# The Manitoba Prostate Cancer Support Group NEWSLETTER

Prostate Cancer Canada Network Winnipeg

Vol. 237 – March 2011

**NEXT MEETING:**

THURSDAY, MARCH17, 2011 7 - 9 P.M.

**DR. ELLEN LEE ~ DEPARTMENT OF PHYSICAL THERAPY**

**"EXERCISE AFTER PROSTATE CANCER TREATMENTS"**

*Location:* AUDITORIUM of the Seven Oaks General Hospital - Leila & McPhillips

## 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.*

## *THOUGHT FOR THE DAY*

**"WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM."**

**-ALBERT EINSTEIN-**

### PCCN Winnipeg

Have you noticed that we have a new logo at the top right hand side of our newsletter and also on our website? Well, here's how it all came about …

Prostate Cancer Canada Network (PCCN), a division of Prostate Cancer Canada (PCC), has invited our Support Group to join their organization. Along with other Support Groups across Canada, we are now affiliated with this progressive national body. We have agreed to include the tie logo and revise our name to include PCCN – Winnipeg.

PCC is the only national foundation dedicated to the elimination of prostate cancer through research, education, support and awareness. The affiliated Support Groups across Canada now have a unified message and voice that works to ensure Canadians are knowledgeable about this disease.

Although we have joined a national network, we are still an independent Support Group that provides help to local individuals and families. Our goals of education, awareness and support will remain unchanged.

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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## Fracture Risk Seen With Hormone Therapy for Prostate Cancer

TUESDAY, Nov. 9 (HealthDay News)

Long-term use of androgen deprivation therapy to treat prostate cancer may increase older patients' risk of broken bones, according to a new study.

These findings suggest that careful consideration is needed before doctors decide to use this therapy in older men with localized disease, the researchers said.

They analyzed data from more than 46,500 men, aged 66 and older, who survived at least five years after a diagnosis of localized prostate cancer and received long-term androgen deprivation therapy.

Older men with co-existing health problems are usually prescribed androgen deprivation therapy because they are not suitable candidates for radiation therapy or surgery to remove the prostate.

But this study found that men treated with androgen deprivation therapy had a 20 percent increased risk of a first fracture and a 57 percent increased risk of a second fracture after two years of treatment.

Older age, a higher number of co-existing health problems, and a history of fracture and stroke were associated with increased risk of fracture, the researchers said.

Treating men who have pre-existing conditions with longer duration of androgen deprivation therapy exacerbates their risk of fracture, and becomes more pronounced over time," Grace Lu-Yao, a professor of medicine at the Cancer Institute of New Jersey and UMDNJ-Robert Wood Johnson Medical School, said in an American Association for Cancer Research (AACR) news release.

"Careful evaluation of the patient's risk of fracture, while initiating treatment, is important because fracture has a strong impact on quality of life and mortality," she added. In addition, treatments involving removal of the testicles to stop testosterone production (which prostate cancer needs in order to grow) and/or long-term gonadotropin-releasing hormone use are also associated with an increased risk of fracture among men with prostate cancer.

The study findings were to be presented at the annual AACR Cancer Prevention Research Conference, Nov. 7 to 10 in Philadelphia



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Queen's University News Centre

## New Prostate Cancer Research Will Have Global Impact

2010-06-07

Combining radiation and hormone therapy in patients with high risk prostate cancer significantly improves the likelihood of patients living longer, according to a new NCIC Clinical Trials Group study conducted at Queen's.

"This is something that will have a global impact," says Wendy Parulekar, an associate professor of oncology at Queen's and a Physician Coordinator at the NCIC CTG. "This is a type of therapy that's readily available."

This study, one of the largest ever to test the effectiveness of the method, allows doctors to recommend with certainty what should now be a universal standard of care for men with aggressive, localized prostate cancer. Another benefit of the treatment is that side effects and toxicity from the radiotherapy are minimal.

Although the combination of hormone and radiation therapy is sometimes used in prostate cancer treatments, it is by no means the worldwide standard.

Dr. Parulekar, who is also a medical oncologist at Kingston General Hospital, calls the study "a triumph of collaborative research" between NCIC Clinical Trials Group and the Medical Research Council in the UK, who helped coordinate the study, as well as the patients who agreed to participate and help answer an important research question.

"The results will help establish the standard of care for men with prostate cancer that is considered a high risk for spreading and becoming fatal," she says.

The randomized controlled trial was conducted between 1995 and 2005 and included 1,205 patients with prostate cancer. Half were treated with hormone therapy, a standard form of treatment, while the other half were treated with a combination of hormone therapy and radiation. The researchers found that the addition of radiation therapy significantly reduced the risk of death.
The interim, unpublished findings were presented at the American Society of Clinical Oncology's (ASCO) 46th annual meeting on June 6 in Chicago.

Dr. Padraig Warde from Princess Margaret Hospital in Toronto was the study chair. The team plans to publish their findings after peer review.

Prostate cancer is the most frequently diagnosed cancer among Canadian men. The Canadian Cancer Society estimates that in 2010, 24,600 Canadian men will be diagnosed with prostate cancer and about 4,300 will die from the disease.

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Queen's University News Centre

## New Technology Aids In Prostate Cancer Treatment.

May 12, 2010

Researchers at Queen's have developed a new way of performing lab tests that could improve the way doctors manage prostate cancer treatment. It will allow them to identify with unprecedented accuracy losses of a gene called PTEN that is associated with an aggressive group of prostate cancers.

The improved Fluorescence In-Situ Hybridization (FISH) platform uses DNA probes to analyze the three-dimensional space cancer cells occupy in routine clinical microscopic analysis of tissue sections of tumors. It will provide a more accurate way of identifying PTEN loss in biopsies and tissue sections so doctors can better match the type and amount of treatment to the aggressiveness of a tumor.
"The idea is that this test could be used in new cases of prostate cancer to help decide which of the many options is best suited for more aggressive cancers " says Jeremy Squire, who worked with a team of researchers in the Department of Pathology and Molecular Medicine. "The patient treatment from the get-go will be more appropriately planned."

PTEN is found in the nucleus of cancer cells and is considered one of the most important cancer-causing tumor-suppressor genes. If there is loss in the PTEN, it can inhibit the patient's ability to fight the cancer. It plays a critical role in a variety of cancers including prostate, breast, and lung cancers.

PARTEQ Innovations, the technology transfer office of Queen's University has licensed the technology to Cymogen Dx. The company expects to make the technology available to research and clinical markets in the near future

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# Exercise May Improve Odds Against Prostate Cancer Death

Jan. 5 (HealthDay News) - Prostate cancer patients who routinely engage in modest amounts of vigorous physical exercise appear to lower their risk of dying from their disease, new research suggests.

Three hours a week or more of vigorous biking, tennis, jogging or swimming seems to improve the prognosis among such patients, the research team found. But they added that even moderate physical activity appears to lower the overall risk of dying from any cause.

"This is the first study in men with prostate cancer to evaluate physical activity after diagnosis in relation to prostate cancer-specific mortality and overall mortality," noted study author Stacey Kenfield. "We observed benefits at very attainable levels of activity," Kenfield added, "and our results suggest that men with prostate cancer should do some physical activity for their overall health, even if it is a small amount, such as 15 minutes of activity per day of walking, jogging or biking. Vigorous activity may be especially beneficial for prostate cancer, as well as overall health, at levels of three or more hours per week."
The findings are published in the Jan. 4 online issue of the Journal of Clinical Oncology.

To explore how exercise might further improve the odds of survival, Kenfield and her colleagues tracked the physical exercise routines of just over 2,700 men who had been diagnosed with prostate cancer after 1990. The assessments took place every two years.

Activities that were assessed included walking, jogging, running, bicycling, swimming, rowing, stair-climbing, and playing tennis, squash, racquetball and/or golf. Weight-lifting and arduous outdoor work were also included in the analysis, and all activities were given a so-called "metabolic equivalent task" ranking, or MET value, according to the amount of energy each required relative to being sedentary.

After giving non-vigorous activities a MET ranking of less than 6 and vigorous activities a value of 6 and up, the authors determined how many MET hours per week were expended by each patient based on the nature and pace of each activity they engaged in.

Ultimately, 548 of the patients died during the study period, one-fifth as a direct result of their prostate cancer diagnosis. But the research team found that the more active patients had been, the lower their risk of dying from prostate cancer itself or any other cause.

The more hours the patients devoted to either vigorous or non-vigorous exercise routines, the better they fared in terms of survival. For example, men who tallied as much as nine or more MET hours per week - equivalent to jogging, biking, swimming or playing tennis for 90 minutes per week - had a 33 percent lower risk for dying from any cause and a 35 percent lower risk for dying from prostate cancer than men who expended less than nine MET hours per week.

Vigorous activity, however, seemed to confer a stronger survival benefit than non-vigorous activity. Compared with men who participated in vigorous exercise (such as biking, tennis, jogging, running, and/or swimming) for less than one hour per week, those who engaged in three hours or more had a nearly 50 percent drop in death risk due to any cause and a 61 percent drop in the risk of dying specifically from prostate cancer. In fact, only vigorous activity was linked to a drop in prostate cancer death risk, the study authors noted. That said, however, even minimal activity routines gave patients an advantage in terms of overall survival. For example, men who registered between five and just under 10 hours per week of non-vigorous activity had a 28 percent lower risk for all-cause mortality compared with men who engaged in less than one hour per week of similar exercise. And that relative risk plummeted 51 percent among men who logged more than 10 hours per week of similar types of exercise.

Focusing specifically on walking (the most popular activity, accounting for more than one-third of total MET-hours per week among the patients), Kenfield and her team found that seven or more hours per week of walking conferred a "significant benefit" relative to walking less than 20 minutes per week.

The authors further found that pace mattered, as those men who walked at a "normal" pace had a 37 percent lower risk of dying from any cause than men who walked at an "easy" pace. Those who walked at a "brisk" or "very brisk" pace fared even better, experiencing a 48 percent drop in their risk for death.

"There are a number of pathways through which exercise could have an effect on prostate cancer biology," noted Kenfield. "Physical activity increases insulin sensitivity and may affect insulin growth factor-1 (IGF-1) bioactivity, which influences cell proliferation, migration and angiogenesis - the formation of new blood vessels - and can lead to cancer progression. Physical activity also lowers inflammatory factors and boosts immune function. How these molecular actions work together to affect prostate

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cancer biology and outcomes are currently being studied."

Dr. Basir U. Tareen, the physician-in-charge of urologic oncology at Beth Israel Medical Center in New York City, described the study as "groundbreaking."

"We've known for a long time that people who exercise in general are healthier and have better cardiovascular health," he noted. "So it's not surprising to me that people who exercise have improved overall survival. But we haven't specifically looked at exercise in terms of prostate cancer survival before. And it's very encouraging to see a very well-done study where they found they could systematically show that with increasing exercise that you can see a pretty significantly improved cancer-specific survival," Tareen said.

SOURCES: Stacey Kenfield, Sc.D., research associate, department of epidemiology, Harvard School of Public Health, Boston, and Channing Laboratory, Brigham and Women's Hospital, Boston; Basir U. Tareen, M. D., physician-in-charge, urologic oncology, Beth Israel Medical Center, New York City; Jan. 4, 2011, Journal of Clinical Oncology, online



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Johns Hopkins Health

## What Is PSA Velocity and How Is It Used to Screen for Early Prostate Cancer?

November 18, 2010.

The prostate-specific antigen (PSA) test measures an enzyme produced almost exclusively by the glandular cells of the prostate. It is secreted during ejaculation into the prostatic ducts that empty into the urethra. PSA liquefies semen after ejaculation, promoting the release of sperm. Normally, only very small amounts of PSA are present in the blood. But an abnormality of the prostate can disrupt the normal architecture of the gland and create an opening for PSA to pass into the bloodstream. Thus, high blood levels of PSA can indicate prostate problems, including cancer. PSA blood levels are expressed as nanograms per milliliter (ng/mL).

PSA velocity is a measurement that takes into account annual changes in PSA values, which rise more rapidly in men with prostate cancer than in men without prostate cancer. A study from Johns Hopkins and the National Institute on Aging found that an increase in PSA level of more than 0.75 ng/mL per year was an early predictor of prostate cancer in men with PSA levels between 4 ng/mL and 10 ng/mL.

PSA velocity is especially helpful in detecting early cancer in men with mildly elevated PSA levels and a normal digital rectal exam. It is most useful in predicting the presence of cancer when changes in PSA are evaluated over at least one to two years. In a study reported in The New England Journal of Medicine, a rapid rise in PSA level (more than 2 ng/mL) in the year before prostate cancer diagnosis and surgical treatment predicted a higher likelihood that a man would die of his cancer over the next seven years.

Moreover, a Johns Hopkins study published in the Journal of the National Cancer Institute found that a man's PSA velocity 10 to 15 years before he was diagnosed with prostate cancer predicted his survival from the disease 25 years later. In the study, 92% of men with an earlier PSA velocity of 0.35 ng/mL or less per year had survived, compared with 54% of men whose PSA velocity was greater than 0.35 ng/mL.

http://www.johnshopkinshealthalerts.com/alerts/prostate_disorders/PSA_velocity_3711-1.html

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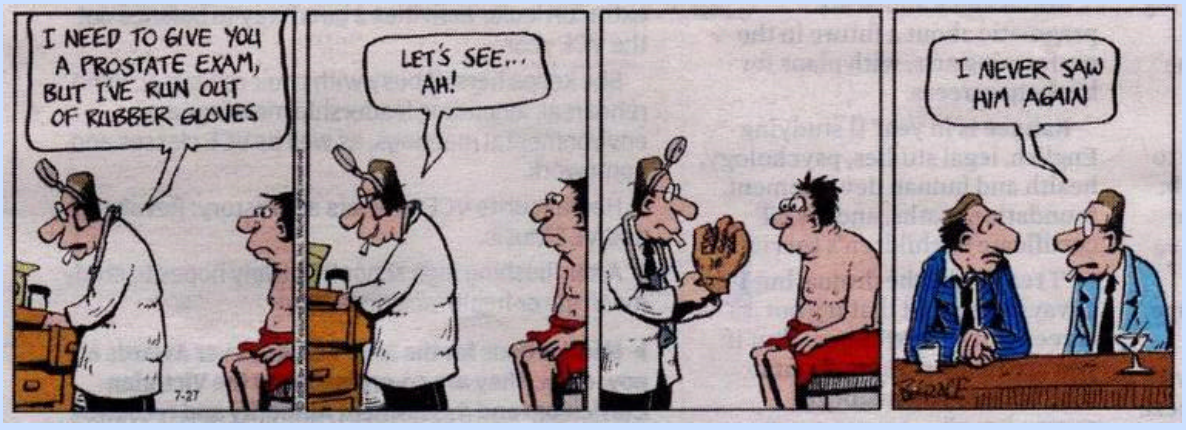
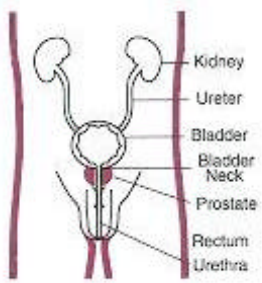


# Therapy May Help Cut Incontinence After Prostate Surgery

TUESDAY, Jan. 11 (HealthDay News)

- Nearly two-thirds of men who have prostate cancer surgery experience urinary incontinence afterward, but new research suggests that behavioral therapy can help lessen bladder control problems for a significant number of them.




After eight weeks of behavioral therapy - including fluid management, pelvic exercises and bladder control techniques - the researchers found a 55 percent reduction in incontinence episodes. "Behavioral therapy is one more option for men," said study author Dr. Patricia S. Good, a professor of geriatric medicine at the University of Alabama at Birmingham. "It's not a perfect treatment, and it does require work, but it also provides a significant improvement in quality of life." The findings are reported in the Jan. 12 issue of the Journal of the American Medical Association.

Over a lifetime, about one in six men will be diagnosed with prostate cancer. One treatment option, called a radical prostatectomy, includes removing the prostate gland and surrounding tissue as well as the seminal vesicles, according to the U.S. National Cancer Institute. And, though the surgery has been proven effective for removing the cancer, it can cause serious side effects, including long-lasting urinary incontinence in as many as 65 percent of the men who undergo the surgery, according to the researchers. An additional surgical intervention is available to help with urinary incontinence, but many men who've already gone through cancer surgery are reluctant to have another surgical procedure, they point out.

Other options that might help with incontinence include behavioral therapy, biofeedback and pelvic floor electrical stimulation. To see which of these alternatives might be helpful, Goode and her colleagues recruited a group of 208 men, 51 to 84 years old, who were experiencing urinary incontinence a year or more after having had prostate cancer surgery.

The men were randomly assigned to one of three groups. One group participated in eight weeks of behavioral therapy, another group had behavioral therapy plus biofeedback and pelvic floor electrical stimulation and the third group was given no additional treatment and served as the control group. The men were asked to keep bladder diaries throughout the study.

Behavioral therapy, which included four home visits, about one every two weeks, involved instruction in pelvic floor exercises, pelvic muscle contraction and daily exercises, such as deliberately stopping the flow of urine. they also practiced urge control, which meant delaying a visit to the toilet and using pelvic floor contractions to avoid an accident. Men in this group were instructed to drink eight ounces of beverages six to eight times a day, spaced throughout the day. They were advised to avoid caffeine.

The second group received this training and, in addition, was given in-office biofeedback training and daily at-home pelvic floor electrical stimulation, according to the study. After eight weeks, the researchers found that the average number of incontinence episodes dropped from 28 to 13 a week, a 55 percent decline, for the men in the behavioral therapy group, and from 26 to 12 episodes a week, down 51 percent, for men who'd had biofeedback and electrical stimulation as well as behavioral therapy. The control group had a 24 percent reduction, on average, in incontinence episodes.

The reductions in incontinence lasted at least 12 months, the study found.

"We were very pleased," Goode said. "And, the men who decreased their accidents by half were thrilled." Not everyone is convinced, however, that behavioral therapy is the best option.

"For patients with incontinence, especially bad incontinence, behavioral therapy might not be worth the time," said Dr. David Penson, professor of urological surgery and director of surgical quality and outcomes at Vanderbilt University in Nashville, Tenn. "I don't think the bang is worth the buck."

"For men with a little bit of post-prostatectomy incontinence, behavioral therapy isn't a bad option if you're averse to having another surgery," said Penson, who authored an editorial on the study in the same issue of the journal. "Behavioral therapy works, but don't expect too much."

For many men, he added, an even better option might be to wait to have surgery and monitor this often slow-growing cancer through PSA, or prostate-specific antigen, test surveillance. PSA testing measures the level in the blood of this protein, which is considered a biological marker of prostate cancer.

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"Can't we consider the idea of watching these patients for a bit?" Penson asked. "An ounce of prevention is worth a pound of cure."

SOURCES: Patricia S. Goode, M.D., Gwen McWhorter endowed professor of geriatric medicine, University of Alabama at Birmingham, and associate director, clinical programs, VA Birmingham/Atlanta Geriatric Research, Education and Clinical Center; David Penson, M.D., M.P. H., professor, urological surgery, director, surgical quality and outcomes, department of urological surgery, Vanderbilt University, and staff physician, VA Tennessee Valley Geriatric Research, Education and Clinical Center, Nashville, Tenn.; Jan. 12, 2011, Journal of the American Medical Association



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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

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some other forms of urinary leakage.

=> 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:**

**March 17, 2011**
Dr. Ellen Lee, Dept. of Physical Therapy, University of Manitoba
**Topic:** "Exercise after Prostate Cancer Treatments"

**April 21, 2011**
Dr. Ross MacMahon, Urologist
**Topic:** "Understanding Hormone Therapy"

**May 19, 2011**
Greg Harochaw, Pharmacist
**Topic:** "Erection Misdirection: Penile Rehabilitation & Treatments for Erectile Dysfunction "

**M.P.C.S.G. Executive**

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