



The Manitoba Prostate Cancer Support Group NEWSLETTER

Vol. 233 – November 2010

manpros@mts.net

Thought For Today

"Volunteers aren't paid
... not because they're
worthless, but because
they're priceless."

- Darlene Hay

Medical Advisors to The Manitoba Prostate Cancer Support Group

- => 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
- => Gary Schroeder M.D.
Radiation Oncologist

Thanks!

NEXT MEETING:

Thursday, November 18th, 2010 7 - 9 P.M.

Dr. Robert Wightman, Pathologist
"Understanding Your Biopsy Report"

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



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.*

Our September Awareness Evening

With guest speakers

Dr. Gerald Konrad, Family Physician
Dr. Peter Czaykowski, Medical Oncologist
Dr. Jeff Saranchuk, Urologist
Dr. Aldrich Ong, Radiation Oncologist

Was a huge success.

**We appreciate the participation of the
speakers and the sponsors of the evening.**

Copies of the evening are on dvd and are available,
perhaps you know someone that could not attend
or you want to revisit one of the issues?

To order call Lorne Strick at
204-667-9367 or

Email Brian Sprott at jbsprott@shaw.ca

Cost is \$ 5.00 plus shipping

Thanks to the Gold Wing Riders Association

The Gold Wing Riders have just completed
their 9th year of fund raising for the
MPCSG. The Executive is grateful that they
have chosen to assist us again this year. We
appreciate the commitment of the riders and
especially Grant Ubell for organizing this
event. We extend many thanks and much
appreciation to all the individual donors.

WE REALLY APPRECIATE YOUR SUPPORT

The Manitoba Prostate Cancer Support Group operates on your donations

Have you used any of our services?

Newsletter - General Meetings - Hospital visits -

One-on-one visits - Speakers

Name:

Mr. Mr. & Mrs. Mrs.
 Ms Miss

This gift is IN HONOUR of:

Birthday Confirmation Get Well
 Wedding Graduation New Arrival
 Anniversary Bar/Bat Mitzvah

Other:

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Please notify the following person of this gift:

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\$25 \$50 \$100 \$250 \$500 \$1000 \$1000+

Make cheque or money order payable to:
Manitoba Prostate Cancer Support Group (MPCSG)
705 - 776 Corydon Ave., Winnipeg R3M 0Y1

Charity number: 88907 1882 RR001 **a tax deductible receipt will be issued.*

CHRISTMAS IS AROUND THE CORNER

WHICH SIGNALS THE END OF THE
2010 TAX YEAR.

We want to remind everyone planning to make a donation to the support group for a deduction on their 2010 income tax return, to do so soon. That way, Joseph, our Treasurer, will have time to issue your receipt **before December 31**.

*Please act soon, because Joseph gets very busy
Cooking his Christmas turkeys in December!*

Reducing Unnecessary Biopsy During Prostate Cancer Screening Using a Four-Kallikrein Panel: An Independent Replication

1. Andrew Vickers,
2. Angel Cronin,
3. Monique Roobol,
4. Caroline Savage,
5. Mari Peltola,
6. Kim Pettersson,
7. Peter T. Scardino,
8. Fritz Schröder and
9. Hans Lilja

± Author Affiliations

1. From the Memorial Sloan-Kettering Cancer Center, New York, NY; Lund University, Malmö University Hospital, Malmö, Sweden; Department of Biotechnology, University of Turku, Turku, Finland; and Erasmus Medical Center, Rotterdam, the Netherlands.

1. Corresponding author: Andrew Vickers, PhD, Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, 307 E 63rd St, New York, NY 10021; e-mail: vickersa@mskcc.org.

Abstract

Purpose We previously reported that a panel of four kallikrein forms in blood—total, free, and intact prostate-specific antigen (PSA) and kallikrein-related peptidase 2 (hK2)—can reduce unnecessary biopsy in previously unscreened men with elevated total PSA. We aimed to replicate our findings in a large, independent, representative, population-based cohort.

Patients and Methods The study cohort included 2,914 previously unscreened men undergoing biopsy as a result of elevated PSA (≥ 3 ng/mL) in the European Randomized Study of Screening for Prostate Cancer, Rotterdam, with 807 prostate cancers (28%) detected. The cohort was randomly divided 1:3 into a training and validation set. Levels of kallikrein markers were compared with biopsy outcome.

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Results Addition of free PSA, intact PSA, and hK2 to a model containing total PSA and age improved the area under the curve from 0.64 to 0.76 and 0.70 to 0.78 for models without and with digital rectal examination results, respectively ($P < .001$ for both). Application of the panel to 1,000 men with elevated PSA would reduce the number of biopsies by 513 and miss 54 of 177 low-grade cancers and 12 of 100 high-grade cancers. Findings were robust to sensitivity analysis.

Conclusion We have replicated our previously published finding that a panel of four kallikreins can predict the result of biopsy for prostate cancer in men with elevated PSA. Use of this panel would dramatically reduce biopsy rates. A small number of men with cancer would be advised against immediate biopsy, but these men would have predominately low-stage, low-grade disease.

<http://jco.ascopubs.org/>

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a medication that protects the heart without limiting the effect of the chemotherapy. Now it seems that the erectile dysfunction treatment Viagra may be the answer.

Experts at Virginia Commonwealth University School of Medicine gave Viagra to test rats while simultaneously treating them with Doxorubicin. Not only did the combination of the two drugs reduce tumour size, but it also alleviated damage to the heart.

Lead investigator Dr Rakesh C. Kukreja said: "We believe sildenafil could be an excellent candidate for incorporation into cancer treatment protocols with the potential of enhancing the anti-tumour efficacy, while protecting the heart against both short-term and long-term damage."

The research team are now hoping to proceed to the next stage of the trial - testing the combination of drugs on cancer patients. Their findings so far are published in the latest edition of the journal Proceedings of the National Academy of Sciences.

Viagra Could Treat Prostate Cancer

September 29, 2010

Viagra could protect cancer sufferer's hearts when they undergo chemotherapy.



The drug Doxorubicin has been used for years as an anti-cancer drug for prostate cancer among other forms of the disease. Although Doxorubicin is effective, it has been associated with irreversible heart damage which generally occurs several years after treatment stops. Researchers have worked hard to find

A versatile drug

Viagra is a versatile drug. It was originally designed to treat atherosclerosis, but showed the unexpected side effect of causing erections during tests. Following this it was designed as, and has since been used as, a drug to treat erectile dysfunction. But many more uses have been found for Viagra. Viagra has been used to treat patients with heart and lung problems, by opening up blood vessels. Viagra has also been used to help with pregnancy and newborn children. With relatively few side effects Viagra has been hailed as a highly effective impotence drug, that can also help with many other conditions.

www.healthexpress.co.uk/news/viagra-could-treat-prostate-cancer-944.html

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Why Join a Support Group?

Support groups are made up of people with common interests and experiences. People who have been through, or are going through, a similar circumstance can be extremely helpful. They can relate to what you are going through and help keep you from feeling like you are alone. Support groups can be a great place to find information and resources.

Our Manitoba Prostate Cancer Support Group can be contacted by e-mail at manpros@mts.net or by phoning the Chairperson at 204-668-6160

Oncologist-approved cancer information from the American Society of Clinical Oncology

Understanding a Pathology Report

A pathology report is a medical document written by a pathologist, a doctor who specializes in interpreting laboratory tests and evaluating cells, tissues, and organs to diagnose disease. The report specifies a diagnosis, based on the pathologist's examination of a sample of the patient's tumour. The specimen (tissue sample) is obtained through a biopsy. Learn more about biopsies, including the various types.

The pathologist's examination reveals whether the tumour is benign (noncancerous) or malignant (cancerous, meaning it can spread to other parts of the body). If it is cancerous, the pathologist may perform additional tests on the sample to learn more about the cancer. Your doctor will receive test results as they become available, so it may take a few days to a few weeks to receive the full report, depending on the studies the pathologist performs.

The pathology report provides specific information about the characteristics of your tumour, which helps the oncologist determine your cancer treatment options. It contains highly technical medical terms because it is a communication between two doctors—the pathologist and the treating oncologist. However, you are entitled by law to receive a copy, and you can understand it with help from your oncologist. Ask your doctor to explain the pathology report results and what they mean. You may also speak directly with the pathologist for an explanation of the report findings.

Parts of a pathology report

Most pathology reports include the following elements.

Patient, doctor, and specimen identification. This section lists the patient's name, birth date, and other personal information; the pathologist's and oncologist's contact information; and details about the specimen, including the type of biopsy or surgery performed and the type of tissue obtained.

Gross (obvious) description. This section describes the specimen (or tumour, if it was removed), as seen with the naked eye, including the general colour, weight, size, and consistency.

Microscopic description. This highly technical section—which serves as the basis for the diagnosis section—details

the cancer cells' characteristics, as viewed under a microscope, such as how well they resemble related normal cells (the grade of tumour; see below for more information), whether they are rapidly dividing (the mitotic rate), and whether they have spread (invaded) outside the main tumour mass into the wall of the organ in which they are found. Tumours of many types may be classified as noninvasive (in-situ) or invasive. Invasive tumours have the capacity to metastasize (spread to other organs). Although noninvasive tumours do not metastasize, they can develop into or raise a patient's risk of a more serious, invasive cancer in the future. For invasive tumours, it is important for the pathologist to note how far the tumour has invaded into the wall of the organ where it started, if that organ is examined.

The microscopic part of the report will also specify the type of cancer. In each organ, many different tumour types can develop, with varying ability to spread to other organs. One important characteristic of each tumour is the histologic grade, which describes how the cancer cells look compared with healthy cells. A tumour with cells that look more like healthy cells is called low-grade, or well differentiated, while a tumour with cells that look less like healthy cells is called high-grade, or poorly differentiated or undifferentiated. In general, the prognosis (chance of recovery) is better for a person who has a tumour with cells that look more like healthy cells. There are different methods used to assign a cancer grade for different types of cancers. Learn more about grading for specific cancer types. In addition, the pathologist usually will comment on how commonly he or she sees cells that are dividing. Tumours with few dividing cells are more likely to indicate a better prognosis for the patient.

Meanwhile, if cancer cells are present at the margins (edges) of the biopsy, the margins are described as "positive" or "involved." Such results may indicate the need for additional surgery to completely remove the tumour. The pathologist will also document whether the cancer has spread to nearby lymph nodes (tiny, bean-shaped organs that help fight infection) or other organs. Positive lymph nodes contain cancer, while negative lymph nodes do not. If the tumour has invaded blood vessels or lymph vessels that feed into the lymph nodes, the likelihood of distant spread may be greater. The pathologist will specifically comment on these findings in the report if they are observed. Combining the tumour size, location, and spread enables the pathologist to assign a stage to the cancer, typically using the TNM system from the American Joint Committee on Cancer (AJCC). The pathologic stage, along with the results of other diagnostic tests, helps determine the clinical stage of the cancer, which usually guides the oncologist in

(Continued on page 5)

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defining the treatment. Learn more about staging.

In many cases, the pathologist performs special tests to further characterize the tumour, the results of which may be listed here, in a separate section, or in a separate report.

Such additional tests are especially important in diagnosing lymphoma and leukemia, for which treatment may depend on the results of these tests.

Diagnosis. This section provides the "bottom line" and may be found at either the beginning or the end of the report. If cancer has been diagnosed, the section may include the type of cancer (such as carcinoma or sarcoma), tumour grade, lymph node status, margin status, and stage. In addition, it will list any specialized test results, which could indicate the presence of hormone receptors and other tumour markers.



Obtaining a second opinion

It may be valuable to seek the knowledge and advice of more than one doctor regarding the diagnosis and treatment plan, which is based on the pathology report and the results of other diagnostic tests. This is called a second opinion. If you pursue a second opinion, obtain the pathology report and other medical records to share with the second doctor, but be aware that doctors work closely with their own pathologists and may prefer to have their pathologist's opinion, in addition to the original pathology report. Additional tests can be performed on the biopsy if deemed necessary or if the results of the original report are in question; the tissue specimen is kept for a long time and is available upon request. Learn more about seeking a second opinion.

Cancer.Net June 01, 2010

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Sampling differences

In some cases, the pathology report for an initial biopsy may differ from a later report evaluating the entire tumour after it has been removed. This occurs because the characteristics of a tumour can sometimes vary in different areas. An oncologist's final treatment plan will consider the findings of all the reports to develop a treatment plan that best addresses a patient's particular situation.

Questions to ask the doctor

To better understand what your pathology report means, consider asking the following questions of your doctor:

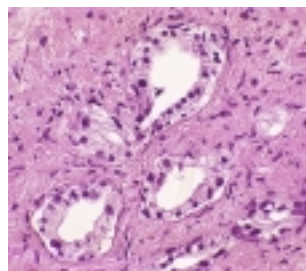
- What is the type of cancer, and where did it start?
- How large is the tumour?
- Is the cancer invasive or noninvasive?
- How fast are the cancer cells growing?
- What is the grade of the cancer?
- Has the whole cancer been removed, or is there evidence of remaining cancerous cells at the edges of the sample?
- Are there cancerous cells in the lymph or blood vessels?
- What is the stage of the cancer?
- Does the pathology report specify the tumour characteristics clearly, or should I seek another pathology opinion?
- Do any tests need to be repeated on another sample or in another laboratory?

Focal Therapy In Prostate Cancer: Modalities, Findings And Future Considerations

Abstract

Thursday, 07 October 2010

University of Toronto, Department of Urology and Surgical Oncology, Princess Margaret Hospital, University Health Network, 610 University Avenue, Toronto, ON M5G 2M9, Canada.



Focal therapy is emerging as an alternative to active surveillance for the management of low-risk prostate cancer in carefully selected patients. The aim of focal therapy is long-term cancer control without the associated morbidity that plagues all radical therapies.

Different energy modalities have been used to focally ablate cancer tissue, and available techniques include cryotherapy, laser ablation, high-intensity focused

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ultrasound and photodynamic therapy. The majority of evidence for focal therapy has come from case series and small phase I trials, and larger cohort studies with longer follow-up are only now being commenced. More data from large trials on the safety and efficacy of focal therapy are therefore required before this approach can be recommended in men with prostate cancer; in particular,

studies must confirm that no viable cells remain in the region of ablation. Focal therapy might eventually prove to be a 'middle ground' between active surveillance and radical treatment, combining minimal morbidity with cancer control and the potential for re-treatment.

Written by: Lindner U, Trachtenberg J, Lawrentschuk N

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Hot Flashes: A Long-Term Treatment Side Effect

By Sheryl M. Ness

A few of you have mentioned that you're dealing with the side effect of hot flashes. As a cancer survivor you may be experiencing hot flashes because of surgical removal of ovaries or because of hormone suppressive therapy to decrease the levels of estrogen in the body. This problem is not just experienced by breast and ovarian cancer survivors, but it's also a problem for men taking hormone-blocking therapy as a treatment for prostate cancer.

Some practical ideas to help keep hot flashes under control by keeping your body and your environment cool include:

- * Dress in loose layers.
- * For clothing and bed linens, use loosely woven cotton materials.

- * Keep air circulating with a fan or an open window.
- * Enjoy cool drinks instead of hot beverages.
- * Avoid the things that make your body temperature increase, such as smoking, drinking alcohol and caffeine, and eating spicy foods.
- * Be aware that certain foods that may trigger hot flashes, including those that contain tyramine such as aged cheeses, red wine, tomatoes and citrus fruits.

A number of drug therapies and other options have been used to help control hot flashes. Some of the common therapies include vitamin E, anticonvulsants, blood pressure-lowering medications and antidepressant medications. Complementary and alternative therapies include acupuncture, yoga, meditation and herbal supplements. Ask your cancer doctor about a strategy that would work for you.

<http://www.mayoclinic.com/health/hot-flashes/MY01400>

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Prostate Cancer - What You Don't Know Might Kill You!

Here's the one fact that all men need to understand: Early prostate cancer detection is the difference between living and dying as far as prostate cancer is concerned.

Unless you've been living under a rock, you know that cancer is one of the leading causes of death. What you may not have realized is that cancer is the second leading cause of death for men and prostate cancer is a very major contributor.

The reason for this is that prostate cancer can expand beyond the prostate gland and travel to other parts of the body. So a highly treatable cancer in the prostate is ignored and kill it grows into other parts of the body and becomes much more deadly.

The sad part is that doctors are able to detect prostate cancer in its very early stages. To complicate matters however, there are a few symptoms that are directly associated with prostate cancer alone. This in turn causes

many men to simply ignore common symptoms until prostate cancer grows beyond the gland and becomes a seriously life threatening cancer.

The good news is that this disease is a slow progressive type of cancer while still localized in the prostate. A person can have prostate cancer for years and not know it if they don't undergo several very simple diagnostic tests. These tests become even more important, as you age. Men with no family history of prostate cancer should be tested yearly. Black men and those with a family member who has had prostate cancer should consider annual testing at age 40.

Prostate cancer screening tests are simple and inexpensive.

- + Digital Rectal Examination
- + PSA Blood test. Measures levels of Prostate-Specific Antigen a key prostate cancer marker.

Your chance of survival and cure is directly related to early detection, diagnosis and treatment. Consistent testing will dramatically increase the chances of early detection before it becomes serious.

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Another benefit of early detection is that the treatment options are much less radical. Earlier treatment methods are much more successful in not only curing prostate cancer but also limiting the complications and side effects of more aggressive treatment options.

If you haven't been insisting on a prostate exam and blood test for prostate cancer indicators, you owe it to yourself and your family to start now. Don't make the mistake of

assuming symptoms may be simply due to your age. Prostate cancer is a serious illness that needs to be identified as soon as possible.

So at your next annual physical, make certain that basic prostate cancer screening tests are done. This is one of the key ways that you can make certain you life cancer free as long as possible.

www.articlealley.com/article_143982_17.html

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Exercise and Prostate Cancer

Are There Benefits to Regular Exercise?

By Matthew Schmitz, M.D., About.com Guide
July 23, 2009

About.com Health's Disease and Condition content is reviewed by the Medical Review Board

Can regular exercise reduce your risk of developing prostate cancer? What benefit does regular exercise offer for your overall health?

The Known Benefits of Regular Exercise

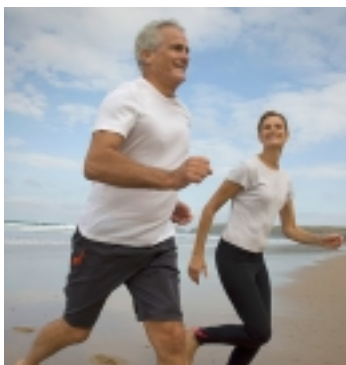
Regular exercise has been shown to help prevent a number of dangerous medical conditions. The risks of developing high blood pressure, high cholesterol, a number of vascular diseases, and several different heart conditions are all significantly reduced by regular exercise done in conjunction with a healthy diet.

Exercise improves your body's ability to fight off infections, improves the function of your digestive system, and augments your circulation.

Regular exercise can help you maintain a healthy weight and build lean muscle while reducing your body's fat content.

Regular exercise has also been shown to improve concentration and sleep patterns.

Basically, your body is designed to exercise regularly and will function better in nearly every way with regular physical activity.



Chris Whitehead / cultura / Corbis

Does Regular Exercise Offer Any Cancer-Related Benefits?

While it's not quite as clear as to whether regular exercise can lower your risk of developing cancer, it is clear that exercise has important benefits with regard to cancer. There is some evidence that regular exercise may lower the risk of developing certain cancers. Exercise improves immune function, which may work to contain or eliminate cancer cells from the body.

Obesity has been linked to the development of several types of cancer. Regular exercise can help to maintain a healthy weight and minimize any negative effects on cancer risk that excess weight may have.

Men who exercise and remain generally healthy can tolerate a greater range of treatment options. Some men are not healthy enough to undergo surgery, thus limiting their treatment options. Furthermore, men who exercise have less severe fatigue and other side effects from the most common prostate cancer treatments (such as radiation therapy).

The Bottom Line

Regular exercise can significantly improve your overall health.

The benefits in terms of cancer prevention may not be absolutely clear-cut at this time, but regular exercise has innumerable benefits for anyone who has been diagnosed with cancer or is coping with the side effects of treatment.

Sources: Kasper DL, Braunwald E, Hauser S, *et al.*. Harrison's Principles of Internal Medicine 16th Edition. 2004.

Kumar V, Fausto N, Abbas A. Robbins Pathologic Basis of Disease. 7th Edition. 2004.

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Subject: FYI From privatemdmlabs.com Topic:
Genetic link in several types of cancer

Scientists Find Genetic Link In Several Types Of Cancer

Men who have a family history of breast cancer may want to consider PSA testing to determine their prostate health. A recent study has found that male family members of women who have the disease are significantly more likely to develop prostate cancer.

After analyzing the medical records of the 2,200 parents and siblings of 500 women under the age of 35 who were being treated for breast cancer, researchers from the University of Melbourne found that men in the group were

five times more likely to develop prostate cancer than the general population.

A family history of breast cancer also increased the risk of cancer of the lung, brain and urinary tract. John Hooper, who led the investigation, said that the findings may point to an as yet unknown gene that increases the chances of certain types of cancer.

"We wanted to find out what caused the early onset of breast cancer in these women and found some results we weren't expecting regarding their relatives," he said. "The results of this study could help scientists discover new cancer susceptibility genes that explain the risk of early-onset and other cancers within some families."

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2010 MEETINGS:

- Jan. 21.....Dr. Anne Katz, Clinical Nurse Specialist
"Sexual Relationships Following Prostate Cancer"
- Feb. 18.....Dr. Aldrich Ong, Radiation Oncologist
" Radiation and Chemotherapy for Prostate Cancer"
- Mar. 18.....Dr. Piotr Czaykowski, Medical Oncologist
"New Developments in Drug Treatment"
- April 15.....Dr. Graham Glezerson, Urologist
"Treating Erectile Dysfunction After Prostate Cancer -
The Hard Facts"
- May 20.....Dr. Spencer Gibson,
Provincial Director, Research, Cancercare MB.
"Research at Cancercare Tumour Bank"
- June 17.....Nursing Staff from the Prostate Centre,
Cancercare MB
"What Happens at the Manitoba Prostate Centre"
- July 15.....Snacks and Sharing
- Aug. 19.....Dr. Paul Daeninck,
Pain Management Specialist
"Insights into Pain Management"
- Sept. 16.....Dr. Aziz Mhanni, Medical Geneticist.
- Oct. 21.....Katherine Gottzmann, Psychosocial Oncology
"Keeping it Together: Coping with the Emotional and
Psychological Impact of Prostate Cancer"
- Nov. 18.....Dr. Robert Wightman, Pathologist
"Understanding Your Biopsy Report"
- Dec. 16.....Potluck Party Time

M.P.C.S.G. Executive

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This newsletter is a
Bottom Line Computer Services
publication

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