryotherapy or cryoablation, cryosurgery is a minimally invasive treatment that kills cancer cells by freezing them. Cryosurgery is not a new prostate cancer treatment -- it's been used for more than 40 years, most commonly as "salvage" therapy in men whose cancer has recurred locally in the prostate after radiation therapy. But today, it's getting more attention as a first-line option thanks to technological advances in the tools used to perform the procedure. Nonetheless, it is not right for everyone. Here are some issues to consider before making your decision.

**How Cryosurgery Is Performed** - The surgeon inserts a catheter containing warm saline into the urethra to protect it from the freezing temperatures. Next, thin needles called cryoprobes are inserted through the perineum (area between the scrotum and anus) and into the prostate. An ultrasound probe placed in the rectum allows the surgeon to see the prostate and surrounding tissue, which helps guide placement of the needles.

Freezing argon gas rapidly lowers the temperature of the cryoprobes to about -40° C. The extremely low temperatures create ice balls that freeze the entire prostate and some of the nearby tissue. After the prostate is frozen, it is thawed, and the freeze-thaw cycle is repeated again to reduce the chances that any cancerous tissue remains. The procedure takes about two hours. Often men go home the same day, although an overnight stay is sometimes required.

**Issues and Concerns** - Although the American Urological Association considers cryosurgery an acceptable option for the treatment of newly diagnosed prostate cancer, it's been hard for urologists to give the procedure a whole-hearted thumbs up for a number of reasons.

**First**, the effectiveness of cryosurgery relative to radical prostatectomy and radiation therapies has not been well studied. Only one small head-to-head randomized trial comparing cryosurgery with another therapy (EBRT or external beam radiation therapy) has been published. The results, reported in *Prostate Cancer and Prostatic Diseases*, suggest that cryosurgery is less effective than EBRT. But this study was conducted in men with prostate cancer affecting the entire prostate or extending beyond it (stage T2c, T3a, or T3b). Emerging data indicate that in men with early-stage (T1 to T2b), low-risk prostate cancer, cryosurgery may be as effective as EBRT and brachytherapy. .

**Second**, there are no long-term (10 years or more) data from studies in which investigators only used the most up-to-date equipment. Newer, third-generation systems, in use since 2000, use smaller probes and argon gas instead of liquid nitrogen, and they create smaller ice balls than older instruments. These and other refinements give the surgeon more control over ice-ball formation, improving the chances for complete destruction of the cancerous tissue while reducing the risk of adverse effects.

**Another concern:** Comparison of study results is difficult because there is no standard definition of disease recurrence when evaluating the effectiveness of cryosurgery. Some researchers define a recurrence following cryosurgery as a detectable prostate-specific antigen (PSA) - the marker used to determine if cancer has recurred after prostatectomy. Others define it as consecutive increases in PSA - the marker used to determine recurrence following radiation therapy. And to further complicate the issue, there are two ways of defining a PSA increase - the American Society for Therapeutic Radiology and Oncology (ASTRO) definition (three consecutive increases in PSA) and the newer Phoenix definition (a PSA increase of 2 ng/mL).

**Is Cryosurgery for You?** According to the American Urological Association (AUA), cryosurgery is a treatment option for prostate cancer of any grade that is limited to the prostate and has not spread to surrounding organs, although results are best in men with PSA levels of less than 10 ng/mL and a Gleason score of 6 or below.

It may be a good choice for men who aren't able to have a radical prostatectomy because of, for example, obesity or a history of pelvic surgery. Cryosurgery may also be a reasonable option for men who cannot undergo radiation therapy for reasons such as a narrow pelvis, inflammatory bowel disease, previous pelvic radiation, or a rectal disorder. But the AUA notes that men with very large prostates are not good candidates, because the larger the prostate, the more difficult it is to cool the entire gland uniformly.

In some cases, the urologist may administer hormonal therapy to shrink the prostate before surgery. Although this has never been proven to increase the success rate, urologists have reason to believe that it might. Most men who have undergone a transurethral resection are poor candidates for cryosurgery.

*Posted in Prostate Disorders on September 16, 2010*

[http://www.johnshopkinshealthalerts.com/reports/prostate\\_disorders/3621-1.html](http://www.johnshopkinshealthalerts.com/reports/prostate_disorders/3621-1.html)

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## Is There a Prostate Cancer Diet?

WebMD expert and urologist Sheldon Marks, MD, shares his thoughts on how men can help prevent prostate cancer through nutrition.

WebMD Commentary  
Reviewed by Paul O'Neill, MD

When you're being treated for cancer, it's more important than ever to eat right and get adequate nutrition -- but it can also be more difficult than ever to adhere to a balanced cancer diet. Your body is working overtime to fight the cancer, while it's also doing extra duty to repair healthy cells that may have been damaged as a side effect of treatments like chemotherapy and radiation. At the same time, many cancer treatments - especially chemotherapy - come with side effects that drain your strength and sap your appetite. So how can you make sure you're getting all the essential nutrients, vitamins, and minerals you need to keep a balanced cancer diet?

1. Participate in **regular exercise**. Walking is best.
2. **Limit your calorie intake**. Excess calories are bad for cancer growth. Eat what you need to get to the next meal, not the usual American style of eating all you can as if you are never going to eat again.
3. **Get sunshine daily**. Darker-skinned people need more sunshine.
4. **Don't follow these or any guidelines to excess**. Moderation is the key.
5. **Heart healthy is prostate healthy**. Heart disease is still the No. 1 killer, even in men with prostate cancer.
6. **Variety in the foods you eat is important**. Increase the diversity.
7. **Remember supplements are supplements**. They are not intended to replace an intelligent diet; their purpose is to supplement an intelligent diet. Supplements are a poor alternative to eating foods that are high in the desired nutrients.
8. **See a doctor regularly for early detection and preventative care**. Be proactive rather than reactive.



## Nutritional Recommendations

The two diets known to be associated with longevity and reduced risks for prostate cancer are the traditional Japanese diet and a Southern Mediterranean diet. The Japanese diet is high in green tea, soy, vegetables, and fish, as well as low in calories and fat. The Mediterranean diet is high in fresh fruits and vegetables, garlic, tomatoes, red wine, olive oil, and fish. Both are low in red meat.

Specifically, you should incorporate these principles when reevaluating your daily diet:

1. Reduce animal fat in your diet. Studies show that excess fat, primarily red meat and high-fat dairy, stimulates prostate cancer to grow.
2. Avoid trans fatty acids, which are known to promote cancer growth. These are high in margarines, and fried and baked foods.
3. Increase your fresh fish intake, which is high in the very beneficial alpha omega-3 fatty acids. Ideally eat cold-water fish such as salmon, sardines, mackerel, and trout, at least two to three times a week. The fish should be poached, baked, or grilled (not burned or charred). Avoid fried fish.
4. Significantly increase your fresh fruit, herb, and vegetable consumption daily. Powerful anticancer nutrients are being discovered regularly in colorful fruits and vegetables, fresh herbs, leafy green vegetables, nuts, berries, and seeds.
5. Avoid high-calcium diets, which have been shown to stimulate prostate cancer growth.
6. Take a multivitamin with B complex and folic acid daily.
7. Avoid high-dose zinc supplements.
8. Increase your natural vitamin C consumption -- this includes citrus, berries, spinach, cantaloupe, sweet peppers, and mango.
9. Drink green tea several times each week.
10. Avoid excess preserved, pickled, or salted foods.

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11. Eat red grapes, drink red grape juice, or red wine regularly.
12. Eat leafy dark-green vegetables frequently.
13. Cruciferous vegetables are cancer protective. These include cabbage, broccoli, and cauliflower.
14. Tomatoes and especially tomato products are very high in lycopene, a powerful anticancer substance. This includes pizza sauce, tomato paste, and ketchup.
15. **Avoid** flax seed oil. This can stimulate prostate cancer to grow. You can obtain the very healthy alpha omega-3 fatty acids you need through fresh fish and nuts.
16. Use olive oil, which is very healthy and rich in vitamin E and antioxidants. Avocado oil is also good. Avoid oils high in polyunsaturated fats such as corn, canola, or soybean.



17. Take vitamin E, 50 to 100 IU of gamma and d-alpha, *only with the approval of your doctor*. Some recent studies have raised concerns over serious risks with vitamin E intake. Natural sources include nuts, seeds, olive oil, avocado oil, wheat germ, peas, and nonfat milk.
18. Selenium is a very powerful antioxidant and the backbone molecule of your body's immune system. Most studies support a daily selenium supplement of 200 micrograms a day. The benefits appear to be only for those who have low selenium levels, which is difficult and expensive to measure. Since it only costs about 7 cents a day and is not toxic at these levels, it is reasonable for all men to take selenium. Natural sources include Brazil nuts, fresh fish, grains, mushrooms, wheat germ, bran, whole-wheat bread, oats, and brown rice.

Reviewed on December 01, 2006

<http://www.webmd.com/prostate-cancer/is-there-prostate-cancer-diet>

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## Treating Prostate Cancer With Nitroglycerin

2010-02-22

Treatment of prostate cancer using a very low dose of nitroglycerin may slow and even halt the progression of the disease without the severe side effects of current treatments, Queen's University researchers have discovered.

The findings are the result of the first-ever clinical trial, using nitroglycerin to treat prostate cancer.

The 24-month, Phase II study targeted 29 men with increasing levels of prostate-specific antigen (PSA) following prostate surgery or radiation. PSA levels are a key predictor of cancer progression.

“We were very excited to see a significant slowing in the

progression of the disease as evidenced by the men's PSA levels, and to see this result in many of the men who completed the study,” says urology researcher Robert Siemens who led the study.

The researchers are encouraged by the results, particularly because safe and effective treatments for men with rising PSA levels following surgery or radiation are limited. They note that further testing is needed to confirm the results of this very small study.



The men were treated with a low-dose, slow-release nitroglycerin skin patch and their PSA levels monitored. Of the 17 patients who completed the study, all but one showed a stabilization or decrease in the rate of cancer progression, as measured by their PSA Doubling Time.

Nitroglycerin has been used at significantly higher doses for more than a century to treat angina. This trial was based on a key finding from pre-clinical research carried out at Queen's, which showed that decreases in nitric oxide play an important role

(Continued on page 8)



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in tumor progression and that this progression can be stopped by low-dose nitroglycerin.

Prostate cancer is diagnosed in approximately 235,000 men per year in the United States and 20,700 in Canada. Of patients who have undergone radical prostatectomy and/or radiation treatment, it is estimated that 30 to 50 percent will experience a recurrence of cancer.

Results of the study, conducted by Queen's University researchers Robert Siemens, Jeremy Heaton, Michael Adams, Jun Kawakami and Charles Graham, appeared in a recent issue of the journal *Urology*.

Research into the use of nitroglycerin and similar compounds for the treatment of cancer by Drs. Adams,



Graham and Heaton has resulted in the issue of 10 patents worldwide. PARTEQ Innovations, Queen's technology transfer office, has licensed some of this intellectual property to Nometics Inc., a Queen's spinoff company, which is developing products and therapies based on this and related research.

"This peer-reviewed research is our first clear clinical evidence that low-dose nitric oxide therapy offers prostate cancer patients a new non-invasive treatment option," says Robert Bender, CEO of Nometics. "It is our intention to start broader clinical trials in 2010 to confirm and expand these results."

<http://www.queensu.ca/news/articles/treating-prostate-cancer-nitroglycerin>

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Email - [manpros@mts.net](mailto:manpros@mts.net)

Answering Machine - (204) 989-3433

**2011 SPEAKERS:**

**June 16, 2011**

Dr. Chris Jensen

**Topic:** Non-Traditional Prostate Cancer Assessment & Treatment in Canada

**July 21, 2011**

"Members speak out"

Member's stories ....

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

SNACKS included

**August 18, 2011**

"TBA"

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
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