THE DIGITAL EXAMINER

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Address changes, comments should be sent to
info@pccncalgary.org or
Call 403-455-1916
www.pccncalgary.org

Talk to someone who has been there

Report from the annual PCCN Conference

The PCCN conference was held in Toronto from September 22-25, 2010. Over 170 people were in attendance, representing over 60 groups. This conference is an opportunity for group leaders from across the country to meet together, share ideas and share best practices. Funding for the conference came from the proceeds of Movember, PCC's annual fundraiser where men grow a moustache for prostate cancer. PCCN Calgary sent vice-president Willem Smink and his wife Yvonne as well as executive director Karen Whiteman.

The conference this year was more focussed on developing support groups and less about the medical perspective on prostate cancer. We are very fortunate in Calgary to have had great leadership under Bob Shiell and the rest of the board for the last 15 years. I am proud to say that Calgary was at the forefront of many of the initiatives recommended at the conference. Our website is an example of the type of information that members are searching for. The fact that we record all of our general meeting guest speakers is a real asset. In fact, many other groups in smaller centres were excited by the thought that they could use one of our videos for their meeting content. It is an example of how we are helping the network. We are the only PCCN member to have a staff person to ensure the smooth running of our organization. This is due in no small part to Brett Wilson's donation several years ago.

One of the highlights of conference was the talk by Brett Wilson, philanthropist, businessman and panellist on Dragon's Den. Brett often speaks at various events but this story was more personal and more real than any other time I have heard him speak. He told the story of his own prostate cancer journey in a candour not normally seen from a person who is in the public eye. He did not gloss over the details but spoke of the challenges he faced and perhaps still faces. He finished off his talk by emphasizing the need for early testing. If he had followed the PSA testing recommendation for testing at age 50, he said that they would have had to exhume his body. Powerful stuff! Watch for updates.

PCCN Calgary's Next monthly meeting will be held at 7:30 PM on Tuesday October 12, 2010

Our guest speaker is Dr. Heather Bryant, Vice President of Cancer Control at the Canadian Partnership Against Cancer

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Our fall meetings will be held in our new location. This venue features lots of space for socializing and FREE parking behind the building.

The address is 1008-14 St SE and is centrally located in Inglewood. Please join us!

On Tuesday November 9, our guest speaker will be Dr. John Robinson.

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

AstraZeneca drug fails in prostate cancer trial

LONDON (Reuters) – AstraZeneca's experimental prostate cancer pill zibotentan failed to improve survival in a late-stage clinical trial, dealing a fresh blow to the company's oncology pipeline. As a result, AstraZeneca plans no regulatory submissions for zibotentan at this time and a spokesman said on Monday it was discussing the implications of the setback with investigators working on other studies involving the drug. The failure of zibotentan to improve overall survival in the Phase III study follows similarly unsuccessful trials for two other AstraZeneca pills, Recentin in colon cancer earlier this year and vandetanib in lung cancer in 2009.

Vandetanib has since gone on to show benefits in thyroid cancer, a smaller potential market.

Zibotentan, a once-daily tablet, is being studied in more than 3,000 men with prostate cancer in a program of clinical trials.

Two other studies looking at the medicine in different settings are still ongoing, with one having fully recruited patients and expected to announce results in the second half of 2011 and the second having almost completed recruitment. Paul Diggle, an analyst at Ambrian Partners, said he had removed modest sales expectations of $200 million a year for the drug from his forecasts.

RISKY PROJECT

Zibotentan was designed to help patients who no longer respond to treatments that block the action of testosterone, a hormone driving cancer growth, by blocking another biological pathway that helps tumors thrive. It was widely viewed as a risky product by analysts and the drug had been forecast to achieve sales of $189 million by 2014, according to consensus forecasts compiled by Thomson Reuters.

http://news.yahoo.com/s/nm/20100927/hl_nm/us_astrazeneca_cancer

Johnson and Johnson drug study unblinded

Ortho Biotech Oncology Research & Development, a unit of Johnson & Johnson, said Thursday it unblinded late-stage study data of a potential prostate cancer drug, citing the treatment's effectiveness.

A blind experiment is designed to prevent any possible "placebo effect" or bias. Once the analysis is complete, the data is allowed to be "unblinded."

The company is studying abiraterone acetate plus prednisone for the treatment of patients with metastatic advanced prostate cancer, also called castration-resistant prostate cancer.

The study involves 1,195 patients whose disease has progressed even after treatment with one or two chemotherapy regimens.

http://www.businessweek.com/ap/financialnews/D9I54PD00.htm

Notes From Fred McHenry, our Warrior's Leader

Paleo (Paleolithic) Diet:

- Myers gives us a good description of our dietary evolution over the past 10,000 years, from "Hunter-gatherer" to the present
- 2 reasons for avoiding red meat, namely the high omega 6:3 ratio of grain and corn finished meat and carcinogenic substances produced during the high temperature cooking process.

Stick with the Mediterranean diet.

Diagnostics for PC that may have escaped the capsule:

- MRI employing a rectal probe and a current state-of-the-art 3-Telsa magnetic field *(I am unsure if this is available locally)*

Color Doppler ultrasound, in which the most recognized practitioner is Duke Bahn, in Ventura CA.

Chemotherapy Drugs following Taxotere:

- Mitoxantrone, which is useful in bone pain mets and has few side effects
- Carbazitax, which extends life, but causes serious bone marrow supression
- Provnge, which slows PC progression, and lacks toxicity

Ketoconazole *(Nizoral),* which has shown good efficacy, especially when combined with Leukine, or transdermal estradiol. However, a rigid 8 hour dosage regimen must be followed, and it increases the activity of over half of prescription drugs, which need to be adjusted.

Cold Smoked Fish:

Should be avoided, because of added nitrates and polycyclic aromatic hydrocarbons, both of which are carcinogenic

Flowmax and Intraoperative Floppy Iris Syndrome *(IFIS):*

Avoid taking Flowmax if cataract surgery is contemplated; Uroxatral is cleared faster and therefore better

PawPaw Extract:

May be effective against PC, but its mechanism of action of reduction of metachondrial action may cause major problems in diabetes, brain and heart

Avemar *(Fermented Wheat Germ Product):*

Insufficient proof against PC to warrant taking this

Please consult your physician before making medical decisions.

Even when prostate cancer returns, most survive

By Anne Harding

NEW YORK | Wed Aug 25, 2010 2:04pm EDT

NEW YORK (Reuters Health) - Men who show signs that their disease has returned after prostate cancer treatment are still more likely to die of other causes, a new study in US veterans shows.

Nevertheless, researchers say the study underscores the need to find a better way to identify the minority of men who will die of prostate cancer after disease recurrence.

"We often don't know what to tell these men in terms of their risk of dying of prostate cancer," Dr. Timothy Daskivich of the University of California, Los Angeles, told Reuters Health.

Detecting prostate cancer is most often done with a blood test that measures concentrations of prostate-specific antigen, or PSA, a protein made in the prostate that becomes elevated in men with prostate cancer.

After treating prostate cancer with surgery or radiation, PSA levels are monitored. If PSA levels begin to increase, this can serve as an early indicator of disease recurrence. But the effect of a rising PSA after treatment -- also known as "biochemical recurrence" -- on men's subsequent risk of dying from prostate cancer is not clear.

To investigate, Dr. Edward M. Uchio of the VA Connecticut Healthcare System in West Haven and Yale University School of Medicine in New Haven and his colleagues looked at 623 men who had been diagnosed with prostate cancer between 1991 and 1995 and were followed for up to 16 years after treatment.

By the end of 2006, 387 of the men (62 percent) had died; 48 of these deaths, or 12 percent, were due to prostate cancer, the researchers report in the Archives of Internal Medicine.

Among the 225 men who had surgery to remove their prostate, 37 percent had biochemical recurrence (rising PSA) within 15 years of treatment. For these men, the risk of dying was 3 percent within 5 years of treatment, 10 percent within 10 years of treatment, and 21 percent at 15 years' follow-up.

Among the 398 men treated with radiation, 48 percent had experienced recurrence at 15 years. The risk of dying for these men was 11 percent at 5 years, 20 percent at 10 years, and 42 percent at 15 years.

The relatively low probability of dying from prostate cancer "may provide some reassurance, and perhaps improve the quality of life, among men facing this situation," Uchio and his team say.

They add: "The phrase 'most men die with prostate cancer, not of it,' applies to elderly veterans, even after failure of primary treatment."

Efforts, the researchers say, should focus on finding better ways to identify those men who are more likely to die of their disease, for example by looking at how quickly the PSA level doubles over time, the researchers note.

"We can't just look at these PSA levels and based upon those jump in and retreat the patient," Dr. Richard J. Ablin, of the University of Arizona College of Medicine in Tucson and co-author of an editorial published with the study, told Reuters Health.

The time it takes for the PSA level to double, rather than just whether those levels climb above a certain threshold, is a much better way to identify the highest risk men, he said.

A man's overall health should also be taken into account in deciding what type of treatment he receives for prostate cancer recurrence, according to Ablin.

Daskivich and his colleagues have developed and tested a questionnaire to do just that. "Our study is really looking at trying to help men who are very sick for other reasons to decide whether they want to pursue treatment in the first place," Daskivich explained in an interview with Reuters Health.

He and his colleagues followed for an average of 6 years 2,900 men who had completed the Total Illness Burden Index for Prostate Cancer, or TIBI-CaP, questionnaire, which takes just 15 minutes to complete.

During follow up, 420 men (14.5 percent) died, but only 86 (3 percent) died of prostate cancer.

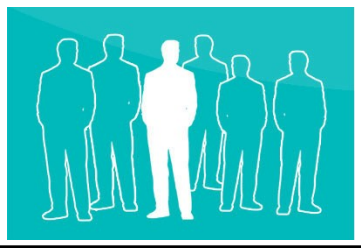
The investigators found that men with the highest scores on the TIBI-CaP, meaning that they had illnesses that severely impacted their daily lives (for example, shortness of breath with exertion), were 10 times more likely to die of a cause other than prostate cancer than men with the lowest scores.

Forty-one percent of the men with the highest TIBI-CaP scores had died from other causes within 6 years of treatment, compared to just 6 percent of the healthiest men.

This is well before the benefits of aggressive treatment, for example radiation or surgery, would be apparent, the researchers note. These men "may wish to strongly consider conservative over aggressive treatment," Daskivich and his colleagues write in the Archives of Internal Medicine.

They conclude that men with other illness in addition to prostate cancer "ought to be offered this simple questionnaire to inform their decision making."

SOURCE: link.reuters.com/fyr27n



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Prostate Cancer Canada Network Calgary

PCCN Calgary Warriors

The 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 PCCN Calgary members and all those who have an interest in management of advanced prostate cancer. The Warriors meet on the second Tuesday of each month at 6:14 pm prior to the main PCCN Calgary meeting. Warriors meet in a separate room at the new location,1008–14St SE. (Map enclosed). Signs will be posted. Men with advanced prostate cancer, their partners and family members are most welcome to attend! For more information call Fred McHenry at 403.282.3920

For more information call Fred McHenry at (403) 282.3920

Women and Prostate Cancer

(WAPC) and Men's Peer Group meetings will be held:

Tuesday October 19, 2010 at Wellspring1404 Home Road NW @ 7:30 PM

and

Tuesday October 26, 2010 at South Calgary Health Centre

31 Sunpark Pl. SE@7:30PM

These informal meetings allow women to share their concerns and experiences in a friendly non-threatening environment. Meetings for men are held in separate rooms at both locations.

No pre-registration required- Free parking at both locations

Many thanks to our many friends and supporters!

PCCN Calgary has many generous individuals and companies who support our community work. We do not get government funding. On behalf of our 900+ members, thank you for your generosity. With your support we will continue our good work in 2010, our fifteenth year, and onward!

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

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Prostate Cancer Canada Network Calgary

Please make cheques payable to

Prostate Cancer Canada Network Calgary

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