THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER

Prostate Cancer Canada Network Winnipeg

Vol. 263 1,160 copies printed/e-mailed **May 2013**

PRESENTATIONS

Central Plains Cancer Care Services recently requested we make presentations at Swan Lake and Neepawa, MB. These presentations were made on April 17 and 18, 2013 and April 23, 2013 in Elie. Central Plains Cancer Care Services is a non-profit grassroots organization dedicated to improving the quality of life for cancer patients, surrounding Portage la Prairie. It is committed to providing educational programs directed at early detection and prevention of cancer. Funds raised are used to serve residents of the 70 communities in their area.

(Continued on page 2)

WEBSITE RESOURCE NOTICE

We have recently updated the "Resource" page on our website: www.manpros.org

It provides links to various websites and videos on prostate cancer. It also includes links to other Support Group websites across Canada.

In addition, our Resource page provides info on the 3 Canadian "Warriors" groups and how to contact them. Warriors are men with advanced disease who share information on medications, treatments and available services.

It's worth your while to take a look!

Medical Advisors

Paul Daeninck M.D.
Pain Management

Darryl Drachenberg
M.D. Urologist

Graham Glezerson
M.D. Urologist

Ross MacMahon
M.D. Urologist

John Milner
M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

NEXT MEETING: May 16, 2013

Dr. Kelli Berzuk BMR-PT, MSc, PhD

Pelvic Floor Physiotherapist
Incontinence & Pelvic Pain Clinic

"Fireside chat on the Pelvic Floor Muscle"

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.

Thought For The Day

"Better keep yourself clean and bright; you are the window through which you must see the world"

~ George Bernard Shaw

(Continued from page 1)

Services to the communities include

- a community driver program assisting patients in getting to medical appointments at clinics, treatment facilities and hospitals within Manitoba.
- Counseling services to provide professional services, on the patient's terms, to the individuals and families coping with a cancer diagnosis.
- Equine –assisted workshops /retreats at a centre near Portage la Prairie that features a heated indoor arena, a country cookhouse and when necessary overnight accommodations.
- Kids Can Cope, Evening Getaways for Adults with Cancer, Adult Grief and Youth Grief Workshops are available.

School Health Programs and presentations to students include

Respect for the Sun, Living Smoke Free, Nutrition, Breast Health & Pelvic Exam information, and Testicular Self-Examination Education.

It was our pleasure to provide the prostate cancer awareness presentations on behalf of Central Plains Cancer Care Services.

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The Importance of a Healthy Pelvic Floor Muscle Pre & Post Prostate Surgery

The pelvic floor muscle (PFM) is an important muscle for many reasons. This muscle is responsible for bladder and bowel control, pelvic organ and postural support, and it also plays a big role in sexual function. With this muscle being involved in such critical and personal parts of our lives, it is hard to believe that the PFM gets very little attention and is often neglected and injured. Its time to learn about what this muscle can do for you and what you can do for your PFM! Please join me on Thursday, May 16, 2013 for a fun and informal Fireside discussion on the importance of keeping your PFM healthy and what you can do to improve bladder, bowel and sexual function.

As many of you know, incontinence and sexual dysfunction are common side effects following prostate surgery. For twenty years our clinic, IPPC-Incontinence & Pelvic Pain Clinic, has offered treatment for all types of pelvic floor dysfunctions and clinically we know the importance of early intervention and treatment. In fact, anecdotal evidence shows the benefit for teaching gentlemen how to properly perform PFM contractions pre-surgery, when it is easier to learn as there is no pain or discomfort in the pelvic region, and men can go into the operation with a healthy and strong PFM. This allows patients to have confidence in knowing how to resume their home exercise program post-operatively, as well as the benefit of being a pro-active participant in their health and improving support and circulation in the pelvic region. In this way men are able to reduce, or even prevent, some post-op side effects in bladder, bowel and sexual function. While there is much clinical experience in the treatment post-prostate surgery incontinence and sexual dysfunction, scientific evidence and research showing its benefits is still developing. While research is ongoing, initial studies support the need to exercise your PFM and reinforce the benefits of pelvic floor physiotherapy and proper training when performing your home exercise program.

Promising & Exciting Research Findings:

· Long-term effect of early postoperative pelvic floor biofeedback on continence in men undergoing radical prostatectomy: a prospective, randomized, controlled trial.
Lucia Helena S. Ribeiro et. al. Eur Urol June 2011.

This study evaluated the effectiveness of biofeedback-pelvic floor muscle training in improving urinary incontinence within the first year following radical prostatectomy. This study concluded that "early biofeedback-pelvic floor muscle training not only hastens the recovery of urinary continence after radical prostatectomy but allow for significant improvements in the severity of incontinence, voiding symptoms and pelvic floor muscle strength 12 months postoperatively."

· Does Physiotherapist-Guided Pelvic Floor Muscle Training Reduce Urinary Incontinence After Radical Prostatectomy? A Randomised Controlled Trial. Mari Overgard et. al. Neurourol Urodyn. April 2012.
This study, completed in Norway, evaluated the importance of continued pelvic floor physiotherapy care in PFM exercise for 1-year in treating urinary incontinence following radical prostatectomy. Two groups of participants were instructed in a proper pelvic floor muscle exercise home program. One group received additional follow-up training by a physiotherapist for a full year following the initial exercise instruction. The two groups were evaluated at 3, 6 and 12-months after surgery. While group receiving ongoing physiotherapy training

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showed slightly more continent participants (46% were dry) compared to the group receiving only the initial instruction (43% were dry), there was no significant difference between the two groups at 3-months post-op. However, at 6-months and 12-months the group receiving continued physiotherapy training showed a significantly greater improvement in complete bladder control. At the end of 1-year, the group receiving ongoing care showed that 92% of participants had complete continence compared to 72% in the group receiving only initial instruction. The researchers of this study concluded that while pelvic floor muscle exercise is important in improving bladder control, there was significant benefit to continue physiotherapy training for 1 year post radical prostatectomy as compared to those patients "training on their own".

· Treatment of Erectile Dysfunction by Perineal Exercise, Electromyographic Biofeedback, and Electrical Stimulation. Marijke Van Kampen, et. al. Physical Therapy. June 2003. This study evaluated the effects of pelvic floor physiotherapy including PFM exercise, biofeedback and muscle stimulation on erectile dysfunction. The results found that 47% of the participants receiving pelvic floor physiotherapy were able to regain normal erection, 24% noted improvement in erectile function and 12% failed to note improvement. The remaining 18% of participants did not complete the therapy intervention.

· Early postoperative pelvic-floor biofeedback improves erectile function in men undergoing radical prostatectomy: a prospective, randomized, controlled trial. C. Prota et al. Actas Urol Esp. April 2012.

The researchers of this study completed in Brazil evaluated to benefit of pelvic-floor biofeedback training in recovery of erectile function following radical prostatectomy. Patients receiving pelvic floor physiotherapy once a week for 3 months were compared to a control group given verbal instruction in a pelvic floor muscle home exercise program. The group receiving weekly pelvic floor training showed significantly greater improvement on erectile function than the control group. The gentlemen receiving pelvic floor physiotherapy once per week for 3 months were significantly more likely to have normal erectile function one year after radical prostatectomy surgery compared to the control group receiving only verbal instruction in home exercise.

This area of medicine continues to grow and offer new information on how men can improve and correct bladder, bowel and sexual function following prostate surgery. I am excited to be part of this informal chat on what men can do to help themselves when they experience problems in this area and to discuss what conservative medical treatment options are available to them. I hope you will be able to attend!

Kindest regards, Kelli Berzuk BMR-PT, MSc, PhD Pelvic Floor Physiotherapist

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The Role Of Radical Prostatectomy In Patients With Prostate Cancer

Journal of the National Cancer Institute Public release date: 14-Feb-2013

Even in the presence of screening, there is benefit to radical prostatectomy (RP) in prostate cancer patients, however, the benefit is limited to a subgroup of patients and can take years to become evident according to a study published February 14 in the Journal of the National Cancer Institute.

The Scandinavian Prostate Cancer Group Study Number 4 (SPCG-4) trial identified that RP lowered prostate cancer deaths with a statistically significant absolute mortality difference (AMD) between RP and watchful waiting (WW) of 6.1%. The Prostate Cancer Intervention Versus Observation Trail (PIVOT) recently published results from a US-based trial comparing the effectiveness of RP compared with watchful waiting (WW). The PIVOT trial found a non-statistically significant reduction in the risk of prostate cancer death in the RP group with an absolute risk reduction of 3% after a 12-year follow-up. Although these findings may seem inconsistent with the results from the Scandinavian trial, it is unknown if more frequent screen detection in PIVOT can explain the lower AMD.

In order to determine if a more frequent screen detection in PIVOT explains the lower AMD when compared to the SPCG-4 trial, Jing Xia, Ph.D., of the Fred Hutchinson Cancer Research Center in Seattle and colleagues, assumed that the SPCG-4 trial represented RP efficacy and prostate cancer survival in an unscreened population. They then adjusted prostate cancer survival using published estimates of overdiagnosis and lead time to evaluate the effect of screen detection on disease-specific deaths and the observed AMD.

The researchers found that overdiagnosis and lead time explains the lower AMD in PIVOT if the RP efficacy and prostate cancer survival in the absence of screening are comparable to that of the SPCG-4 trial. They conclude that if these findings are the correct explanation, then a specific set of cases should not be treated with RP and that their identification should lead to a better understanding of the RP benefit in the remaining cases. "PIVOT should not be interpreted as evidence that RP is not efficacious in reducing prostate cancer mortality," the researchers write. "PIVOT should encourage us to develop tests to identify cases for which immediate treatment is beneficial.

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ADT Duration for Prostate Cancer Can Be Cut in Half

ORLANDO, Fla.—Halving the time a patient with high-risk prostate cancer (PCa) is on androgen deprivation therapy (ADT) is safe and does not compromise outcomes, researchers concluded.

In a randomized phase 3 study of 630 patients with node-negative high-risk PCa treated with external beam radiotherapy (EBRT) and long-term ADT, investigators found no significant differences in overall and cancer-specific survival and in the risk of biochemical and regional and distant failure among patients treated with 18 or 36 months of ADT.

ADT consisted of bicalutamide 50 mg for one month plus goserelin 10.8 mg every three months. For the radiotherapy, the radiation dose was 44 Gy for the whole pelvis and 70 Gy for the prostate.

The current recommended duration of ADT for these patients is 24-36 months, the investigators, led by Abdenour Nabid, MD, a Fellow of the Royal College of Physicians of Canada, noted.

"Shorter-term hormone therapy could have a big impact on the lives of men with prostate cancer, reducing the quantity and intensity of its unpleasant side effects as well as treatment costs," said Dr. Nabid, an associate professor at Centre Hospitalier Universitaire de Sherbrooke in Sherbrooke Canada.

In an oral presentation, he told attendees that he and his colleagues hypothesize that 18 months represents a threshold beyond which no further gain occurs. "The job is done," he said.

For the study, 310 patients were randomized to receive 36 months of ADT (arm 1) and 320 were randomized to receive 18 months of ADT (arm 2). At a median follow-up of 77 months, 71 patients in arm 1 (22.9%) and 76 (23.8%) in arm 2 had died. The 10-year overall survival rates were 63.6% and 63.2% in arm 1 and arm 2, respectively, and the 10-year cancer-specific survival rates were 87.2% and 87.2%, respectively.

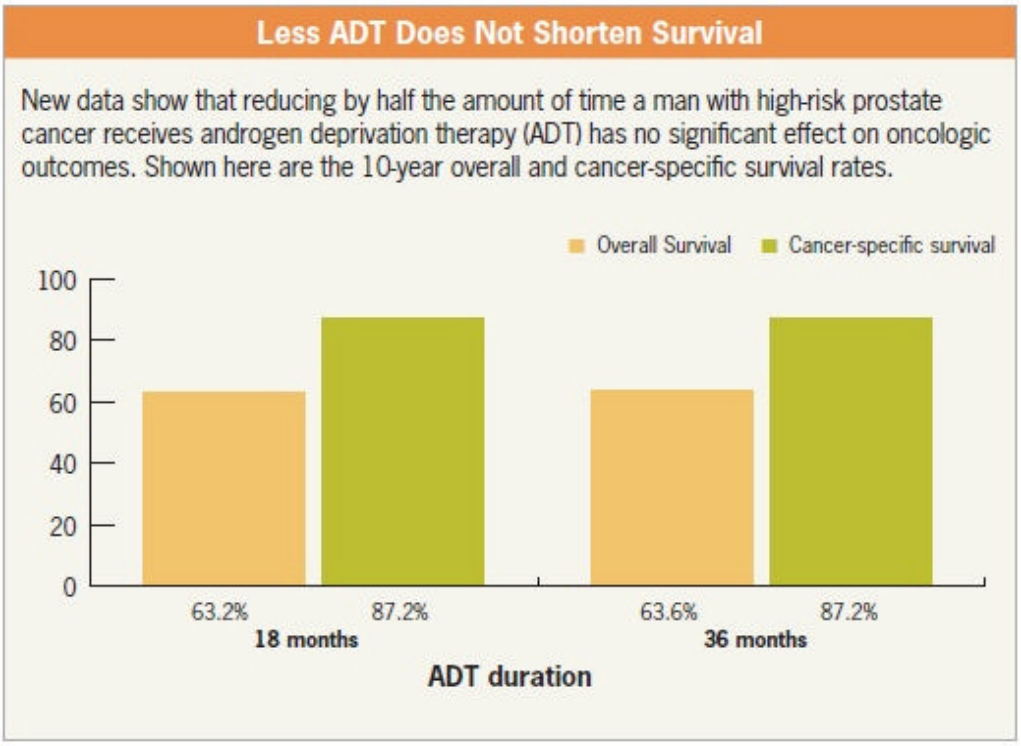
Commenting on the new study, Andrew J. Stephenson, MD, Director of the Center for Urologic Oncology at Cleveland Clinic's Glickman Urological and Kidney Institute, noted the radiation doses administered to the patients were modest compared with what would be used today. The current standard of care for high-risk PCa patients receiving EBRT remains adjuvant ADT for two to three years, he said.

Still, he said it appears that 18 months of ADT was not associated with inferior outcomes compared with 36 months. It may be reasonable to treat patients with 18 months of ADT if they experience major adverse effects while on treatment or if they have important comorbid problems that may worsen with prolonged ADT, Dr. Stephenson told Renal & Urology News.

"This study does not change the standard of care; however, 18 months of therapy may be a consideration for select patients," Dr. Stephenson said.

The study population had a median age 71 years, a median PSA level of 16 ng/mL, and a median Gleason score of 8. Most patients had T2-3 disease. The two study arms were well balanced with respect to patient characteristics, Dr. Nabid's group noted.

From the March 2013 Issue of Renal And Urology News



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Surgery, External-Beam Radiotherapy Plus Brachytherapy Found to Be Cost-Effective Treatments for Intermediate and High-Risk Prostate Cancer

January 09, 2013

(ChemotherapyAdvisor) – For patients with low-risk prostate cancer, survival rates are largely equivalent for different treatment modalities, but for intermediate- and high-risk prostate cancer, surgery—and possibly, external-beam radiotherapy plus brachytherapy—appear to be more effective compared to other treatments; however, radiotherapy methods were consistently more expensive according to the authors of a comprehensive systematic review recently published in the British Journal of Urology International (BJU International).

"Our analysis found small differences in outcomes and substantial differences in payer and patient costs across treatment alternatives," reported lead author Matthew R. Cooperberg, MD, of the University of California San Francisco's Helen Diller Family Comprehensive Cancer Center, in San Francisco, CA, and coauthors. "There were no statistically significant (survival) differences among surgical methods, which tended to be more effective than radiotherapy methods, with the exception of combined external beam radiotherapy (EBRT) plus brachytherapy for high-risk disease. Radiotherapy methods were consistently more expensive than surgical methods."

There exists no consensus for managing localized prostate cancer, and "patterns of management vary tremendously," the authors commented. Clinical trial findings comparing surgery and radiotherapy outcomes are not expected to be available for several years, they wrote.

Their analysis of data from 232 published papers found "statistically significant but relatively modest differences" between treatments in quality-adjusted survival. "In general, surgery was preferred over radiotherapy for lower-risk men, whereas combined EBRT plus brachytherapy compared favorably for high-risk men," the authors reported. "However, across the risk spectrum, radiotherapy was consistently more expensive."

Costs, however, varied markedly between treatments, they reported. Intensity-modulated radiotherapy (IMRT) for low- and intermediate-risk prostate cancer was "substantially more expensive" than surgery or brachytherapy, without offering improved survival times compared to those treatments, the authors noted. Robot-assisted prostatectomy for low-risk prostate cancer costs approximately $19,901, the authors noted, whereas combined radiotherapy for high-risk prostate can cost as much as $50,276.

"Our findings support a greater role for surgery for high-risk disease than we have generally seen it used in most practice settings," Dr. Cooperberg concluded.

Active surveillance ("watchful waiting") and proton therapy were not assessed in the analysis. The study was "the most comprehensive" cost-effectiveness analysis reported to date for localized prostate cancer, the authors reported.

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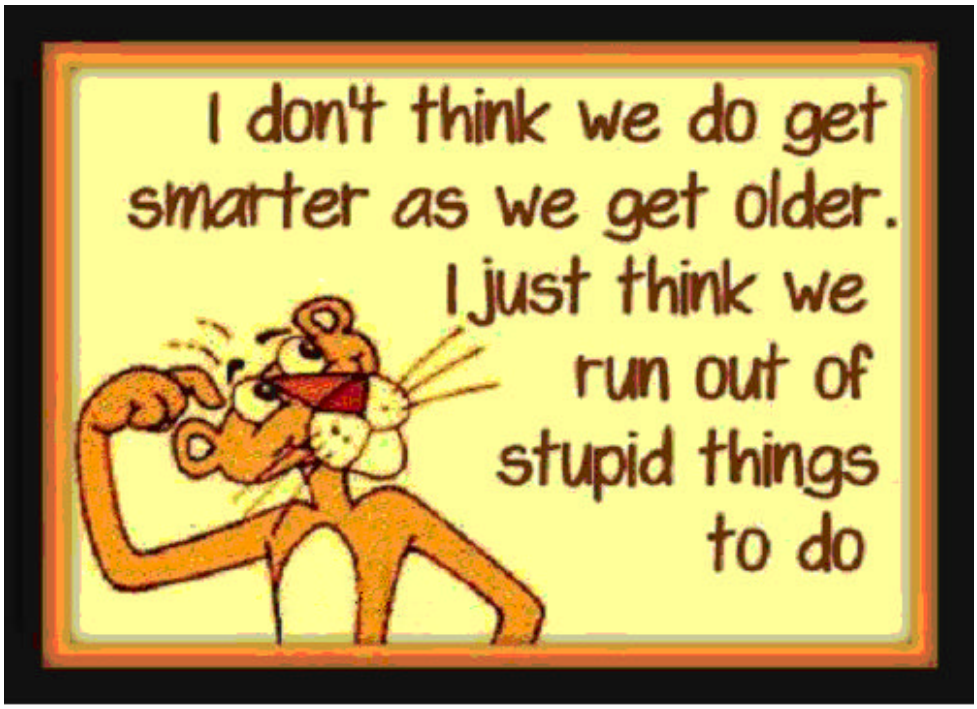

Cancer-Related Fatigue Often Overlooked, Study Finds

THURSDAY, Dec. 27 (HealthDay News) - Too few cancer patients receive care for debilitating fatigue that can last for months or even years after treatment, a new study finds.

"Fatigue is a factor that not only significantly diminishes quality of life but is also associated with reduced survival," study author Dr. Andrea Cheville, a physiatrist with the Mayo Clinic Department of Physical Medicine and Rehabilitation, said in a clinic news release.

The study, published in the January issue of the journal Supportive Care in Cancer, included 160 lung, breast, colon and prostate cancer patients who had moderate to severe fatigue. They were asked if their oncology teams had mentioned any of the cancer fatigue treatments recommended by the National Comprehensive Cancer Network, such as counseling,

medications and getting more exercise.

Only 10 percent of patients said they were told to get more exercise or to try other non-medication ways of reducing fatigue. More than 35 percent of the patients were offered sleep medications, even though drugs have been shown to be the least effective way to treat fatigue in cancer patients.

The researchers also found that the type of cancer was a factor in whether patients received treatment for fatigue. Only 15 percent of colon cancer patients and 17 percent of prostate cancer patients received treatment for fatigue, while 48 percent of breast cancer patients were told about counseling.

"We found the vast majority of patients were not engaging in behavioral practices that could reduce fatigue and potentially enhance quality of life," Cheville said. "And almost a third reported napping during the day, which can actually worsen fatigue."

"We could be doing a much better job addressing fatigue, with more reliable instruction for patients and offering treatments that have been shown to work," she said.

Oncologists, however, may not have the time or resources to deal with patients' quality-of-life issues. There may be a need for specialists who focus on helping cancer patients deal with issues such as fatigue, depression and pain, the researchers said.

SOURCE: Mayo Clinic, news release, Dec. 18, 2012

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Survival Of Patients With Prostate Cancer Has Improved Since 1990, A New Study Has Found, But Socio-Economic Inequalities Are Still Widening

MEDICAL XPRESS February 14, 2013

Men from the most deprived areas had poorer survival compared with men from the least deprived areas, according to research from scientists at the University of Glasgow which is published in the journal PLOS ONE.

The study, which was led by Dr Kashif Shafique of the Institute of Health & Wellbeing at the University of Glasgow, tracked the outcome of more than 15,000 prostate cancer patients in the West of Scotland. The study found that while survival from prostate cancer has improved overall since 1990, the rate of improvement was not the same for all social groups. In the most recent period (2003-2007) patients who lived in the most deprived areas had 10% lower survival at five years compared to the patients from the least deprived areas.

Dr Shafique said: "Previous research has shown that there are socio-economic inequalities in survival of prostate cancer patients but this new study has revealed that the gap has continued to widen over time. Our study also showed that diagnosis of cancers at a younger age or detection of less aggressive disease did not explain the socio-economic inequalities in survival. However, further research is needed with information on how advanced prostate cancer is when it is diagnosed in wealthier compared with poorer men."

The study used data from the West of Scotland Cancer Surveillance Unit for all prostate cancer patients in the region diagnosed during 1991-2007. Just over half of the 15,292 men included in the study lived in socio-economically deprived areas. Of these, 65% died during the study period compared with 51% in the most affluent areas. Researchers found that although five year survival of prostate cancer patients has improved from 58% in 1991-1996 to 78% in 2003-2007, the gap in survival between the wealthiest and poorest patients increased from approximately 5% in 1991-1996 to 10% in 2003-2007. Prostate cancer is the most common cancer amongst men in Scotland and between 2000 and 2010 incidence increased by 7.4%.

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Managing Radiation Therapy Side Effects

What To Do When You Feel Weak or Tired (Fatigue)

Try some of these tips. They have helped others. Talk with your doctor or nurse about other things you can do to have more energy.

Be active if you can. Most people feel better when they exercise each day. Some people even sleep and eat better when they exercise.

· Walk for 15 to 30 minutes each day.
· Take a short bike ride or ride an exercise bike.
· Choose an exercise or sport that you enjoy.

Do fewer things. Ask for help when you need it. You may have times of high and low energy.
· Do the activities that are most important to you first.
· Ask family and friends for help. They can make meals, drive you to the doctor, or help in other ways.
· Learn your limits. Don't fill your day with too many activities.

Plan a work schedule that is right for you. Some people feel well enough to work. Others need to cut back.
· Take medical leave if you need to.
· Ask your boss if you can work from home.

Plan time to rest. Many people need more rest during radiation therapy.
· Sleep at least 8 hours each night.
· Take short naps during the day. Nap for less than 1 hour at a time.
· Read a book or listen to music to relax before going to bed at night.

Talk with your doctor or nurse if you still feel tired after trying these tips.

Questions to ask your doctor or nurse:
1.What can I do to feel less tired?
2.How long will this tired feeling last?
3.How much walking or light exercise should I do?
4.Is there medicine that could help?

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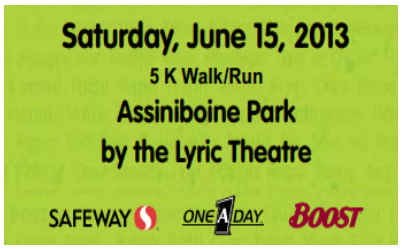

1 Event Details

Location:
Assiniboine Park by the Lyric Theatre
Registration Open: 2:45 p.m.
Start Time: 4:00 p.m.
Additional Information:
Join us after the event for entertainment, BBQ and more!

2 Getting Started

Register ONLINE at FATHERSDAYWALK.CA

1. **Create** a personal or team fundraising page.
2. **Learn** fundraising tips, track your team and personal fundraising progress and share your stories.
3. **Spread the word.** Tell your friends, family and colleagues to join you on Father's Day.
4. **Set your goals.** Fundraise $125 and your registration fee of $35* will be waived. Kids 12 and under are free.

Instant tax receipts will be issued when donations are made online.

* Registration fees are not eligible for tax receipts and are non-refundable.

3 Day of Event

Bring completed forms and donations on Event Day. Come early to avoid the rush!

Check FATHERSDAYWALK.CA for event day and pre-event registration opportunities and information.

Return undeliverable Canadian addresses to
Manitoba Prostate Cancer Support Group
315-971 Corydon Ave.,
Winnipeg R3M 3S7

Publications Agreement
40037332

The Manitoba Prostate Cancer Support Group has been providing services for 20 years:
Newsletter – Website - Monthly Meetings - Hospital visits - Presentations
Your **DONATIONS** make it all possible. **We Thank You.**

Donor's Name: _____
Address: _____ Postal code: _____
This gift is in memory/honour of_____ Please send notification to:
Name: _____
Address: _____ Postal code: _____
$25 $50 $75 $100 $250 other_____ Make payment to:
Manitoba Prostate Cancer Support Group 315 – 971 Corydon Ave. Winnipeg, MB R3M 3S7
*A tax deductible receipt will be issued. Charity number: 88907 1882 RR001

APPRECIATION

PCCN Winnipeg would like to acknowledge a recent donation from AstraZeneca. They produce Casodex and Zoladex, 2 drugs used for prostate cancer hormone therapy treatment. AstraZeneca assists the PCCN Winnipeg Support Group in promoting prostate cancer awareness and education in the community.
We are indeed grateful for their financial contribution and support.

AstraZeneca

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:

June 20...Pam Johnston
- Nurse Practitioner, Pain & Symptom Management
- "Why Am I So tired?"

July 18...Members Forum
- Enjoy a relaxing evening while members describe their PCa journey. Snacks & beverage

August ... TBA

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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