The Manitoba Prostate Cancer Support Group NEWSLETTER

Prostate Cancer Canada Network Winnipeg

Vol. 251 May 2012

What Will Be The Future Treatments For Prostate Cancer? By WebMD

The treatment of organ-confined prostate cancer to date has involved cutting out, radiating, or freezing the gland in trying to cure the disease. In more advanced cases, the goal has been to control the cancer for at least some time by using hormonal treatment or chemotherapy. Earlier diagnosis and improved treatment techniques in recent years have certainly led to better results. In addition, other treatments are being sought. For example, microwave treatment of the prostate is being used for benign prostatic hypertrophy (enlargement of the prostate, BPH) in a minimally invasive (minimal cutting or probing), outpatient (outside the hospital) procedure. Studies may soon begin to evaluate this technique as a treatment for prostate cancer.

The key to curing prostate cancer, however, ultimately will come from an understanding of the genetic basis of this disease. Genes, which are chemical compounds located on the chromosomes, determine the characteristics of individuals. Accordingly, investigators at research centers have focused on identifying and isolating the gene or genes responsible for prostate cancer. For example, studies are being conducted in men who have a family history of prostate cancer to try to uncover the genetic links of the disease. The investigators ultimately will try to block or modify the offending genes so as to prevent or alter the disease. Finally, perhaps a vaccine to either prevent or treat prostate cancer will be developed in the future.

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

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Family Practitioner

Thanks!

NEXT MEETING:

May 17, 2012

Pat Trozzo,
Pharmacist – CancerCare Manitoba

"Addressing a potpourri of
Prostate Cancer Medications."

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

Time: 7:00 pm to 9:00 pm

SHARING IS CARING SHARING IS CARING

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

Email

Hello Brian,

Thanks so much for the lovely e-mail. It was a pleasure to come out and spend time with your group. Thank you again for the invite and I do hope the talk imparted a bit more clarity on the role stress plays on the patient as well as on loved ones.

I can't take credit for the recipe, but here is my source:

www.adrenalfatigue.org/health-tips/diet-for-adrenal-fatigue.html

Adrenal Recovery Soup:

16 oz. green beans
1 cup chopped celery
1 zucchini, sliced
1 medium onion, chopped
1 cup tomato juice
1 cup spring water
2 tbsp. raw honey
1 tsp. paprika
1 cup chicken broth
Combine ingredients and simmer for one hour until vegetables are tender.
Pepper to taste.

Enjoy! *~ Dara*

Researchers' Work In Prostate Cancer And Exercise Advances

RESEARCH NEWS

June Chan focuses on early-stage disease. June Chan, Associate Professor, Epidemiology & Biostatistics and Urology at the University of California, San Francisco announced at a press conference that vigorous exercise may cause changes in some 180 prostate cancer genes in men with early-stage prostate cancer. This means that exercise may prevent, or delay, disease progression. All patients included in Chan's survey were participants in active surveillance, opposed to active treatment.

"These initial provocative findings shed light on the mechanisms by which vigorous physical activity may delay or deter prostate cancer progression," shared Chan.

"Understanding such mechanisms not only corroborates our prior findings on the benefits of physical activity for prostate cancer survivors, but also supports the development of novel strategies for prevention, monitoring, and prognostication."

Chan is a PCF-funded Young Investigator, receiving additional support from the Safeway Foundation. Safeway has provided unrestricted support to Chan, naming her the Steven (Safeway CEO) and Christine Burd-Safeway Distinguished Professor.

Prostate Cancer Foundation
Feb. 2012

Don't worry about avoiding temptation.
As you grow older, it will avoid you.

- Winston Churchill

The 2012 Manitoba Motorcycle "Ride for Dad" media kick-off took place on April 13, 2012 at McPhillips Station Casino. Co-chairs Moe Sabourin and Kirk Van Alstyne of the Winnipeg Police Service presented the Manitoba Prostate Cancer Support Group with a donation of $5,000.00. Brian Sprott was invited to attend the event and receive the cheque. Pat and Liz Feschuk and Len Bueckert from the Manitoba Prostate Cancer Support Group Executive were present to witness the event.

The event was a top-notch affair, attended by local celebrities and the media. In the photo above, Brian is expressing his thanks and appreciation to the Manitoba Motorcycle Ride for Dad members. We recognize and salute their effort in the fight against prostate cancer in Manitoba.

Effectiveness And Safety Of Two Forms Of Salvage Therapy For Patients With Radio-Recurrent Prostate Cancer

Posted on March 13, 2012
by Prostate Cancer Infolink

Two new papers address the utility of different types of salvage therapy for men with apparently localized, recurrent prostate cancer after first-line radiation therapy: the first paper (by Chade et al) reviews available data on outcomes after salvage radical prostatectomy (SRP); the second (by Phillipou et al) offers data from a small, recent series of men treated with salvage cryotherapy (SCT) using third-generation cryotechnology.

The first point to be made about the appropriate treatment of patients with recurrent but apparently localized prostate cancer after first-line radiation is that there is no established type of treatment that is considered to be any sort of "gold standard." A variety of different types of salvage treatments are in routine use today and range from SRP and SCT to the application of high-intensity focused ultrasound, repeat radiation, and of course various forms of hormonal intervention.

Chade and his colleagues have published a systematic review of the published data on the use of SRP after careful identification and selection of 40 primary papers on this topic published between 1980 and June 2011. Their findings conclude that carefully selected men with confirmed, localized, radiation-recurrent prostate cancer can be treated with SRP and and receive "durable cancer control" with an acceptable level of surgical morbidity but a variable level of functional recovery.

By contrast, Phillipou and his colleagues have described the outcomes of a series of 19 men defined as having prostate cancer recurrence after first-line radiation therapy (based on a positive prostate biopsy). These men were all treated with SCT using third-generation equipment between February 2006 and August 2008.

The authors suggest that the rates of biochemical response observed in this series of men support the use of third-generation cryotechnology as a salvage procedure for radio-recurrent prostate cancer.

The "New" Prostate Cancer InfoLink notes that the follow-up for the cryotherapy series is relatively short by comparison with the 5- and 10-year data that are available for the various surgical series, and it is open to question whether the cancer outcomes are therefore as good as the outcomes that can now be provided after SRP by highly experienced surgeons. On the other hand, the complication rates of SCT as compared to be SRP appear to be lower (with the clear exception of erectile dysfunction).

It seems clear that neither SRP nor SCT can offer an ideal form of definitive salvage treatment for most men with radio-recurrent, localized prostate cancer. On the other hand, no other form of salvage therapy is known to offer any better option as yet.

An Easy Way to Improve Prostate Health

by Chris D. Meletis, ND
Vitamin Research Products
Feb. 2012

We have long heard of the benefits of pumpkin seeds to support prostate health due in large part to the natural zinc, essential fatty acid and phytosterol content. But there's another easy way to support prostate health—adding walnuts to your weekly dietary intake. The latest report from the University of California, Davis points to the fact prostate tumors grew smaller and slower in mice fed an equivalent of 3 ounces of walnuts (human dose).

In addition, the walnut-fed mice had lower levels of insulin-like growth factor (a biomarker associated with prostate cancer) and also lower LDL cholesterol. Walnuts and other nuts also are loaded with antioxidants, which help stop the oxidation of LDL cholesterol. This is important because it's not the mere presence of LDL that's bad for the body—it's the oxidation of the LDL that results in poor heart health and other negative consequences. One study found that feeding a daily serving of mixed nuts to human subjects resulted in lower oxidized LDL concentrations.

Ignored Technology Detects Cancer Early

By: Susan Martinuk

VANCOUVER -- The most powerful diagnostic technology to detect cancer and optimize the management of cancer patients is revolutionizing cancer care in the United States, western Europe and other nations. But it can't seem to gain a foothold in Canada, even though cancer is our leading cause of premature death.

The technology is PET (positron emission tomography) imaging, and it is uniquely able to detect active cancer cells before they create a mass that can then be identified by a CT or MRI scan. Because PET detects cancer at an earlier stage, the patient receives more timely treatment and has a greater probability of success.

Canadians need access to PET because large studies have shown it changes patient management plans in 36.5 per cent to 50 per cent of cases. That means a PET scan changes the doctor's treatment strategy in one-third to one-half of all cases, and this holds true for all cancer types. It also suggests doctors who don't utilize PET may be prescribing a suboptimal (or even wrong) treatment path for many patients.

Other studies show a PET scan eliminates the need for surgical biopsy in 70 per cent of cases and further procedures in up to 90 per cent of cases. It appears PET could provide a cost savings to our health-care system if used as a first-line diagnostic tool. Unfortunately, when Canadian doctors request a PET scan, it is most often as a last resort to diagnose a troublesome case.

If PET is so essential to determining the most appropriate treatment strategy, why are so many cancer patients unaware of it?

Why aren't cancer groups advocating for its greater use?

And why do so few doctors understand its clinical benefits?

A recently-released, groundbreaking report on the status of PET imaging in cancer care across Canada demonstrates that we lag far (embarrassingly far) behind the rest of the world in the adoption of PET. Further, it states that access to PET is dependent on what province you call home. In most provinces, PET is absent, difficult to access or relatively underutilized in cancer care.

The one exception is Quebec, where PET is an integral part of cancer care. Quebec has a well-functioning network of 13 PET scanners and carries out more than half of all PET scans in Canada. A PET scan is often the first diagnostic tool used when cancer is suspected, and thoracic/oncologic surgeons won't operate until they have seen a PET scan. If a PET scan changes treatment regimes in up to one-half of cases, there is a clear implication that Quebec cancer patients have a different standard of care than their counterparts in other provinces.

In Manitoba, there is one PET scanner, located at the Winnipeg Health Sciences Centre, and it carried out approximately 1,300 scans in both 2009 and 2010. It has the capacity to perform 2,000 scans, but the demand isn't there. This suggests doctors haven't adopted PET as part of their cancer-care protocols and aren't sending cancer patients for scans.

This reluctance often stems from doctors (both specialists and GPs) having to manage cancer for so long in PET-free environments; they see no need for another diagnostic tool because they don't know about the unique benefits of PET to patient management. There is very little medical education on PET and far too many doctors are a decade behind science in that they view PET as research, not clinical, technology. I've personally (and recently) dealt with oncologists who don't know the difference between a PET and a CT scan. Such experiences are rather discouraging when advocating for the best cancer care for a relative or friend.

Manitoba's PET services are also somewhat restricted in that the scanner is located in Winnipeg, a large population centre. Patients from the province's vast rural areas often don't have the strength, means or will to travel a long distance for a diagnostic procedure. This problem is common to many provinces.

That said, PET is not a miracle tool and changes in patient management don't always improve patient survival. Many times PET reveals cancer to be at a more advanced stage, but that new information gives patients the option to choose palliative care. It isn't a good outcome, but it ensures futile treatments are abandoned, resources are conserved and the best treatment path is chosen for each individual. Every patient deserves to know the exact state of their cancer before they commit to harsh chemotherapy treatments or complicated surgeries.

Susan Martinuk is a medical research consultant, well-known columnist and author of The Use of Positron Emission Tomography (PET) in Cancer Care across Canada: Time for a National Strategy. The report, commissioned by Advanced Applied Physics Solutions, is available at www.triumf.ca

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Prostate Cancer Treatment Options Go Head-to-Head

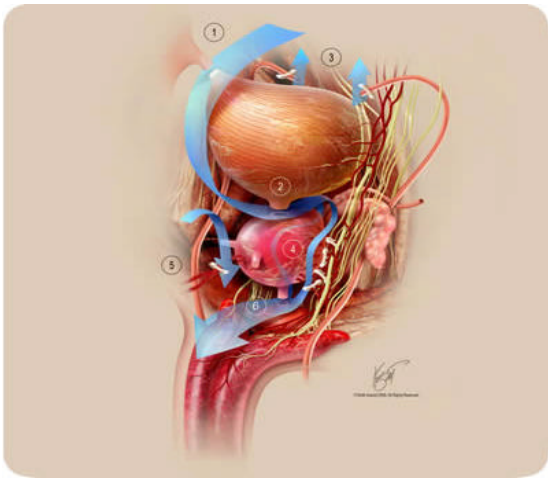
By smart-surgery.com

NEW YORK, Feb. 16, 2012 — / PRNewswire/ -- A new look at the three most highly regarded prostate cancer treatment options is the first of its kind to consider long-term cost and quality of life post-treatment. Researchers at the Cleveland Clinic found prostatectomy surgery and brachytherapy to be less expensive and less toxic than external beam radiation or radiotherapy for the treatment of prostate cancer.

The close to 250,000 U.S. men diagnosed with prostate cancer each year face the difficult challenge of selecting the right course of treatment and best specialist for a disease that may or may not turn aggressive. For men who choose to face diagnosis head-on, three primary treatment options are most recommended for low- to moderate-risk prostate cancer. Radiation targeting the cancerous tissue of the prostate is available through external beam or internal seed implantation. The third choice, prostatectomy surgery, is used to remove the cancerous prostate entirely, through traditional, laparoscopic, or less-invasive robotic surgery.

In this study all three modalities were evaluated using Medicare data for close to 140,000 prostate cancer patients over age 65. The long-term data indicated more favorable results with prostatectomy surgery and brachytherapy. Dr. David Samadi, Vice Chairman, Department of Urology, and Chief of Robotics and Minimally Invasive Surgery at The Mount Sinai Medical Center, believes the significant benefits of robotic prostatectomy outweigh both forms of radiation – both internal and external.

Having performed over 3,800 successful robotic prostatectomy procedures, he prefers robotic surgery as a first-line approach to prostate cancer for several reasons. "First," he explains, "robotic prostatectomy is the only procedure that completely



removes the cancerous prostate. Second, the minimally invasive procedure allows for excellent visibility. Very little blood clouds the surgical field and I introduce CO2 gas to create room in the abdomen for the robotic tools to expertly access the prostate and carefully maneuver around the delicate surrounding tissue and nerve bundles." The side effects of external beam radiation contributed to its less favorable outcome in this study. Dr. Samadi discussed the additional benefits of robotic prostatectomy surgery by adding, "Prostate cancer patients treated with my SMART surgery technique (Samadi Modified Advanced Robotic Technique) have a 97% cancer cure rate. SMART surgery is a highly accurate procedure with limited side effects. Ninety-six percent of my patients regain urinary control and 85 percent regain sexual function within a short time after surgery. Surgical precision enables such positive outcomes."

Among patients in the study, external beam radiation, the most costly of the choices, resulted in the highest rates of urinary bleeding, scarring, and gastrointestinal issues. According to the findings, prostatectomy surgery and brachytherapy make better sense for both the patient and the U.S. healthcare system.

Most of Dr. Samadi's patients achieve a zero PSA level by six weeks post- surgery. However, in patients where trace amounts of cancer are still detected, radiation is a strong secondary treatment option. "Radiation certainly has its role in the fight against prostate cancer. I believe that removing the cancerous prostate is the best first course of action, but should microscopic elements of prostate cancer remain, low-dose radiation is highly effective."

If patients choose radiation as their first course of prostate cancer treatment, follow-up procedures are limited. Should the prostate cancer return or remain following radiation, for example, prostatectomy surgery becomes more complicated and riskier. Reserving radiation as a secondary, Plan B strategy improves prostate cancer treatment outcomes and reduces the dose of radiation needed, thereby reducing undesirable side effects.

Promising New Therapeutic Targets Bone And Disperses Radiation

NEWS PULSE, PROSTATE CANCER FOUNDATION
FEB. 2012

Alpharadin may decreases bone metastases and reduce death

Approximately 90 percent of men with castration-resistant prostate cancer show bone metastases which are the main cause of debilitating pain, weakened bones and a reduced survival in patients with advanced prostate cancer. On June 6, 2011, Bayer Healthcare Pharmaceuticals Inc. announced a successful Phase III trial evaluating a new therapy for advanced prostate cancer using a radiopharmaceutical, Alpharadin (Rad223) that improves overall survival of patients. The overall survival of patients treated with Alpharadin was higher (14 months) than those receiving placebo (11.2 months) for a 2.8 month improvement in overall survival for these patients with severely advanced disease.

Alpharadin reduces the risk of death by 30% and was proven so effective that in early June 2011 the Independent Data Monitoring Committee (part of the FDA) recommended Phase III clinical trials be stopped and all patients on placebo be given the drug. In late August 2011, Alpharadin was granted Fast Track designation by the U.S. Food and Drug Administration (FDA). The therapeutic is currently pending approval in both the United States and Europe.

The therapeutic effects of Alpharadin are derived from its direct targeting to bone metastases and potent and localized tumor cell-killing activity in a 10-cell radius. Alpharadin is radium which emits alpha particle radiation that specifically targets the bone and kills cancer cells. The half-life of this radiopharmaceutical (11.4 days) makes it ideal for cancer therapy.

Weighing Heavy on Prostate Cancer Return

Prostate cancer recurrence greater with higher BMI

Reviewed By: Joseph V. Madia, MD
By: Laurie Stoneham
Published: Apr 3, 2012 01:09 pm
(dailyRx)

Having excess pounds compromises the health and well-being of men, women and children. This fact has been proven time and again. Being overweight or obese not only increases one's risk of most chronic diseases, it also complicates recovery.

Men who carry around too much weight are more likely to have a recurrence (return) of prostate cancer following treatment.

Vincent L. Freeman, M.D., M.P.H., associate professor in the division of epidemiology and biostatistics in the School of Public Health at the University of Illinois, presented the findings of a cross-sectional study at the American Association of Cancer Research (AACR) Annual Meeting 2012.

Dr. Freeman summarized the results of this study: “Men diagnosed with early-stage prostate cancer and who have excess body weight as indicated by a higher-than-normal body mass index (BMI) have an increased risk for cancer recurrence after treatment."

Researchers worked with 119 men who were about to have surgery for localized (had not spread) prostate cancer. The team examined and analyzed the relationship between the BMI (a measure of weight relative to height) and the likelihood of the cancer returning following treatment.

The analysis included several factors - blood prostate-specific antigen (PSA) level, physical exam, clinical tumor stage and biopsy results. These measures were used to calculate a man's risk of recurrence as high, moderate or low.

The risk of recurrence increased with increasing BMI scores. Men with a BMI of 37 were almost eight times more likely to have cancer return than men with BMI scores of less than 25, which is considered normal weight. Men with a BMI that categorized them as overweight (25 - 29.9) were also at greater risk.

Freeman explained, “The association was not limited to obese men; even being just overweight based on BMI was associated with an increased risk for prostate cancer recurrence.” These results suggest to Freeman and his colleagues that body weight and lifestyle could be indicators of high-risk cases of prostate cancer.

“Our findings also highlight the importance of maintaining a healthy body weight throughout adulthood,” Freeman concluded.

The study was funded by the National Institutes of Health/National Cancer Institute.

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315-971 Corydon Ave.,
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*A tax deductible receipt will be issued. Charity number: 88907 1882 RR001

Many thanks to SANOFI Canada,
for their generous donation to our Support Group.
We are grateful they have chosen to assist us
with our work in helping those with prostate cancer.
Their kindness is much appreciated.

SANOFI

Email - manpros@mts.net Answering Machine - (204) 989-3433

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

SPEAKERS:

May 17, 2012
Pat Trozzo, Pharmacist
CancerCare Manitoba

June 21, 2012
Jim Slater, CEO
Diagnostic Services of Manitoba

July 19, 2012
Members Forum – Enjoy a relaxing evening while 3 members describe their personal stories of PCa treatment. Snacks and beverages will be served.

Martin Hiebert - HIFU Treatment in 2008 (high intensity focused ultrasound).

Al Petkau – Cryotherapy. Treatment 2011.

Garry Timm – Alternative Treatment – on going.

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

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