

THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER



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Prostate Cancer Awareness Lacking Among Men

Kathy Boltz, PhD November 27, 2012

Men have a surprising lack of awareness about prostate cancer, according to results of a new survey. Also, the survey found that the disease has a profound emotional impact on men. A significant gap exists between the facts about prostate cancer and what men believe about the disease.

Prostate cancer is the second-leading cause of cancer deaths in American men, with an estimated 241,000 new

cases to be diagnosed and more than 28,000 deaths from the disease expected this year. Despite these alarming statistics, many men believe that cancer of the prostate is less prevalent or less threatening than other cancers. The survey is titled "Mind Over Manhood: Misconceptions About Prostate Cancer," and it was released by Janssen Biotech, Inc. According to the survey results, most of the men surveyed (63%) believe that they will

not develop prostate cancer, and more than half (52%) believe that if diagnosed, the disease will not be fatal.

Nearly all the men surveyed also failed to identify several of the symptoms of prostate cancer. An overwhelming majority (93%) could not recognize at least two of these symptoms—urinary problems, erectile dysfunction, frequent lower back pain, infertility, swelling of

(Continued on page 2)

Medical Advisors

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Pain Management

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M.D. Urologist

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John Milner
M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

NEXT MEETING: January 17, 2013

Dr. Kevin Saunders, Family Physician

"Controversy in PSA Testing,
Both Sides of the Story!"

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.

You Think 60,000 Thoughts A Day ...
Don't waste 59,999 of 'em on negative, limiting thinking.

(Continued from page 1)

the legs and feet, and weight gain—as potential signs of prostate cancer. Men who lack adequate knowledge may fail to recognize signs and symptoms and may not be diagnosed until the cancer has progressed to an advanced stage.

The survey found that 81% of men would be grateful if their partner scheduled their doctor appointments. “Men are not the only ones affected by a prostate cancer diagnosis—it is truly a couple's disease,” said Tom Kirk of Us TOO International Education and Support Network, which has partnered with Janssen Biotech to create www.myprostatecancerroadmap.com. “No one should face prostate cancer alone, which is why it's so important for significant others to get the conversation started.”

Men are worried about the health of their love lives, as 58% reported concern about the negative impact that losing the ability to be intimate could have on their relationships. Their concern is so high that nearly a third (28%) stated that they would forgo prostate cancer treatment if there was a chance they would lose their ability to be intimate.

Men at the highest risk of prostate cancer often fail to recognize their level of risk. African American men are at a higher risk for prostate cancer than white and Hispanic men, yet nearly half of African American men (44%) say it is unlikely prostate cancer will develop, compared to 30% of all men.

“It is important that men be aware of risk factors,” said urologist Stanley K. Frencher, Jr., MD, MPH. “African



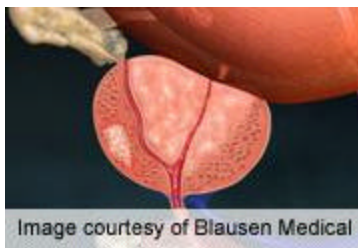
American men and those with a family history are at higher risk of being diagnosed with prostate cancer; consequently, it's of particular importance that men know their family history and share their health concerns and conditions with their family. Men need to talk with one another, father to son, brother to brother, and friend to friend about this disease, their experiences when diagnosed and how they have dealt with the impacts of treatment.”

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Cabozantinib Active in Castration-Resistant Prostate Cancer

December 03, 2012

Cabozantinib Active in Castration-Resistant Prostate Cancer



(HealthDay News) – The orally bioavailable tyrosine kinase inhibitor cabozantinib (XL184) has clinical activity in men with castration-resistant prostate cancer (CRPC), according to a study published online Nov. 19 in the *Journal of Clinical Oncology*.

David C. Smith, MD, of the University of Michigan in Ann Arbor,

and colleagues conducted a Phase 2 randomized discontinuation trial involving 171 men with CRPC to evaluate the activity of cabozantinib. Patients received 100mg of cabozantinib each day, and those with stable disease at 12-weeks were randomized to receive cabozantinib or placebo.

Based on the observed activity of cabozantinib, random assignment was stopped early. The researchers found that 72% of patients had regression in soft tissue lesions and 68% exhibited improvement on bone scan, including 12% with complete resolution. At 12 weeks, the objective response rate was 5%, and 75% exhibited stable disease. The median progression-free survival was 23.9 and 5.9 weeks for cabozantinib- and placebo-treated patients, respectively (hazard ratio, 0.12). In 57 percent of patients, there was a reduction of at least 50% in serum

total alkaline phosphatase and plasma cross-linked C-terminal telopeptide of Type I collagen. In a retrospective data review, bone pain was improved for 67% of patients, and narcotic use decreased by 56%. Fatigue, hypertension, and hand-foot syndrome were the most common Grade 3 adverse events.

“Cabozantinib has substantial antitumor activity in patients with advanced CRPC with manageable toxicity consistent with other tyrosine kinase inhibitors targeting multiple pathways,” the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Exelixis, which manufactures cabozantinib and supported the study.

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Just One Fizzy Drink A Day Raises Men's Risk Of Aggressive Prostate Cancer By 40%

Those who drank one 330ml can a day were much more likely to require treatment for a serious form of cancer

Men who ate a diet heavy in pasta, rice, and sugary cereal had increased chance of milder form of disease

By *Fiona Macrae Science Correspondent*

A study has found it could take just one soft drink a day to increase the risk of prostate cancer by 40 per cent

One sugary soft drink a day could raise a man's odds of developing prostate cancer.

A 15-year study found those who drank 300ml of a fizzy drink a day – slightly less than a standard can – were 40 per cent more likely to develop the disease than those who never consumed the drinks.

Worryingly, the risk applied not to early-stage disease that was spotted via blood tests but to cancers that had progressed enough to cause symptoms.

This is significant as faster-growing forms of prostate cancer are more likely to be fatal.

It is thought that sugar triggers the

release of the hormone insulin, which feeds tumours.

Prostate cancer is the most common type in British men, affecting almost 41,000 a year and killing more than 10,000.

The study, published in the respected *American Journal of Clinical Nutrition*, is far from the first to link the sugary soft drinks enjoyed by millions of Britons every day to poor health. Previous research has flagged up heart attacks, diabetes, weight gain, brittle bones, pancreatic cancer, muscle weakness and paralysis as potential risks.

The Swedish scientists behind the latest work said that while more research is needed before the link with prostate cancer can be confirmed, there are already 'plenty of reasons' to cut back on soft drinks.

For the study, they tracked the health of more than 8,000 men aged 45 to 73 for an average of 15 years. The men, who were in good health at the start of the study, were also quizzed about what they liked to eat and drink.

At the end of the study, they compared the dietary habits of the men who had been diagnosed with prostate cancer with those who remained healthy and found a clear link between sugary drinks and the disease.

Experts at Lund University also found those who ate a carbohydrate diet heavy in rice and pasta increased their risk of getting milder forms of prostate cancer

Lund University researcher Isabel Drake said: 'Among the men who drank a lot of soft drinks we saw an increased risk



© Corbis

of prostate cancer of around 40 per cent.' The analysis also linked large amounts of rice and pasta, cakes and biscuits, and sugary breakfast cereals with a less serious form of the disease.

There was no link with fruit juice. Diet drinks, and tea and coffee with sugar, were not included in the study.

The researchers said that although genetics plays a bigger role in prostate cancer than in many other tumours, diet also appears to be important. However, Mrs. Drake, a PhD student, added that more research is needed to prove the link.

British experts also urged caution over the findings. Dr Iain Frame, director of research at Prostate Cancer UK, said: 'We cannot be certain whether any particular dietary pattern has a significant impact on a man's risk of getting prostate cancer but it is highly unlikely that any single food source will lead to an increased chance of developing the disease.'

• • •



© Corbis

Experts at Lund University also found those who ate a carbohydrate diet heavy in rice and pasta increased their risk of getting milder forms of prostate cancer

Tiny Metal Tube That Will Help Men Suffering From An Enlarged Prostate

By Roger Dobson November 2012

A tube made from 'magic metal' may provide relief for men suffering from an enlarged prostate.

The developers say it improves urine flow without the need for drugs or invasive surgery.

Early results have been promising.

Patients were symptom-free up to six months after having the treatment with the device, which is removed after just five days.

Benign prostate enlargement is a common non-cancerous condition that affects older men.

It's estimated that 60 per cent of men aged 60 and over will have it to some degree.

The exact cause is not known, but some research suggests that hormones play a role.

One theory is that levels of a hormone called dihydrotestosterone (DHT) increase with age, which may stimulate the growth of the prostate.

The condition is not usually a serious threat to health, but the symptoms can be troublesome, and affect quality of life.

The most common symptoms are difficulty starting urination, a frequent need to urinate, and difficulty in emptying the bladder completely.

This is because the prostate, a doughnut-shaped gland, sits around the urethra, the tube that carries urine from the bladder.

When the prostate enlarges it presses on the urethra, causing the symptoms. Current treatment includes drugs that block the effects of DHT.

However, it can take up to six months

for patients to feel the maximum benefit from these medications.

Other drugs, called alpha-blockers, help relax the prostate tissue.

The most common symptoms are difficulty starting urination, a frequent need to urinate, and difficulty in emptying the bladder completely.

Both sets of drugs have potential side-effects; alpha-blockers, for instance, can cause dizziness and headaches.

Surgical options include trans-urethral resection of the prostate or TURP, where excess prostate tissue is removed.

This carries the risks of sexual dysfunction and urinary incontinence.

The new treatment, developed by Israel-based company MediTate, involves placing a small metal tube into the urethra at the point where it is being squeezed by the prostate.

This provides immediate relief by widening the urethra.

The device is inserted in a quick procedure under mild sedation. The tube is made from a special metal called nitinol.

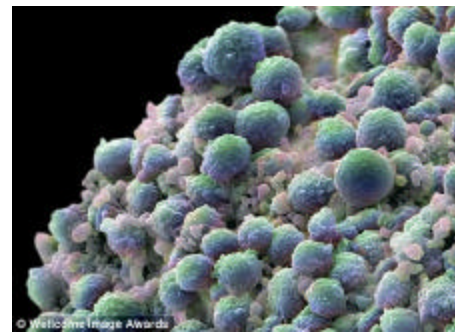
This is a type of memory metal — it can be moulded into different shapes, but always reverts to its original shape when heated.

This enables doctors to squeeze the tube tight before it is inserted, making it much easier to place into the restricted space in the urethra.

Once it's in place, the heat of the body causes the tube to return to its original shape.

The device is about 5mm wide when it is inserted, and 30mm wide when it is fully expanded.

Although similar devices are available



The prostate, a doughnut-shaped gland, sits around the urethra, the tube that carries urine from the bladder. When it enlarges it presses on the urethra

for benign prostate enlargement, the manufacturers say theirs effectively widens the tube and only needs to be in place for five days before it can be removed.

It is thought the pressure of the tube against the prostate causes a small number of prostate cells to die. This eases the pressure on the urethra.

The risk of infection is thought to be minimal, as there are no surgical incisions.

Ongoing trials of the device at various centres across Israel and Italy show that the device can be effective, with patients still symptom-free after six months.

Larger placebo-controlled trials are now planned.

Commenting on the device, Anthony Koupparis, urological surgeon at Southmead Hospital, Bristol, said: 'This new device is an exciting development, especially if it demonstrates an improvement to the patient's symptoms.'

'Attempts to use similar devices within the prostate for waterworks symptoms have been disappointing, so hopefully the data from this will be more promising.'

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Myriad Genetics' Prolaris Test Predicts Biochemical Recurrence in Prostate Cancer Patients Following Radiation Therapy

SALT LAKE CITY, Nov. 28, 2012 (GLOBE NEWSWIRE) - Myriad Genetics, Inc. (Nasdaq:MYGN) announced today that a presentation entitled "CCP Score Significantly Predicts PSA Failure After EBRT," was presented on Wednesday, November 28th, 2012 at the Annual Meeting of the Society of Urological Oncology in Bethesda, Maryland. The study demonstrates that the Prolaris® test, which measures cell cycle progression (CCP) genes, significantly predicts PSA biochemical recurrence in patients after treatment with external beam radiation therapy (EBRT).

Researchers at Durham VA Medical Center, Duke University School of Medicine, and Myriad Genetics analyzed biopsy specimens from 152 patients with prostate cancer. In this prospectively collected cohort, the Prolaris test was a significant predictor of biochemical recurrence in patients that had undergone radiation treatment ($p=0.0017$). After adjustment for Gleason score, PSA percent positive cores, and concurrent anti-hormone therapy, the Prolaris test accurately predicted those patients who would benefit from radiation therapy ($p=0.034$).

"Current approaches to the management of patients with prostate cancer lead to significant under and overtreatment of patients," said Dr. Stephen Freedland, Durham VA Medical Center and Duke University School of Medicine. "Measurement of the CCP score identifies prostate cancer patients at high risk of progression despite conventional radiation therapy who might be considered for more aggressive treatment regimens."

Approximately 25% of men who undergo primary radiation therapy will

suffer potentially life threatening disease recurrence and progression. The Prolaris test could be used to identify these at-risk patients prior to their initial treatment. These patients may be appropriate candidates for more aggressive combination therapies such as radiation with anti-androgen therapy or chemotherapy.

The clinically important information that Prolaris provides cannot be obtained from currently available clinical parameters. In addition, this is the first Prolaris study that contained a significant number of African American men, a population known to be at especially high risk for aggressive prostate cancer.

About Prolaris

Prolaris is a genomic risk stratification test developed to aid physicians in predicting prostate cancer aggressiveness in conjunction with clinical parameters such as Gleason score and PSA. Prolaris is a direct molecular measure of prostate cancer tumor biology. By measuring the expression levels of genes involved with cancer replication, Prolaris is able to more accurately predict disease progression and enable physicians to better define a treatment/monitoring

strategy for their patients. Prolaris is significantly more prognostic than currently used clinicopathologic variables and provides unique additional information that can be combined with other clinical factors to make the most accurate prediction of a patient's cancer aggressiveness and therefore disease progression.

Prolaris has been proven to predict clinical progression in 4 different clinical cohorts, in both pre and post-treatment scenarios.

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Diagnostic Tools: Imaging 101

By Mia James – October 2012

Diagnostic imaging can play a big role throughout all phases of the cancer journey. These tests and scans are used to make pictures of areas inside the body, which can help doctors identify and locate disease, guide certain treatment modalities, monitor treatment response, and spot recurrences during follow-up. Timothy McCay, a radiologist at Cancer Treatment Centers of America in Tulsa, Oklahoma, introduces us to some popular imaging tools and explains the roles that imaging can play in cancer treatment and beyond.

From Diagnosis to Recovery

For many patients an imaging test or scan is one of the first steps in treatment. “Typically, a patient who’s diagnosed with cancer goes to the doctor with a complaint, and then they’re referred to an imaging department to image that area of the body,” Dr. McCay explains.

Following treatment, imaging can be used to determine if or to what extent therapy has been effective and to carefully monitor the patient for recurrence. “Imaging plays a very vital role in not only the diagnosis of cancer but also subsequent scans to determine if the cancer’s coming back, to what degree it’s coming back, or if it’s regressed,” Dr. McCay explains.

Imaging Tools

The following imaging tools are commonly used in cancer treatment. The type of imaging you undergo will be determined by such factors as the nature and the location of the cancer or suspected cancer.

X-ray machines take images of the inside of the body, using high-energy electromagnetic radiation. X-rays may be used to diagnose and stage disease and also in radiation therapy to

help destroy cancerous cells.

Ultrasound uses high-energy sound waves to create images of internal organs and tissues during diagnosis and staging and to locate a cancerous area for treatment. Ultrasound can also be used as part of a treatment to directly destroy cancerous cells.

Magnetic resonance imaging (MRI) uses radiofrequency waves, magnets, and a computer to take cross-sectional images inside the body. MRI can show the difference between normal and diseased tissue and is used in diagnosis and staging. The MRI scanner is a tube, which the patient passes through on a moving table.

Computed tomography (CT) is a type of X-ray that produces three-dimensional, cross-sectional images. CT scans can be used in diagnosis and treatment to directly locate the cancer and show its size, and, during follow-up, to show whether treatment has been effective.

Positron emission tomography (PET) is a nuclear scanning technique that can be used in combination with a CT scan (PET/CT). Combined, these tests produce detailed information about a tumor’s location, growth, or spread.

Nuclear medicine imaging requires the ingestion of a radioactive substance (injected, inhaled, or taken as a pill). The substance, which gathers in the area of study and is visible with a nuclear scan, can reveal areas of cancer and monitor an organ’s function.

In the Spotlight: PET and MRI

According to Dr. McCay, two scans are particularly noteworthy: PET and MRI. These techniques, he says, are likely to become increasingly used in cancer treatment.

“The PET scan is a tool that’s becoming increasingly utilized,” says Dr. McCay, explaining that because PET scans can measure the glucose metabolism of cells, which is higher in cancerous tissues, they are particularly useful in showing a cancer’s stage and whether it has recurred or regressed.

Dr. McCay also sees an expanding role for MRI in cancer treatment. For example, “We’ve learned that MRI has a higher resolution for liver lesions than CT does,” he says, which allows for earlier detection of disease that has spread to the liver. Dr. McCay also explains that MRI (as well as ultrasound) doesn’t emit radiation as do CT scans and X-rays. “The more we can use MRI and ultrasound, the overall total dose of radiation to the patient is diminished.”

Make Imaging Work for You

Your role in your treatment plan continues once you’ve undergone the scans, says Dr. McCay. He suggests that you stay proactive and involved by requesting scan results in a reasonable amount of time. “Remember that you’re the consumer,” he says.

After all, imaging is part of the treatment process, and like therapies and procedures, they’re done to help you get the best outcome possible. By understanding the studies you’ll undergo and their purpose, and by making sure you get results in a timely manner, you’re doing your part to ensure effective treatment.

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Extracolonic Cancer Risk Rises With Lynch Syndrome

From the *Journal of the National Cancer Institute*

Carriers of germline mutations in DNA mismatch repair (MMR) genes who have already had colorectal cancer (CRC) are at increased risk for genitourinary, breast, prostate and other cancers later in life, a new study has confirmed.

Using data from the Colon Cancer Family Registry for 764 carriers of a mutation of the MMR gene—including the 316 *MLH1*, 357 *MSH2*, 49 *MSH6* and/or 42 *PMS2* mutations—who had a previous diagnosis of CRC, the authors calculated 10- and 20-year risk rates for the development of cancer in other organs following what has become known as **Lynch syndrome cancer or here ditary nonpolyposis colorectal cancer (HNPCC)**. The results of the study were published in the Sept. 19 issue of the *Journal of the National Cancer Institute* (2012;104:1363-1372, PMID: 22933731).



The most common primary cancers following Lynch syndrome CRC were located in the urinary tract.

Over the 10 years following diagnosis of CRC, the cumulative risks for primary extracolonic cancers were about 2% for cancers of the kidney, renal pelvis or ureter (the 20-year risk rate was about 5%), and the risk was about 2% for bladder cancer (20-year risk rate was 3%). Standardized incidence ratios (SIRs), when

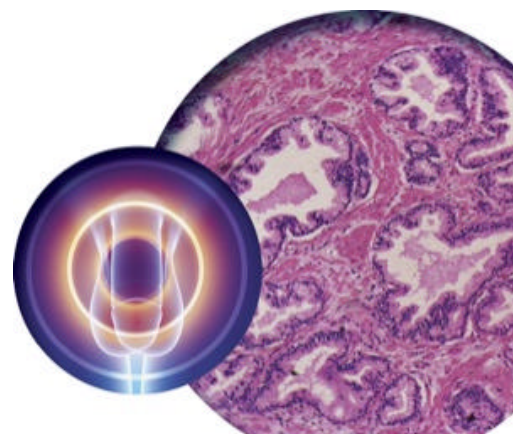
compared with the general population, amounted to a 12.54-fold increased risk for cancers of the kidney, renal pelvis or ureter; and a 7.22 SIR for urinary bladder cancer. The cumulative risk was approximately 1% for small-bowel cancer over the 10 years following CRC diagnosis (20-year risk rate was 4%; SIR was 72.68) and 0.7% for gastric cancer (20-year risk rate was 1%; SIR was 5.65).

The most common primary cancer following Lynch syndrome CRC in women was endometrial (SIR of 40.23). **Prostate cancer in men with Lynch syndrome amounted to an SIR of 2.05 compared with the general population.** The authors observed no statistically significant differences in 10- and 20-year cumulative risk rates among individual MMR gene mutations and, in general, observed no differences in the SIRs based on the site of CRC, the gender of the carriers, or their age at diagnosis.

Approximately 2% to 4% of all CRC cases are associated with Lynch syndrome. Consensus exists among experts regarding performance of immunohistochemistry or tumor microsatellite instability testing for newly diagnosed CRC to evaluate for possible HNPCC. **Patients with pathogenic mutation in one of the MMR genes are also at risk for developing extracolonic cancers.** Caregivers, including medical oncologists, geneticists and gastroenterologists, need to discuss with the patient and their families such risks and also outline strategies for surveillance, possible prevention (if any) and treatment in the event that such cancers are detected.

This study represents one of the largest registries and adds to the growing literature detailing risk estimates for specific cancers in this population. **The increased risks for breast and prostate**

cancers are not as widely known (these risks should be added to future versions of the National Comprehensive Cancer Network [NCCN] guidelines) compared with other cancers, such as urinary tract and upper gastrointestinal (GI) cancers. The risk for dermatologic cancers was not even reported in this study.



Anatomy of human prostate in x-ray view and high power microscopic view of the glandular portion.

Despite these risks, there are currently no clear recommendations for surveillance and prevention for any extracolonic malignancies except for endometrial cancer. The NCCN guidelines¹ recommended “total abdominal hysterectomy and bilateral oophorectomy should be considered an option to reduce risk for patients who completed childbearing.”

Although data are limited, caregivers can offer transvaginal ultrasound and endometrial biopsy to screen for gynecologic cancers, annual urinalysis for urinary tract cancers and upper GI or capsule endoscopies for upper GI cancer screening. More data is needed to recommend earlier mammograms and prostate examinations for patients with Lynch syndrome.

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

Newsletter – Website - Monthly Meetings - Hospital visits - Presentations

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*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 :

Feb, 21, 2013

Ed Bailey -

"My 13 years of Active Surveillance:"

Mar. 21, 2013

Dr. Dhali Dhaliwal, President & CEO -
CancerCare Manitoba

Apr. 18, 2013

Gayle Nichol, C.R.N. at MB. Prostate Centre -
"Living with Androgen Deprivation"

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

M.P.C.S.G. Board

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