

THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER



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Aspirin May Aid Cancer Recovery

By *RONI CARYN RABIN*

Men treated for prostate cancer who took aspirin regularly for other medical conditions were less likely to die of their cancer than patients who weren't taking aspirin, according to a new study published on Tuesday in *The Journal of Clinical Oncology*.

The new report is not a randomized controlled clinical trial of the kind considered the gold standard in medicine, but it adds to an intriguing and growing body of evidence

suggesting that aspirin may play a beneficial role in the treatment and possibly the prevention of a variety of cancers. Much of the earlier research on aspirin focused on colon cancer.

"This is another piece of evidence suggesting aspirin does seem to have this effect against cancer across different body sites," said Dr. Andrew T. Chan, an associate professor of medicine at Harvard Medical School, who studies the role of aspirin in preventing colorectal cancer but was

not involved in the new research.

In the new study, researchers used the national database of a project known as CaPSURE, for Cancer of the Prostate Strategic Urologic Research Endeavor, to look at nearly 6,000 men who had localized prostate cancer and were treated with surgery or radiotherapy. Just over one-third of the men, or 2,175 of the 5,955, were taking anticoagulants, mostly aspirin.

Those taking aspirin were less than half
(Continued on page 2)

Medical Advisors

Paul Daeninck M.D.
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Family Practitioner

Thanks!



NEXT MEETING: November 15, 2012

**Dr. Darrel Drachenberg, Urologist
"Bone Health & Prostate Cancer –
What's New With the Bones"**

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.

**" When a man sits with a pretty girl for an hour, it seems like a minute.
But let him sit on a hot stove for a minute - and it's longer than any hour. That's relativity."**

Albert Einstein

(Continued from page 1)

as likely as those who were not to die of prostate cancer over a 10-year period, researchers calculated; the prostate cancer death rate for those taking aspirin was 3 percent, the researchers found, compared with 8 percent for those who did not.

The aspirin users were also significantly less likely to experience a recurrence of prostate cancer or have the disease spread to the bones, the study found.

The study is not the first to find a reduction in recurrence among prostate cancer patients who took aspirin. Researchers at the Fox Chase Cancer Center in Philadelphia reported this year that among 2,051 prostate cancer patients, those not using aspirin were twice as likely to experience a recurrence within 18 months, as detected by rising scores on the prostate-specific antigen test, a strong predictor of metastasis and survival.

Though the new study reported only on deaths from prostate cancer,

researchers went to great lengths to make sure that aspirin users were not experiencing fewer deaths from prostate cancer simply because they were more elderly and therefore more likely to die of other diseases before prostate cancer had progressed enough to kill them, said Dr. Kevin S. Choe, the paper's lead author and an assistant professor of radiation oncology at University of Texas Southwestern Medical Center in Dallas.

While Dr. Choe said it would be "ideal" to conduct a large randomized study, doing so with prostate cancer patients would be very difficult, "because the natural progression of the disease is such that you won't know for 10 to 15 years and would have to follow people for many years." And little money is available for research on aspirin because it is cheap and easily available, he noted.

Prostate cancer is the most common cancer occurring among men and the No. 2 cancer killer of men.

While many Americans use baby aspirin

to reduce their risk of heart disease, taking aspirin regularly is risky. Patients generally are advised to do so only when their cardiac risk is presumed to outweigh the risks, which include an increase in gastrointestinal bleeding and hemorrhagic stroke.

But while doctors are reluctant to prescribe it to healthy patients, adding it to a cancer treatment regimen would involve a different set of calculations. Since the patients already are ill, potential benefits are more likely to outweigh possible harms.

Dr. Otis Brawley, chief medical officer of the American Cancer Society, said he believes that aspirin's anti-inflammatory properties may play a role in the prevention of both heart disease and cancer.

"Inflammation may not cause a cancer, but it may promote cancer — it may be the fertilizer that makes it grow," Dr. Brawley said.

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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:

Len Bueckert at 782-4086 or Tom Boomer at 663-1351

Fighting Cancer, A Forkful At A Time

By The Gazette (Montreal)
October 17, 2007

*Richard Béliveau is a Montreal biochemist and cancer researcher, not a chef. So even though more than 20 of the 160 recipes in *Cooking with Foods that Fight Cancer* are his, he wasn't keen on demonstrating any of them - not the Cuban black bean soup or the Bengal beef, not even the dead-easy shepherd's pie with lentils.*

They're all dishes he eats and enjoys though, along with other foods influenced by cuisines from around the world. The point of the recipes, Béliveau said the other day over green tea in his water's edge condo, is to guide people and help them realize that it can be pleasant to incorporate into their diets foods intended to make them healthier. "Nothing will change if it doesn't give you pleasure," he said.

The animated scientist did permit a peek into his fridge, though, and the contents included several foods he writes about: a giant head of cabbage; a tub of seaweed salad; a dozen or more varieties of green tea in labelled plastic bags, mushrooms; yogourt; a few bottles of acai berry juice, a berry with origins in the Amazon rain forest. All are believed to play a role in thwarting the development of different kinds of cancer.

Béliveau, who holds the chair in cancer prevention and treatment at the Université du Québec à Montréal and heads the molecular medicine laboratory at Ste. Justine Hospital, is better known to Quebecers than many research scientists. For two years, he has written a weekly column for the *Journal de Montréal*; his first book, *Foods that Fight Cancer*, written, like this one, with colleague and fellow scientist Denis Gingras, has been translated into 18 languages from the original French.

He does a good deal of public speaking, addressing high school students, as he did on Monday, as well as crowds ranging from lawyers to metal workers, encouraging them to take responsibility for their health - and to choose healthful diets.

Béliveau, 54, worries that "we have lost respect for the food we eat - and for our bodies. We take more care in choosing the gas for our cars than the food for our bodies," he said when we spoke.

About one-third of cancers are believed to be linked to poor diet, according to international organizations of experts cited by the authors. Poor diet, in this case, generally means a lack of fruits and vegetables.

The authors say that there are more than 200 epidemiological studies to show that people who eat abundant amounts of foods of plant origin - that means fruits and vegetables but also cereals, spices and green tea - are at considerably lower risk of developing cancer than do people who eat these foods only occasionally.

The phytochemical properties of these foods block many of the processes pre-cancerous cells use to grow, the authors explain, essentially creating an environment hostile to the growth of cancerous cells.

"It's not magical or mystical: It's biochemical," Béliveau said. "We are what we eat. And when we eat healthy foods, we feel better."

"When you are eating plant products, you are treating yourself to a daily doses of chemoprevention," he said - a kind of non-toxic chemotherapy. More than 60 per cent of the drugs used in clinical chemotherapy to treat cancer are plant-derived, Béliveau said.

Clearly, though, diet is not the only factor at work in the development of cancer. It is known that populations with a higher intake of animal fat and

protein have a higher incidence of colon cancer, but there are also vegetarians who get colon cancer.

Clinically detectable cancer, the authors say, does not appear overnight. Rather, "it is the result of a long process during which cells undergo a series of transformations," as bit by bit, they become capable of "sidestepping our defence systems and invading their host tissues."

Like heart disease and Type 2 diabetes, cancer is related to lifestyle, said Béliveau. Just as smoking is associated with most lung cancer, for instance, obesity is a risk factor for the development of certain kinds of cancer, he said. "Cancer has a lot to do with lifestyle, much more than we used to think," said Béliveau. "The message of the book is self-responsibility."

A healthy lifestyle, which means eating right, exercising, maintaining a healthy body weight and not smoking, can help create a hostile environment for tumours.

The recipes, most of which come from top Quebec restaurant chefs, are straightforward and require few ingredients and little effort for excellent results. They occupy only half the book.

The rest of the volume is devoted largely to a scientific, but accessible, discussion of cancer and lifestyle and of how specific foods may play a role in preventing the development of certain types of cancer.

The book "Cooking with Foods that Fight Cancer" is sprinkled liberally with descriptions of scientific studies that show a link between diet and cancer prevention. And for those who want to learn more, there's a bibliography: Think of it as dessert.

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What Prostate Cancer Survivors Need to Know About Osteoporosis

National Institutes of Health National Resource Center

January 2012

The Impact of Prostate Cancer

The National Cancer Institute reports that next to skin cancer, prostate cancer is the most common type of cancer among American men. The cancer usually grows very slowly, however, and most men who are diagnosed with prostate cancer live for many years. Still, prostate cancer can be serious and, in some cases, life-threatening.

All men are at risk for prostate cancer, but most men diagnosed with it are age 65 or older. And as men get older, their risk for developing another disease, osteoporosis, increases. Osteoporosis is of particular concern for men with prostate cancer. Recent research has found a strong link between hormone deprivation therapy, which is one of the treatments for prostate cancer, and osteoporosis. Hormone deprivation therapy is also called androgen deprivation therapy because it deprives cancer cells of the male hormones (called androgens) that the cancer needs to grow.

Facts About Osteoporosis

Osteoporosis is a condition in which bones become weaker, less dense, and more likely to break. Many people—even some doctors—think of osteoporosis as a women's disease, but millions of men develop it, too. Men who break bones are less likely than women to be treated for bone disease, even though treatment can help prevent broken bones in the future.

Besides taking hormone deprivation therapy for prostate cancer, other risk factors for developing osteoporosis include:

- => being thin or having a small frame
- => having a family history of the disease
- => using certain medications, such as glucocorticoids
- => not getting enough calcium
- => not getting enough physical activity
- => smoking
- => drinking too much alcohol



Osteoporosis is a silent disease because it can weaken bones over the years without causing symptoms. For men coping with prostate cancer, weak bones may not seem very important. But weak bones can cause problems because they break easily, and broken bones often initiate a downward health spiral. Twenty percent of seniors who break a hip die within 1 year, and survival rates are lower for men than for women. But it is never too late to improve your bone health: osteoporosis can be treated and prevented.

The Link Between Prostate Cancer and Osteoporosis

Studies show that men who receive hormone deprivation therapy for prostate cancer have an increased risk of developing osteoporosis and broken bones. Hormones such as testosterone protect against bone loss. So, once these hormones are blocked, bone becomes less dense and breaks more easily.

Hormone deprivation therapy is one of several treatment options available to

men with prostate cancer. Traditionally, it has been used mainly to treat prostate cancer that has spread to other parts of the body. But because men are more likely today to be diagnosed in the early stages of prostate cancer, more of them are opting to be treated with hormone deprivation therapy earlier in the course of the disease.

Osteoporosis Management Strategies

Several strategies can reduce a man's risk for osteoporosis, or lessen its effects if he already has it.

Nutrition. Some studies have suggested a link between a high-fat diet and prostate cancer. However, it is not yet clear which foods or supplements may play a role in reducing the risk of prostate cancer. As far as bone health is concerned, a well-balanced diet rich in calcium and vitamin D is important. Good sources of calcium include low-fat dairy products; dark green, leafy vegetables; and calcium-fortified foods and beverages. Taking dietary supplements or multivitamins also can help ensure that you meet your body's daily calcium requirement.

However, some evidence suggests that high calcium intake might be associated with the development of prostate cancer. But the studies that produced these findings are not definitive. In fact, other studies have shown a weak relationship, no relationship at all, or the opposite relationship between calcium and prostate cancer. At this point, researchers can only say that the relationship between calcium and prostate cancer risk remains unclear. Currently, it is recommended that men age 19 to 70 consume 1,000 mg (milligrams) of calcium per day, and those over age 70 consume 1,200 mg per day.

(Continued on page 5)

(Continued from page 4)

Vitamin D plays an important role in calcium absorption and bone health. Some individuals may require vitamin D supplements to achieve the recommended intake of 600 to 800 IU (International Units) each day.

Exercise. Like muscle, bone is living tissue that responds to exercise by becoming stronger. The best exercise for bones is weight-bearing exercise that forces you to work against gravity. Some examples include walking, climbing stairs, dancing, and weight training. Regular exercise, such as walking, may help prevent bone loss and provide many other health benefits, such as reducing pain, relieving stress, and making cancer treatment easier to handle.

Healthy lifestyle. Smoking is toxic to bones as well as the heart and lungs. In addition, smokers may absorb less

calcium from their diets. Studies also have found that heavy drinking hurts your overall health, weakens your bones, and increases your risk of broken bones. Moderate drinking—for most men, this means not more than two alcoholic drinks per day—has not been shown to hurt your bones.

Bone mineral density test. A bone mineral density (BMD) test is the best way to determine your bone health. BMD tests can identify osteoporosis, determine your risk for fractures (broken bones), and measure your response to osteoporosis treatment. The most widely recognized BMD test is called a dual-energy x-ray absorptiometry (DXA) test. The test is painless—a bit like having an x-ray, but with much less exposure to radiation—and can measure bone density at your hip and spine.

Men being treated for prostate cancer

with hormone deprivation therapy should discuss with their doctor whether BMD testing is a good idea. Don't wait for your doctor to bring up your bone health with you. A new study shows that many men on hormone deprivation therapy for prostate cancer are not being screened or treated for osteoporosis, even when they have other risk factors for the condition.

Medication. There is no cure for osteoporosis, but medications are approved by the Food and Drug Administration for men with the disease. Although no medications have been approved specifically to treat men with bone problems caused by hormone deprivation therapy for prostate cancer, studies of several medications are underway for this purpose.

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What The Gleason Score Tells Us About PCa.

Determining the extent of prostate cancer is important for predicting the course of the disease and in choosing the best treatment. Results from the digital rectal exam, PSA tests and prostate biopsy give the urologist a good idea of whether the cancer is confined to the prostate or has spread outside the gland.

The pathologist's examination of the biopsy specimen is crucial. After studying the characteristics of the tumor, the pathologist assigns a Gleason score to the cancer. The Gleason score is the most important factor in predicting the current state of the prostate cancer and the success of any treatment. This Gleason score is based on tumor grade, which is an indication of the tumor's aggressiveness. The tumor grade reflects how far the cancer cells deviate from normal, healthy cells.

Normal prostate epithelial cells form

highly organized glands, with well-defined borders. Cancer cells, in contrast, display various degrees of disorganization and distortion. Cancers whose cells appear closest to normal are considered grade 3 and generally are the least aggressive; those with highly irregular, disorganized features are classified as grade 4 or 5 and generally are the most aggressive.

The Gleason score is derived by determining the two most prevalent organizational patterns in the tumor, assigning each a grade, and then adding the two numbers together. For example, if the most common pattern - the

primary grade - is 3 and the next most common pattern - the secondary grade - is 4, the Gleason score would be 7 or 3

4. But if the primary grade is 4 and the secondary grade is 3, the Gleason score would be 4 3, and this would be considered to be more aggressive. In other words, the primary grade carries more weight than the secondary pattern in determining the aggressiveness of the cancer.

Most doctors classify a Gleason score of 6 as a low-grade tumor, a Gleason score of 7 as intermediate, and Gleason scores of 8, 9 and 10 as high grade. Gleason scores of 8 to

10 are associated with the least favorable outlook.

Johns Hopkins Medicine Health Alert – Oct. 2012.

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New Prostate Cancer Drug That Could Help To Protect Bones From Disease Approved By NHS

By Jenny Hope 30 March 2012



Good news: A new drug that protects the bones of patients undergoing prostate cancer treatment is to be approved for use on the NHS

The drug, called denosumab, could help thousands of sufferers who are being treated with hormone therapy, which raises the risk of bone loss and leaves them more likely to suffer fractures.

At least 5,000 men each year are treated with hormonal therapy for prostate cancer.

Zoledronic acid is currently the gold standard treatment for patients whose illness threatens the bones but trials show denosumab works better, preventing fractures for three-and-a-half months longer than existing treatments.

It works by stimulating patients' immune systems to block a protein called rank ligand, reducing the activity of cells that break down bone. This has the effect of increasing bone density and strength.

The £1-a-day drug, which is being co-marketed by Amgen and GlaxoSmithKline, and is given as a six-monthly jab, was approved in 2010 for NHS use in women with osteoporosis. It was shown to dramatically cut the number of spine and hip fractures.

Owen Sharp, Chief Executive of The Prostate Cancer Charity, said Nice should now reconsider its stance on prostate cancer drugs.

He said 'This draft decision on denosumab is good news for men with prostate cancer and sends an encouraging message to men in the final stages of the disease that their needs have not been forgotten.'

Treatment: The drug, called denosumab,

could help thousands of sufferers who are being treated with hormone therapy, which raises the risk of bone loss and leaves them more likely to suffer fractures.

'This treatment is key in helping to minimize the risk of complications once prostate cancer has spread to a man's bones. Although it will not extend lives, this simple injection gives these men the chance of a much better quality of life. We commend NICE for provisionally recommending that this treatment be made widely available.'

'Men with advanced prostate cancer have recently faced a string of bitter disappointments as other new treatments which could extend and improve their lives have not been made available on the NHS, most noticeably, breakthrough end of life drug abiraterone.'

'We strongly hope that this positive news paves the way for NICE to reverse its draft decision not to provide access to abiraterone on the NHS in England and Wales, as a first step towards the drug being made available to all men who need it on the NHS throughout the UK.'

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CRANKSHAFT



Long-Expired Drugs Still Good

From gastroenterologyupdate.com.au

Medications decades out of-date are still effective, the latest US study shows, sparking renewed calls to broadly extend expiry dates.

Twelve out of fourteen drug compounds (86%) in eight medications that had expired 28 to 40 years earlier retained at least 90% of their potency, the study found after testing the long-forgotten hoard discovered in a retail pharmacy.

Three compounds were present at greater than 110% of the labelled

content, the researchers from the University of California San Francisco reported, having analysed three capsules of each medication three times using liquid chromatograph mass spectrometry.

Three drugs had less than 90% of their labelled potency: aspirin, amphetamine and phenacetin (the latter was below in only one of two samples).

“Our results support the effectiveness of broadly extending expiration dates for many drugs,” the authors wrote in a research letter published in the Archives of Internal Medicine.

“Enormous health care expenditure savings” would come with protracted expiration dates at a time when pharmaceutical manufacturers “arbitrarily establish expiration dates without determining actual long-term drug stability,” they wrote.

“Clinical situations may arise in which expired drugs might be considered owing to lack of viable alternatives or financial concerns,” they added.


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MOVEMBER 2012 and Prostate Cancer Canada


Prostate Cancer Canada’s (PCC) vision is to become the global leader in the fight against prostate cancer. Along with its greater Prostate Cancer Canada Network, which provides prostate cancer support resources for men and their families, PCC is working towards its goal of reaching out to a wider audience and providing enhanced support resources to ultimately eliminate Prostate Cancer.

PCC has recently developed a new national research strategy geared to accelerate the world’s most promising research and enable game changing projects that will lead to improved patient care and treatments. This strategy also includes a comprehensive survivorship program to help support those going through their journey with prostate cancer.

To create this strategy PCC conducted a scan of the prostate cancer environment identifying gaps and opportunities, a community survey, and enlisted the aid of leading Canadian prostate cancer researchers as a research advisory panel. As the culmination of this work, the strategy identifies three main priorities:

 **Innovative Research** - Outline strategic investments in prostate cancer research that will have the greatest impact on the disease.

 **Team Science** - Develop innovative programs that build and sustain an outstanding Canadian prostate cancer research community.

 **Human Capacity Building** – Train and help retain the next generation of prostate cancer research leaders.

These priorities will be addressed through a series of request for proposal grants to be announced in the coming months.. **Funds raised during Movember will be implemented via this strategy**

SUPPORT OUR TEAM Golden Boys (PCCN WINNIPEG)

GO TO (<http://ca.movember.com/donate/>) enter our team name and make your donation to support MOVEMBER this year .

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.

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

Special Thanks

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

The Manitoba Prostate Cancer Support Group gratefully acknowledges a recent donation from the Winnipeg Foundation. Their financial support assists us with our work, in particular, the provision of our newsletter. Their continued support and generosity is sincerely appreciated.



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 :

November 15, 2012

Dr. Darrel Drachenberg, Urologist
"Bone Health & Prostate Cancer –
What's New With the Bones"

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!"

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

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