

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

To make an Appointment Call –

250-712-2002

email – oprc@telus.net

CCS Cancer Information Line – 1-888-939-3333

Publisher/Editor – Bren Witt

VOLUME 13 – ISSUE 9 – (NUMBER 153) – APRIL 2010

A large number of those who attended the March meeting of the Kelowna Prostate Cancer Support and Awareness Group left with large additions to their personal libraries. Over the years I acquired multiple copies of books, videotapes, audiotapes and DVDs. I was able to bring some of the extra copies to our meeting and make them available to those in attendance.

I recently had the opportunity of looking at some of the changes that have taken place at the BC Cancer Agency Centre for the Southern Interior in Kelowna. Last year another 'Bunker' was added to the building. A new state of the art linear accelerator has since been installed in this 'Bunker'. One of the other linear accelerators has since been decommissioned and that treatment room is in the process of having another state of the art linear accelerator installed. This process will continue for the next year to year and a half as there will be another two new liner accelerators installed. This decommissioning and the installation and commissioning of each of the new linear accelerator take about six months.

Virus Can Attack Prostate Cancer –

The following information was obtained from the *CBC website* and is information on a new very experimental approach for treating prostate cancer –

Researchers in Alberta have successfully tested a new viral approach to treating prostate cancer in a small number of men.

The study was published in the March 9 online issue *Cancer Research*, a journal of the *American Association for Cancer Research*.

Dr. Don Morris, an oncologist at the *Tom Baker Cancer Centre in Calgary* and his colleagues used a reovirus – a respiratory virus commonly found in the environment - to kill prostate cancer cells.

When people are exposed to the virus, it causes a mild respiratory infection or mild diarrhea at most, Morris said.

The experiment involved injecting the reovirus into six prostate cancer patients, as well as mice models and test tube studies to check how well the approach worked.

The reovirus naturally responds to mutations in cancer cells. In normal cells, the virus is neutralized before it can replicate.

When the reovirus enters tumour cells, however, it reproduces itself. This causes the cancer cell to burst and release thousands of viral

particles, which go on to kill other cancer cells. The bloodstream also carries particles to adjacent tumours, which may also regress, the researchers found.

Shrinking Tumours

“Viruses are very specific in which cells they target,” said **Matt Coffey**, of *Oncolytics Biotech Inc. in Calgary*, which owns the patent on the reovirus and is commercializing the technology. “Basically, the patients feel as though they have a minor cold or malaise while they are being efficaciously treated for prostate cancer.”

The six men in the study had the virus injected directly into their tumours three weeks before they had surgery to remove the prostate gland as part of standard treatment.

Signs of cancer-cell death were found in the removed prostate cancer tumour, while normal parts of the prostate showed minimal toxicity and no viral replication, Morris said.

“It’s really a weakness in the tumour cell that has allowed it to be sensitive to viruses but at the same time avoid the immune system,” Morris said.

The researchers stressed they don’t see *reovirus as a cure for cancer*, since it was rare that tumours completely vanished. The injections also worked better when given along with chemotherapy.

“I think we are going to make cancer a more treatable disease,”

Coffey said, noting it will be at least two years before the treatment is approved for regular use in patients if larger human trials testing the IV drug show positive results.

The study is worthy of more clinical trials as a possible way of treating some prostate cancers, said *Robert Clarke*, a professor of oncology at *Lombardi Comprehensive Cancer Center at Georgetown University* in Washington, D.C.

“I think this is an interesting approach,” said Clarke who was not involved in the study.

“Clearly, it is an area that is getting increasing attention and we need everything we can get our hands on to make a difference in these patient,” he added in a journal release.

“The virus has been shown to be very effective against a variety of cancers, including breast cancer, lung cancer, brain cancer, pancreatic cancer and so on,” said *Dr. Patrick Lee*, who published a paper in the journal *Science* 12 years ago showing reovirus kills cancer cells in mice. It has taken until now to show it could work in humans.

“It targets at least 80 percent of all human cancers, added Lee, Coffey’s former supervisor, who now runs a cancer biology laboratory at Dalhousie University in Halifax.

Reovirus is being tested in other cancers, including Phase 3 clinical trial for head and neck cancer

in the U.S. and Europe. A clinical trial in lung cancer is also in the works.

Other scientists are working with measles, herpes and common cold viruses to try to attack cancer. All of those studies are still in the research phase, and none of them are available outside of clinical trials.

The research was funded by the Alberta Cancer Foundation, Oncolytics Biotech, and the Prostate Cancer Research Foundation of Canada.

Prostate Cancer Radiation Side Effects May Subside With Time –

The following is an article obtained from the *Businessweek website* and was published March 16, 2010 in *HealthDay News*

Ten years later, many men weren’t bothered by treatment’s effects, study finds

The balance between using enough radiation to shield patients from prostate cancer’s return while keeping side effects at bay may not be as tricky as once thought, new research shows.

That’s because radiation-linked side effects appear to lessen with time. In fact, 10 years after treatment, prostate cancer patients didn’t report suffering more severe side effects after doctors boosted their radiation to levels that made tumour recurrence 50 percent less likely, researchers say.

“A surprising number of men who reported symptoms that had bothered other patients surveyed before or soon after prostate cancer treatment described their current symptoms as normal,” said **Dr. James Talcott**, of the *Massachusetts General Hospital Cancer*, who led the study, in a statement.

The study examined two dose levels used for patients with early-stage prostate cancer. The higher doses - 79 Gy (Gray) – lowered the risk of recurring tumours by half. Of 398 participants, 280 returned surveys.

“Symptoms that seem to bother other patients early in the course of their prostate cancer were regarded as normal by these patients nearly a decade after treatment,” Talcott says. “As clinicians, we know that patients adapt to their situation and accept physical changes as the ‘new normal.’ When talking with prostate cancer patients, I’ve been surprised when, for example, a patient in his late 60s who became impotent two or three years after treatment would comment, ‘Well it would have happened anyway to a man my age.’”

“While these results need to be confirmed, since this is just one study, its looking like we should tell patients that treatment side effects probably will bother them less than they originally fear because they are likely to adjust and experience less distress over time, he added. “We also may need to rethink our standard measures of treatment outcomes, which assume that the impact of symptoms on patients’ quality of life does not change over time. While that may be true for pain, it doesn’t seem to be true for these sorts of symptoms.”

The study appears in the March 17 issue of the *Journal of the American Medical Association*.

WITT'S WIT (ON THE LIGHTER SIDE -

Spring Fever

Four high school boys afflicted with spring fever skipped morning classes. After lunch they reported to the teacher that they had a flat tire.

Much to their relief she smiled and said, “Well you missed a test today so take seats apart from one another and take out a piece of paper.”

Still smiling, she waited for them to sit down. Then she said: “First Question: Which tire was flat?”

<h2>Plea Not to Abandon Prostate Cancer Test –</h2>

The following is an excerpt of an article that originated in Australia, but I feel that it relates to everyone no mater where they live.

Dr. Richard Ablin developed the Prostate-Specific Antigen (PSA) test forty years ago, and he describes its now widespread use as a screen for the cancer as a “profit-driven health disaster”.

The test was “hardly more effective than a coin toss”, he also wrote in a column in the New York Times, and its high false positive rate saw many men undergo unnecessary and debilitating treatments.

Despite criticism, the *Urological Society of Australia and New Zealand (USANZ)* said Australian men should not abandon the test.

“The PSA test does not diagnose prostate cancer... it raises a red flag and identified those men who need to have prostate cancer excluded through further investigation,” *Dr. David Malouf*, president of USANZ, said in a statement.

“This is done with a prostate biopsy and we know the earlier we detect and treat prostate cancer the better the outcome.”

Dr. Malouf said prostate cancer kills more than 3,000 Australian and New Zealander men every year – more lives lost than from breast cancer. (More than 4,400 Canadian men lost their lives to prostate cancer last year).

The PSA test was the best available tool at detecting these cancers early in their development, he said ensuring those men affected had the best chance of early treatment and survival.

“Not all men diagnosed with prostate cancer will require treatment and many slow growing tumours can

be managed with active surveillance,” Dr. Malouf also said.

“Equally, the vast majority of men who undergo PSA testing will have a normal PSA and can be reassured by the result.”

The USANZ, which is the peak body for urologists, says Australian men should have a single PSA test and rectal examination performed when they turn 40 (or as soon as possible afterward) and the result was an important indicator of their future prostate cancer risk.

Controversy surrounding the PSA test flared last year when two separate studies, conducted in the U.S. and Europe, found little to no benefit in prostate cancer rates from routine PSA testing.

The European study found 48 men would need to be treated to save one life from prostate cancer.

“I never dreamed that my discovery four decades ago would lead to such a profit-driven health disaster,” Dr. Albin wrote in the column published in March 2010.

The PSA measures levels of a protein, produced by the prostate gland, found in the blood.

Elevated blood levels of PSA can indicate the prostate is malfunctioning, with cancer one possible cause of this.

The Kelowna Prostate Cancer Support and Awareness Group does not recommend treatment modalities; however, all information is fully shared and confidential. The information contained in this newsletter is not intended to replace the services of your health care professionals. You are advised to consult with your health professional regarding matters of your personal health.

UP COMING MEETING DATES-

May 8th – July 10th – Aug 14th - Please Note No Meeting in June

Our regular monthly meetings are held on the second Saturday of each month in the meeting rooms of the Rutland Senior Citizens Centre – 765 Dodd Road. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

I would like to thank both AstraZeneca manufacturer of Zoladex® and Casodex® and Sanofi Aventis manufacturer of Eligard® and Taxotere® for their support in producing this newsletter.

Thank you for helping us “Win the War Against Prostate Cancer.”

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

NAME - _____

ADDRESS - _____

CITY - _____ PROV. _____ POSTAL CODE _____

\$25. \$50. \$100. \$250. \$500. \$ Other amount _____

Please make your cheque payable to the –

Okanagan Prostate Resource Centre Society,
c/o #105 – 1405 Guisachan Place,
Kelowna, B.C.,
V1Y 9X8

An official charitable receipt will be issued and mailed out to you.

Canada Revenue Agency: <http://www.cra.gc.ca>