

The Manitoba Prostate Cancer Support Group NEWSLETTER



Vol. 249 – MARCH 2012



Dr. Dara Morden, Naturopathic Doctor

Medical Advisors

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Graham Glezerson
M.D. Urologist

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John Milner
M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

NEXT MEETING: Thursday March 15, 2012
Dr. Dara Morden, Naturopathic Doctor
“*The Impact of Adrenal Fatigue for both
Patient and Caregiver*”

Location: Seven Oaks General Hospital
Main Floor Auditorium - Leila & McPhillips
Time: 7:00 p.m. - 9:00 p.m.



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.

Speaker Topic

Adrenal fatigue: why stress is as important to address for the patient undergoing cancer treatment as it is for caregiver.

Are you constantly feeling tired, stressed, and feeling run down? Are you not refreshed after a good night's sleep? Do you depend too much on caffeine to get you through the day? If you answered yes to any of these questions, you may be experiencing the impacts of adrenal fatigue.

Join Dr. Dara Morden, N.D. and learn how adrenal fatigue impacts everything from stress to weight gain, mood, allergies, heart health and how Naturopathic Medicine can help both the patient undergoing cancer treatment as well as the caregiver.

Thought for the Day

The secret of a good sermon is to have a good beginning and a good ending;
and to have the two as close together as possible

- George Burns

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.**

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This gift is in memory/honour of _____ Please send notification to:

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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

Fatigue : Definition

By Mayo Clinic staff

Nearly everyone struggles with being overtired or overworked from time to time. Such instances of temporary fatigue usually have an identifiable cause and a likely remedy.

Chronic fatigue, on the other hand, lasts longer and is more profound. It's a nearly constant state of weariness that develops over time and diminishes your energy and mental capacity. Fatigue at this level impacts your emotional and psychological well-being, too.

Fatigue isn't the same thing as sleepiness, although it's often accompanied by a desire to sleep — and a lack of motivation to do anything else.

In some cases, fatigue is a symptom of an underlying medical problem that requires medical treatment. Most of the time, however, fatigue can be traced to one or more of your habits or routines. Chances are you know what's causing your fatigue. And with a few simple lifestyle changes, it's likely that you have the power to put the vitality back in your life.

Causes

Taking a quick inventory of the things that might be responsible for your fatigue is the first step toward relief. In general, most cases of fatigue may be attributed to three areas: lifestyle factors, psychological problems or medical conditions.

Lifestyle factors

Feelings of fatigue often have an obvious cause, such as:

- Alcohol use or abuse
- Caffeine use
- Excessive physical activity
- Inactivity
- Lack of sleep
- Medications, such as antihistamines, cough and cold remedies, prescription pain medications, heart medications, blood pressure medications, and some antidepressants
- Unhealthy eating habits

Psychological problems

Fatigue is a common symptom of mental health problems, such as:

- Anxiety
- Depression (major depression)
- Grief
- Stress



Medical conditions

Unrelenting exhaustion may be a sign of a medical condition or underlying illness, such as:

- Acute liver failure
- Anemia
- Cancer
- Chronic fatigue syndrome
- Chronic kidney failure
- COPD
- Emphysema
- Heart disease
- Hyperthyroidism (overactive thyroid)
- Hypothyroidism (underactive thyroid)
- Medications, such as prescription pain medications, heart medications, blood pressure medications and some antidepressants
- Obesity
- Pregnancy
- Recovery from major surgery
- Restless legs syndrome
- Sleep apnea
- Type 1 diabetes
- Type 2 diabetes

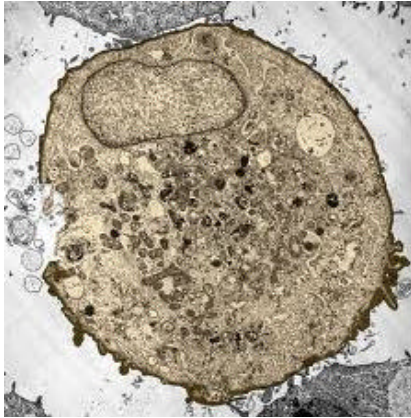
Causes shown here are commonly associated with this symptom. Work with your doctor or other health care professional for an accurate diagnosis.

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Getting Cancer Cells to Swallow Poison

Science News

ScienceDaily (Jan. 9, 2012) — Honing chemotherapy delivery to cancer cells is a challenge for many researchers. Getting the cancer cells to take the chemotherapy "bait" is a greater challenge. But perhaps such a challenge has not been met with greater success than by the nanotechnology research team of Omid Farokhzad, MD, Brigham and



Women's Hospital (BWH) Department of Anesthesiology Perioperative and Pain Medicine and Research.

In their latest study with researchers from Massachusetts Institute of Technology (MIT) and Massachusetts General Hospital, the BWH team created a drug

delivery system that is able to effectively deliver a tremendous amount of chemotherapeutic drugs to prostate cancer cells.

The study is electronically published in the January 3, 2012 issue of ACS Nano.

The process involved is akin to building and equipping a car with the finest features, adding a passenger (in this case the cancer drug), and sending it off to its destination (in this case the cancer cell).

To design the "vehicle," researchers used a selection strategy developed by Farokhzad's team that allowed them to essentially select for ligands (molecules that bind to the cell surface) that could specifically target prostate cancer cells. The researchers then attached nanoparticles containing chemotherapy, in this case docetaxel, to these hand-picked ligands.

To understand Farokhzad's selection strategy, one must understand ligand behavior. While most ligands mainly have the ability to bind to cells, the strategy of Farokhzad and his colleagues allowed them to select specific ligands that were not only able to bind to prostate cancer cells, but also possessed two other important features: 1) they were smart enough to distinguish between cancer and non-cancer cells and 2) they were designed to be swallowed by cancer cells.

"Most ligands are engulfed by cells, but not efficiently," said Farokhzad. "We designed one that is intended to be engulfed."

Moreover, the ability for a ligand to intentionally be engulfed by a cell is crucial in drug delivery since it enables a significant amount of drug to enter the cancer cell, as opposed to remaining outside on the cell surface. This is a more effective method for cancer therapy.

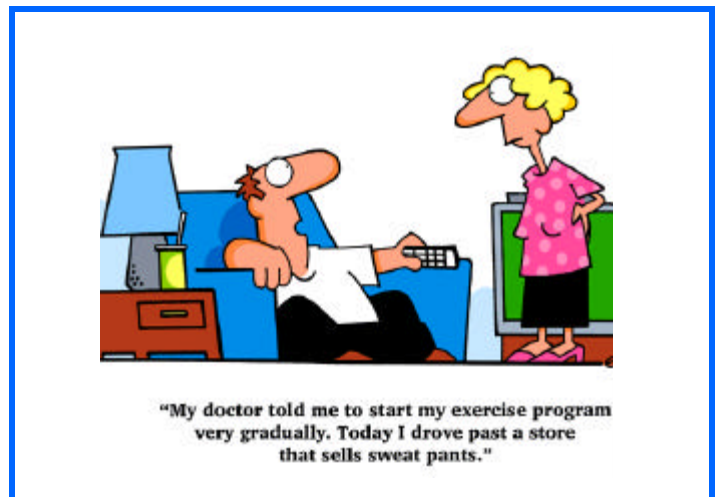
Another important aspect of this drug delivery design is that these ligand-nanoparticle components are able to interact with multiple cancer markers (antigens) on the cell surface. Unlike other drug delivery systems, this makes it versatile and potentially more broadly applicable.

According to the study's lead author, ZeyuXiao, PhD, a researcher in the BWH Laboratory of Nanomedicine and Biomaterials, current strategies for targeting nanoparticles for cancer therapy rely on combining nanoparticles with ligands that can target well-known cancer markers. Such strategies can be difficult to execute since most cancer cells do not have identifiable cell surface markers to distinguish themselves from normal cells.

"In this study, we developed a unique strategy that enables the nanoparticles to specifically target and efficiently be engulfed into any desired types and sub-types of cancer cells, even if their cancer markers are unknown," said Xiao. "Our strategy simplifies the development process of targeted nanoparticles and broadens their applications in cancer therapy."

This research was supported by the National Institutes of Health, the David Koch-Prostate Cancer Foundation, and the USA Department of Defense Prostate Cancer Research Program.

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Panel Encourages Broader Use of Surveillance in Some Men with Prostate Cancer

NCI Cancer Bulletin Dec 13, 2011

An independent panel of experts has endorsed delaying treatment, at least for a time, for many men who are diagnosed with forms of prostate cancer that likely pose no risk to long-term health.

Forgoing immediate treatment with surgery or radiation, both of which can have serious side effects, and instead actively monitoring the disease is a "viable option" for many men diagnosed with low-risk prostate cancer, the panel concluded in a draft statement from the NIH-sponsored state-of-the-science conference.

The large majority of men diagnosed each year with low-risk prostate cancer opt for immediate treatment with surgery or radiation. Both treatments can produce side effects that can seriously impair a man's quality of life, including erectile dysfunction and incontinence. Even so, in the United States only about 10 percent of men diagnosed with low-risk prostate cancer choose some form of observation.

The prognosis for men diagnosed with low-risk prostate cancer is so good, the panel concluded, that "strong consideration should be given to removing the anxiety-provoking term 'cancer' for this condition." Avoiding the term in these cases could encourage fewer men to pursue immediate treatment, several panel members suggested.

Evidence-Based Approach

NIH convened the conference to assess data supporting active surveillance, the observation-first approach most commonly used in the United States for selected men with low-risk prostate cancer. Due to widespread screening with the prostate-specific antigen (PSA) test, low-risk prostate cancers now account for the majority of diagnosed cases. Active surveillance involves monitoring the cancer with PSA testing, digital rectal examination, and biopsies at routine intervals and initiating treatment with curative intent only if and when these monitoring techniques indicate that the disease may be progressing.

Based on studies showing similar survival outcomes compared with immediate treatment, active surveillance has

been recommended for men with low-risk or very low-risk prostate cancer, depending on their life expectancy. Categorizations such as low-risk disease are based on the PSA score at diagnosis, the grade of the tumor's aggressiveness (Gleason score), and to what extent tumor cells are found in needle biopsy samples taken from the prostate.

"We estimate that more than 100,000 men diagnosed with prostate cancer each year in the United States would be candidates for active monitoring rather than immediate treatment," said the panel chair, Dr. Patricia Ganz of UCLA's Jonsson Comprehensive Cancer Center.

The conference covered a wide range of topics, such as how evolving pathology practices have affected tumor grading and the potential economic implications if more men diagnosed with prostate cancer were to pursue an observation-first approach.

A number of important questions remain about active monitoring approaches, the panel wrote. It's still unclear, for example, how best to carry out these observation-first

protocols, including the frequency of biopsies, which carry their own risks. Effective approaches are still needed to improve the process by which patients interact with physicians to reach treatment decisions, panel members said, including informed discussions about options such as active surveillance.

Defining Prostate Cancer Risk

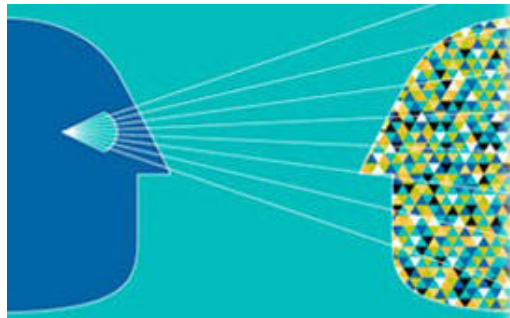
The most recent clinical guidelines on prostate cancer from the National Comprehensive Cancer Network define very-low risk and low-risk disease as follows:

Very-low risk

- Clinical stage T1c (no palpable disease, biopsy recommended based on abnormal PSA)
- Gleason score of 6 or less
- PSA density (ratio of PSA level to prostate gland size) of 0.15 ng/mL/cc or less
- Two or fewer biopsy cores in which cancer is present, and less than 50 percent cancer present in any involved core

Low risk

- Clinical stage T1-T2a
- Gleason score 2-6
- PSA < 10 ng/mL



(Continued on page 5)

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Assessing the Evidence

Only two clinical trials comparing an observation-first approach with immediate treatment have been completed and both involved watchful waiting—that is, no routine monitoring and only initiating treatment to alleviate symptoms. The studies supporting active surveillance, on the other hand, have been observational.

The clinical trials presented at the conference produced conflicting results. The first, a Swedish trial, found that immediate treatment reduced the risk of prostate cancer death. But many men in the trial, only about 5 percent of whom were diagnosed by screening, had higher-risk disease than men considered to be candidates for observation-first approaches in the United States, acknowledged the trial's lead investigator, Dr. Lars Holmberg of King's College School of Medicine in London.

In a yet-to-be published U.S. trial, the Prostate Intervention Versus Observation Trial (PIVOT), however, overall and prostate-cancer specific mortality were very similar for low-risk men whether treated with watchful waiting or immediate surgery. About half of the men in this trial had their cancer diagnosed following a PSA screening test, and 40 percent were categorized as having low-risk disease. "These are the men being treated in the United States today," said PIVOT's lead investigator, Dr. Timothy Wilt of the Veterans Affairs Center for Chronic Disease Outcomes Research in Minneapolis, MN. "Our data suggest that observation is the preferred option in men with low-risk disease."

Several large active surveillance programs are under way in North America, and although the programs are similar in most respects, they vary somewhat with regard to monitoring procedures and treatment triggers. Despite the differences, very few prostate cancer deaths have occurred across these programs. For example, of the more than 650 men who have participated in the University of California, San Francisco's active surveillance program, none have died from prostate cancer, said the program's leader, Dr. Peter Carroll. Sixty-four percent of participants have lived at least 5 years without switching to active treatment. While most of the men in the program have low-risk disease, a small percentage of men have higher-risk disease.

Although some men will never require treatment, Dr. Carroll stressed that the aim of active surveillance is to delay treatment—and its potential side effects—as long as possible. "It's not treatment versus no treatment," he said. "That's important."

A modest proportion of men in the large active surveillance programs drop out, choosing to have surgery or radiation despite no evidence that their cancer is progressing. To understand why men make these decisions, research is needed on the role of factors such as anxiety and family pressures, the panel concluded. Future studies should compare the effectiveness of different active surveillance protocols, the panel recommended.

Several studies suggest that physician recommendation is perhaps the strongest factor driving men's treatment decisions. But a patient's role, and his reaction to a cancer diagnosis, shouldn't be discounted, said panel member Dr. Barry Kogan, chair of the Division of Urology at Albany Medical College.

"The word 'cancer' tends to set off an emotional response in patients," Dr. Kogan said, "that encourages them to pursue what they perceive to be the most effective treatment regimen."

-Carmen Phillips

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Herb Encrusted Salmon

This is versatile recipe. You can use this marinade on chicken, turkey or your favorite fish. You can either broil, sauté or grill using proper grilling techniques. Simply serve the dish with a lemon wedge. Easy 1-2-3.

4	6 oz pieces	Salmon fillet (wild if possible)
2	tbsp	chopped parsley
2	tbsp	chopped chives
2	tbsp	chopped basil
1	tsp	sea salt
1/4	tsp	cracked black pepper
1	tsp	extra virgin olive oil
1		lemon

1. Use immediately or marinate fish with herbs for up to 24 hours. (Sometimes you might want to prep evening before and have in the fridge for next day's dinner.)
2. Pick your cooking method:
 - => You can grill on a low flame, turning frequently.
 - => Sear in a pan for 5 minutes, flip over, sear for another 5 minutes and then finish cooking in the oven.
 - => Broil.
3. Fish is done when you stick a wooden toothpick in and feel no flesh-like sensation. 4. Add a lemon wedge.

http://www.pcf.org/site/c.lJRIROrEpH/b.5948901/k.C4E7/Recipe_Collections/apps/nl/newsletter2.asp

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Cholesterol-lowering Medications May Also Be Good for the Prostate

October 22, 2010

Dear Mayo Clinic:

Is it true that medications that are used to lower cholesterol can help lessen one's chance of getting prostate cancer?

Answer:

A recently published research study did find that men who took statins — drugs widely prescribed to lower cholesterol — were less likely to be diagnosed with prostate cancer, compared to men who did not take statins. More investigation is needed before any recommendations can be made based on these findings, but it seems that what's good for your heart is good for your prostate.

In the study, published in *The Journal of Urology* (August 2010), Mayo Clinic researchers followed 2,447 men for more than 15 years. Of the statin users, 6 percent were diagnosed with prostate cancer. By comparison, non-statin users were three times more likely to develop prostate cancer, suggesting that statin use may prevent this type of cancer from developing.

Statin medications are currently used to lower cholesterol or to help prevent heart attack and stroke in high-risk patients. Exactly why statins are associated with a decreased risk of prostate cancer is unclear, but several factors may be at work. First, the male hormone testosterone is derived from cholesterol, and testosterone drives the growth of prostate cancer. When cholesterol is reduced using statins, testosterone may be reduced as well, decreasing the risk of prostate cancer. Second, in the laboratory setting,

researchers have observed that statin medications can prevent cancer cells from dividing and, in fact, may cause some cancer cells to die.

The results of this study are preliminary, and more research is necessary to determine if statins can protect against prostate cancer. But, at this time, the research does appear to indicate there's some correlation between heart health and a lower risk of prostate cancer.

The findings are important because prostate cancer is the most common cancer among American men and kills about 30,000 to 40,000 men in this country every year. In addition, although about one in six men in the U.S. will develop prostate cancer, far more will develop heart disease. The leading cause of illness and death in U.S. men with prostate cancer is actually cardiovascular disease.

Even though it's hard to predict exactly how the correlation between statins and prostate cancer will play out, we know that the healthier a person's lifestyle in general, the less likely the chance of prostate cancer, other urologic diseases and additional health problems, including heart disease.

With these findings in mind, it's wise to engage in a heart-healthy lifestyle — with or without statins. In general, that lifestyle consists of exercising for at least 150 minutes each week, quitting smoking, managing stress and eating a healthy diet. A diet that's good for your heart typically includes whole grains; lean meat, poultry and fish; and at least five servings of fruits and vegetables a day. Following these guidelines is not only important for prostate health, but for a person's health overall.

- R. Jeffrey Karnes, M.D., Urology, Mayo Clinic, Rochester, Minn.

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MEMBER'S FORUM:

Some of our members have expressed concern about the cost of hormone treatment in cases where they do not receive them via "The Prostate Clinic" at Cancer Care Manitoba. The NDP campaigned in part on the promise to have all drug treatments for cancer covered by Medicare. To that end there will be this expectation that future drug cost for cancer treatment will be covered. The question is when will this begin?

What plan has been established to ensure this will occur? When will the process be announced? The Government will be presenting a budget to the Legislature soon, likely in March or April, 2012. Manitobans should contact the "The Minister of Health" and "The Minister of Finance" requesting answers providing the specifics to future cancer drug treatment costs. Please do so as soon as possible!

Len Bueckert

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Is There a Prostate Cancer Diet?

WebMD expert and urologist Sheldon Marks, MD, shares his thought on how men can help prevent prostate cancer through nutrition.

WebMD Commentary

Reviewed by Paul O'Neill, MD

When you're being treated for cancer, it's more important than ever to eat right and get adequate nutrition -- but it can also be more difficult than ever to adhere to a balanced cancer diet. Your body is working overtime to fight the cancer, while it's also doing extra duty to repair healthy cells that may have been damaged as a side effect of treatments like chemotherapy and radiation. At the same time, many cancer treatments -especially chemotherapy - come with side effects that drain your strength and sap your appetite. So how can you make sure you're getting all the essential nutrients, vitamins, and minerals you need to keep a balanced cancer diet?

1. Participate in regular exercise. Walking is best.
2. Limit your calorie intake. Excess calories are bad for cancer growth. Eat what you need to get to the next meal, not the usual American style of eating all you can as if you are never going to eat again.
3. Get sunshine daily. Darker-skinned people need more sunshine.
4. Don't follow these or any guidelines to excess. Moderation is the key.
5. Heart healthy is prostate healthy. Heart disease is still the No. 1 killer, even in men with prostate cancer.
6. Variety in the foods you eat is important. Increase the diversity.
7. Remember supplements are supplements. They are not intended to replace an intelligent diet; their purpose is to supplement an intelligent diet. Supplements are a poor alternative to eating foods that are high in the desired nutrients.
8. See a doctor regularly for early detection and preventative care. Be proactive rather than reactive.

Nutritional Recommendations

The two diets known to be associated with longevity and reduced risks for prostate cancer are the traditional Japanese diet and a Southern Mediterranean diet. The Japanese diet is high in green tea, soy, vegetables, and fish, as well as low in calories and fat. The Mediterranean diet is high in fresh fruits and vegetables, garlic, tomatoes, red wine, olive oil, and fish. Both are low in red meat.

Specifically, you should incorporate these principles when reevaluating your daily diet:

1. Reduce animal fat in your diet. Studies show that excess fat, primarily red meat and high-fat dairy, stimulates prostate cancer to grow.
2. Avoid trans fatty acids, which are known to promote cancer growth. These are high in margarines, and fried and baked foods.
3. Increase your fresh fish intake, which is high in the very beneficial alpha omega-3 fatty acids. Ideally eat cold-water fish such as salmon, sardines, mackerel, and trout, at least two to three times a week. The fish should be poached, baked, or grilled (not burned or charred). Avoid fried fish.
4. Significantly increase your fresh fruit, herb, and vegetable consumption daily. Powerful anticancer nutrients are being discovered regularly in colorful fruits and vegetables, fresh herbs, leafy green vegetables, nuts, berries, and seeds.
5. Avoid high-calcium diets, which have been shown to stimulate prostate cancer growth.
6. Take a multivitamin with B complex and folic acid daily.
7. Avoid high-dose zinc supplements.
8. Increase your natural vitamin C consumption -- this includes citrus, berries, spinach, cantaloupe, sweet peppers, and mango.
9. Drink green tea several times each week.
10. Avoid excess preserved, pickled, or salted foods.



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11. Eat red grapes, drink red grape juice, or red wine regularly.
12. Eat leafy dark-green vegetables frequently.
13. Cruciferous vegetables are cancer protective. These include cabbage, broccoli, and cauliflower.
14. Tomatoes and especially tomato products are very high in lycopene, a powerful anticancer substance. This includes pizza sauce, tomato paste, and ketchup.
15. Avoid flax seed oil. This can stimulate prostate cancer to grow. You can obtain the very healthy alpha omega-3 fatty acids you need through fresh fish and nuts.
16. Use olive oil, which is very healthy and rich in vitamin E and antioxidants. Avocado oil is also good. Avoid oils high in polyunsaturated fats such as corn, canola, or soybean.
17. Take vitamin E, 50 to 100 IU of gamma and d-alpha,

only with the approval of your doctor. Some recent studies have raised concerns over serious risks with vitamin E intake. Natural sources include nuts, seeds, olive oil, avocado oil, wheat germ, peas, and nonfat milk.

18. Selenium is a very powerful antioxidant and the backbone molecule of your body's immune system. Most studies support a daily selenium supplement of 200 micrograms a day. The benefits appear to be only for those who have low selenium levels, which is difficult and expensive to measure. Since it only costs about 7 cents a day and is not toxic at these levels, it is reasonable for all men to take selenium. Natural sources include Brazil nuts, fresh fish, grains, mushrooms, wheat germ, bran, whole-wheat bread, oats, and brown rice.

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SPEAKERS:

March 15, 2012

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

April 19, 2012

Dr. Darrel Drachenberg, Urologist -
"New Prostate Cancer Therapeutics"

May 17, 2012

TBA

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

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