

THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER



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June 2013

Innovative, Circulating Tumour Cell Test Now Available in Canada at PathQC Ltd.

MONTREAL, QUEBEC- (Marketwire - March 26, 2013) - PathQC Ltd. today announced that it is the first laboratory in Canada to offer the CellSearch® Circulating Tumor Cell (CTC) test for clinical use. This simple blood test assists oncologists to predict patient prognosis and develop personalized patient care plans.

CTCs are cells that have detached from the primary tumour and circulate in the blood stream. CTCs may travel to other areas and create new tumours in

different tissues or organs (metastasis).

The CellSearch® CTC test, distributed by Veridex LLC, a Johnson & Johnson company, is the first Health Canada and FDA approved diagnostic test to automate the capture and detection of CTCs (of epithelial origin) in patients with metastatic breast, colorectal or prostate cancer. A combination of antibodies, microscopic iron particles and powerful magnets allow the CTCs to be drawn out of the blood sample which are then identified with

fluorescent bio-molecules. As low as one CTC in 7.5 mL of whole blood can be detected using this advanced technology.

This test represents an important shift in the management of cancer patients as an adjunct to standard methods of monitoring disease status and provides a more complete picture of patient prognosis. The change in the count of CTCs is an early indicator of change in prognosis. The count should ideally be

(Continued on page 2)

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: June 20, 2013

**Pam Johnston, Nurse Practitioner
Symptom Management & Palliative Care
"Why Am I So Tired?"**

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 Of The Day

"You already possess everything necessary to become great."
Native American Proverb

www.manpros.org

(Continued from page 1)

monitored on a regular basis such as before and after treatments as well as regular intervals there after.

PathQC is a state-of-the-art diagnostic pathology laboratory offering cytology, histology and molecular pathology services. VM Medical is the first medical center to be affiliated

with PathQC and is now offering the CTC test to their patients. They are a leader in breast cancer detection and treatment and are the largest private breast center in Canada. PathQC and VM Medical have joined other leading cancer institutions in the United States, Europe and Asia to be at the forefront of cancer care.

CTC results should be used in conjunction with all clinical information derived from diagnostic tests (e.g., imaging, laboratory tests), physical examination and complete medical history in accordance with appropriate patient management procedures.

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Prostate Cancer Risk Rises in Men With Inherited Genetic Condition

Apr. 1, 2013 — Men with an inherited genetic condition called Lynch syndrome face a higher lifetime risk of developing prostate cancer and appear to develop the disease at an earlier age, according to a new study led by researchers at the University of Michigan Comprehensive Cancer Center.

Lynch syndrome is an inherited condition linked to a higher risk of several types of cancer. People with Lynch syndrome have up to 80 percent lifetime risk of colorectal cancer and are also more likely to develop endometrial, gastric, ovarian, urinary tract, pancreatic and brain tumors. Overall, about 1 in 440 people are carriers for the genetic mutation, making it one of the most common inherited cancer conditions.

The findings in prostate cancer have implications for screening younger men who may be at higher risk of the disease. Recent guideline recommendations advise against prostate cancer screening in men younger than 75 who do not have any symptoms.

"For men with an inherited risk factor for prostate cancer, they should still be thinking about prostate cancer screening. Our study suggests men with Lynch syndrome might benefit from regular prostate cancer

screening," says lead study author Victoria M. Raymond, a certified genetic counselor with the University of Michigan's Cancer Genetics Clinic.



Lynch Syndrome

The researchers looked at 198 families who have a strong family history of cancer and were enrolled in registries at the University of Michigan Comprehensive Cancer Center or at Dana Farber Cancer Institute. These family registries included 4,127 men who were included in this analysis.

Among men with a mutation linked to Lynch syndrome, the researchers estimated their lifetime risk of prostate cancer to be 30 percent, compared to 18 percent among the general population. Men aged 20-59 who carried this mutation also faced a higher risk of prostate cancer than the general public.

Results of the study appear online in the *Journal of Clinical Oncology*.

Earlier studies have suggested that Lynch syndrome might play a role in inherited prostate cancer, but studies to date have been controversial.

"It's been tricky to figure out if prostate cancer is really associated with Lynch syndrome. It's a very common cancer. When you see it occurring in families, it's difficult to figure out if that's because it's associated with Lynch syndrome or just because it's really common," Raymond says.

The current study uses a more rigorous statistical analysis and pulls from a larger number of people. This same method has previously linked Lynch syndrome to endometrial cancer and pancreatic cancer.

Prostate cancer statistics: 238,590 Americans will be diagnosed with prostate cancer this year and 29,720 will die from the disease, according to the American Cancer Society

Additional authors: Bhramar Mukherjee, Fei Wang, Shu-Chen Huang, Elena M. Stoffel, Fay Kastrinos, Sapna Syngal, Kathleen A. Cooney, Stephen B. Gruber

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Prostate Cancer: What You Should Know About Screening and Diagnosis

Cancer of the prostate gland is the most common cancer affecting men. Most of the time when prostate cancer is diagnosed the tumor is still confined to the gland. Prostate cancer screening is important in the early detection of prostate cancer. This is because many men diagnosed with prostate cancer do not have symptoms. And the earlier cancer is found, the more treatable it is.

What screening tests are available?

The following tests are used to check for prostate cancer:

Prostate exam For this test, also called a digital rectal exam, the doctor inserts a lubricated, gloved finger into the rectum and feels the surface of the prostate for any lumps, swelling or other abnormalities.

PSA blood test PSA refers to "prostate-specific antigen," a protein produced by the prostate gland. Older men generally have higher levels of PSA than younger men, as prostate gland size and PSA levels increase with age. Your doctor can tell you if your test results are normal for your age. High blood levels of PSA may indicate the presence of prostate cancer. Generally, levels under four nanograms per millimeter (4 ng/mL) of blood (a very tiny amount) are considered normal.

What are the screening recommendations for prostate cancer?

All men should talk with their doctor about the pros and cons of being screened for prostate cancer. The following guidelines may help you in talking with your doctor about prostate cancer screening:



Men at average risk of prostate cancer Start talking with your doctor about prostate screening at age 50.

Men who are at higher risk of prostate cancer Starting at age 45, talk with your doctor about what screening schedule is right for you.

Men at highest risk (for example, those who have had several relatives diagnosed with prostate cancer at an early age) Ask your doctor about screening starting at age 40.

What are the risk factors for prostate cancer?

All men are at risk of developing prostate cancer based on their having a prostate gland. The following are some of the other known risk factors. Talk to your doctor about your risk.

Age Prostate cancer is more common in men over 50. Most cases of prostate cancer (about 80%) are diagnosed in men age 65 or older.

Race African-American men are at a higher risk of developing prostate cancer. The reasons for this are not fully understood.

Family history Having a father, grandfather, uncle or brother with prostate cancer increases your risk. Having several close relatives diagnosed with prostate cancer at an early age puts you at a higher risk.

Diet A diet high in animal fat and red meat may increase the risk for prostate cancer.

Source: www.cancercare.org

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Aerobic Exercise Relieves Pca-Linked Fatigue

Publish date: NOV 28, 2012, Urology Times

Aerobic exercise can help relieve fatigue associated with prostate and breast cancer and treatment for those diseases, say British researchers.



For their study, which was published online in Cochrane Database of Systems Reviews (Nov. 14, 2012), the researchers included 56 studies involving a total of 4,068 people with cancer. Half of the studies were carried out in patients with breast cancer. Those with solid tumors benefited from aerobic exercise, such as walking or cycling, both during and after cancer treatment. Other forms of exercise, including resistance training, did not significantly reduce fatigue.

"The evidence suggests that exercise may help reduce cancer-related fatigue and should therefore be considered as one component of a strategy for managing fatigue that may include a range of other interventions and education. This update to the review provides a more precise conclusion, showing specifically that aerobic exercise, both during and after cancer treatment, can be beneficial," said co-

author Fiona Cramp, DPhil, of the University of the West of England, Bristol.

It remains to be seen how cancer treatment alters the beneficial effects of exercise on cancer-related fatigue, researchers say. Further research is also needed to understand how the frequency and duration of exercise, and type of cancer, affect the results.

See results of Canadian study below.

PubMed

Randomized controlled trial of resistance or aerobic exercise in men receiving radiation therapy for prostate cancer.

Segal RJ, Reid RD, Courneya KS, Sigal RJ, Kenny GP, Prud'Homme DG, Malone SC, Wells GA, Scott CG, Slovynec D'Angelo ME

J Clin Oncol. 2009;27(3):344.

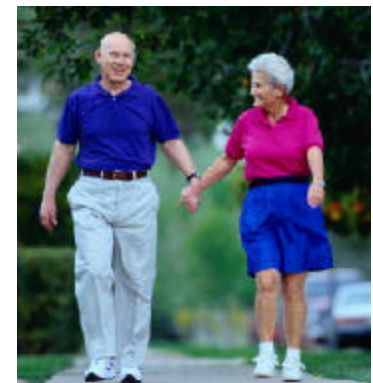
PURPOSE: Radiotherapy for prostate cancer (PCa) may cause unfavorable changes in fatigue, quality of life (QOL), and physical fitness. We report results from the Prostate Cancer Radiotherapy and Exercise Versus Normal Treatment study examining the effects of 24 weeks of resistance or aerobic training versus usual care on fatigue, QOL, physical fitness, body composition, prostate-specific antigen, testosterone, hemoglobin, and lipid levels in men with PCa receiving radiotherapy.

PATIENTS AND METHODS: Between 2003 and 2006, we conducted a randomized controlled trial in Ottawa, Canada, where 121 PCa patients initiating radiotherapy with or without androgen deprivation therapy were randomly assigned to usual care (n = 41), resistance (n = 40), or aerobic exercise (n = 40) for 24 weeks. Our primary end point was fatigue assessed

by the Functional Assessment of Cancer Therapy-Fatigue scale.

RESULTS: The follow-up assessment rate for our primary end point of fatigue was 92.6%. Median adherence to prescribed exercise was 85.5%. Mixed-model repeated measures analyses indicated both resistance (P = .010) and aerobic exercise (P = .004) mitigated fatigue over the short term. Resistance exercise also produced longer-term improvements (P = .002). Compared with usual care, resistance training improved QOL (P = .015), aerobic fitness (P = .041), upper- (P < .001) and lower-body (P < .001) strength, and triglycerides (P = .036), while preventing an increase in body fat (P = .049). Aerobic training also improved fitness (P = .052). One serious adverse event occurred in the group that performed aerobic exercise.

CONCLUSION: In the short term, both resistance and aerobic exercise mitigated fatigue in men with PCa receiving radiotherapy. Resistance exercise generated longer-term improvements and additional benefits for QOL, strength, triglycerides, and body fat.



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Urinary Incontinence Patient Information Fact Sheet

What is urinary incontinence?

People of all ages can have difficulty controlling their bladders, whether they are school children or grandparents, men or women, otherwise healthy individuals or those with some disability. Some people find that they often need to go to the toilet more frequently during the day and night while others may experience regular accidents. The National Association for Continence estimates that urinary incontinence affects approximately 200 million people worldwide.

How can people tell if they have urinary incontinence?

Most people need to empty their bladders no more than seven times a day and only once a night. They can consciously control when and where this process takes place. People who have bladder problems are sometimes unable to control their bladders and release urine at the wrong time.

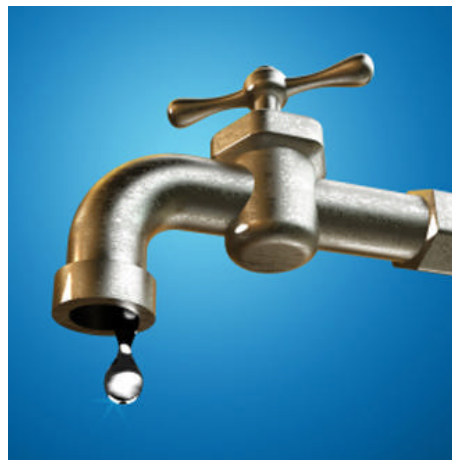
Is there more than one type of urinary incontinence?

There are several different types of urinary incontinence:

- Stress incontinence. This is when the bladder leaks small amounts of urine as a result of stress. Confusingly the use of the word "stress" does not mean mental stress. It refers to the physical stress or pressure that sudden movements place on the muscles supporting the bladder. Such sudden movements include coughing, sneezing, laughing, lifting or any sudden physical exercise.
- Unstable bladder. There are several symptoms of an unstable bladder. Some people need to go to the toilet frequently—more than seven times

during the day and more than once at night. Others experience a very strong urge to go to the toilet with no advance warning. Sometimes this urge is so strong that they are unable to delay passing urine long enough to reach the toilet.

- Mixed incontinence. Individuals who suffer from both unstable bladder and stress incontinence are described as having mixed incontinence.
- Overflow incontinence. This type occurs when the bladder does not empty properly. As a result, over time, large quantities of urine are stored, causing the bladder to overflow. This type of incontinence is more common in men and is often the result of an enlarged prostate blocking the bladder opening.



How is urinary incontinence treated?

A great deal can be done about bladder problems. Almost everybody with these problems can be helped and many people can be completely cured.

- Exercise. Sometimes something as simple as doing special exercises to strengthen the pelvic floor muscles, or retraining the bladder to hold on for longer, is all that is needed
- Medication. Some drugs can relieve

and control the troublesome symptoms of an unstable bladder. Your doctor may prescribe one of the following drugs: oxybutynin (Ditropan XL, Gelnique), solifenacin (Vesicare), tolterodine (Detrol LA), trospium (Sanctura), darifenacin (Enablex), or fesoterodine (Toviaz). If your doctor thinks you have a urinary tract infection he or she may prescribe an antibiotic to treat it.

- Surgery. There are straightforward surgical procedures that have helped many people to control their bladder problems. These include operations to repair weakened muscles or remove any blockage from the bladder
- Special products. If the underlying problem cannot be controlled, special products such as pants, pads, collection devices, chair and bed protection allow people manage their incontinence with minimal impact on their lives

Self-help measures

- Watch your weight' being overweight makes incontinence more likely
- For women, practicing your pelvic floor exercises, particularly before and after having a baby
- Eat plenty of fresh fruit, vegetables and fiber to prevent constipation
- Stop smoking; a chronic cough can cause incontinence
- Don't drink too much liquid, although it is important to drink at least eight 8-oz glasses of water a day
- Don't drink too much tea, coffee or alcohol; these drinks can make you pass more urine

Further information

National Kidney and Urologic Diseases Information Clearinghouse:
www.kidney.niddk.nih.gov



Research Trials At U-M Personalize Cancer Treatments

Customized patient therapies seen as new frontier of medicine

By Kim Kozłowski

Curtis Huntington was diagnosed nearly three years ago with stage 4, advanced-stage prostate cancer.

Instead of getting treated with a conventional therapy used on most patients, Huntington participated in a research effort at the University of Michigan that uses genetic information to tailor treatment to his unique cancer.

He has since taken part in three clinical trials, and so far his prognosis is good.

"Being able to tailor treatment gives you a chance to treat your illness, not just an illness," said Huntington, 70, a U-M math professor. "I have a particular form of cancer, unique to me. If we can treat my form of cancer, that's great."

Huntington is involved in research that some say is the next frontier in medicine, known as personalized medicine. Since last year, U-M researchers have sequenced the DNA of tumors from more than 100 metastatic cancer patients who are no longer responding to usual therapies. The effort is to help doctors customize treatment based on evolving technologies and discoveries in DNA profiling.

Traditionally, patients get treated for diseases with what is available and works for the masses. Personalized medicine aims to customize treatment for every individual, based on their genetic information and other factors. It's a young but hot area in medical research, one that's expected to usher in a new era of treatments, possibly

even add a new paradigm. U-M has been involved in the research for years and is moving toward translating it into medicine, initially focusing on cancer.

"This is about as cutting edge in medicine as you can get," said Dr. Robert Penny, an adjunct associate professor in U-M's Department of Pathology. "For every disease out there, this is the future."

Research to expand

Penny is CEO of Paradigm, a nonprofit company that U-M began last summer in collaboration with Phoenix-based International Genomics Consortium.

The venture offers gene sequencing and molecular diagnostics to help tailor treatment for individuals. Sometimes the treatment involves an experimental drug being used in a clinical trial. Other times, patients can be put on an agent that is known to be effective at working on a specific DNA, or on a protein change, in cancer.

The company will soon be rolling out tests to be used in clinical trials.

The research initially is focused on cancer, because so much is known about DNA-level changes in cancer. But eventually, DNA sequencing will evolve to other diseases.

"This has really been a revolution that we have been pushing for to happen so we become granular, more specific, on how we sort through patents, and who will respond to a particular therapy," Penny said. "We all want to get the right drug to the right patient at the right time."

The work complements other work under way at U-M involving sequencing of DNA.

Dr. Arul Chinnaiyan is director of the Michigan Center for Translational Pathology, which is working to develop new molecular tests and therapeutics for human diseases, with a focus on cancer.

Not all patients respond to conventional treatments, so when they reach advanced stages of cancer they are enrolled in a clinical sequencing program.

Since 2011, U-M has sequenced 150 adult patients and 15 children, Chinnaiyan said. The six-week process sequences the cancer tumor along with normal tissue and compares them.

"We're trying to figure out what mutations have occurred in the patient's tumor relative to the normal genome," Chinnaiyan said. "We analyze the data in the context of the mutation to see if there are any clinical trials that might be appropriate or approved drugs that might work."

A small percentage of patients fit the criteria for clinical trials or approved drugs, and an even smaller percentage will respond. But early research has offered some success stories that will be published in academic journals in the near future.

"Patients who have failed conventional therapies are looking for options," Chinnaiyan said.

'Reshaping cancer care'

Ultimately, the hope is to understand the genome of the cancer and what is driving it, and to sequence tumors sooner so patients can get more specific treatments sooner.

"In the future, this is the way that cancer and other diseases will be

(Continued on page 7)

(Continued from page 6)

handled," Chinnaiyan said.

U-M joins several research institutions across the country that are working to translate personalized medicine into patient care, said Edward Abrahams, president of the Washington, D.C.-based Personalized Medicine Coalition.

The declining cost of sequencing, combined with the better understanding of genetics, especially genetic expressions of cancer, is providing better care for treatment, Abrahams said.

"It's the latest trend in significant research in oncology, and it is reshaping cancer care," Abrahams said. "We're

trying to get away from one-size-fits-all, trial-and-error medicine ... and it has enormous implications for the future of medicine."

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From *The Detroit News*

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Doctors' Use Of Informed Decision-Making For PSA Testing Varies

Docs' Use of Informed Decision-Making for PSA Testing Varies

(HealthDay News) - Physicians' practice styles related to informed decision-making for prostate-specific antigen (PSA) screening are linked to their personal beliefs about screening, according to a study published in the January/February issue of the *Annals of Family Medicine*.



Robert J. Volk, Ph.D., from the University of Texas MD Anderson Cancer Center in Houston, and colleagues surveyed 246 family physicians regarding their prescreening discussions about the potential harms and benefits of

prostate cancer screening, and their beliefs regarding screening.

The researchers found that 24.3 percent of physicians ordered screening without discussion. Physicians who discussed harms and benefits with patients and then let them decide (47.7 percent) were more likely to believe that scientific evidence does not support screening. They were also more likely to believe that patients should be alerted to the lack of evidence, and have a right to know the limitations of screening. They were less likely to support the belief that educating patients was not necessary because they wanted to be screened. Physicians who discussed the harms and benefits and recommended screening were more concerned about

medicolegal risk associated with not screening, compared with physicians who discussed screening and let their patients decide.

"As the scientific evidence continues to grow regarding the limited benefits of screening with PSA testing and practice guidelines more strongly recommend preference-based decision making, we may expect physicians who do not engage their patients in discussions about the potential harms and benefits of screening to consider changing their practice styles," the authors write. "Efforts to educate physicians about the shared decision-making process should include countering the beliefs that perpetuate routine screening."

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Positive Experiences

I enjoyed the opportunity to chair the May General Meeting at Seven Oaks Hospital, Dr. Kelli Berzuk, our speaker, was excellent. The program arrangement was altered as Dr. Kelli Berzuk was introduced at 7:00 pm so that she could attend her daughter's ringette game later that evening. She chatted with the group responding to queries about the pelvic floor muscle and bladder retraining; eventually staying longer, ensuring her

presentation was complete and to share with us the correct approach to exercising the pelvic floor muscle.

Members expressed their pleasure with Kelli Berzuk's presentation and Gayle Nickol's presentation in May. Some expressed the thought that we should have the speakers first more often allowing more time for the question and answers. I indicated that the board had considered the issue of time allotment

and that we hoped to enlist the co-operation of our speakers thereby allowing more time for questions.

The evening was a success! Brian Sprott will be back next month. Thanks for attending and providing your input.

Len Bueckert

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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



Thanks to Amgen

The Manitoba Prostate Cancer Support Group would like to acknowledge a recent donation from Amgen. Amgen produces Xgeva (denosumab) that is used in the treatment of prostate cancer bone metastases. Their continued support and generosity is sincerely appreciated. This donation, along with those from individual members, makes it possible for us to promote prostate cancer awareness.

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:

July Members Forum – Enjoy a relaxing evening while members describe their PCa journey. Snacks & Beverage.

Aug. TBA

Sept. Prostate Health Awareness Evening – Caboto Centre, 1055 Wilkes Ave.

Presenters: Dr. Jeff Saranchuk, Urologist & Medical Director - CancerCare Manitoba. Dr. Jeff Sisler, Family Physician & Medical Lead – Primary Care Oncology Program.

M.P.C.S.G. Board

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



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