Our guest presenter at our May meeting was Dr. Juanita Crook who gave us presentations on both the HDR (high dose brachytherapy) program taking place in Kelowna and the study she is doing using an endorectal coil with an MRI. She mentioned that the HDR brachytherapy treatment takes a total of about 21/2 hours with the patient receiving approximately 10 minutes of radiation. This type of procedure is given in two doses and is combined with 23 treatments of external beam radiation. Dr. Crook feels that this type of procedure may be less costly in the long run than the standard brachytherapy treatments using multiple seeds, as the radioactive seed used in HDR brachytherapy can be used for upwards of three months, there is a shorter duration of side effects, no radioactivity is left in the patient and painful urination may last only days not weeks. When the endorectal coil is used with the MRI large tumors are readily seen and ‘dose painting’ can be used in order to escalate the radiation dose to the dominant intra prostatic nodule. The mapping the prostate gland using the endorectal coil and MRI takes about 45 minutes. This presentation was extremely interesting and extremely well received by all present.
Study Points to Shorter Treatments for Prostate Cancer

The following was obtained from the Internet and originated with The New York Times by Andrew Pollack-

Men with high-risk prostate cancer treated with only 18 months of hormone therapy live just as long as those treated for a more standard 36 months, a new study has found.

If the study results are applied in practice, it could mean much shorter treatment, sparing men months of unpleasant side effects, researchers said in a statement on February 12th.

"This may well change the standard of care," said Dr. Bruce J. Roth, a prostate cancer specialist at Washington University in St. Louis. "Three years of hormonal therapy was almost picked randomly, and there's nothing magical about that duration."

Dr. Roth was not involved in the study, but he moderated a news conference for the Genitourinary Cancer Symposium, which took place in Orlando Florida in February, and where the results were presented.

Hormone therapy is essentially chemical castration, in which drugs are used to block the body's production of testosterone, which fuels prostate cancer tumor growth.

The side effects, including hot flashes, loss of sexual desire, fatigue and the weakening of bones and muscles, make life "quite miserable" said Dr. Abdenour Nabid of Sherbrooke University Hospital Centre in Sherbrooke, Quebec, who was the lead investigator.

The study involved 630 patients with localized but high-risk prostate cancer who were treated with radiation therapy and hormone therapy. While that description fits only a small portion of the 240,000 new cases of prostate cancer diagnosed each year in the United States, the results would still apply to thousands of men, researchers said.

After a median follow-up of about six and a half years, 77.1 percent of the men who received 36 months of therapy were still alive, as were 76.2 percent of the men treated for 18 months.

While slightly more men receiving the longer treatment were alive at five years, the difference was not statistically significant, and for the patients already followed for 10 years the survival rates were similar. The death rate specifically from prostate cancer was also the same after 10 years.

There were also no statistically significant differences in the rate of biochemical failure - when the PSA marker rises - or in the spread of cancer to the bone Dr. Nabid said. The difference between the two therapy durations on the quality of the patients' lives is still being studied.
Dr. David I. Quinn, Medical Director of the University of Southern California Norris Cancer Hospital, said the results "will change the approach for men who've got the worst localized prostate cancer that we see." He said the results went against some previous studies that suggested that "more is better."

But Dr. Michael J. Morris, Associate Professor at the Memorial Sloan-Kettering Cancer Center, said that 630 patients might be too few to draw "a relatively sweeping conclusion." A study meant to prove that two treatments are equivalent may need to be much larger, he said.

Dr. Matthew R. Smith, Professor of Medicine at Massachusetts General Hospital, said it might be "overreaching" to make a conclusion yet because not many trial patients had died. "I think we need longer follow-up," he said.

Dr. Nabid, the principal investigator, said that patients would be followed for two or three more years but he was confident the results will hold up.

The trial enrolled patients at 10 hospitals in Quebec from October 2000 to January 2008. The drugs used were bicalutamide and goserelin, sold by AstraZeneca as Casodex® and Zoladex®, respectively, but now subject to generic competition. AstraZeneca paid for the study.

WITT'S WIT (ON THE LIGHTER SIDE) -

Ed & Norma Flying

An oldie but goodie -One that every Scot can relate to!!!

Ed and his wife Norma go to the State Fair every year, and every year Ed would say,

"Norma, I'd like to ride in that helicopter;"

Norma always replied,

"I know Ed, but that helicopter ride is fifty bucks, and fifty bucks is fifty bucks!"

One year Ed and Norma went to the fair, and Ed said,

"Norma, I'm 75 years old. If I don't ride in that helicopter, I might never get another chance."

To this Norma replied,

"Ed, that helicopter ride is fifty bucks and fifty bucks is fifty bucks."

The pilot overheard the couple and said,

"Folks, I'll make you a deal. I'll take both of you for a ride. If you can stay quiet for the entire ride and don't say a word I won't charge you a penny! But if you say one word it's fifty dollars." Ed
and Norma agreed and up they went.

The pilot did all kinds of fancy maneuvers, but not a word was heard. He did daredevil tricks over and over again, but still not a word... When they landed, the pilot turned to Ed and said,

"By golly, I did everything I could to get you to yell out, but you didn't I'm impressed!"

Ed replied,

"Well to tell you the truth I almost said something when Norma fell out, but you know fifty bucks is fifty bucks."

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Workouts Cut Prostate Cancer Risk in Whites

The following is an excerpt of an article that was obtained from the Internet and originated with webpagetoday.com by Michael Smith North American Correspondent

Another benefit of exercise - at least for Caucasian men - is that it may cut the risk both of developing prostate cancer and having high-grade disease, researchers reported.

In a prospective study, Caucasian men suspected of prostate cancer and scheduled for biopsy were less likely to have the disease if they were at least moderately active, according to Lionel Bañez, M.D., of the Durham Veterans Affairs Medical Center in Durham N.C., and colleagues.

If they have cancer, they were significantly less likely to have high-grade disease if they had been working out regularly, Bañez and colleagues reported online in Cancer.

On the other hand exercise was not associated with prostate cancer risk among black men, or with the risk of high-grade disease, the researchers found.

The reasons for the disparity remain unclear, although Bañez and colleagues noted there are several possible mechanisms that might play a role, including hormonal profiles and genetic susceptibilities that differ between races.

"Further studies are needed to investigate the mechanism behind this racial disparity in deriving cancer-related benefits from exercise which disfavors African American men," Bañez said in a statement.

He and colleagues looked at results, stratified by race and exercise levels, of biopsies for 307 men suspected of prostate cancer.

Exercise, assessed by a questionnaire before the procedure, was broken into four categories of metabolic equivalent (MET) hours per week: fewer than 3 was sedentary, 3 through 8.9 was mildly active, 9 through 17.9 was moderately active, and 18 or more was highly active.

The study cohort included 164 white men and 143 blacks, with the average age of 64. There was no difference between the racial subgroups.
in the amount of exercise, Bañez and colleagues found.

The biopsies found cancer in 125 men, including 54 who had high-grade disease, they reported.

The researchers cautioned that the cohort was small, which raises the possibility that the findings are the result of chance. In addition, factors that were not measured, such as diet, might have played a role, they added.

The findings released by the New England Journal of Medicine, also add to mounting evidence contradicting a long-held tenet of dieting to improve health: that all calories are equal.

A Mediterranean diet is rich in fatty fish, fruits, vegetables and fatty acids, and almost entirely without red meat.

The superiority of the Mediterranean diet was substantial: Compared with a group of 2,450 people who were urged to follow a low-fat diet, the 4,997 on a Mediterranean diet supplemented with either nuts (2,454 people) or extra-virgin olive oil (2,543 people) were 30 percent less likely to suffer either a heart attack, stroke or death attributed to cardiovascular disease. Also Mediterranean dieters were almost 40% less likely than low-fat dieters to have a stroke during the follow-up period, which lasted nearly five years.

The Kelowna Prostate Cancer Support & Awareness Group does not recommend treatment modalities or physicians: However, all information is fully shared and confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters of your personal health.

The Kelowna Prostate Cancer Support & Awareness Group would like to thank Janssen - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.
UP COMING MEETING DATES-

**NOTE:** There will be no meetings for July and August - We hope everyone has a great summer and we will see you back on September 14th - October 12th - November 9th - December 14th

*Meeting Location:*

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.

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

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