



# The Manitoba Prostate Cancer Support Group



Vol. 214 – April 2009



The Manitoba Prostate Cancer Support Group encourages wives, loved ones, and friends to attend all meetings.

Feel free to ask basic or personal questions without fear of embarrassment. You need not give out your name or other personal information.

**The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians. All information is however freely shared.**

Want to reach us by email ?



[manpros@mts.net](mailto:manpros@mts.net)

## Thought For Today

SOMETIMES I WAKE UP GRUMPY -  
AND SOMETIMES I LET HIM SLEEP.

- PAM BOOMER

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## Medical Advisors to The Manitoba Prostate Cancer Support Group

J. Butler M.D.  
Radiation Oncologist

Paul Daeninck M.D.  
Pain Management

Darryl Drachenberg M.D.  
Urologist

Graham Glezerson M.D.  
Urologist

Len Leboldus M.D.  
Urologist  
[Honorary]

Ross MacMahon M.D.  
Urologist

John Milner M.D.  
Urologist

Jeff Sisler M.D.  
Family Practitioner

Gary Schroeder M.D.  
Radiation Oncologist

**Thanks!**

## *Cancer Information Service*

Call toll free:  
1-888-939-3333 or  
1-905-387-1153

When you call the toll free number of the Cancer Information Service, your questions will be answered by someone who understands how confusing the subject of cancer can be. All calls are kept confidential

## NEXT MEETING:

Thursday, April 16th, 2009      7 - 9 P.M.

Dr. H. R. Wightman, Pathologist

***Explaining the Role of The Pathologist***

*Location: AUDITORIUM of the Seven Oaks General Hospital - Leila & McPhillips*

## Aspirin Helpful for Prostate PSA Levels

Mark Stibich, Ph.D.

Tuesday January 13, 2009

Source: About.com

Prostate specific antigen (PSA) levels are lower in men who take aspirin, according to findings presented at the American Association for Cancer Research™ Seventh Annual Conference. Men who take aspirin have lower levels of PSA, especially men with prostate cancer who take aspirin.

### *Aspirin, PSA and Prostate Cancer*

Prostate specific antigen is one of the most commonly used markers for prostate cancer. Basically, the higher the level of PSA in the blood, the more likely it is that cancer is present in the prostate (though high PSA numbers can also indicate other non-cancerous problems with the prostate gland).

In examining 1,277 men, researchers found that 37% took aspirin daily. In the aspirin takers, the average PSA level was 9 percent lower than in the non-aspirin takers (after considering age, race and other factors). The effect was greater in men who had been diagnosed with prostate cancer. Researchers believe that the aspirin has some effect on cancer growth.

Of course, the aspirin may be suppressing the PSA levels but not changing the growth of prostate cancer. In other words, the aspirin could be hindering the ability to detect prostate cancer. What is known is that taking aspirin reduces the PSA level, but whether that means less growth of cancer or a masking effect remains to be seen.



Vitamin D, calcium: Did not prevent breast cancer.  
*Journal of the National Cancer Institute, November*

Vitamins C, E: Did not prevent heart disease in men; vitamin E increased stroke risk.  
*American Heart Association meeting, November*

Vitamin B-12, folic acid: Did not prevent heart disease.  
*American Heart Association meeting, November*

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## Chappel: Prostate Cancer - Don't Die Of Embarrassment

Source: Halstad Gazette

4:30pm Thursday 5th March 2009

Roger Hughes, a father-of-two, is lucky to be alive after beating prostate cancer and now does his best to encourage other men to get tested.

This month is prostate cancer awareness month and the 65-year-old from Chappel has spoken about his own experience in the hope that it will prompt others to get tested.

When one of Mr Hughes' employees died from prostate cancer it convinced him to get tested.

Mr Hughes had a blood sample tested and although doctors said he was fine, they also sent him for a biopsy.

He was then diagnosed with prostate cancer.

Mr Hughes said: "When I got the result I broke down hysterically."

He had a radical prostatectomy followed by seven weeks of radiotherapy at the Royal Marsden Hospital, in Sutton, Surrey.

Now, ten years on, Mr Hughes is out of remission but still has his blood tested every three months to pick up any indications of prostate cancer.

He tries to do his bit to publicize prostate cancer by speaking to the media and everyone he meets.

Mr Hughes said: "It's curable, but the important thing is to get on the case quickly.

"Men are very reluctant to get checked out.

"The early indications are lower back pain and getting up several times during the night to pee and it's not a continuous flow.

"I think every man should get tested on a regular basis and I think the government should do something about it.

"Nearly all of my friends have been very shy about going to the doctor and talking about it.

"My message is—get yourself tested, don't die of embarrassment."

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## Supplements Don't Prevent Prostate Cancer *Vitamin E, Selenium Do Not Reduce Risk Of Prostate Cancer, Study Finds*

BY MADELINE LEWIS - MLEWIS@VICAD.COM  
January 07, 2009 - 10:33 p.m.

SAN ANTONIO - Dr. Ian Thompson has an unusual professional aspiration.

"The ultimate goal is to put ourselves out of business," he said.

Thompson is the director of the genitourinary clinic at the Cancer Therapy & Research Center at The University of Texas Health Science Center in San Antonio. He studies how to prevent prostate cancer so that fewer men will struggle with the disease and have to seek cancer treatment with him and other urologists.

An average of 1,683 men in Texas died of prostate cancer every year between 2001 and 2005, according to the National Cancer Institute. About eight of these deaths occurred annually in Victoria County.

In December, The Journal of the American Medical Association published the results of a study that Thompson and 32 other doctors and scientists authored. "The Selenium and Vitamin E Prevention Trial," or SELECT, analyzed whether consuming vitamin E, selenium or both reduced the risk of developing prostate cancer. The study showed that they do not.

"The message to men is if they are interested in reducing the risk of prostate cancer, selenium and vitamin E do not work," Thompson said.

Sponsored by the National Cancer Institute, more than 35,000 men in Canada, the United States and Puerto Rico took part in the study. To participate, the men faced no maximum age restrictions, but they had to be relatively healthy. This meant they were likely to be alive in 10 years, Thompson said.

Between Aug. 2001 and October of this year, study subjects received one of four possible supplements: selenium, vitamin E, the two together or a placebo containing neither.

During that period of time, doctors monitored the patients for prostate cancer. Originally, SELECT was slated to continue for at least another three years, but members of the study's oversight committee deemed the results so conclusive that they decided to end it early.

"They told me to close it because there is no difference and the additional years would not change the outcome," Thompson said.

The study concluded that taking vitamin E, selenium or both did not cut down on the number of cases of prostate cancer. Indeed, it found a slight increase in incidences of prostate cancer among the men who took only vitamin E. However, the increase was so small that it was not statistically significant, Thompson said.

SELECT challenged a 1996 U.S. study and a 1998 Finnish study. The U.S. study indicated selenium reduced the risk of prostate cancer and the Finnish study that vitamin E lowered the risk.

Thompson thought these results might have been due to chance.

"They looked at all sorts of other things and if you look at all sorts of other things, one will be positive by chance," he said.

Neither study began as analysis between the supplement and prostate cancer. The U.S. study looked at a possible relationship between skin cancer and selenium and the Finnish study, a potential association between vitamin E and lung cancer.

"The early literature supported the fact that it may have been helpful in not only preventing prostate cancer, but also treating prostate cancer," said Dr. Marshall Wiener, a Victoria urologist, about selenium.

For several years, Wiener suggested selenium to patients who asked how they could reduce their risk of getting prostate cancer. He never recommended vitamin E because research "has gone back and forth on it being helpful," he said.

After SELECT's results became public, Wiener stopped advising patients to take selenium for prostate health.

"For now, there doesn't seem to be any justification in recommending selenium in either the prevention or treatment of prostate cancer," he said.

Thompson recommends patients exercise, eat fruits and vegetables and take the drug, finasteride, if they want to better protect their prostates. Finasteride lowers the incidence of prostate cancer by at least 25 percent, he said.

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## In Depth Interview: *CyberKnife For Prostate Cancer*

Washington, D.C.   Source: <http://www.wctv.tv>   Feb 27, 2009

*Sean Collins, M.D., Ph.D.,  
a radiation oncologist at Georgetown University*

### Who is a candidate for this procedure?

Dr. Collins: A good candidate for the CyberKnife is someone who has clinically localized prostate cancer. That means prostate cancer that's confined to the prostate gland, and it's somebody who has low to intermediate risk features, so people with Gleason scores of seven and less, with a PSA of 20 or less.

### What's the traditional treatment for prostate cancer?

Dr. Collins: Actually, we still treat people the traditional way. It's eight weeks of daily radiation, five days a week, Monday through Friday, and there are some symptoms associated with it. It's eight weeks, so men aren't happy with it. They'd rather be on the golf course than spending 8 weeks with their doctor getting treated for prostate cancer.

### Is that the difference the CyberKnife makes?

Dr. Collins: The good thing about the CyberKnife is it's only five treatments, and you're done. Usually we do them in one week or one or two weeks. It's actually only 5 treatments instead of 40 treatments. It's very convenient for patients. A lot of patients live far away from a radiation/oncology center, so imagine you live two or three hours from a major medical center. How would you get treated for your prostate cancer? You almost have to move to closer to the center to get treated. So the CyberKnife is very convenient for men who don't have a major medical center near them.

### How long does the treatment take?

Dr. Collins: It takes about an hour each day, so you have to lay flat on the table. We try to make you comfortable. The machine actually rotates around the patients and gives radiation to the prostate from hundreds of different directions, which makes the treatment very conformal.

### How does the treatment work?

Dr. Collins: First, we put gold fiducials, or little gold seeds, in the prostate so our machine can actually move with the prostate and track it. What that lets us do is it makes us have tighter margins in the prostate and we can get the radiation in more quickly.

### How long does each treatment take?

Dr. Collins: There are five treatments. Each treatment takes about one hour.

### What do you like about this option?

Dr. Collins: I like it because it's very convenient for men. It has side effects similar or less than the other radiation options for men with prostate cancer.

### What are they?

Dr. Collins: Side effects with prostate cancer treatment with radiation are -- urinary frequency, bowel frequency are the early side effects. Delayed side effects are you can have rectal bleeding about a year after, and you can have decreased erections about two or three years after.



### Can this be used apart from surgery?

Dr. Collins: This is without surgery. The only surgical part of this procedure is putting four gold seeds, or fiducials, within your prostate. It takes the urologist about 5 minutes to do that, and it's actually less burdensome than a biopsy.

### Is surgery much more risky than this treatment?

Dr. Collins: With surgery, incontinence can happen. I think if you want surgery, you should be treated by an experienced surgeon, but it still can happen if you're unlucky. Incontinence is rare with any type of radiation.

(Continued from page 4)

### Who wouldn't be eligible for CyberKnife treatment?

Dr. Collins: I would skip this with people who have disease outside their prostate, in their lymph nodes or in their bone. There are some patients who have pacemakers or defibrillators that don't allow us to get an MRI for treatment planning, and an MRI is a very sophisticated type of imaging that allows us to see the prostate anatomy very well. If someone is going to give high doses of radiation to my prostate, I want them to know exactly where the prostate is. If you're not a candidate for an MRI, you're not a candidate for CyberKnife. Also, there are certain things that make tracking the prostate difficult, things like hip replacements. They're made out of metal. We're actually tracking metal fiducials, so that makes it more difficult to treat those patients.

### What happens if the radiation misses the correct area?

Dr. Collins: It could do damage to the rectum and the bladder. I call the pelvis the high rent district. There are lots of important things in the pelvis, and if you're missing the prostate, you're giving your rectum high doses of radiation, which could cause rectal bleeding. If you're missing the prostate, you're giving high doses of radiation to the bladder, which could cause bleeding from your bladder. I like to prevent those problems if I can. So with the CyberKnife, we try to prevent that.

### What's the success rate compared to traditional radiation?

Dr. Collins: It should be better than traditional radiation,

because what we found over the last 20 years is that if you give radiation faster to prostate cancer, patients do better in terms of their cancer outcomes. So it should theoretically actually be better. We've been using it for about four years. The preliminary data is coming out, and the PSA drops more quickly with the CyberKnife than it does with conventional radiation. Prostate cancer is a cancer of 10 or 20 years, so we won't know how good the results are for that long, but we're not willing to wait because we have the best radiation technology in the world, and I'm not willing to wait 20 years to give this opportunity to men.

### Is prostate cancer one of the most treatable cancers?

Dr. Collins: It's very treatable if we find it early. Every man over 50 should be getting a PSA and a digital rectal exam every year so that we can find the cancer early. It's much more curable if we find it early.

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"But I was under the impression  
that we couldn't bring it with us"

## World's Longest Prostate Cancer Cure Rates Published at Clinical Oncology Meeting

A long-term study revealing the longest reported Prostate Cancer Cure Rates in the world has been presented at the annual meeting of the American Society of Clinical Oncology in Orlando, last week.

Sarasota, FL, March 08, 2009 --(PR.com)-- Prostate Cancer Cure Rates are very important to most patients. "Long-term outcomes for patients with prostate cancer having intermediate and high-risk disease treated with brachytherapy and supplemental conformal radiation" reports an astonishing 16-year Prostate Cancer Cure Rate, was presented by radiation oncologist and principal investigator Michael J. Dattoli, MD.

The study on Prostate Cancer Cure Rates consists of a group of 321 patients treated by Dr. Dattoli between 1992 and 1997, each of whom was diagnosed with prostate cancer categorized as at either intermediate-risk or high-risk of "extra-capsular extension." 157 patients were categorized as intermediate-risk; 164 were high-risk. The stratification conforms to the National Comprehensive Cancer Network guidelines and is of importance because it defines whether the cancer cells are at risk of having spread beyond the prostate gland, making "cure" by traditional surgical approaches virtually impossible.

These patients were treated with combination radiation therapy, a protocol for which Dattoli has been a noted pioneer. In the Prostate Cancer Cure Rates Study, the men were first treated with daily 3-D conformal pelvic radiation, followed by palladium-103 brachytherapy (seed implant) using generous margins.

## Prostate Cancer Death Risk Linked to Vitamin D

Jody A. Charnow      March 06 2009  
Source: Renal and Urology News

Elevated serum levels of vitamin D may be associated with a reduced risk of death from prostate cancer, researchers reported in the British Journal of Cancer (2009;100:450-454).

In a study of 160 prostate cancer patients, those with medium and high serum levels of 25-hydroxyvitamin D (calcidiol) were at 67% and 84% decreased risk of death

Cure, defined as "actuarial freedom from biochemical (disease) progression" was found to be 82% at 16 years (89% for intermediate-risk patients; 74% for high-risk).

"The Prostate Cancer Cure Rates Study is encouraging for any man with intermediate or high-risk disease," notes Dattoli, "as it confirms that combination, brachytherapy-based treatment regimes have proven to be effective options for these patients. These results are far superior to any reported with surgery (traditional or robotic) or with any other treatment options, with far less risk of the complications of erectile dysfunction or incontinence."

Dattoli, and partner Richard Sorace, MD, at the Dattoli Cancer Centers & Brachytherapy Research Institute in Sarasota, Florida, have been perfecting the combination treatment protocol for over 20 years. "With the greatly advanced focal radiation technology we now have, we are confident that men - especially those with very aggressive disease - are seeing superior results to even those reported in this Prostate Cancer Cure Rates Study," Dattoli adds.

Look-back studies, such as this one, take many years to complete but are the foundation for progress in this field. "Our commitment to continuing the research and publishing these peer-reviewed studies is what will bring longer life and higher quality of life to prostate cancer patients in the future," Dattoli states.

Already the extreme and often damaging radical surgery of the past 20 years is disappearing, as men now have proven options that defeat the cancer and preserve the quality of their lives after prostate cancer.

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from prostate cancer, respectively, compared with patients who had a low level. Among the 97 men receiving hormone therapy, medium and high calcidiol levels were associated with 82% and 91% decreased risk. Medium and high calcidiol levels were defined as 50-80 and greater than 80 nmol/L, respectively.

The researchers, led by Trude Eid Robsahm, PhD, of The Cancer Registry of Norway, Institute of Population-based Cancer Research, Oslo, concluded that serum calcidiol levels may be involved in disease progression, and this patient group may benefit from increasing the serum level of vitamin D if it is below 50 nmol/L.

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MANITOBA PROSTATE CENTRE  
SECOND ANNUAL  
**FROM**  
**STRENGTH** **TO**  
**STRENGTH**  
AN EDUCATION DAY FOR  
PROSTATE CANCER SURVIVORS  
AND THEIR PARTNERS



Saturday, April 18 / 8:30 am – 4:15 pm  
Victoria Inn, 1808 Wellington Ave.  
Keynote Speaker: Tim Frymire

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### 2009 MEETINGS:

Jan. 15.....Dr. Paul Daeninck, Pain Management specialist - "Supportive Care for The Prostate Cancer Patient and his Family"  
Feb. 19.....MPSGC member stories - "Let's Share Some of our Stories ( Good & Bad ) "  
Mar. 19.....Dr. John Milner, Urologist - "Prostate Cancer : What Does "Cure" Mean for This Disease? "  
April 16.....Dr. H. R.Wightman, Pathologist - "Explaining the Role of The Pathologist "  
May 21.....Dr. Janice Dodd, PhD, Physiology - "What's New in Prostate Cancer Research "  
June 18.....Tom Roche, Social Work - "So You've been referred to a Social Worker: Now What? "  
July 16.....Jason Bachewich, Naturopath - "New Science & Nutritional Breakthroughs in Prostate Cancer Support "  
Aug. 20.....Robin Chambers, Oncology Dietician - "Common Myths About Diet and Cancer "  
Sept. 17.....Dr. Jeff Sisler, Family Physician - "Prostate Cancer : Post Treatment Concerns "  
Oct. 15.....Kim Hodgins, Physiotherapist - "Incontinence and The Pelvic Floor Muscle "  
Nov. 19.....Greg Harochaw, Pharmacist - "Treating Erectile Dysfunction after Prostate Cancer Treatment "  
Dec. 17.....Party Time: Don Swidinsky - guitarist.: Celtic Group "Beggars Brawl " - Miriam, Darrell, Mike & D'Arcy

### Executive Committee:

(204)

Pam Boomer, Executive Member	663-1351
Tom Boomer, Executive Member	663-1351
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Our Answering Machine	989-3433

This newsletter is a  
**Bottom Line Computer Services**  
publication

[www.misterpete.com](http://www.misterpete.com)

### CAN YOU HELP?

The Manitoba Prostate Cancer Support Group operates on your donations

#### We need your contributions

Have you used any of our services?

Newsletter - General Meetings - Hospital visits - One-on-one visits - Speakers

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