

The Manitoba Prostate Cancer Support Group NEWSLETTER



Vol. 246 – DECEMBER 2011



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: Tuesday December 13, 2011
Party Time: **Entertainment by Fire and Ice**
Location: Seven Oaks General Hospital
Main Floor Auditorium- Leila & McPhillips
Time: 7:00 pm to 9:00 pm



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.

CHRISTMAS IS AROUND THE CORNER

WHICH SIGNALS THE END OF
THE
2011 TAX YEAR.

We want to remind everyone planning to make a donation to the support group for a deduction on their 2011 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!*

Thought for the Day

Live each day like it's your last - one day you'll get it right.

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

Gold Wing Road Riders Association Winnipeg Chapter 'A'

In 2002, Grant Ubell and Bruce Zilkowski of the Gold Wing Road Riders Association Winnipeg Chapter 'A' were looking for a worthy recipient of a fund raising project they had in mind. One member (and fathers of 2 other members) had been affected by prostate cancer so the choice of "what to raise money for" was easy.

Grant and Bruce were aware of our monthly newsletter and some of the other services we provide to those diagnosed with prostate cancer. They approached us in 2002 with their idea of raising funds for our Support Group and as they say - "the rest is history". 2011 was their 10th annual motorcycle fund raising ride.

We would like to thank all those that contributed to the Gold Wing Road Riders project. A special thank you to Grant and Bruce for 10 years of work on our behalf. Your dedication and commitment to help us promote education and awareness of prostate cancer is highly recognized. We salute you.



Gold Wing Riders Bruce Zilkowski, Grant Ubell and Gary Ross - 2011

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U of M Doctor Runs Across Canada



Dr. Riley Senft, University of Manitoba anesthesiologist resident, ran across Canada this summer to promote prostate cancer awareness. He has close family members and friends with prostate cancer and he decided this was the best way to get the message out.

During his stop in Winnipeg (August 21st), he was met at Assinboine Park by a group of supporters. Pictured above are Manitoba Prostate Cancer Support Group members Brian & June Sprott, Kirby & Darlene Hay along with Dr. Darrel Drachenberg and Dr. Senft.

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Laser Surgery for BPH

OurVoice Vol.16 - No.2 by Dr. Kevin Zorn

Editors Note: This treatment is now available at the Victoria Hospital in Winnipeg. Dr. Marlowe Jason presented information on this treatment to our Support Group in October.

“I’ve heard of a new laser technology for treating benign prostatic hyperplasia (BPH) available in Montreal, called Greenlight™. Is it available elsewhere in Canada? What are the pros and cons?”

To clarify, Greenlight laser surgery has been around for over a decade: the original 80W-power system since 1997 and the second generation (120W) since 2005. There are also other laser treatments for urinary symptoms caused by BPH, including the Holmium laser. The main differences are the light wavelength, leading to different tissue interaction and requiring variations in techniques to remove tissue.

The latest Greenlight version (180W) was presented at the Université de Montréal in April 2011. Advantages include 50% more power to remove obstructive prostate tissue, improved laser fibre durability and better control of bleeding. It’s usually an outpatient procedure. We can also offer it to men on blood-thinning medications, men with large prostates

and those with other medical conditions.

The 180W Greenlight just received approval in Canada in March 2011, and will be used more and more across Canada. In Montreal, we’ve treated over 40 men and seen a 40% reduction in treatment time.

After Greenlight surgery, men may have blood in the urine for seven to 14 days, and slight burning during urination for two to four weeks. Other risks include temporary urinary frequency, retrograde ejaculation (orgasm with no ejaculation as the semen heads in the opposite direction due to the large prostate opening) and, rarely, urinary incontinence. Several studies have shown little impact on erectile function. Early results show comparable outcomes to transurethral resection of the prostate (TURP), particularly for small to mid-sized prostates.

Despite the advantages of minimally invasive BPH treatments, TURP remains the gold standard treatment. Discussion with your urologist will help you choose the best form of care for BPH symptoms.

Dr. Kevin Zorn is a urologist at the Centre hospitalier de l’Université de Montréal (CHUM) in Montreal, Québec.

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Kudo’s for Clinical Trials

The testing of new drugs must be carried out in stages. Knowledge about the genetics or physiology of a cancer identifies a target and chemicals that can attack the target are identified/ produced and tested. The usual route is that a potential drug demonstrates an effect on a cancer cell line (cancer cells grown in the laboratory) or in an animal tumor model before being tested in humans in clinical trials. Phase 1 clinical trials examine drug dose and drug safety using a small number (20 – 80) of healthy volunteers or patients.

Phase 2 clinical trials test how well the drug works in a larger group (100 – 300) of people.

Phase 3 clinical trials are large scale studies (1000 – 3000) people that further examine drug efficiency, side-effects and effectiveness compared to currently used treatments.

Only about 16% of drugs tested are successful in moving from Phase 1 to approval. This process is long and expensive but it strives to ensure safety for the public. The individuals who volunteer to enter clinical trials are heroes because they may be sacrificing their health for the good of future generations.

Source: from the book “Why Millions Survive Cancer” by Lauren Pecorino - 2011.

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Lewis Communications

The Manitoba Prostate Cancer Support Group Board would like to extend a thank you to Lewis Communications of Winnipeg for the design of our information folders and new business cards. Jim Lewis, Chris Hunter and Ellen Kliever have shown a continued interest in assisting our Support Group in a number of ways. We appreciate their professional input and quick response. It is a pleasure working with this company.

PCa Hormone Therapy - Overview

What hormones are

Hormones are natural substances made by glands in our bodies. The network of glands that make hormones is called the endocrine system. Hormones are carried in our bloodstream and act as messengers between one part of our body and another. They control the growth and activity of certain cells and organs.

What hormone therapy is

Some cancers use these hormones to grow. Hormone therapy for cancer is the use of drugs to block the effects of hormones. Not all cancers respond to hormone therapy. Doctors use hormone therapy for people with cancers that are hormone sensitive or hormone dependent. Cancers that can be hormone sensitive include breast cancer, prostate cancer, womb cancer and kidney cancer.

How hormone therapy works

Cancers that are hormone sensitive or hormone dependent need hormones to grow. So stopping the hormone reaching the cancer cells may either slow down or stop the growth of the cancer. Hormone therapies can work by either

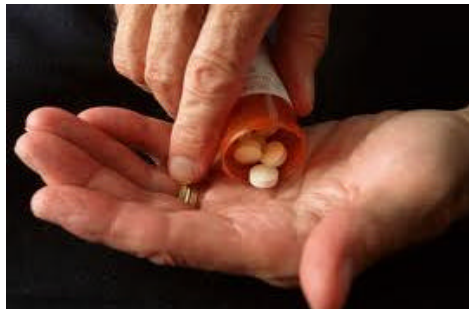
- => Stopping hormones being made
- => Preventing the hormone reaching the cancer cell

Prostate cancer hormone therapy

Prostate cancer depends on the male hormone testosterone for its growth. Hormone therapy aims to reduce or stop the body making testosterone and slow down or stop the growth of the cancer. There are different types of hormone therapy, including luteinizing hormone releasing hormone (LHRH) blockers and anti androgens.

Luteinizing hormone releasing hormone (LHRH) blockers
A gland in the brain, called the pituitary gland, controls the amount of testosterone made by the testicles. LHRH blockers are drugs that act on the pituitary gland and prevent the testicles making testosterone. You may also hear these drugs called gonadotrophin releasing hormone (GnRH) blockers. GnRH is another name for LHRH.

LHRH blockers for prostate cancer include goserelin (Zoladex), leuporelin (Prostap) and triptorelin (Decapetyl).



Anti androgens

Prostate cancer cells have areas called receptors. Testosterone attaches to these receptors and that can encourage the cells to divide so that the cancer grows. Anti androgen drugs work by attaching themselves to these receptors so that they stop testosterone reaching prostate cancer cells. There are a few different types including bicalutamide (Casodex), cyproterone acetate (Cyprostat) and flutamide (Drogenil).

General side affects of hormone therapy for men

The side affects you might have depend on the type of hormone therapy you are taking. Remember that the side effects listed are general side effects.

- => Tiredness
- => Problems getting an erection
- => Hot flushes and sweating
- => Breast tenderness
- => Pain from tumor flare
- => Weight gain
- => Memory problems
- => Mood swings and depression
- => Bone changes
- => Risk of earlier heart attack
- => Other general side effects

Tiredness

You may feel more tired when you are taking hormonal therapy.

Problems getting an erection (impotence)

Difficulty getting an erection (impotence) is a common side effect of hormone therapy for prostate cancer. This is because the drugs stop you producing any testosterone. It may be possible for you to have erections again once the treatment stops. This can take 3

months to a year, or even longer. For some men, erection problems are permanent. It depends on the drug you are having and how long you have been taking it.

Your doctor or clinical nurse specialist will be able to offer you more advice.

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Hot flushes and sweating

Hot flushes and sweating can be troublesome. They are the same as the hot flushes women friends and relatives may have had when going through menopause. The flushes are caused by your testosterone levels dropping. They may gradually get better as you get used to the treatment. Hot flushes are most likely with luteinizing hormone releasing hormone blockers because these drugs cut off testosterone production altogether. Getting overheated, drinking tea or coffee, and smoking can all make flushes worse.

Unfortunately, in some men the flushes keep on happening as long as you take the drug. If you have having problems coping with the sweating, do discuss this with your doctor or clinical nurse specialist as there are some treatments that may help..

Breast tenderness

Breast tenderness is a particular problem with high dose bicalutamide (Casodex). The breast tissue can become painful and swollen. Taking the drug tamoxifen can help to reduce breast tenderness in about 6 out of 10 men taking Casodex. Or sometimes it can help to have a small dose of radiotherapy to the breasts before your hormone treatment starts.

Pain from tumor flare

Pain caused by a secondary prostate cancer can temporarily worsen when you start hormone treatment and this is called tumor flare. Your doctor should always prescribe another hormone therapy when you start leuprorelin (Prostap) or Zoladex (Goserilin) injections to help prevent tumor flare causing bone pain. If the pain carries on, your doctor can prescribe drugs called bisphosphonates to treat it.

Weight gain

You may put on weight. You should be able to control this with diet and exercise, but it is often a struggle to keep weight down when you are having hormone treatment.

Memory problems

Some men feel that their memory gets worse when they have been having hormone treatment for a while. Your memory may not improve while you are taking the hormone treatment, but there are ways to make life easier, such as making lists so you don't forget things. It is natural to feel cheated and upset if you have this particular side effect. Talk to your doctor or specialist nurse if you feel this is having a significant effect on your life.

Mood swings and depression

Hormone therapy can affect your mood. Some men say they have mood swings and even depression while having treatment such as Zoladex. Talking with someone close to you may help. If you don't feel comfortable sharing your feelings with people you know, seeing a counselor may help.

Bone changes

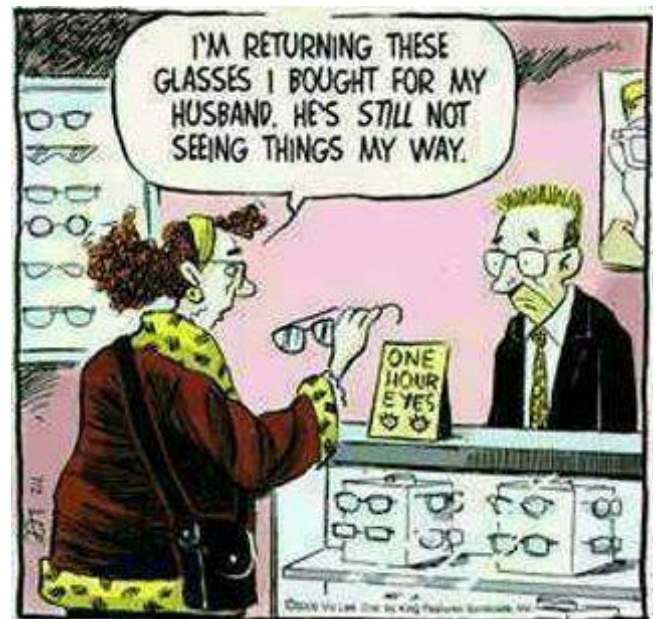
Men taking hormone therapy for prostate cancer are at risk of bone thinning (osteoporosis). There is evidence that the risk of problems, such as bone fractures, is slightly higher for men having long term treatment to block testosterone (for example, Zoladex). Your doctor may suggest taking vitamin D and calcium to help lower your risk of problems from osteoporosis. Other advice is to stop smoking, reduce the amount of alcohol you drink and take regular weight bearing exercise, such as walking.

Risk of earlier heart attack

There is some evidence that if you are over 65, and at risk of dying from a heart attack, this is more likely to happen sooner if you have been taking hormone therapy for 6 months. This may be because some of the side effects of hormone therapy, such as weight gain, can make heart disease worse.

Source: Cancer Research UK

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Prostate Cancer Drug Zytiga Creeps Up On Provenge

By Ransdell Pierson

NEW YORK | Fri Oct 7, 2011 3:19pm EDT

NEW YORK (Reuters) - Interest in Dendreon Corp's Provenge vaccine to treat prostate cancer seems to be waning following recent approval of Johnson & Johnson's more-convenient and faster-acting Zytiga treatment, according to some doctors and industry analysts.

"The bloom is off the rose for Provenge because patients are looking for something that can treat them more quickly," and with greater convenience, said Charles Duncan, a biotechnology analyst for JMP Securities.

Although Provenge extended patient lives by an average of about four months in clinical trials, it does not significantly delay progression of symptoms -- including the bone pain which is a hallmark of advanced prostate cancer.

Even so, hopes for Provenge were sky high when U.S. regulators approved it in April 2010 for patients with prostate cancer who had failed to benefit from standard medicines that work by blocking the body's production of testosterone. Some analysts had expected the vaccine, which spurs the immune system to attack prostate cancer cells, to eventually capture annual sales of more than \$4 billion.

But Duncan, whose company helped sponsor the "Cancer Immunology: A Long-Awaited Reality" conference in New York on Thursday, said Provenge is likely to generate peak annual sales of no more than \$500 million because of shortcomings that have become evident to patients and doctors.

They include the time and inconvenience of extracting white blood cells from patients and sending them off to Dendreon plants, where they are combined with vaccine components. Patients then receive the final product through infusions.

Dr. Susan Slovin, an oncologist with Memorial Sloan-Kettering Cancer Center, said many patients and doctors are gravitating instead toward J&J's Zytiga -- a pill approved in recent months for advanced prostate cancer patients that have failed to benefit from chemotherapy.

The drug, known by its chemical name abiraterone, also prolonged life by about four months in clinical trials. But

patients experience symptom relief far sooner with it than with Provenge, said Slovin, who was interviewed at the conference sponsored by strategy consulting firm MD Becker Partners LLC.

J&J'S PILL COMING ON STRONG

"Abiraterone is taking the market by storm; there is a much faster effect with it" than Provenge, Slovin said. "Patients feel they're getting something beneficial. Pain is markedly improved, along with the ability to eat, drink, go out and do what they normally would do."

"The patient says, 'Look, I really don't see the need to sit here and send my (blood) to wherever. I really don't want to wait. I want to take a pill and go to Florida.' "

Moreover, while Zytiga is expensive -- at about \$5,000 a month, usually for eight cycles -- it is far less costly than Provenge.



Dendreon stunned investors in August by withdrawing its own sales forecast for Provenge because it was taking longer than expected for doctors to become comfortable with reimbursement issues for the product, which costs \$93,000 for a course of treatment.

"I don't think Provenge will fall out of the arena; I do think it will still be used, but not with the same alacrity as when it first hit our formulary," said Slovin, whose hospital is one of the world's most prestigious cancer centers.

Dr. James Gulley, a director of clinical trials for the National Cancer Institute, said there is a "clear utility" for Provenge.

"Patients love the idea that your immune system is helping you fight cancer," he said. But Gulley said its manufacturing process poses challenges that have no doubt hampered demand for the product. "The vaccine has to be made for each individual patient."

Gulley is leading clinical trials of an experimental vaccine to treat prostate cancer that could be taken out of the freezer and injected into patients -- eliminating the hassles seen with Provenge.

The National Cancer Institute developed the vaccine, called ProstVac, and licensed it to Danish biotechnology company Bavarian Nordic. NCI would be entitled to royalties on sales of the vaccine, which is slated to move into late-stage trials in coming weeks.

Gulley said ProstVac prolonged patient lives by eight

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months in mid-stage trials -- roughly twice the benefit seen in separate trials of Provenge and Zytiga. But he cautioned that ProstVac's true potential will not be known until its far-larger planned Phase III trials are completed.

He said the vaccine, which coaxes immune system T-cells to attack a protein called Prostate-Specific Antigen (PSA) - - could prove to be a bigger drug than Provenge.

"Here's why: because it is off the shelf. There are no

logistical constraints."

Currently, the world's top selling prostate cancer drugs are Taxotere (docetaxel), a chemotherapy sold by Sanofi, and drugs that reduce testosterone, the male hormone that fuels the growth of prostate cancer. They include AstraZeneca Plc's Zoladex and Casodex, and widely-used Lupron.

(Reporting by Ransdell Pierson, editing by Bernard Orr)

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2011 Year End Review

The purpose of this review is to highlight some activities of the Manitoba Prostate Cancer Support Group Board over the past year. Our mandate of "Awareness, Education and Support" is the focus of all our efforts.

The Board is composed of 10 men and women volunteers. The past year saw long time Chair, Norm Oman retire from active duty on the Board and we also said "Happy Retirement" to Tom and Pam Boomer. We wish them well and want to recognize them for their hours of commitment to helping others.

On Dec. 10, 2010 our Support Group affiliated with Prostate Cancer Canada Network (PCCN). Presently, this organization represents approximately 75 Support Groups from all across Canada. This gives us a unified voice on prostate cancer issues and a broader exposure to information. PCCN is represented by the tie logo that you see on our newsletter.

Some Board activities during 2011 include:

- => Set up displays at various Safeway stores during their Prostate Cancer fund raising drive.
- => Set up booths at health fairs to promote PCa awareness.
- => Did power point presentations on PCa at several locations.
- => Wrote letters to the Health Minister regarding hormone therapy drug costs. This is still ongoing.

=> Six members attended the PCCN Leaders Conference in Halifax.

=> Contacting speakers throughout the year for our monthly Seven Oaks meetings.

=> Produced a special newsletter in October recognizing our 20 year history.

=> We source current articles and print 925 newsletters per month with mailings across Canada.

=> Meet and correspond with various representatives in order to maintain our funding.

=> Phone all new members and visit members in hospital.

=> Put together information kits for urologists to distribute to the newly diagnosed.

The Board meets once per month at the Caboto Centre. Many hours are spent planning, organizing, and working to promote awareness, education and support for those affected by prostate cancer.

The Board hopes that our efforts have made some impact on the community by bringing attention to this disease. We trust that we have provided opportunities for individuals to gain knowledge and insight into their prostate cancer diagnosis. Our work will continue in 2012. Wishing everyone all the best in the new year.

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Recognizing Tom and Pam Boomer

Manitoba Prostate Cancer Support Group Board members, **Tom and Pam Boomer**, have retired. The Board wishes to thank and recognize them for their work over the years. Their commitment to raise prostate cancer awareness is very much appreciated.

Special “thanks” to Tom for the many hours spent producing and presenting a prostate cancer power point presentation,

for keeping in touch with newly diagnosed members and for a variety of other responsibilities. Pam has a fulltime job and we thank her for assisting us and attending meetings when time permitted. We know that Tom and Pam’s grandchildren will now see more of them and their other volunteer organizations will benefit. Tom may even find time for one or two games of golf.

We recognize their efforts and are thankful for the generous assistance they have given.

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Email - manpros@mts.net

Answering Machine - (204) 989-3433

2011 SPEAKERS:

January 19 , 2012

Dr. Darrel Drachenberg, Urologist.
“Zytiga: Benefits for advanced PCa”

February 16, 2012

TBA

March 15, 2012

Dr. Dara Morden, Naturopathic Doctor
“The Impact of Adrenal Fatigue for both Patient and Caregiver”

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

M.P.C.S.G. Board

Brian Sprott - Chair	668-6160
Joseph Courchaine - Treasurer.....	257-2602
Len Bueckert - Newsletter	782-4086
June Sprott - Secretary	668-6160
Darlene Hay - Membership	837-6742
Kirby Hay - Information Kits	837-6742
Liz & Pat Feschuk - Special Projects.....	654-3898
Jim Leddy - Outreach	326-1477
Laurie Courchaine - Member at Large.....	257-2602



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