

THE DIGITAL EXAMINER



Number 104— May 2008

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More Prostaid information at www.prostaid.org

Cancer with highest incidence receives less funding:

Recent statistics released April 9th by the Canadian Cancer Society reveal that prostate cancer is anticipated to have the highest incidence of any cancer in Alberta and Canada in 2008.

Estimates are that 2,400 Alberta men will be diagnosed with prostate cancer in 20078 and 430 men will die of the disease. On average, 46 men will be diagnosed with prostate cancer every week.

Unfortunately, prostate cancer research and public awareness campaigns are sorely underfunded in relationship to other less common cancers.

It's time for Alberta men and their families to demand that more attention and funding be focused on prostate cancer. Prostate cancer affects not only men, but the family unit as well.

Prostaid strongly recommends that the provincial government and the Alberta Cancer Board take steps to repair this disparity by increasing funding for prostate cancer awareness, research and drug coverage.

Five important risk factors for prostate cancer.

Age, race, and family history are important risk factors for prostate cancer. Diet and lifestyle factors may also influence whether a man develops the disease. No clear association has been found between the development of prostate cancer and smoking, vasectomy, the presence of benign prostatic hyperplasia (BPH), or regular alcohol intake (although binge drinking may increase the risk). Increasing evidence suggests that fat intake, physical inactivity, or

being overweight may influence the development or progression of prostate cancer.

Age As a man ages, his risk of developing prostate cancer increases dramatically. This age-related increase is greater for prostate cancer than for any other type of cancer. The average age at the time of diagnosis is between 65 and 70, and the average age of death is between 77 and 80.

Race

The incidence of prostate cancer in by race. The rate for white men is 101 per 100,000 each year. Black men are at higher risk (137 per 100,000), and Asians are at the lowest risk (20 to 47 per 100,000).

Family History

Studies of identical and fraternal twins show that prostate cancer has a stronger hereditary component than many other cancers, including breast and colon cancer. Having one first-degree relative (a brother or father) with prostate cancer doubles the risk of developing the disease; having a second-degree relative (an uncle or grandfather) with prostate cancer confers only a small increase in risk.

A number of genetic mutations are linked to prostate cancer. The best studied of these mutations are in a region of chromosome 1 known as HPC1. HPC1 may be involved in protecting against prostate inflammation. Some analyses have suggested that mutations in HPC1 increase the risk of prostate cancer, but other studies have failed to find an association. Other genes involved in how the body handles male hormones (androgens), its reaction to inflammation or infection, and its ability to process certain types of fat may also be important.

Although genes can influence a man's risk of developing prostate cancer, other factors are also at work. The likelihood that identical twins (who share all genetic information) will both develop prostate cancer is 19% to 27%. This

Prostaid will be holding its next regular monthly meeting at 7:30 PM on Tuesday May 13th.

As always, we meet in the auditorium at Foothills Hospital.

This meeting will feature a video presentation from the recent Los Angeles Prostate Cancer Conference.

World famous medical oncologist **Dr. Stephen Strum** will educate us on ***Intermittent Testosterone Deprivation as a primary treatment.***

Our **second** May meeting will take place at 730PM on Tuesday May 27 at South Calgary Health Centre, 31 Sunpark Plaza. SE

No speakers, just an opportunity to ask questions and compare notes with other men and their families.

Prostaid Calgary meets on the second Tuesday of every month at 7:30 PM

suggests that lifestyle choices can modify the effects of the genetic cards that a person is dealt at birth.

Environmental Factors

Much effort has been devoted to searching for environmental factors that might serve as promoters for prostate cancer. The incidence of microscopic prostate cancer (cancers too small to be seen except under a microscope) is similar among men in the United States and Canada and in all other countries that have been examined. However, the mortality rates from prostate cancer differ from one country to another and even within different regions. These differences suggest that environmental factors (such as diet, lifestyle, or exposure to certain substances or forces) influence prostate cancer's progression from microscopic tumors to clinically significant ones.

Dietary fat

Most studies examining the relationship between dietary fat and prostate cancer have found that a higher fat intake (especially animal fat) is associated with an increased incidence of prostate cancer. Fat makes up 30% to 40% of the calories in the North American diet, compared with 15% in Japan. This difference in fat consumption may help explain the much lower death rate from prostate cancer in Japan, as well as the great variability in prostate cancer mortality rates around the world. It is also possible that people who consume large amounts of high-fat foods are less likely to eat healthful foods that may protect against cancer.

PSA screening

Excerpt from The Intelligent Patient Guide to Prostate Cancer

Physicians usually order tests for blood PSA levels when assessing a patient who has a suspicious nodule or lump on his prostate. Increasingly, the PSA test is being used in patients whose prostate gland feels normal during the rectal examination but who have requested an evaluation because of a concern or predisposition for prostate cancer, e.g., a close family member has the disease. However, the PSA test by itself does not diagnose prostate cancer. Rather, it provides a clue that cancer may or may not be present.

Prostate specific antigen is a substance that is produced only by prostate tissue cells, but a high level is not necessarily indicative of cancer. In other words, it can be high in both cancerous and noncancerous situations. For example, 20% of men with benign prostatic hyperplasia (BPH) have a higher than normal level of blood PSA, and as many as 70% of all men with an above-normal PSA reading of between 4.0 and 10.0 do not have cancer. On the other hand, up to 20% of men who are diagnosed with prostate cancer have PSA levels in the normal range, below 4.0.

PSA levels may be increased by a number of non-malignant conditions other than BPH. For example, a prostate infection

may cause quite a high reading. Treatment of the infection with an antibiotic may bring the PSA level back to normal, but if cancer is still suspected then further diagnostic tests should be done. Also, pressure or trauma to the perineum/buttocks from, for example, bicycle riding, can cause quite significant elevations, as can stress or pressure on the prostate itself from a digital rectal exam, biopsy, or vigorous sexual activity.

The actual function of PSA is related to fertility in that it prevents the seminal fluid from coagulating and helps maintain the health of the sperm cells after ejaculation into the vagina. Every male has a certain amount of PSA circulating in his bloodstream. The "normal value" is generally considered to be under 4.0 ng/mL (nanograms per milliliter). (This value may vary slightly depending on the methodology used to measure it.)

Scientists are refining the way that they interpret PSA results to try to distinguish cancer more accurately from non-malignant situations. For example, an age-related scale has been suggested to account for older men naturally having larger, "leakier" prostates that allow more PSA to flow into the bloodstream. Thus, the upper limit of normal for a 45-year-old may be 2.5, while a 75-year-old man's normal PSA level may be 6.5.

Two other aspects also need to be considered when trying to interpret the significance of the PSA level. The first has to do with normal individual variations in the size of the prostate gland. Thus, a man with a naturally large prostate gland may have a high PSA level when considered on its own, but a normal ratio of PSA level compared to prostate size (called the "PSA density").

The second aspect that needs to be taken into account is the rate of change of the PSA level over time (known as "PSA velocity"). For example, a man may have a normal PSA level of 1.0 one year, and then a higher, but still normal level of 3.5 the next. Although both readings are in the "normal" range, the rapid increase is significant and would indicate the need to rule out a cancer, since benign tissue does not exhibit such a rapid increase within such a short period of time.

In today's world of medicine, the PSA test stands out as a superb "marker" of abnormalities in the prostate gland. When the PSA level is supplemented by the other considerations mentioned here, the test will help detect those prostate cancers that are truly significant, hopefully before they have had a chance to grow too extensively.

Author: S. Larry Goldenberg, MD

Survey gauges side effects of prostate cancer treatments By Gene Emery

BOSTON (Reuters) - Age, race and obesity affect how satisfied men are with their treatment for prostate cancer, U.S. researchers said on Wednesday. And the effects of short-term hormone therapy can linger for years, the survey of 1,201 men treated at nine university hospitals and 625 of their partners found.

Special thanks to Canon Canada for their continuing support in printing this newsletter.

The results, published in the New England Journal of Medicine, are designed to give doctors and patients a better idea of what to expect from three types of prostate cancer treatment.

"I don't think our findings are going to make any one of the specific approaches a winner," said Dr. Martin Sanda of Beth Israel Deaconess Medical Center in Boston.

"But they do make it possible for doctors and patients to better gauge what to expect for treatment A or treatment B," Sanda said.

One year after treatment, sexual functioning was a moderate or big problem among 50 percent of men whose prostate had been removed, the researchers found.

It was a problem for 31 percent treated with external radiation and 30 percent who had radioactive seeds placed in the prostate. Surgery to spare the nerves, they found, helped prevent sexual problems.

"Overall, 10 to 19 percent of patients or their partners reported being distressed by symptoms attributable to hormonal therapy," the researchers wrote, adding that the finding raises questions about whether hormone therapy should be restricted to high-risk cases.

Therapy designed to block the male hormone testosterone for six months had effects on sexuality and vitality that persisted for up to two years, the doctors found. Such treatments are usually combined with nonsurgical therapy.

RACE A MAJOR FACTOR

"The one factor that really stood out across all the different treatments was that African-American men were less satisfied with their outcome," said Sanda.

"It could be differences in expectations, if doctors are not communicating as effectively. Another possibility is that the aggressiveness of prostate cancer tends to be worse for them," Sanda added.

"I think a lot of unhappiness that people experience with prostate cancer may be because the specific information about what will happen has not been all that available in a way that is really relevant to their concerns, which differ from patient to patient," he said.

Urinary incontinence was a moderate or big problem in 8 percent of surgery patients, 5 percent of seed patients and 4 percent of radiotherapy patients.

Other types of urinary problems, such as having to go frequently, having trouble emptying the bladder or having a slow stream, were reported as a significant problem in 18 percent of seed patients, 14 percent of men getting radiation and 12 percent of those treated with surgery.

One surprise, said Sanda, was that men who had a large prostate before treatment found urination easier after surgery. "They actually did better when the prostate was removed," he said.

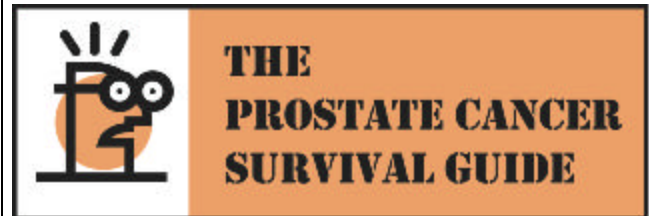
Bowel problems were also less common after surgery. Only 2 percent said it was a moderate or big problem, compared to about 10 percent in the men receiving other treatments.

Nine percent of surgery patients reported a loss of vitality, compared with 18 percent treated with radiotherapy and 15 percent who received the radioactive seeds.

Prostaid Calgary Updates:

If you haven't visited www.prostaid.org recently you will find some important additions. Thanks to our videographer and webmaster **Rhett Miller** you will find a videos of our presenters at recent meetings. There is also a link to on-line donations to Prostaid and photos of Dr. Digital, our new mascot.

A reminder that Prostaid will come to your office, lodge, church or service club and make an informative and educational 20 minute presentation on prostate cancer, the need for early detection.



Call Bob Shiell at 253.1911 or email bobshiell@shaw.ca to book your meeting. There is no charge for this service.

Prostaid is proud to be facilitating a **SECOND** monthly meeting in May.

This peer support meeting will be an opportunity for men, either newly diagnosed or those men and their families living with prostate cancer to discuss issues and concerns and ask questions of those in similar circumstances. There will NOT be a guest speaker, just time for quiet conversations in a non-threatening environment.

The meeting will be held at 730PM at the **South Calgary Health Centre, 31 Sunpark Plaza SE.**

SCHC is just east of Macleod Trail and south of Sun Valley Boulevard. If coming from the north turn left off Macleod Trail at Sun Valley Boulevard than immediately right, then right again onto Sunpark Plaza.

There is lots of FREE Parking (reason enough to come out!) and refreshments will be available.



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Prostaid Calgary Warriors

The Prostaid Calgary Warriors are a caring and compassionate group, well organized and full of information for those men and their families dealing with advanced prostate cancer. The Warriors serve the very important needs of hormone refractory Prostaid Calgary members and all those who have an interest in management of advanced prostate cancer. The Prostaid Calgary Warriors meet on the second Tuesday of each month at 6:14 pm prior to the main Prostaid Calgary meeting. Warriors meet just outside the auditorium at Foothills Hospital in room #AGW2. Signs will be posted.

Men with advanced prostate cancer, their partners and family members are most welcome to attend. **You will be made welcome!**

For more information call Fred McHenry at (403) 282.3920

Volunteers are urgently needed for mall displays, car shows, parades, and other community events. All we are asking is for a few hours of your time. Prostaid offers an honourarium to cover out-of-pocket expenses. Please call or email Don Jacques or Bob Shiell to help!

Many thanks to our many friends and supporters!

Prostaid has many generous individuals and companies who support our community work. On behalf of our 800+ members, thank you for your generosity. We look forward to continuing our good work in 2008! We have many exciting projects planned for the future!

Newsletter * General Meetings * Hospital Visits * One-On-One visits * Speakers * Website

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