

THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER



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Noninvasive Assay Monitored Treatment Response in Patients With Metastatic Prostate Cancer

By AACR Tuesday, October 23, 2012

PHILADELPHIA — Deciding the ideal treatment for patients with metastatic prostate cancer that stops responding to initial therapy could be guided by certain analyses of cancer cells isolated from the patients' blood, according to data published in *Cancer Discovery*, a journal of the American Association for Cancer Research.

"The growth and survival of

prostate cancer cells are very dependent on signals that the cancer cells receive through a protein called the androgen receptor," said Daniel A. Haber, M.D., Ph.D., director of the Massachusetts General Hospital Cancer Center in Boston and project leader of the Stand Up To Cancer Bioengineering and Clinical Applications of Circulating Tumor Cell Chip Dream Team.

"Treatments that deprive the androgen receptor of its signals are initially highly effective in most patients with metastatic prostate cancer. Unfortunately, prostate cancer, like all cancers, undergoes evolution during therapy, and this can confer resistance to treatment."

Haber and his colleagues established a way to isolate cancer cells from the blood of patients with

(Continued on page 2)

Medical Advisors

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: December 13, 2012

Christmas Pot Luck Party – Entertainment by:
Campfire Junkies

This lively group consists of 15 guys and 7 girls.
Food at 7:00 p.m.

Entertainment from 7:30 – 8:30 p.m.

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

Time: 7:00 PM to 9:00 PM



The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.

"There are two ways to get enough; one is to continue to accumulate more and more.
The other is to desire less"

G.K.Chesterton

(Continued from page 1)

prostate cancer and to measure readouts of androgen receptor signaling in each of the individual cancer cells in the blood.

Prior to the initiation of androgen-deprivation therapy, the androgen receptor signaling pathway was turned on in most of the cancer cells in the blood of patients with newly diagnosed metastatic prostate cancer. After the initiation of androgen-deprivation therapy, the pathway turned off in the circulating tumor cells.

However, in patients whose prostate cancer had progressed after initially responding to androgen-deprivation therapy, the cancer cells in the blood were highly variable. Some cells had the androgen receptor signaling pathway turned on while other cells had it turned off. Yet other cells

had characteristics of the signaling pathway being both on and off. The presence of cells with a mixed androgen receptor signaling pattern was associated with an adverse treatment outcome.

In addition, in patients treated with a new drug, abiraterone, which achieves more complete androgen deprivation than earlier treatments, an increased percentage of circulating tumor cells with androgen receptor signaling turned on despite abiraterone treatment was associated with decreased overall survival.

“This study is a proof of principle that it is possible to monitor, in patients with metastatic prostate cancer, the androgen receptor signaling pathway in real time, repeatedly and noninvasively,” Haber said. “Our approach allowed us to monitor whether initial

androgen-deprivation therapy was keeping the androgen signaling pathway shut down or whether the tumor was becoming resistant, and if so, by what mechanism.”

“As more drugs are developed that target the different pathways that drive the recurrence of metastatic prostate cancer in different patients, it will become essential to know which drug and which pathway is relevant in each patient,” he said. “Our assay will be an effective way to interrogate the tumor and follow it during the course of treatment to monitor therapy response and the emergence of drug resistance.”

This work was supported by the Evans Foundation, the Prostate Cancer Foundation and Stand Up To Cancer.

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Ride for Dad contribution to Prostate Cancer Research

Oct 23rd, 2012

On October 23rd representatives from Manitoba Ride for Dad presented Dr. Sabine Mai with a cheque for \$50,000 to support her research in prostate cancer. This grant money was raised by over 800 Manitoba motorcycle enthusiasts during their annual ride to Gimli, MB. Dr. Mai's project is in collaboration with Dr. Darrel Drachenberg and Dr. Jeff Saranchuk from CancerCare Manitoba's Prostate Centre. This is the first year of a four year project. The goal is to develop a blood test to indicate if prostate cancer is present and to assess the degree of aggressiveness that is associated with the detected prostate cancer. Having the ability to diagnose prostate cancer without the need of a biopsy, would circumvent the associated risk and discomfort of conducting a biopsy. Being able to establish the degree of aggression would allow for enhanced

decision-making as to the appropriate treatment option at an earlier stage in the diagnosis.

Ride for Dad started in Ottawa (2000) and is now held in 28 cities across Canada.

Manitoba Ride for Dad started in 2009 anticipating 50 riders. They had 487 that year and raised \$69,000. This year they had 834 riders and to date have raised over \$350,000. This year Ed Johner, a survivor of prostate cancer and an original founder was the recipient of “The

Ride for Dad National President's Award”.

Thank you “Ride for Dad”.

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Dr Sabine Mai

Ed Johner

Prostate Cancer Genetic 'Signatures' Could Predict Who Will Have Aggressive Tumors

Reuters | Posted: 10/08/2012
By Kate Kelland

LONDON (Reuters) - Scientists have found two distinct genetic "signatures" for prostate cancer that may help doctors predict which patients have aggressive tumors, and designed experimental blood tests to read those genetic signs like barcodes.

The teams, whose work was published on Tuesday in the *Lancet Oncology* journal, believe tests developed from the signatures could eventually be used to tell which patients need immediate treatment.

"Prostate cancer is a very diverse disease - some people live with it for years without symptoms but for others it can be aggressive and life-threatening," said Johann de Bono, who led a study at Britain's Institute of Cancer Research. "So it's vital we develop reliable tests to tell the different types apart."

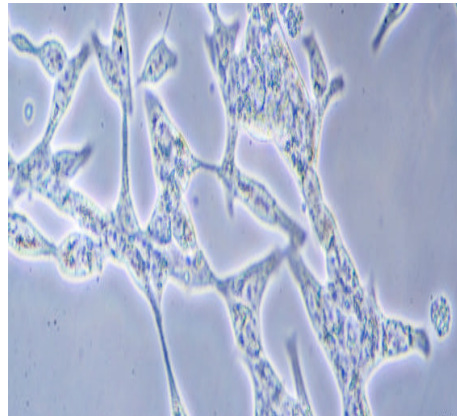
Researchers in Britain and the United States found that by reading the patterns of genes switched on and off in blood cells, they could accurately detect which advanced prostate cancer patients had the worst survival rates.

Prostate cancer is the second most common cancer in men after lung cancer. There were 899,000 new cases diagnosed worldwide in 2008, the last year for which there is full global data, according to the World Health Organization's International Agency for Research on Cancer.

While many cases can progress quickly, spreading to other organs and becoming deadly, experts say as many as half of prostate cancers are likely to remain confined to the

prostate and are unlikely to become life-threatening.

The problem has always been knowing accurately, and at an early stage, which tumors are most likely to kill.



Although tests for aggressive forms of prostate cancer already exist, experts say they are only moderately accurate. De Bono said scientists can learn more about prostate cancers by the signs they leave in blood. This allowed his team to develop a test potentially more accurate than those available now and easier for patients than taking a biopsy, he said.

"Our test reads the pattern of genetic activity like a barcode, picking up signs that a patient is likely to have a more aggressive cancer. Doctors should then be able to adjust the treatment they give accordingly," he said in a statement.

GENE ACTIVITY

For his study, De Bono's team scanned all the genes in blood samples from 100 patients in London and Glasgow with prostate cancer. They included some already diagnosed with advanced cancer and some thought to have low-risk, early-stage cancer.

Using statistical modeling, the team

divided the patients into four groups according to patterns of gene activity and, after almost two-and-a-half years, they found patients in one group had died significantly earlier than those in the others.

They pinpointed nine key active genes shared by all patients in that group, and when they tested another 70 Americans with prostate cancer, they again found these genes identified patients who survived for a shorter time - around 9 months compared to over 21 months for those without the gene pattern.

The second study by researchers in the United States identified a set of six genes linked to a more aggressive form of prostate cancer in a group of 62 patients at the Dana-Farber Cancer Institute in Boston. The signature divided patients into two groups: one with an average survival time of 7.8 months and the other with an average survival of at least 34.9 months.

The British team said their signature included several genes involved in the immune system - suggesting the immune system is suppressed in patients whose cancers spread around the body.

Commenting on the work in *The Lancet Oncology*, Karina Dalsgaard Sorensen at Denmark's Aarhus University Hospital, who was not involved in either study, said the findings were welcome and significant.

"These results suggest that a few selected genes in blood samples from patients...can significantly improve the prediction of outcomes," she said.

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What You Should Know About Prostate Cancer* and Bone Metastases

ZOMETA Informational website



Diagnosis of Bone Metastases

Several procedures may be used to detect bone metastases. A bone scan—often the first method of checking for bone metastases—may be followed by other testing, including X-rays, an MRI, or PET scans.

In solid tumors, such as prostate cancer, there is the chance that the cancer will become advanced and spread to the bone. In prostate cancer, the most common site of a recurrence is the bone. In fact, 65% to 75% of prostate cancer recurrences are in the bone. While this can be frightening, it may help you to understand how bone metastasis damages bones, the symptoms it may cause, as well as diagnostic procedures and treatment.

How Bone Metastases Damage Bone

Imagine that your bones are a house that is under construction. It is being rebuilt with 2 teams of workers. One team takes down the old walls. A second team puts up new walls in their place. When these 2 teams work together, the house remains intact. Similarly, bone is constantly renewed

through a two-part process called remodeling. This process consists of resorption and formation. During resorption, old bone tissue is broken down and removed by special cells called osteoclasts. During bone formation, new bone tissue is built up to replace the old.

When the 2 housebuilding teams stop working together, the house becomes structurally unsound. One team works too much and makes holes in the walls. The second team also starts to work too much, but it builds walls in the wrong places.

Bone metastases are similar. When the 2 teams of cells go out of balance, the osteoclasts wear away portions of bone, leaving small holes called osteolytic bone lesions. This wearing away process causes damaged bone to appear as circular, punched out areas. It leaves bones weak and fragile.

Bone metastases can also cause abnormal bone formation. This happens when the osteoblasts build up new areas of bone where they're not needed. These areas are called osteoblastic bone lesions.

Symptoms of Bone Metastases

Bone pain is usually the earliest symptom of bone metastases, so it's important to pay attention to how your bones feel. Tell your doctor about any pain you feel, even if you think it might be due to some other problem, such as arthritis or stiffness from lack of activity

or a muscle pull or strain. Sometimes, a fracture is the first sign of bone damage.

Bone fractures—As cancer weakens the bones, the risk of fractures increases. The long bones of the arms and legs, as well as the spine, are common sites of fractures.

Spinal cord compression—Cancer on your spine—or backbone—can put pressure on the spinal cord and cause intense back pain. Damage to the nerves in the spinal cord can eventually cause paralysis and changes in bladder function.

Hypercalcemia—When bones release calcium into the bloodstream in amounts that are dangerous, hypercalcemia is the result. This condition may occur with bone metastases due to excessive bone loss. Symptoms of hypercalcemia include nausea, vomiting, heart palpitations, loss of appetite, and fatigue.

Be sure to talk to your doctor if you develop bone pain or notice any other symptoms that are unusual for you. Print questions you may wish to ask your doctor about cancer and bone health at <http://www.us.zometa.com/assets/pdf/PDF-04.pdf>

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Men Suffering From High Blood Pressure Are At Greater Risk Of Prostate Cancer

Tuesday October 23, 2012

By Jo Willey Health Correspondent

MEN who suffer from high blood pressure are at greater risk of dying from prostate cancer, scientists have discovered.

Research has discovered that men with

the highest blood pressure were 62 per cent more likely to die from the disease than those with the lowest.

The findings mean men could help slash their chances of early death by adopting a string of healthy lifestyle factors to minimise their risk.

Research funded by World Cancer Research Fund (WCRF) and the Swedish Cancer Foundation looked at nearly 300,000 men in Sweden, Norway and Austria over 12 years to investigate the factors that influence prostate cancer incidence and mortality.

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Of these, 6,673 were diagnosed with prostate cancer and 961 died from the disease.

The scientists were looking at the association between prostate cancer and a number of indicators – body mass index (BMI), blood pressure and blood levels of glucose, cholesterol and triglycerides.

High levels of these factors are collectively known as metabolic syndrome which is known to increase the risk of a host of chronic diseases including cancer.

Dr Christel Häggström, of Umeå University, Sweden, said: “Not much is known about the association between these metabolic factors and prostate cancer but the high incidence in Western Europe and North America suggests a link to the lifestyles or environment in developed countries.

“When we looked to see if the metabolic factors are related to an increased risk of getting or dying from prostate cancer we found a relationship with death from the disease and high blood pressure.

“There was also a link to high BMI but blood pressure had the strongest association to increased risk. The results for BMI are in line with previous findings in large studies.

“I can’t speculate on the reasons for the association between having high blood pressure and dying from prostate cancer.

“More research is needed to find out why this is the case but the results add further evidence to the hypothesis that high levels of metabolic factors separately or combined are related to an increased risk of dying from the disease.”

The research, published in the journal *Cancer*, did not find a link between any of the metabolic factors tested and an increased risk of being diagnosed with the disease.

But it clearly showed that blood pressure, high BMI and a combination of all five factors were associated with an increase in risk of death.

Prostate cancer is the most common form of cancer in men in the UK, with 37,010 new cases in 2008, and is the



second most common form of cancer death after lung cancer, with 10,397 deaths in 2009 – 13 per cent of male cancer deaths.

Dr Rachel Thompson, Deputy Head of Science at WCRF, said: “This research shows a direct link between metabolic factors and death from prostate cancer and adds to the limited amount of information we have on the effect metabolic syndrome has on cancer.

“It is one of the many projects funded by WCRF that is telling us about what causes cancer incidence and mortality and can help inform people about how they can reduce their risk of dying from cancer.”

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Prostate Cancer Trends

Note: The word "significantly" below refers to statistical significance. 2006 is the latest year for which data are available.

Incidence Trends

In the United States, incidence of prostate cancer has—

Decreased significantly by 2.4% per year from 2000 to 2006 among men.

Decreased significantly by 1.9% per year from 1997 to 2006 among African American men.

Remained level from 1997 to 2006 among white, American

Indian/Alaska Native, and Asian/Pacific Islander men.

Decreased significantly by 1.7% per year from 1997 to 2006 among Hispanic men.

Death Trends

In the United States, deaths from prostate cancer have—

Decreased significantly by 4.1% per year from 1994 to 2006 among men.

Decreased significantly by 3.9% per year from 1997 to 2006 among white men.

Decreased significantly by 4.2%

per year from 1997 to 2006 among African American men.

Remained level from 1997 to 2006 among American Indian/Alaska Native men.

Decreased significantly by 3.5% per year from 1997 to 2006 among Hispanic men.

Decreased significantly by 3.9% per year from 1997 to 2006 among Asian/Pacific Islander men.

Source: Center for Disease Control and Prevention 2011

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7 Heart-Smart Dinners: Quick and Easy Recipes for a Healthy Heart

Can mouthwatering meals be cardio-friendly? Here's proof: a week's worth of family-pleasing, quick-prepare suppers loaded with just the right nutrients. Eat them to your heart's content.

These heart healthy tips and recipes can support cardiovascular health.

Red Lentil and Vegetable Soup

This meal-in-a-bowl brims with fill-you-up soluble fiber, thanks to the lentils.

Translation: It may help keep weight down and also helps lower total and "bad" LDL cholesterol. The lentils, spinach, and tomatoes, all rich in potassium, work to keep blood pressure in check, too.



<http://www.goodhousekeeping.com/recipefinder/red-lentil-vegetable-soup-ghk0208>

Chicken Quesadillas with Avocado-Tomato Salsa

This tasty Tex-Mex has lower-fat tortillas and cheese. The splurge: avocado. Though high in fat, it's mostly the heart-healthy kind; plus, avocados have a natural cholesterol reducer.



<http://www.goodhousekeeping.com/recipefinder/chicken-quesadillas-avocado-tomato-salsa-ghk0208>

Salmon Provençal with Zucchini

Salmon, like other cold-water fish, is brimming with omega-3 fatty acids, which improve the ratio of good to bad

cholesterol and also lower heart-damaging triglycerides.



<http://www.goodhousekeeping.com/recipefinder/salmon-provençal-zucchini-ghk0208>

Sautéed Shrimp on Warm Black Bean Salad

Sure, shrimp has more cholesterol than other seafood, but it's still heart smart because it's so low in fat and calories. And fiber-packed black beans outscore all other beans in antioxidants.



<http://www.goodhousekeeping.com/recipefinder/sauteed-shrimp-black-bean-salad-ghk0208>

Orange Beef and Pepper Stir-fry

Steak lovers can savor this dish, since lean beef, in moderate portions, is still heart-healthy. Brightly colored peppers supply plenty of antioxidants, and quick-cooking brown rice means dinner's ready in no time (and everyone gets whole-grain benefits.)



<http://www.goodhousekeeping.com/recipefinder/orange-beef-pepper-stir-fry-ghk0208>

Whole Wheat Penne with Broccoli and Sausage

Triple play: Swapping turkey for pork sausage cuts artery-clogging saturated fat by a third; whole grain helps lower cholesterol; and broccoli has heart-protective antioxidants.



<http://www.goodhousekeeping.com/recipefinder/whole-wheat-penne-broccoli-sausage-ghk0208>

Balsamic Chicken and Pears

Star ingredient: Skinless, boneless chicken breasts, which deliver plenty of protein with almost no artery-clogging saturated fat. Whole wheat couscous and pears add beneficial fiber, and Roma beans serve up multiple plant nutrients.



<http://www.goodhousekeeping.com/recipefinder/balsamic-chicken-pears-ghk0208>

MERRY CHRISTMAS & HAPPY NEW YEAR

<http://www.goodhousekeeping.com/recipes/healthy/heart-healthy-meal-recipes>

Remember
"HEART SMART IS PROSTATE SMART!"

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Radical Prostatectomy – Results of a 30 Year Study.

PURPOSE: Radical prostatectomy has decreased prostate cancer specific mortality in men with clinically localized prostate cancer.

We report oncological outcomes of the longest running series of nerve sparing radical retro-pubic prostatectomy on the 30th anniversary of the inaugural operation.

MATERIALS AND METHODS: A total of 4,478 men underwent anatomical radical retro-pubic prostatectomy, as performed by a single surgeon (PCW), at the Johns Hopkins Medical Institutions from 1982 to 2011, without neo-adjuvant or adjuvant therapy. During a median follow-up of 10 years (range 1 to 29), we examined progression-free, metastasis-free and cancer specific survival.

RESULTS: The overall 25-year progression-free, metastasis-free and cancer specific survival rates were 68%, 84% and 86%, respectively, although there were significant differences in treatment outcomes between men treated in the pre-PSA and PSA eras. In each era, there were significant differences in progression-free, metastasis-free and cancer specific survival by D'Amico risk groups. In multivariable models considering prostatectomy features, pathological stage and grade were significantly associated with the risk of metastatic progression and disease specific mortality.

CONCLUSIONS: Excellent prostate cancer specific survival was demonstrated up to 30 years after surgery. Clinical risk categories and pathological tumor features were significant predictors of

long-term disease specific outcomes, supporting their ongoing use in risk stratification and management decisions. Anatomical radical retro-pubic prostatectomy continues to represent the gold standard in the surgical management of clinically localized prostate cancer to which alternate treatment options should be compared.

Written by:

Mullins JK, Feng Z, Trock BJ, Epstein JI, Walsh PC, Loeb S.

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Male or Female?

You might not have known this, but a lot of non-living objects are actually either male or female. Here are some examples:

TIRES:

Tires are male, because they go bald easily and are often over inflated

HOT AIR

BALLOONS:

Also a male object, because to get them to go anywhere, you have to light a fire under their butt.

WEB PAGES:

Female, because they're constantly being looked at and frequently getting hit on.

TRAINS:

Definitely male, because they always use the same old lines for picking up people

HAMMERS:

Male, because in the last 5000 years, they've hardly changed at all, and are occasionally handy to have around.



THE

REMOTE CONTROL:

Female. Ha! You probably thought it would be male, but consider this: It easily gives a man pleasure, he'd be lost without it, and while he doesn't always know which buttons to push, he just keeps trying.

...

The Manitoba Prostate Cancer Support Group has been providing services for 20 years:

Newsletter – Website - Monthly Meetings - Hospital visits - Presentations

Your **DONATIONS** make it all possible. **We Thank You.**

Donor's Name: _____

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This gift is in memory/honour of _____ Please send notification to:

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\$25 \$50 \$75 \$100 \$250 other _____ Make payment to:

Manitoba Prostate Cancer Support Group 315 – 971 Corydon Ave. Winnipeg, MB R3M 3S7

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

PCa Presentations Available

Could your organization, club or group use a speaker for its program?

The Manitoba Prostate Cancer Support Group is pleased to provide speakers to discuss and describe various subjects related to prostate cancer. Tom and Len have organized a power point presentation and are willing to meet at your location to provide this service.

If you would like more information, or would like to arrange for a speaker, call:

Tom Boomer at 663-1351

Email - manpros@mts.net

Answering Machine - (204) 989-3433

Help us lower our costs ~

Receive this newsletter by email. Please notify us and we'll make the changes ~ Thank-you.

SPEAKERS :

Dec. 13, 2012

Christmas Pot Luck Party – Entertainment by:
Campfire Junkies. This lively group consists of 15
guys and 7 girls. Food at 7:00 p.m.
Entertainment from 7:30 – 8:30 p.m.

Jan. 17, 2013

Dr. Kevin Saunders, Family Physician, "Controversy in PSA
Testing – Both Sides of the Story!"

Feb, 21, 2013

To be announced

Mar. 21, 2013

CancerCare MB CEO Dr. Dhaliwal.

M.P.C.S.G. Board

Brian Spratt - Chair	(204) 668-6160
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Jim Leddy - Outreach	(204) 326-1477
Jim Anderson - Member at Large	(204) 287-2397

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



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