THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER

Prostate Cancer Canada Network Winnipeg

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Signs of Erectile Dysfunction

3 Health Concerns You're Too Embarrassed to Bring Up

Talks every man must have with his doctor

By Madeline Haller updated 7/27/2012

The average doctor's visit lasts 19 minutes. And in that time—with someone you see about once a year—you're expected to disclose personal details about your privates? We know it can be embarrassing. But it could save your sex life (or your life, period). Here are three below-the-belt concerns that every man must discuss with his doc.

Low testosterone

About 1 in 4 men have low testosterone, according to the journal Endocrine Care. That can make you feel fatigued, keep you from building muscle, and dampen your sex drive, says Robert Saltman, M.D., endocrinologist at the Washington University School of Medicine. If you have these symptoms, some simple blood work can test your T-levels.

Lucky for you, logging more shuteye can naturally boost testosterone. Research in the Journal of the American Medical Association found that men who decreased their sleep from eight hours per night to five saw a 15 percent drop in testosterone levels.

(Continued on page 2)

Medical Advisors

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Jeff Sisler M.D.
Family Practitioner

Thanks!

NEXT MEETING: October 18, 2012

Mike Talgoy

"Managing my Metastatic Castration-Resistant Prostate Cancer"

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

Time: 7:00 PM to 9:00 PM

SHARING IS CARING

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

"We must be willing to let go of the life we have planned, so as to have the life that is waiting for us."

E. M. Forster

(Continued from page 1)

Other natural boosters include weight training, consuming whey protein, competition, and having sex.

Erectile dysfunction

If you think you might have erectile dysfunction, you probably do. When more than 1,000 men were asked if they had erectile dysfunction (ED), nine out of 10 of who claimed they were "unsure" had some level of it, found a study published in BMC Urology.

The signs? Difficulty getting hard and frequently losing stiffness after becoming erect, says J. Stephen Jones, M.D., a urologist from the Cleveland Clinic.

Stress, smoking, poor diet, being overweight, and a sedentary lifestyle can increase your chances of developing ED. "But poor cardiovascular health is arguably the number one reason men get ED," says Mark Moyad, M.D., of the University of Michigan Medical Center.

Your move: Hit the gym. Men who regularly exercise cut their risk for ED in half, according to researchers from Emory University. Drugs like Cialis, Viagra, and Livitra temporarily solve the erection issues, but they don't help the underlying cause—poor cardiovascular health. (However, these pills may also have some unintended benefits. A recent *Journal of Sexual Medicine* study found that taking ED medications is related to going longer before reaching orgasm. You don't need to resort to pills, though—follow these

Trouble urinating

Dribbling after urinating could be nothing—or it could be a sign of advanced prostate cancer. Trouble is, it's notoriously difficult to screen for prostate cancer accurately. Earlier this year, an expert panel recommended that men forgo the prostate-specific antigen (PSA) test altogether. How come? Only 1 in 4 men with high PSA levels have prostate cancer. That's a lot of unnecessary biopsies, which are painful and come with a small risk of infection.

Still, many doctors still recommend the test because there's no better option. For a more accurate reading, have a baseline test at age 40, says Jones.

And if your levels come back high, ask for a repeat test before scheduling a biopsy. Other factors, like infections or swelling, can raise your levels, says Jones—so you'll want to rule those out before your doctor takes tissue samples.

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Brian Sprott, Chair of the Manitoba PCa Support Group, speaking to the Support Group in Brandon on September 10, 2012. The very friendly and welcoming group included their chair, Ian Murdock, and approximately 20 other members. The Brandon PCa Support Group meets the second Monday of every month. Brian discussed the importance of having a support group in the community and thanked them for their commitment over many years.

Prostate cancer "drug holiday" OK, study finds

Doesn't hasten patients' death.

By: Helen Branswell

TORONTO - A new study suggests a little time off - a drug holiday - can cut down on troubling side-effects of prostate cancer treatment for some patients without hastening death.

The Canadian-led research shows men who were given intermittent courses of drugs that suppress the production of male hormones lived as long as men who received continuous therapy. But the men on the intermittent course had fewer of the unpleasant side-effects that go along with this type of prostate cancer treatment.

Androgen-suppression therapy, as it's called, can induce hot flashes, impotence, growth of breast tissue, insomnia, weight gain, worsening of diabetes, loss of muscle mass and osteoporosis.

The study looked only at men who did not have metastatic prostate cancer, meaning cancer that had moved to other parts of the body.
It is published in this week's New England Journal of Medicine.

The work was led by the NCIC Clinical Trials Group, the research arm of the Canadian Cancer Society, which provided much of the funding for the trial.

About two-thirds of the patients in the trial were Canadians, though trial sites were also located in the United States and Britain.

Dr. Laurence Klotz, one of the principal investigators of the trial, said since the trial was started a number of years ago, many doctors in Canada have adopted intermittent androgen-suppression therapy for their prostate cancer patients.

But Klotz, a prostate cancer specialist at Toronto's Sunnybrook Health Sciences Centre, said these findings provide support for the move. Klotz said he expects intermittent therapy to become the standard of care for these patients.

The findings don't relate to men whose prostate cancers have spread. A companion study - which was presented recently to a major cancer research conference - found for men with metastatic cancer, intermittent therapy did not have the same safety profile. But those findings haven't yet been published in a scientific journal.

In this study, nearly 1,400 men who had undergone treatment for prostate cancer - radiation or surgery and radiation - and whose PSA levels had begun to rise again were randomly selected to either receive continuous treatment or intermittent treatment.

PSA stands for prostate specific antigen, a protein found in the blood that can be a signal of prostate cancer.

All the men were given eight months of hormone therapy. It suppresses production of testosterone, which fuels prostate cancer. Then the men in the intermittent arm were taken off the drug until their PSA levels reached a set threshold.

For some, the drug holiday lasted six months. Others were off the drugs for as long as five years. "Some guys were big winners," Klotz said in an interview.

The men were followed over time. There was no statistically significant difference in the number of deaths in the two groups, nor was there a significant difference in the median survival time.

The median age of men in the trial was 74 years and the median survival was roughly 9 years.

The study doesn't provide much information on the improvement in quality of life for the intermittent group. That will be detailed in another scientific paper, Klotz said.

Men in the intermittent arm ended up getting about one-third less drug without risk to themselves, the study suggests.

Republished from the Winnipeg Free Press print edition September 7, 2012.

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Expectant management (watchful waiting) and active surveillance for prostate cancer

Because prostate cancer often grows very slowly, some men (especially those who are older or have other serious health problems) may never need treatment for their prostate cancer. Instead, their doctors may recommend approaches known as *expectant management*, *watchful waiting*, or *active surveillance*.

Some doctors use these terms to mean the same thing. For other doctors the terms active surveillance and watchful waiting mean something slightly different:

Active surveillance is often used to mean monitoring the cancer closely with prostate-specific antigen (PSA) blood tests, digital rectal exams (DREs), and ultrasounds at regular intervals to see if the cancer is growing. Prostate biopsies may be done as well to see if the cancer is becoming more aggressive. If there is a change in your test results, your doctor would then talk to you about treatment options.

Watchful waiting is sometimes used to describe a less intensive type of follow-up that may mean fewer tests and relying more on changes in a man's symptoms to decide if treatment is needed.

Not all doctors agree with these definitions or use them exactly this way. In fact, some doctors prefer to no longer use the term watchful waiting. They feel it implies that nothing is being done, when in fact a man is still being closely monitored. **No matter which term your doctor may use, it is very important to understand exactly what he or she means when they refer to it.**

An approach such as this may be recommended if your cancer is not causing any symptoms, is expected to grow slowly, and is small and contained within the prostate. This type of approach is not likely to be a good option if you are young, healthy, and/or have a fast-growing cancer (for example, a high Gleason score).

Active surveillance is a reasonable option for some men with slow-growing cancers because it is not known whether treating the cancer with surgery or radiation will actually help them live longer. These treatments have definite risks and side effects that may outweigh the possible benefits for some men. Some men are not comfortable with this approach, and are willing to accept the possible side effects of active treatments in order to try to remove or destroy the cancer.

With active surveillance, your cancer will be carefully monitored. Usually this approach includes a doctor visit with a PSA blood test and DRE about every 3 to 6 months. Transrectal ultrasound-guided prostate biopsies may be done every year as well.

Treatment can be started if the cancer seems to be growing or getting worse, based on a rising PSA level or a change in the DRE, ultrasound findings, or biopsy results. On biopsies, an increase in the Gleason score or extent of tumor (based on the number of biopsy samples containing tumor) are both signals to start treatment (usually surgery or radiation therapy).

Active surveillance allows the patient to be observed for a time, only treating those men who have a serious form of the cancer. This lets men with a less serious cancer avoid the side effects of a treatment that might not have helped them live longer. A possible downside of this approach is that there's a chance it could allow the cancer to spread. This could limit your treatment options, and could possibly affect the chance to cure the cancer.

Not all experts agree how often testing should occur during active surveillance. There is also debate about when is the best time to start treatment if things change. Still, several early studies have shown that men who are good candidates for active surveillance and later go on to be treated tend to do just as well as those who decide to start treatment right away. Hopefully we will have a better idea of the pros and cons of active surveillance versus immediate treatment in the near future as more study results become available.

American Cancer Society
Last Medical Review: 02/27/2012
Last Revised: 02/27/2012

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Expert Panel Suggests PSA Test May Benefit Some Men

Those with life expectancy of 10 years or more should discuss prostate cancer screen with doctor

By Steven Reinberg
July 16 (HealthDay News) –

Men with a life expectancy of more than 10 years should talk with their doctor about getting a prostate-specific antigen (PSA) test for prostate cancer, an expert panel recommends.

The recommendation, from the American Society of Clinical Oncology (ASCO), is a response to recent guidance from the U.S. Preventive Services Task Force, which in May recommended against PSA screening for prostate cancer.

The ASCO panel recommends doctors discuss the benefits and risks of PSA testing with their symptom-less patients who have a life expectancy of more than 10 years. For men who would probably die earlier, the risks outweigh the benefits, the panel said.

"Men really need to go to their doctor and have a discussion of the risks and benefits of getting the PSA blood test," said panel co-chair Dr. Robert Nam, a uro-oncologist at the Odette Cancer Centre at the Sunnybrook Health Science Centre of the University of Toronto in Canada. "We felt from our review that doing the PSA blood test does save lives in certain groups of men. That's where we differ from the task force recommendation."

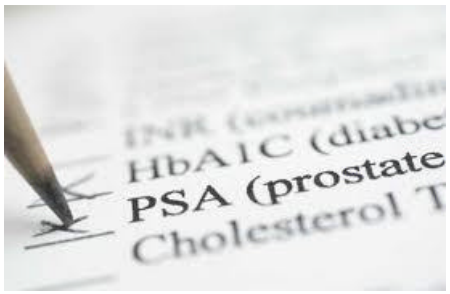
Nam's point was that men with serious medical problems such as other cancers, heart failure and chronic obstructive pulmonary disease will most likely die from those diseases long before they succumb to prostate cancer.

For these men, treatment and the side effects associated with treatment might be worse than any benefit, he noted.

"PSA has been a victim of its own success," Nam said. The test's inability to distinguish prostate cancer from an enlarged prostate, called benign prostate hyperplasia, has led to too many unnecessary biopsies.

That's why a PSA test should be part of a diagnosis of prostate cancer, but the diagnosis should also include other risk factors, such as family history, Nam said.

The report was published in the July 16 online edition of the *Journal of Clinical Oncology*.



The panel's conclusions were based on a study that indicated PSA screening could reduce deaths from prostate cancer by 20 percent among a group of men with more than 10 years of life expectancy, even though it did not cut deaths in other men.

The panel could not agree on when PSA screening should start, Nam noted. However, he thinks 50 is a good time for most men to get their first PSA test.

For men who have an increased risk, screening should start earlier, Nam added.

Dr. Anthony D'Amico, chief of radiation oncology at Brigham and Women's Hospital in Boston, said "this is an attempt to educate men about the pluses and minuses of the PSA test, which is good."

PSA, however, is only one factor that can help men understand if they are at risk for prostate cancer, D'Amico noted.

"The other things that need to be discussed are whether they are at high risk for having high-grade prostate cancer -- the kind that kills you," D'Amico said.

These factors include being black or Hispanic, having an abnormal rectal exam or being older and having a family history of prostate cancer, he said.

The age factor is something that is often underestimated, D'Amico added. "The risk of prostate cancer increases with age," he explained.

And, older men are more likely to die from prostate cancer -- 50 percent of prostate cancer deaths are in men over 75, D'Amico said.

When men see their doctor they should discuss whether they are at risk for prostate cancer. If they are, then a PSA test should be considered. If they are at low risk, a PSA test might not be appropriate, he said.

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Pan-Fried Meat Increases Risk Of Prostate Cancer, New Study Finds

Medical News Today Aug 19, 2012

Research from the University of Southern California (USC) and Cancer Prevention Institute of California (CPIC) found that cooking red meats at high temperatures, especially pan-fried red meats, may increase the risk of advanced prostate cancer by as much as 40 percent.

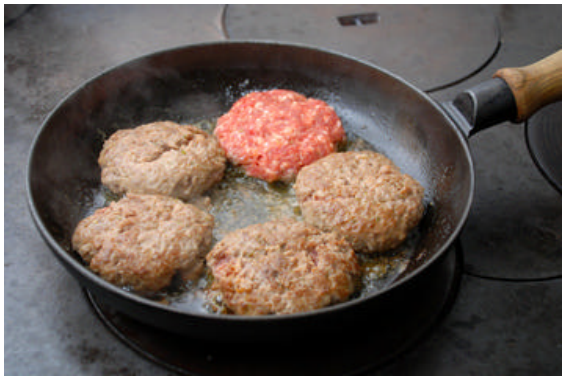
Mariana Stern, associate professor of preventive medic ine at the Keck School of Medicine of USC, led analyses for the study, "Red meat and poultry, cooking practices, genetic susceptibility and risk of prostate cancer: Results from the California Collaborative Prostate Cancer Study." The study, which is available online in the journal Carcinogenesis, provides important new evidence on how red meat and its cooking practices may increase the risk for prostate cancer.

Previous studies have emphasized an association between diets high in red meat and risk of prostate cancer, but evidence is limited. Attention to cooking methods of red meat, however, shows the risk of prostate cancer may be a result of potent chemical carcinogens formed when meats are cooked at high temperatures.

Researchers examined pooled data from nearly 2,000 men who participated in the California Collaborative Prostate Cancer Study, a multiethnic, case-control study conducted in the San Francisco Bay Area by Esther John, CPIC senior research scientist, and in Los Angeles by Sue A. Ingles, associate professor of preventive medicine at the Keck School of Medicine of USC. Study participants completed a comprehensive questionnaire that evaluated amount and type of meat intake, including poultry and processed red meat. Information regarding cooking practices (e.g., pan-frying, oven-broiling and grilling) was obtained using color photographs that displayed the level of doneness. More than 1,000 of the men included in the study were diagnosed with advanced prostate cancer.

"We found that men who ate more than 1.5 servings of pan-fried red meat per week increased their risk of advanced prostate cancer by 30 percent," Stern said. "In addition, men who ate more than 2.5 servings of red meat cooked at high temperatures were 40 percent more likely to have advanced prostate cancer."

When considering specific types of red meats, hamburgers-but not steak-were linked to an increased risk of prostate cancer, especially among Hispanic men. "We speculate that these findings are a result of different levels of carcinogen accumulation found in hamburgers, given that they can attain higher internal and external temperatures faster than steak," Stern added.



Researchers also found that men with diets high in baked poultry had a lower risk of advanced prostate cancer, while consumption of pan-fried poultry was associated with increased risk. Stern noted that pan-frying, regardless of meat type, consistently led to an increased risk of prostate cancer. The same pattern was evident in Stern's previous research, which found that fish cooked at high temperatures, particularly pan-fried, increased the risk of prostate cancer.

The researchers do not know why pan-frying poses a higher risk for prostate cancer, but they suspect it is due to the formation of the DNA-damaging carcinogens-heterocyclic amines (HCAs)-during the cooking of red meat and poultry. HCAs are formed when sugars and amino acids are cooked at higher temperatures for longer periods of time. Other carcinogens, such as polycyclic aromatic hydrocarbons (PAHs) are formed during the grilling or smoking of meat. When fat from the meat drips on an open flame, the rising smoke leaves deposits of PAHs on the meat. There is strong experimental evidence that HCAs and PAHs contribute to certain cancers, including prostate cancer.

"The observations from this study alone are not enough to make any health recommendations, but given the few modifiable risk factors known for prostate cancer, the understanding of dietary factors and cooking methods are of high public health relevance," said Stern.

Co-authors of the study include Amit Joshi who received his Ph.D. in molecular epidemiology from the Department of Preventive Medicine at the Keck School of Medicine; Chelsea Catsburg, Juan Pablo Lewinger and Sue Ingles of USC; and CPIC's Esther John and Jocelyn Koo. The study was supported in part by the Prostate Cancer Foundation, American Cancer Society, and grant 5P30 ES07048 from the National Institute of Environmental Health Sciences and the National Cancer Institute.

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FDA OKs PET Agent for Prostate Cancer

By Cole Petrochko, Associate Staff Writer, MedPage Today
Published: September 12, 2012

WASHINGTON - The FDA has approved the positron emission tomography (PET) imaging agent Choline C 11 Injection for production and use in detecting recurrent prostate cancer.

Choline C 11 Injection - manufactured by the Mayo Clinic - must be produced in a specialized facility and used shortly after production, the agency said in a statement.

The radioactive form of the vitamin choline has been used in PET imaging for several years, but none of the facilities performing the procedure had been approved to manufacture the agent. The Mayo Clinic is the first facility to receive approval for the manufacture and use of the injectable agent.

Choline C 11 Injection is used in patients with blood prostate specific antigen (PSA) levels that have increased after prior prostate cancer treatment, which can suggest cancer recurrence despite not showing up in other imaging tests.

Safety and efficacy for the imaging agent were established in four studies of a combined 98 patients with elevated PSA levels and no sign of recurrent prostate cancer in conventional imaging. Patients underwent Choline C 11 PET imaging, then had tissue samples taken and analyzed for prostate cancer.

Roughly half of the patients who underwent scanning with the imaging agent had recurrent prostate cancer confirmed via tissue sample analysis. False positives were reported in 15% to 47% of patients, which "underscores the need for confirmatory tissue sampling of abnormalities detected with Choline C 11 Injection PET scans," the FDA said.

Only mild, injection-site skin reactions were reported as an adverse event during the four trial.

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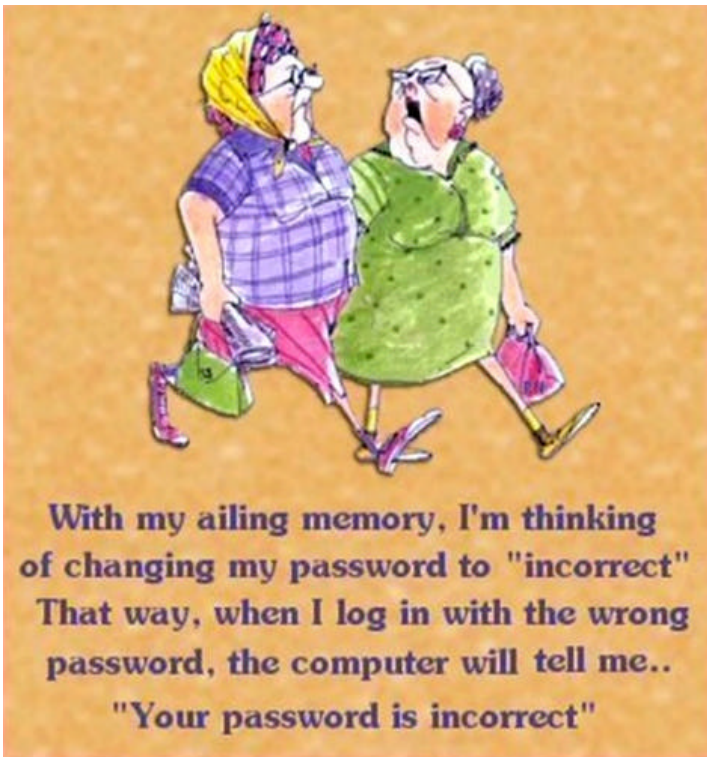

The Manitoba Prostate Cancer Support Group held their annual September Prostate Cancer Awareness Evening on Sept. 20th.

We thank Dr. Glezerson, Urologist, and Dr. Sisler, Family Physician, for making presentations. They are both recognized experts in their area of medicine and we appreciate their commitment to our Support Group.

Pictured is Brian Sprott, MPCSG Chair, beside the stand displaying the logos of our sponsors this year. It is through the generous donations of our members and these sponsors that allow us to promote awareness of prostate cancer in the community.

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315-971 Corydon Ave.,
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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

PCCN Winnipeg distributes a monthly issue of "**The Manitoba Prostate Cancer Support Group Newsletter**". Past issues can be found on our website dating back to 2006. Issues dating back to November 1992 have been handed over to Jim Anderson for archiving. Constant input by board members have allowed for up to date information to be forwarded, via the newsletter, to those individuals dealing with or an interest in prostate cancer. We mail or e-mail to every province in Canada, to the United States and yes, overseas to Scotland.

PCCN – Winnipeg thanks all members responsible for providing the means to accomplish the task on a continuing basis. The corporate community together with the generosity of the members goes a long way to meeting the financial commitment associated with the monthly distribution of the newsletter.

THANK YOU ALL FOR YOUR SUPPORT

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:

October 18, 2012
Mike Talgoy
Managing my Metastatic
Castration-Resistant
Prostate Cancer

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.

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

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