

THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER



Prostate Cancer
Canada Network
Winnipeg

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Benign Prostatic Hyperplasia (BPH) Patient Information Fact Sheet

What is BPH?

Benign prostatic hyperplasia (BPH) is the name given to enlargement of the prostate gland. This enlargement is believed to be caused by the effects of male sex hormones. It is estimated that one-third of men over the age of 70 experience problems because of BPH. Some men begin to have difficulty in passing urine because the enlarged prostate gland presses against the urethra, the tube leading from the bladder. This causes the urethra to narrow, obstructing urine flow from the

body. Your doctor will check your symptoms, check the size of your prostate, and may carry out a blood test.

What is the prostate gland?

The prostate is a small gland found at the base of a man's bladder. It is about the size of a chestnut and sits around the urethra, through which urine passes. The role of the prostate is not understood fully. It is believed to assist in the production of semen.

What are the symptoms of BPH?

- Having to rush to the toilet
- Difficulty in starting to urinate
- A weak stream of urine
- Stopping and starting urinating
- Dribbling in underwear
- Discomfort when urinating
- Urinary incontinence
- Having to urinate more often
- Feeling that your bladder has not

(Continued on page 2)

Medical Advisors

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Family Practitioner

Thanks!

NEXT MEETING: July 18, 2013

Members Forum

Enjoy a relaxing evening while members describe their Prostate Cancer journey.
Snacks & Beverages will be served.

Location: Seven Oaks General Hospital

Main Floor Auditorium

Leila & McPhillips

Time: 7:00 PM to 9:00 PM



The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.

Thought Of The Day

"Cynicism masquerades as wisdom, but it is the farthest thing from it."

~ Stephen Colbert

(Continued from page 1)

- emptied properly
- Having to get up several times at night to urinate
- Sudden inability to urinate

Is BPH a type of cancer?

BPH is not a type of cancer. Some of the symptoms of BPH and prostate cancer are similar, but having BPH does not mean that you have cancer of the prostate or that you will develop this type of cancer later on. However, if ever you notice blood in your urine or semen, you should tell your doctor.

Benign Prostatic Hyperplasia (BPH) Patient Information Fact Sheet

How is BPH treated?

If symptoms of BPH are interfering with your life, there are several drugs your doctor can prescribe to try to improve them. Alpha-blockers are a type of drug that relax the muscle in the urethra, opening up the tube and letting urine flow out more easily. This type of medicine works within weeks. Examples include **alfuzosin** (Uroxatrol), **doxazosin** (Cardura), **tamsulosin** (Flomax), and **terazosin** (Hytrin). A group of drugs known as the 5-alpha reductase inhibitors (eg. **dutasteride** [Avodart] and **finasteride** [Proscar]) may also be used to treat BPH. With this type of medicine, at

least six months' treatment may be necessary to assess whether a beneficial effect has been achieved. A combination tablet containing the alpha-blocker **tamsulosin** and the 5-alpha reductase inhibitor **dutasteride** (Jalyn) is also available.

Some men with BPH suddenly find they are completely unable to empty their bladder, even though they feel like they want to urinate. If this happens to you, you may need to go to hospital so that a catheter or tube can be inserted into your bladder to let the urine flow out. You may need medication (as described above) or an operation to relieve the blockage. The most common operation for BPH is a transurethral resection of the prostate (TURP). Under anesthesia, an instrument is passed up the tube toward the bladder, and part of the prostate gland is removed from the inside.

Will BPH affect my sex life?

There is no reason why you should not continue having sex. BPH is unlikely to affect your sex drive. However, if you do experience problems, you should always see your doctor.

Self-Help

- If you need to go to the toilet often, don't drink before going to bed, an important meeting or event, or when traveling
- When going to a new place or



traveling , try to locate where the toilets are as soon as you can, in case you need them quickly

- Keep a note of the number of times you have to go to the toilet, especially how often you have to get up during the night to urinate, in case your doctor asks for this information
- Take all medicines exactly as directed by your doctor and do not share them with anyone else

Further information

National Kidney and Urologic Diseases Information Clearinghouse: www.kidney.niddk.nih.gov

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Genetic Test Helps Identify Aggressive Prostate Cancer



By Sasha Damouni & Michelle Fay Cortez -
May 8, 2013

A novel test from Genomic Health Inc. (GHDX) helps predict whether prostate cancer is aggressive or slow-growing, giving patients and doctors more information to shape treatment for the most common tumor found in men, a study found.

Results from the study presented today at the American Urological Association meeting in San Diego may triple the number of men whose cancer can be closely monitored for growth rather than vigorously targeted for destruction, the Redwood City, California -based company said in a statement. The research in 395 men found the Oncotype DX Genomic

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Prostate Score provided meaningful detail on which tumors were likely to spread.

While only 3 percent of low-risk prostate cancers are life threatening, 90 percent of men choose aggressive care such as surgery and radiation, said Genomic Health Chief Executive Officer Kimberly Popovits. Doctors have few tools to identify those with fast-growing and potentially deadly forms, she said.

"The issue that is so striking in prostate cancer is that treatment comes with significant, life-long and life-changing side effects," she said. "If you could confidently say to them, you really do have low-risk disease, then you feel

very comfortable going into an active surveillance management program," she said. "This could be practice changing."

Genomic Health rose 6.4 percent to \$36.02 at the 4 p.m. close of New York trading. The shares have gained 24 percent in the past 12 months.

Aggressive Therapy

Overtreatment carries high costs for the health-care system and for men who may suffer side effects, including impotence and incontinence. The Oncotype DX test, which evaluates 17 genes in tissue taken during a prostate biopsy to establish the grade and state of the cancer, will be available beginning today. The company will begin talking to insurers about covering the cost immediately, Popovits said.

The test also identified a smaller number of patients who had more aggressive disease, suggesting the men needed immediate treatment. Prostate cancer will be diagnosed in 238,590 men in the U.S. this year, according to the American Cancer Society. It kills almost 30,000 each year, second only to lung cancer.

The test will compete with products such as Myriad Genetics Inc. (MYGN)'s Prolaris. The Oncotype DX is also approved for breast and colon cancer was developed in collaboration with University of California, San Francisco, which conducted the study.

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The GEAPS annual golf tournament was held on June 5, 2013 at the St. Boniface Golf & Country Club.

GEAPS , the Grain Elevator and Processing Society, the only individual-membership organization in the grain operations industry, dedicated to providing members with forums to generate leadership, innovation and excellence in grain-related industry operations.



The Canadian Prairies Chapter (head quartered in Winnipeg) invited The Manitoba Prostate Cancer Support Group to organize and operate the putting contest at their 2013 golf tournament. Approximately 100 GEAPS members from across the

prairies participated in the tournament. The weather co-operated, providing a sunny day with a slight breeze. It started at noon and was over approximately 5:30 pm. The focus of the tournament was to socialize and recognize the efforts of various members. It was supported by a variety of corporate sponsors in the grain industry. The Association takes pride in supporting charitable organizations and has made a practice of inviting charitable organizations to operate the putting contest. This year was our turn and GEAPS support and participation was fantastic. Proceeds of the putting contest were donated to the Support Group plus they donated 50% of the 50/50 draw. In addition to those funds GEAPS matched the 50/50 share.

Support Group Board members Mike Talgoy, Darlene & Kirby Hay, Pat Feschuk, Tom Boomer and Len Bueckert volunteered their time and effort to help make the contest run smoothly. Mike and Len presented the following prizes to the putting contest winners:

- The Keg gift certificates donated by GEAPS.
- Golf passes donated by the St. Boniface Golf & CC.
- Golf passes donated by Golf Town.



PCCN – Winnipeg, (The Manitoba Prostate Cancer Support Group) gratefully acknowledges the generosity of the Canadian Prairies Chapter of GEAPS. Funds received will be used to continue the efforts of our Support Group.

THANK YOU GEAPS!

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Transurethral Magnetic Resonance Guided Ultrasound Ablation

CTVNews.ca Staff

Published Friday, April 26, 2013

Men with low-risk, slow-growing prostate cancer are often advised to skip surgery or radiation in favour of “watchful waiting.” But there could soon be another option: an ultrasound technique that’s being pioneered by Canadians.

It's called transurethral magnetic resonance. Unlike traditional prostate surgery, the prostate is not removed or cut. Instead, a high-powered ultrasound is inserted into the prostate, where it burns off cancerous cells.

Brian Danter, 62, recently underwent the experimental procedure. He says his doctor recommended watchful waiting or “active surveillance” because his prostate cancer was considered low-risk.

But he found the approach stressful. It required ongoing blood tests and biopsies to ensure his tumour wasn't growing and he always worried that his cancer might suddenly grow.

“I would more or less get anxious a night or two before my test,” he recalls.

So five years ago, Danter agreed to be part of a trial studying a new approach at London Health Sciences Centre in southwestern Ontario.

The Centre's Dr. Joseph Chin used an MRI to measure Danter's prostate. His team then inserted a probe into the prostate to deliver ultrasound beams to heat and kill the cancerous tissue, a technique called ultrasound ablation.

“With this procedure, you are basically treating it from within,” Dr. Chin explains. “It heats and causes

temperature changes in the prostate.”

Danter was patient No. 2 in a pilot study, approved by Health Canada, to determine the safety and feasibility of the approach.

“Both patients have done well, and there have been few complications,” Dr. Chin reports.

Now, both patients are being monitored to evaluate the longer term effects of the treatment.

Dr. Laurence Klotz, chief of urology at Toronto's Sunnybrook Health Sciences Centre, has also tested the method in prostates that were surgically removed.

He says ablation could offer an alternative to traditional surgery or radiation treatments, both of which can lead to debilitating side effects, such as incontinence and impotence.

“I think because the quality-of-life benefits are so substantial, for patients whose prostate cancer looks like it is fairly slow growing and not that aggressive, I think it is very appealing to try this treatment and see if it works,” Klotz says.

For now, it's unclear whether the treatment works in the long term.

“It is probably going to take another five years or so before we can turn around and say, ‘Okay, this really deserves to replace existing therapy,’” Klotz says.

Doctors will know in a year if Danter's cancer has been eradicated.

But Danter says he's more than happy to have traded the uncertainty of simply monitoring his prostate cancer with a treatment that has a chance of eliminating it.

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Experimental Drugs Show Promise Against Prostate Cancer

Tumor growth suppressed in lab tests; human trials still needed, study authors say

WebMD News from HealthDay

By Mary Elizabeth Dallas
HealthDay Reporter

FRIDAY, May 31 (HealthDay News) - Researchers have identified a new class of drugs that show promise for treating advanced prostate cancer. The drugs, known as peptidomimetics, interfere with the signaling necessary for prostate cancer cells to grow, according to a new study.

Prostate cancer depends upon the actions of androgens, such as the hormone testosterone. Androgens activate androgen receptors, resulting in a signal that causes prostate cancer cells to grow.

To stop tumor growth, men with prostate cancer have been treated with drugs to block the production of androgens or block the receptor where androgens bind. However, tumors can grow despite this treatment because of



mutations in androgens or receptors.

In the latest study, published online May 28 in *Nature Communications*, a team of researchers led by Dr. Ganesh Raj, associate professor of urology at UT Southwestern Medical Center at Dallas, found the nontoxic peptidomimetic agents could disrupt androgen-receptor signaling and prevent tumor growth.

When tested in mouse and human tissue models, the drugs blocked the activity of androgens by attacking the protein in a different spot from where the androgen binds, the researchers explained. As a result, prostate cancer cells do not receive the signal to grow - even when the androgen receptor is activated.

"We are hopeful that this novel class of drugs will shut down androgen-receptor signaling and lead to added options and increased longevity for men with advanced prostate cancer," Raj, the study's senior author, noted in a university news release.

One expert was optimistic about the new findings.

"The study represents a significant step forward in the development of a new molecular targeted therapy for advanced prostate cancer," said Dr. Manish Vira, director of the Fellowship Program in Urologic Oncology at North Shore-LIJ's Arthur Smith Institute for Urology in Lake Success, N.Y.

He said the new drug works at "preventing the [cell] receptor from promoting cancer cell growth signaling," and added that "the study is proof in principle that rationale design of peptidomimetics can lead to the development of a new class of anti-cancer therapy."

The researchers noted more testing is needed before the drugs could progress to clinical trials involving humans. Results obtained in laboratory experiments are not always replicated in humans.

"Most drugs now available to treat advanced prostate cancer improve survival rates by three or four months," Raj added. "Our new agents may offer hope for men who fail with the current drugs."

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Could Carrots Beat Prostate Cancer?

Vegetable and other foods rich in Vitamin A help make disease more treatable

- Acid in Vitamin A can stop cancer spreading to surrounding tissue
- Scientists dub the development as 'exciting'

PUBLISHED: 16 April 2013 dailymail.co.uk

Carrots are the new weapon in the war against prostate cancer, scientists have claimed.

A study led by Professor Norman Maitland at the University of York says a diet rich in Vitamin A could be the

key to beating the disease because it makes it more treatable.

The researchers have discovered that retinoic acid, a chemical made from Vitamin A, can reduce the ability of the cancer to invade surrounding tissue.

Vitamin A can be found in foods such as carrots, sweet potatoes and leafy green vegetables such as kale.

Prof Maitland said: 'If the cancer is confined to the prostate it's much more treatable with conventional medicine. This is about prevention rather than cure but it can stop the spread of cancer.'

'We have found that specific twin genes are turned off in malignant prostate cancer stem cells. When we turn them back on using retinoic acid, the cancer becomes less aggressive.'

'It has been known for many years that low vitamin A in samples of men's blood is associated with prostate cancer, but nobody knew the mechanisms involved.'

'This is an exciting new development which links an element from our diet to prostate cancer stem cells.'

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Bone Health Patient Information Fact Sheet

Why is bone health important?

Bones, like other parts of the body, consist of living tissue that is constantly being broken down and rebuilt. Because bones are living they need constant nourishment, including calcium and vitamin D, to keep them strong.

What factors influence bone health?

The strength of your bones is decided in part at birth and results from the characteristics you inherit from your parents. Women have thinner bones than men and a high amount of calcium is lost from their bones following menopause. This is caused by the loss of estrogen, which normally protects bones and helps maintain bone health.

Lifestyle factors also come into play. Smoking, drinking excessive alcohol, and high protein or salt intake can all result in more calcium being lost from your bones.

What tests measure bone health?

One way of finding out how healthy your bones are is to measure your

bone density. This gives an indication of how strong your bones are. DXA, or dual-energy x-ray absorptiometry, is an enhanced form of x-ray technology that is used to measure bone loss. Your doctor may also send you for a blood test to make sure there are no other medical problems causing a low bone density.

How can I maintain bone health?

Prevention is always better than cure. However, if you have not considered your bone health until now, then it is not too late to start.

- Eating a diet high in calcium is important throughout life.

Calcium is contained in foods such as milk, cheese and yogurt. If you do not like or do not eat sufficient dairy foods, then you may benefit from a calcium supplement. **Vitamin D** is also important for strong healthy bones because it is needed to absorb calcium from foods.

- Doing regular weight-bearing exercise is important to help

maintain bone health. Most hip or wrist fractures result from falls. Even gentle exercise can help you maintain your balance and hence prevent falls.

- If you already have a low bone density your doctor may prescribe a medicine to help to maintain your bone health and prevent further loss. Examples of such drugs include a group called the **bisphosphonates** such as **alendronate** (Fosamax), **etidronate** (Didronel), **ibandronate** (Boniva), **risedronate** (Actonel), **zoledronic acid** (Reclast injection). Other treatments that may be prescribed include **calcitonin-salmon** (eg. Miacalcin injection, Fortical nasal spray), **denosumab** (Prolia), and **teriparatide** (Forteo).

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Urinary Incontinence: A Common Side Effect of Prostate Cancer Treatment

One of the side effects of prostate cancer treatment that concerns men the most is urinary incontinence. As treatments for prostate cancer improve, urinary incontinence will become less common. For now, however, men should be aware that there are effective ways to alleviate urinary incontinence.

Surgery or radiation therapy may irritate the urethra or bladder or damage the urinary sphincter (muscles that contract to prevent urine from flowing out of the bladder). As a result, some degree of urinary incontinence (inability to control bladder function) is common immediately after prostate cancer treatment.

For example, urge incontinence (the

strong and sudden need to urinate, followed by a bladder contraction and involuntary loss of urine) is common for a few days after catheter removal in men who have undergone transurethral prostatectomy (TURP) for the treatment of benign prostatic hyperplasia (BPH). In the initial period after radical prostatectomy for prostate cancer, men typically experience stress incontinence, in which urine leakage occurs during moments of physical strain (such as sneezing, coughing or lifting heavy objects).

Recovering bladder control can be a slow process and may take up to six months. Fortunately, severe urinary incontinence occurs in fewer than 1 percent of men after surgery for BPH and in fewer than 3 percent of men following radical prostatectomy or radiation therapy for

prostate cancer.

What to do about urinary incontinence. Several approaches can be taken to reduce urinary incontinence. In addition to lifestyle measures – such as losing weight, limiting alcohol and limiting caffeine – men with incontinence can consider:

- Kegel exercises
- collagen injections
- implantation of an artificial sphincter
- absorbent products
- penile clamps
- external collection devices,
- catheters
- medications

Source: John Hopkins Health Alerts.

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Overview of Cancer Services

CancerCare Manitoba is charged by an act of the legislature of Manitoba with responsibility for cancer prevention, detection, care, research and education for the people of Manitoba. As a centre of choice, CCMB is dedicated to enhancing the quality of life for those living with cancer and blood disorders, and to improving control of cancer for all Manitobans.

CancerCare Manitoba provides consultation and treatment for those living with cancer and blood disorders at its two locations in Winnipeg:

- CancerCare Manitoba Building, 675 McDermot Avenue

and in the

- "O" block at St. Boniface General Hospital, 409 Tache Avenue

The CCMB surgical oncology clinic provides consultation, assessment and diagnostic surgical procedures for certain health problems such as skin

cancers, head and neck cancers, soft tissue tumours and thyroid, gastrointestinal and breast abnormalities.

The **Dr. Ernest W. Ramsey Manitoba Prostate Centre**, located within CCMB at 675 McDermot Ave., is a provincial centre of excellence in prostate care and research. Patients with both benign and malignant prostate disease may be referred for diagnostic tests or assessment by the Prostate Centre's health care team. For patients diagnosed with prostate cancer, consultation may be requested with the Prostate Centre's clinical nurse specialist for treatment decision making and sexuality counseling.

CCMB also provides oncology services through **16 Community Cancer Programs** in rural Manitoba. In addition to medical treatment, CCMB offers support services for Manitobans

living with cancer and their families through Patient and Family Support Services. Some examples are: counselling and support groups, the **Guardian Angel Caring Room** which deals with the physical aspects of living with cancer, and the **Patient & Family Resource Library**.

CancerCare Manitoba also administers the **Manitoba Breast Screening Program** which has fixed sites in Winnipeg, Brandon, Thompson and Boundary Trails Health Centre, plus three mobile units that provide screening services throughout the province. In addition, CCMB administers the **Manitoba Cervical Cancer Screening Program**, the **Manitoba Colorectal Cancer Screening Program** and the **CCMB Breast Cancer Centre of Hope**.

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Prostate Cancer Canada and Safeway's Father's Day Walk/Run

Prostate Cancer Canada and Safeway's Father's Day Walk/Run in 15 communities across the country raised \$1million and over 6,000 people participated. In Winnipeg the event was held on Saturday June 15, 2013, 114 registered walkers raised \$11,333. The final tally of funds raised will be in later as donations are still being received at the Safeway stores until the end of June. This was the third year for the event to be held in Winnipeg, however this is the 13th year for the event to be held across Canada.

The Prostate Cancer Clinic at Cancer Care MB was represented by Gayle Nickol, Lesley Toth and son Chase, and Michelle Roth - son Adrian, daughters Danika and Ava and niece

Nicky. Gayle indicated that the team will be larger and stronger next year. You have to give them credit, not only do they look after our needs at the clinic they support the research funding. What more can we ask? Safeway employees and their respective teams made their presence known as the majority of the teams and participants were Safeway employees, family and friends.

This event has been responsible for raising millions over the years for prostate cancer research and to increase awareness about the disease. Events such as the Walk/Run are integral to continuing the quest for improved treatment modalities and hopefully one day a cure.

Len Bueckert



To learn more about Prostate Cancer Canada and Prostate Cancer Canada Network visit the website www.prostatecancer.ca. You may also subscribe to receive updates and find out what's new at Prostate Cancer Canada.

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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:

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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

NOTE OF GRATITUDE

The Manitoba Prostate Cancer Support Group Board would like to thank Janssen Pharmaceuticals for a recent donation. Janssen's new drug, Zytiga (abiraterone), is used to treat men with metastatic prostate cancer. This oral medication is used to stop the body from producing testosterone.

We gratefully acknowledge this contribution and Janssen's commitment to assist us. This donation will be used to further our work of providing awareness, education and support for prostate cancer patients in our community. Their kindness is much appreciated.



Email - manpros@mts.net ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

Answering Machine - (204) 989-3433 ***Help us lower our costs :***

Receive this newsletter by email ~ Please notify us and we'll make the changes. *Thank-you*

S P E A K E R S :

Aug. "Open Forum"

Gayle Nickol, C.R.N. at the Prostate Centre & Dr. Darrel Drachenberg, Urologist & Director of Research at the Prostate Centre

Sept. Prostate Health Awareness Evening – Caboto Centre, 1055 Wilkes Ave.

Presenters: Dr. Jeff Saranchuk, Urologist & Medical Director - CancerCare Manitoba. Dr. Jeff Sisler, Family Physician & Medical Lead – Primary Care Oncology Program.

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

M . P . C . S . G . B o a r d

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