Prostate Cancer Support Helpline 514-694-6412 email:fred.crombie @videotron.ca

February 2015 - Issue #88

Prostate Cancer Canada Network

Montreal West Island

EVERYONE IS INVITED TO ATTEND OUR MEETINGS
We meet every fourth Thursday of each month except July, August and December

MEETING LOCATION

Sarto Desnoyers Community Centre
1335 Lakeshore Drive, DORVAL

Dr. Jacques Lapointe, McGill University, Professor of Urology, will be our speaker at our next meeting on February 26, 2015 at 7:30PM. The title of his talk is;**"Research Project Pronto, A five year project to find an alternate to PSA."**

Make an In Memoriam Donation

Consider making a gift in memory of a loved one who has died of prostate cancer. While flowers are beautiful, many people today prefer to make memorial contributions in honour of a loved one's memory. A tax receipt will be issued upon receipt of a donation.

This Newsletter is available at our website:

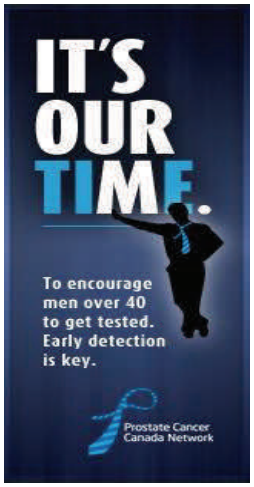
http://mtlwiprostcansupportgrp.ca/, as well as at www.pccn.org

Upcoming Talks and Events

On March 26, 2015, **Marie-Josee Lord, Physiotherapist** and Recognized authority on Kegel exercise - pelvic floor muscle training, will speak on **"Let's Talk Plumbing."**

On April 23, 2015, Our **Annual General Meeting** will be held. We will make our annual **Outstanding Contribution Award** at that time.

On May 28, 2015, **Dr. Michel Tremblay**, Professor, Jeanne and Jean-Louis Leveques Chair in Cancer Research, Goodman Cancer Research Centre and Department of Biochemistry, McGill University, will speak on **"Cancer Vaccines; new directions to fight cancer from within"**



A Special Appeal

The survival of any support group strongly depends on the continual emergence of new volunteers coming forth with the desire to help and carry on with the duties of current Steering Committee members who themselves have health issues either related to what the group focuses on, or to other health problems that emerge as we age. We have sadly reached a stage where three crucial directorships (Secretary, Treasurer and Newsletter Editor) are empty because of health issues. We need replacements! Please come forth and present yourselves prior to our Annual General Meeting. You are needed for the continuation of our support group.

Support your local prostate cancer support group PCCN - Montreal West Island . Get Involved!

Prostate Cancer Canada Network Montreal West Island

PCCN - The Montreal West Island Prostate Cancer Support Group

Our Website

Be sure to check out our website. Our internet address is http://mtlwiprostcansupportgrp.ca/ The website provides information about our group, links to PCCN and Procure and gives access to current and past issues of our newsletter as well as up-to-date information about our meetings and other items of interest. Check it out and give us your feedback. Our Director Monty Newborn is the creator and manager of the site and our WEBMASTER.

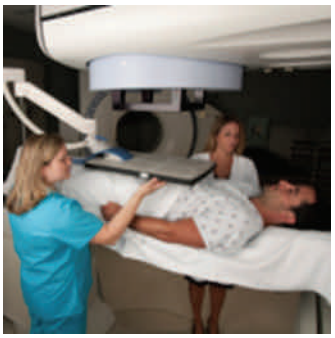
Trial Confirms RT Survival Benefit With ADT in Prostate Cancer

By Anna Azvolinsky, PhD
http://www.cancernetwork.com/prostate-cancer

An 8-year analysis confirmed that adding radiotherapy (RT) to androgen deprivation therapy (ADT) in men with locally advanced prostate cancer improved overall survival and reduced the risk of prostate cancer–specific death. The median overall survival was 10.9 years in the combination arm compared with 9.7 years in the ADT-alone arm.

This final analysis is published in the *Journal of Clinical Oncology*.

The original results of this international NCIC Clinical Trials Group PR.3 trial were published in the *Lancet* in 2011. This prior interim analysis showed a significant improvement in overall survival for those in the ADT plus radiotherapy treatment arm (hazard ratio [HR] = 0.77; $P = .033$). Based on the results, radiotherapy was recommended as part of the standard therapy for prostate cancer.



The NCIC trial is the largest study investigating the addition of radiotherapy to ADT.

The study randomized 1,205 patients enrolled in the study between 1995 and 2005 to either ADT or ADT plus radiotherapy.

The median age of patients was 70. Eighty-seven percent of patients had locally advanced (T3-4) disease and 18% had tumors with a Gleason score greater than 8. Patients received a radiotherapy dose between 64 and 69 Gy in 35 to 39 fractions to the prostate and pelvis, or prostate alone.

After an 8-year median follow-up, a total of 199 men died from prostate cancer; 465 patients died in total.

The 10-year disease progression-free rate was 46% in the ADT-alone arm compared with 74% in the ADT plus radiotherapy arm.

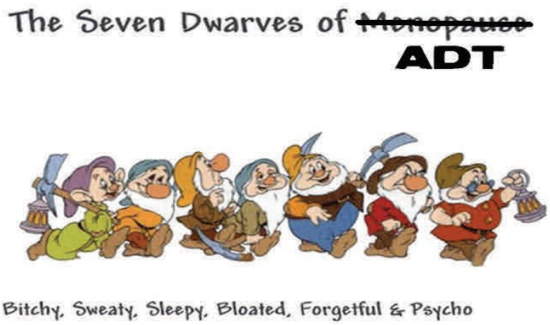
The most frequent grade 3 or higher treatment-related adverse events in the ADT and combination therapy arms, respectively, were impotence (29% vs 33%), hot flushes (8% vs 5%), urinary frequency (4% vs 7%), ischemia (3% vs 5%), and hypertension (3% vs 4%). There were no differences in cardiovascular toxicities between the two therapy arms. Bowel-related adverse events were more frequent in the combination therapy arm but most were low-grade.

"It is noteworthy that the grade 3 toxicity that we detected was short term only, and we would suggest that the toxicity of radiotherapy should not be regarded as a barrier to its routine use in this patient population," state the authors in their discussion.

The improvement in overall survival was "achieved without major detriment in terms of long-term toxicity," concluded Malcolm D. Mason, MD, of the Cardiff University School of Medicine, in the United Kingdom.

"Although there are undoubtedly patients for whom radiotherapy or indeed any curative therapy would be inappropriate because of age, comorbidity, or other factors, we conclude that patients with clinically node-negative, locally advanced prostate cancer who are suitable for additional radiotherapy should be offered that option, an opinion shared by European and North American guidelines," state the authors.

Further questions that remain to be addressed including whether dose escalation of radiotherapy will improve outcomes and the optimum field of radiotherapy.



http://www.yananow.org/troopc.shtml#manogram

Testosterone May Prove an Unlikely Ally in Fight Against Prostate Cancer

Published Online: Wednesday, February 18, 2015
http://www.pharmacytimes.com/publications/issue/2015/

Although testosterone is often considered to be a catalyst of prostate cancer, a recent study suggests that the hormone may be able to subdue advanced prostate cancer and break down resistance to testosterone-blocking drugs used to treat the disease.

(Cont'd on p3)

(from p 2) The study, published on January 7, 2015, in *Science Translational Medicine*, examined 16 men with metastatic prostate cancer who had been receiving testosterone-lowering treatment to which their cancers were growing resistant. The men were given three 28-day cycles of an intramuscular testosterone injection and 2 weeks of etoposide, a chemotherapy drug.

Of the 14 men who completed the trial, 7 were found to have a 30% to 99% reduction in their prostate specific antigen (PSA) levels, which indicated that their cancers were stabilizing or becoming less severe.
Four of those 7 men remained on testosterone therapy for 12 to 24 months, during which they continued to experience reduced PSA levels. In addition, of the 10 men whose metastatic cancers were measured with imaging scans, 5 experienced a reduction in tumor size greater than 50%, with 1 man's cancer disappearing entirely.

While the study's authors find these results promising, they note that further research is needed to support their theory that testosterone therapy can reverse prostate cancer treatment resistance.

Prostate cancer surgery may impair sex for both partners

By Lisa Rapaport, Feb 13, 2015
http://www.reuters.com

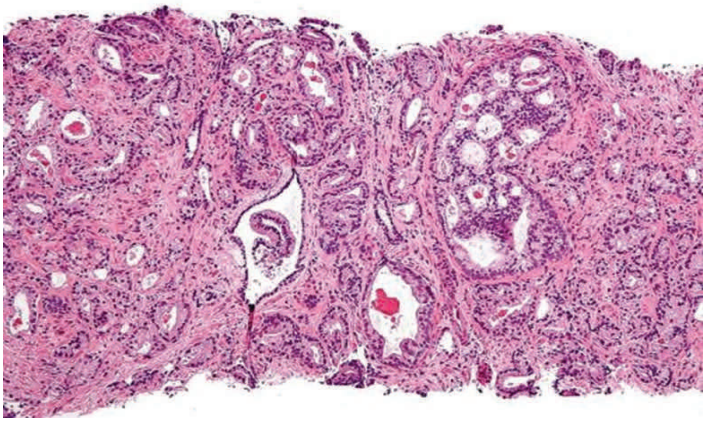
Both members of a couple can experience diminished sexual function after a man has prostate cancer surgery, Swiss researchers find, suggesting that treatment should include sex counseling for men and their partners.
The researchers studied sexual function and satisfaction after men had a type of cancer surgery designed to remove the entire prostate, including semen glands, but protect nearby nerves that are involved in erections.
"Typically, even with nerve sparing, a man may have difficulties for months before he gets back to a more normal erectile function, and then he will have an orgasm that doesn't include ejaculation," said Dr. Vincent Laudone, a urologic surgeon at Memorial Sloan Kettering Cancer Center in New York who wasn't involved in the study.
"Any treatment that doesn't involve an up front, detailed discussion with both members of a couple is lacking," Dr. Laudone said.
Dr. Christophe Iselin, with the division of urologic surgery at Geneva University Hospital in Switzerland, and colleagues write in the International Journal of Impotence Research that screening is leading to more men, and younger men being treated for prostate cancer.
To assess the effect this may be having on couples' sexual health, they analyzed data on 21 couples who completed questionnaires about sex before the men had prostate cancer surgery and again six months after the procedure.
The average age of the study participants was 62.4 for men and 60.7 for women.
Bilateral nerve sparing, the most effective at preserving erectile function, was done in 12 procedures. The remaining nine operations involved nerve sparing on just one side.
As typically happens with prostate surgery, the men reported decreased erectile function after the fact, with a steeper decline after unilateral nerve sparing.
But the women also reported decreased sexual function after the men had surgery, with declines in desire, arousal, lubrication, orgasm and satisfaction.
"The stress of cancer treatment and the disruption in the couple's usual pattern of intimacy can leave both partners feeling less interested in sexual activity," said Dr. Andrea Bradford, an assistant professor of gynecologic oncology and reproductive medicine at The University of Texas MD Anderson Cancer Center in Houston.
Even though women aren't the ones having surgery, the disruption of their regular sex life in the weeks or months immediately after the man's operation can make sex more painful when relations resume, said Dr. Bradford, who wasn't involved in the study.
"The female partners in this study were in mid-life or older, which means most of them were postmenopausal," Dr. Bradford said. "Regular sexual activity can help prevent or slow the normal vaginal changes that occur after menopause, but after a long period of sexual abstinence women may be surprised to find that they have more difficulties than before with lubrication or genital pain."
Limitations of the study include the small sample, taken only from couples who agreed to sexual assessments, and the short six-month follow-up period for a procedure that can inhibit erectile function for as long as two to three years, the researchers point out in their report.
Going beyond the mechanics of sexual function, the study team also looked at how satisfied couples were with their relationships. The couples reported a dip in satisfaction six months after surgery, but the decline wasn't statistically significant.
While other studies have found that relationships aren't affected in those first months, longer-term studies have shown declines in sexual and emotional inti-

macy as well as relationship satisfaction, said Dr. Daniela Whittmann, a clinical assistant professor of urology at the University of Michigan in Ann Arbor.
"Partners are still not sufficiently included in discussions surrounding prostate cancer treatment," said Dr. Whittmann, who wasn't involved in the study.
Even with other forms of cancer, treatment can affect sexual function and relationships, she said.
"We're talking about fatigue, nausea, baldness, changes of the mucous membranes, poor blood flow, loss of body parts, etcetera," Dr. Whittmann said. "All of these affect sexual health. Couples need preparation for sexual changes which they have to manage not only physically, but also emotionally."

Study provides evidence for new approaches to prostate cancer

http://medicalxpress.com/news

Monitoring prostate cancer (PC) by active surveillance (AS), with the expectation to initiate treatment if the cancer progresses, is a preferred initial option for men with low-risk PC and a life expectancy of at least 10 years. According to the results of a new study conducted at Brigham and Women's Hospital (BWH), there is evidence to also support AS as an initial approach for men with favorable intermediate-risk of PC (men with no evidence of the cancer spreading beyond the prostate, a Gleason score of 3+4 or less and PSA, prostate-specific antigen, under 20). These findings are published online by *JAMA Oncology*.



Micrograph showing prostatic acinar adenocarcinoma (the most common form of prostate cancer) Credit: Wikipedia

"We found that men with favorable intermediate-risk prostate cancer did not have significantly increased risks of death compared to men with low-risk prostate cancer," said Ann Caroline Raldow, MD, first author of the study and resident physician at BWH and the Harvard Radiation Oncology Program. "The clinical significance of our findings is that men with favorable intermediate-risk prostate cancer may also be able to avoid, or at least defer the side effects of, prostate cancer treatment, and enter an active surveillance program as an initial approach."

Researchers estimated and compared the risk of PC-specific mortality (PCSM) and all-cause mortality (ACM) following brachytherapy, a high dose radiation treatment, among men with low-risk and favorable intermediate-risk PC in a prospective cohort study of 5,580 men (median age 68 years) at the Prostate Cancer Foundation of Chicago between 1997 and 2013. Men with favorable intermediate-risk PC, who had no more than half of all prostate biopsies containing PC, were included in the study and were treated with prostate brachytherapy alone.

The researchers found that men with favorable intermediate-risk did not have significantly increased risk of PCSM and ACM when compared to men with low-risk PC after a median follow up of 7.69 years. Additionally, the absolute estimates of PCSM were less than one percent in men with low-risk and favorable intermediate-risk PC, sugggesting that men with favorable intermediate-risk PC may also be candidates for active surveillance.

To date, no direct comparison has been made between favorable intermediate-risk and low-risk prostate cancer with respect to PCSM or ACM following brachytherapy.

"While awating the results of ProtecT, a randomized trial comparing active surveillance with treatment, our findings provide evidence to support a discussion of AS as an initial approach to men with favorable intermediate-risk PC," said Anthony Victor D'Amico, MD, PhD, senior author of the study and chief, BWH Genitourinary Radiation Oncology.

http://medicalxpress.com/news

Researchers work on new treatment to shrink tumors in prostate cancer

http://www.kgns.tv/home/headlines, Feb 18, 2015
By: Justin J. Reyes

(NBC) - Researchers in Britain are working on a new treatment that may inhibit the growth of tumors in prostate cancer patients.

The idea is to cut off the blood supply to starve the tumor to death.

One expert explained that a specific molecule, called SRPK-one, seemed to be causing tumor growth by increasing vessel formation.

Scientists developed a treatment to inhibit the molecule and tests on mice have yielded promising results with fewer side effects than current treatments.

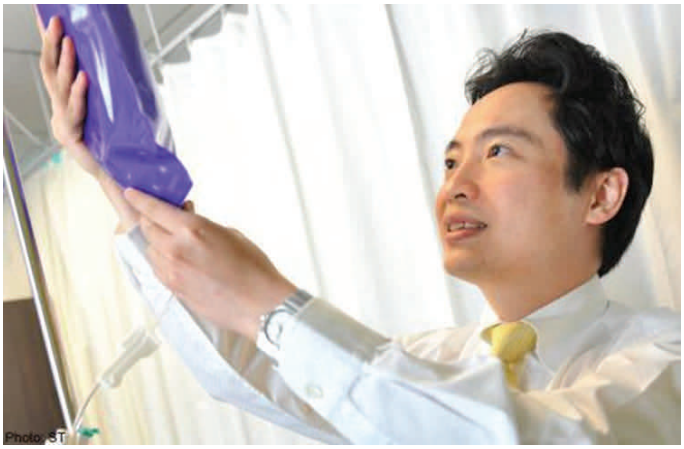
"It's a targeted treatment, which means it's not toxic like chemotherapy or radiotherapy, what's available in the hospitals right now, so we're expecting much, much less side effects", said Sebastian Oltean.

Research teams are focused on adapting the drug for human use and hope to move into clinical trials within two or three years.

Treat prostate cancer early

Thursday, Feb 19, 2015
The New Paper http://yourhealth.asiaone.com
By Foo Jie Ying

After being diagnosed with prostate cancer in January, Prime Minister Lee Hsien Loong of Singapore, went through an operation to remove his prostate gland yesterday



CONCERNED: *Dr Wong Seng Weng is concerned that people may misunderstand that prostate cancer can be left untreated.*

After being diagnosed with prostate cancer in January, Prime Minister Lee Hsien Loong went through an operation to remove his prostate gland yesterday. The robot-assisted keyhole surgery was successful, says a statement from the Prime Minister's Office.

However, oncologist Wong Seng Weng has warned that prostate cancer, if left untreated, can still be fatal, much like other forms of cancer.

The medical director of The Cancer Centre, a Singapore Medical Group clinic, said: "My fear is that people may get the idea that they won't die from prostate cancer."

Prostate cancer is the fifth leading cause of death and the third most common disease among men, latest statistics from the National Cancer Centre Singapore show.

Every year, there are about 700 new cases but this does not include those that go undetected, Dr Wong said.

Unlike in the US, there is no habit of testing for the prostate specific antigen (PSA) here regularly. High levels of PSA may suggest prostate cancer.

Khoo Teck Puat Hospital's Dr Colin Teo said the undetected cases could be due to men's "self-seeking behaviour".

"While prostate cancer is generally a slow-growing cancer and not a major killer so to speak, there is still that fear of cancer and a lot of men would rather not know.

"So they tend not to consult a doctor even if they are aware (of the symptoms)," said the head of the urology department.

There are two kinds of prostate cancer - one spreads quickly while the other is slow-growing.

There is a Gleason score, ranging from two points to 10 points, that evaluates the type of prostate cancer, said Dr Wong.

SPREADING

The higher the score, the faster the tumour spreads - first to the bones, then lungs and liver, he said.
In the case of an elderly man who has slow-growing prostate cancer, he may be advised against seeking treatment, Dr Wong added.

"If the elderly person has multiple other medical problems that are probably going to affect his longevity, what is the motivation for treating?" he said.

Age and race have been named as risk factors for prostate cancer, but those who have undergone chemotherapy previously could also be at risk, Dr Wong said.

"Chemotherapy sometimes causes damage to other cells. Those that do not repair themselves completely lose control and become cancer cells.

"If the second cancer is truly related to chemotherapy exposure previously, it could take more than 10 years to advance," he said.

Some side effects experienced by patients following the surgery include "leaking", said Dr Lewis Liew.

"The joint of the bladder to the urethra can sometimes give rise to problems. With robotic surgery, most patients have leaks only in extreme situations, like when they cough and sneeze," said the urologist in private practice.

In more aggressive surgeries, Dr Teo said patients may experience erectile dysfunction.

"The erectile nerves hug the capsule of the prostate. In order to take the cancer out, you will have to touch the nerves," he explained.

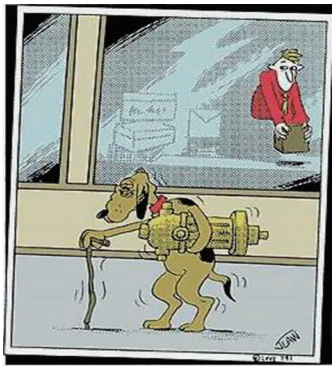
He added that it is a matter of days before the patient recovers from surgery.

"It is not the end of the world to be diagnosed with prostate cancer. As long as it is detected early, the recovery and function after surgery is very good," he said.

CONVENIENCE

Given one of the principle problems faced by ageing men, and more so those who have had some treatment on their prostate, this innovation seems to have been a long time coming!

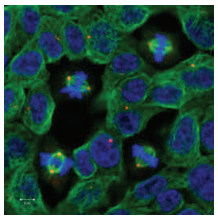
Of course, for old dogs, it is a bit more difficult.



"Peepated" Eat avocados to pee painlessly with aim, good stream and good volume!

10 things to know about prostate cancer

By Kerene Ng | Post Health – Mon, Feb 16, 2015



Reuters/REUTERS - An image taken with a confocal microscope of a field of non-dividing and dividing human cancer cells is seen at The Institute of Cancer Research in London.

Prostate cancer occurs four times more frequently compared to 30 years ago, and is now the fifth most common cancer in Singapore, according to a SingHealth report.
Here are ten things that you need to know about the cancer, based on a booklet on prostate cancer by the National Cancer Institute.

1. What is the prostate
It is part of a male's reproductive system that is located in front of the rectum and under the bladder. It surrounds the urethra, which is the urinary tract.
For a healthy male, the size of a healthy prostate is about the size of a walnut. If it grows too big, it will squeeze the urethra, which may cause slowness or stopping of the normal flow of urine.
The prostate is also an important part during sexual intercourse. As the prostate is a gland, it makes up part of the seminal fluid, which, during orgasm, helps carry sperm out of the man's body as part of semen.

2. Cancer cells in the prostate

Growth in the prostate can be benign, which means it's not cancer. Benign growths, like benign prostatic hypertrophy, for example, are rarely a threat to life. They cause no harm to the tissues around the growth because they do not invade them. They also do not spread to other parts of the body and can be removed. In most cases, the growths do not usually grow back.

On the other hand, malignant growths, which are known as prostate cancer, may sometimes be a threat to life as they can invade organs and tissues that are near to it, such as the bladder or rectum. The growth can also spread to other parts of the body but can often be removed. However, the growth can sometimes grow back.

Prostate cancer cells can spread and travel through blood vessels or lymph vessels to other parts of the body. They may attach to other tissues and form new tumors.

3. Stages of prostate cancer

The different stages of prostate cancer is described using the Roman numerals, I, II, III and IV. Stage I is early-stage cancer and Stage IV cancer is advanced cancer that has already spread to other parts of the body.

4. Treatment of prostate cancer

There are various treatment options for males with prostate cancer. They include:

Active surveillance	Surgery
Radiation Therapy	Hormone Therapy
Chemotherapy	Immunotherapy

Males may receive more than one type of treatment, as the treatment that's best for one man may not be so for another. The best treatment for each male depends on:

Age	Gleason score of the tumor
Prostate cancer stage	Symptoms
General health	

5. Surgery

Treatment of prostate cancer through surgery is an option for males with early-stage cancer that is only in the prostate. Males with advanced prostate cancer may also consider this option to relieve symptoms.

The surgeon will usually remove the entire prostate and nearby lymph nodes using several ways:

a) *A large cut in the abdomen*: The prostate is removed through a long incision in the abdomen below the belly button. This is known as radical retropubic prostatectomy. As there is a long cut, it's also called an open prostatectomy.

b) *Small cuts in the abdomen*: Several small cuts are made in the abdomen, and surgery tools are inserted through the small cuts. A long, thin tube (called laparoscope) with a light and camera on the end would aid the surgeon in seeing the prostate while removing it. This process is called a laparoscopic prostatectomy.

c) *With a robot*: This way of surgery uses a robot to remove the prostate through small cuts in the abdomen. The surgeon then uses handles on a computer display to control the robot's arms.

d) *A large cut between the scrotum and anus*: The prostate is removed through a cut between the scrotum and anus. This is called radical perineal prostatectomy. This type of surgery is a type of open prostatectomy that is rarely used anymore.

6. After surgery

Some males may lose control of the flow of urine after surgery, known as urinary incontinence. In most cases, males regain some bladder control after a few weeks. However, for some males, incontinence may be permanent.

7. Performance during sexual intercourse

Surgery may also damage nerves near the prostate and cause erectile dysfunction. Sexual function typically improves over several months, but for some males, this problem can be permanent.

If the males had their prostates removed, they will have dry orgasms where semen will no longer be released.

A Swiss research conducted on both members of a couple find that performance in sexual intercourse may not be optimized as both members may experience less than expected sexual function after a man has prostate cancer surgery.

The study was done on sexual function and satisfaction of males who had a type of cancer surgery to remove the entire prostate, including the semen glands, but nearby nerves involved in erections are protected.

The study was conducted on females as well and most found they had decreased sexual function after the males had surgery, with a drop in desire, arousal, lubrication, orgasm and satisfaction.

8. Specialists in treating of prostate cancer

When diagnosed with prostate cancer, it is best to be aware of who the specialists are in treating of the prostate problems:

Urologist

A doctor specializing in treating problems in the urinary tract or males sex organs. The doctor can also perform surgery.

Urologic oncologist

A doctor specializing in treating cancers of the male and female urinary tract and the male sex organs. The doctor can also perform surgery.

Medical oncologist

A doctor who specializes in treating cancer with drugs, such as chemotherapy, hormone therapy or immunotherapy.

Radiation oncologist

A doctor who specializes in treating cancer with radiation therapy.

(cont'd on p 8)

Special Appeal

We need new volunteers to join our Steering Committee!

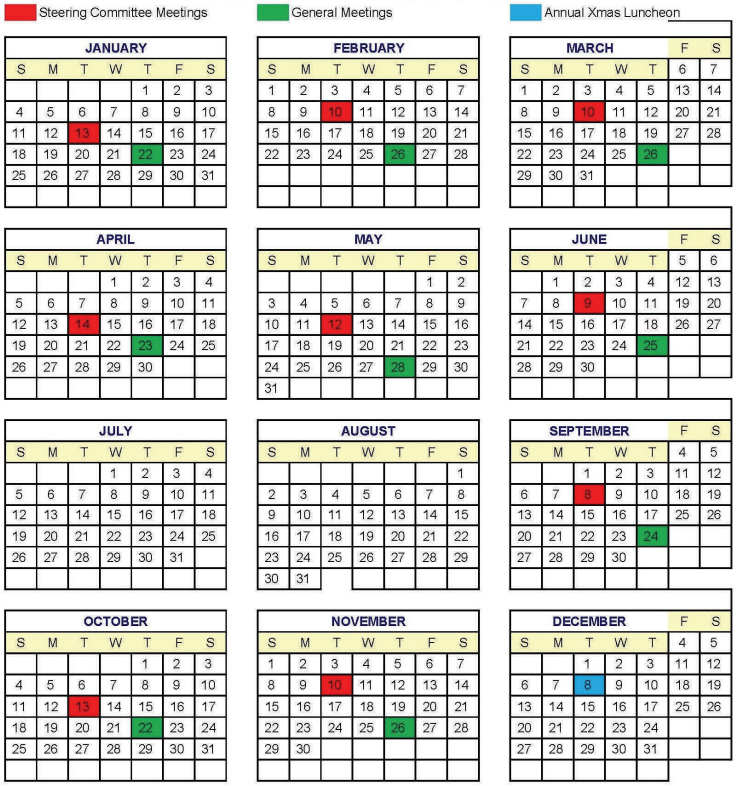
We are in desperate need of your help. If you would like to volunteer some of your time to our group, we would greatly appreciate it. Specifically, at this point in time, we are in need of a *Secretary* to record the minutes of our meetings , a *Treasurer* to manage our finances, and a *Newsletter Editor* to carry on with our publication.

We are dedicated individuals, committed to the important mission of providing support to prostate cancer patients and would-be patients. Please approach us via email, telephone, or in person at our general monthly meetings.

2015

PCCN - WIPCSG - Calendar of Events

Steering Committee Meetings | General Meetings | Annual Xmas Luncheon



9. Nutrition

Eating well is important before, during and after cancer treatment. Males with prostate cancer should check with their doctor regarding the foods that patients can eat that can help with side effects.

10. Questions to ask

When in doubt, ask. For males who are diagnosed with prostate cancer, they should ask their doctors to clarify any doubts so as to have the best idea of what they may be expecting..

What Cancer Cannot Do

Cancer is so limited . . .

It cannot cripple love,
It cannot shatter hope,
It cannot corrode faith,
It cannot destroy peace,
It cannot kill friendship,
It cannot suppress memories,
It cannot silence courage,
It cannot invade the soul,
It cannot steal eternal life,
It cannot conquer the spirit.

(Source unknown)

Telephone Helpline (514) 694-6412

IMPORTANT NOTICES:

- **The PCCN—Montreal West Island Prostate Cancer Support Group encourages wives, loved ones and friends to attend all meetings. Please ask basic or personal questions without fear or embarrassment. You need not give your name or other personal information.**
- **The PCCN—Montreal West Island Prostate Cancer Support Group does not recommend treatment procedures, medications or physicians. All information is, however, freely shared. Any errors and omissions in this newsletter are the responsibility of the authors.**
- **The PCCN—Montreal West Island Prostate Cancer Support Group is a recognized charitable Organization (registration # 87063 2544 RR0001). All donations are acknowledged with receipts suitable for income tax deductions. Your donations and membership fees (voluntary) are a very important source of funds vital to our operations. Together with contributions from several pharmaceutical companies these funds pay the cost of printing and mailing our newsletter, hall rental, phone helpline, equipment, library, etc.**

Your support is needed now!

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