

## Dr. Robert Buckman

Passed Away at age 63

The passing of Dr. Robert Buckman came as very sad news to all of us at Prostate Cancer Canada Network Calgary. He passed away on October 9th, 2011 on flight from London, UK to his home in Toronto.

Dr. Buckman was an oncologist at Princess Margaret Hospital in Toronto. To many though Rob was much more than an oncologist. He often carried the title of comedian, author, and humanitarian.



Dr. Robert Buckman  
1948 - 2011

Many of you will remember seeing Dr. Buckman give an outstanding talk and performance at our March 2009 monthly meeting. His name alone brought in a record number of people. All left that evening with both elevated mind and spirit.

Dr. Buckman is well known as the author of bestselling books such as *Jogging from Memory*, *How To Break Bad News: A Guide for Healthcare Professionals*, *What You Really Need to Know About Cancer: A Guide for Patients and their Families*, *What You Really Need to Know About Living With Depression*, *Cancer is a Word Not a Sentence*, and more.

The world has been made a better place by the gifts Dr. Buckman has given us all. Take some time from your day to watch the talk he gave us in March 2009 (found on our website), or read any of his very inspiring writings. You will without question come away changed. 

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## Monthly Meeting

Our next monthly meeting will be held at 7:30 PM Tuesday November 8th, 2011

We meet at  
**Venu1008 (Fireworks)**  
1008 14 Street SE  
in Inglewood

## Olivia Chow's Keynote

Join us for the complete talk Olivia Chow MP Trinity-Spadia gave at the recent Prostate Cancer Canada Network conference held in Halifax. She discusses her late husband Jack Layton and also gives her view of prostate cancer advocacy in Canadian politics. Very interesting, informative and moving.



## Jason's Notes

The month of Movember is upon us. That is, the month formally known as November. With this comes men of all ages sporting, or in some cases, sprouting mustaches.



I mentioned last month, but it's worth repeating, we will be holding a Movember Kickoff event on November 1st, at the Wild Rose Brewery located on the old Canadian Forces Base.

Join us anytime after 6pm to see the temporarily shaven faces of the many supporting this great awareness raising event. Rumour has it that Bob Shiell, our past President, will be shaving for this event. Wouldn't that be a sight to see?

With that said, let me briefly look back at October. On October 11th I headed to Halifax, NS to attend the 8th annual Prostate Cancer Canada Network Leaders Conference. Here gathered support group leaders from all across Canada.

The purpose of the conference is to share with and learn from other groups. I met

many great people doing amazing work for the prostate cancer cause.

Also worth noting about the conference was an amazing talk given by Olivia Chow MP Trinity-Spadina, wife of the late Jack Layton.

Olivia's presentation was very interesting, heartfelt, and moving. So much so that we are presenting the video recording of this talk at our upcoming monthly meeting on November 8th. I encourage you to attend as it is well worth your time.

Also featured at the conference was the public display of photos for the TIEd Together project.



PCCN Leaders Conference opening.

TIEd Together is a black-and-white photographic exhibition telling the stories of Canadians' experiences with prostate cancer.



TIEd Together photo exhibit at the Scotia Centre in Halifax, NS

This collection forms a travelling exhibit that will make its way across Canada. I will be sure to let you know when it comes to Calgary.

For those who want to get a sneak peak you can go online to [www.photosensitive.com/pc](http://www.photosensitive.com/pc)

I will close with my thanks to all our members who attend our monthly meetings and I look forward to seeing you on November 8th.

Jason Bedard

Executive Director

Prostate Cancer Canada Network Calgary



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## **Vitamin-E supplements linked to prostate cancer**

10/10/2011 - The Globe and Mail

If you're a male taking vitamin E, consider tossing your supplements: According to a study published today in the *Journal of the American Medical Association*, the antioxidant supplement increases the risk of prostate cancer.

The study, called SELECT (the Selenium and Vitamin E Cancer Prevention Trial), found that men who took 400 IU (international units) of vitamin E each day were 17 per cent more likely to develop prostate cancer than non-vitamin-E users.

In 2001, SELECT set out to substantiate these observations. The trial assigned 35,533 healthy men aged 50 and older to four treatment groups: 400 IU of vitamin E daily, 200 micrograms of selenium daily, both supplements daily, and placebo.

An earlier analysis, published in 2008, found no benefit – vitamin E and selenium, taken alone or in combination, did not prevent prostate cancer. And there were two worrisome trends: a small increase in the number of prostate cancers among vitamin-E users and a small rise in Type 2 diabetes among men taking selenium. Neither finding was statistically significant, meaning it may have been a coincidence.

The trial was discontinued early and men were told to stop taking their supplements.

Since 2008, SELECT investigators have continued to follow participants and gather additional data to determine any long-term effects of supplements on prostate-cancer risk.

Today's report noted that the rate of prostate cancer was 17 per cent greater in the vitamin-E group, a finding

that was statistically significant. There was no increased risk of prostate cancer when vitamin E and selenium were taken together, suggesting that selenium somehow dampens the harm caused by vitamin E.

The fact that the increased risk of prostate cancer was only evident after extended follow-up suggests the health effects from these supplements may continue even after men stop taking them.

The updated SELECT results found no link between selenium supplements and Type 2 diabetes risk. The longer follow-up did not demonstrate a benefit for either supplement in the risk of colorectal or lung cancer or cardiovascular events.

If you take vitamin E in the hope of warding off chronic disease, it's time to trade it in for a healthy diet. Clinical trials have not demonstrated any benefit regarding heart attack, death from heart disease, colorectal polyps, respiratory infections in the elderly, or progression of cataracts or macular degeneration.

Moreover, the increased risk of prostate cancer seen in SELECT, the previously reported higher risk of lung cancer with high-dose beta carotene, and the greater risk of colon polyps seen with high-dose folic acid supplements strongly suggest using caution when taking supplements.

Findings published yesterday in the *Archives of Internal Medicine* also raise concern over the long-term safety of certain supplements. The study followed 38,772 older women for 19 years and found several common supplements, most notably iron, were associated with a greater risk of death. (Calcium and vitamin D were associated with a lower risk.)

Data regarding the harmful effects

of dietary supplements were limited until recently. It's now becoming clear that more is not better. There are risks associated with consuming too little of a nutrient and too much. A low intake can lead to deficiency, and a high intake may lead to toxic effects and disease.

In my opinion, supplements are meant to bridge nutrient gaps in a healthy diet. A multivitamin can help menstruating women and vegetarians meet iron requirements and older adults get enough vitamin B12. If you need a multivitamin, choose a standard one-a-day formula that offers 100 per cent of the recommended daily intake for most nutrients. Avoid "mega" or "super" formulas, which can contain high amounts of antioxidants, B vitamins and minerals.

Adults will also benefit from taking vitamin D3 if they don't get enough from the sun or diet. To help ensure a sufficient blood level of vitamin D, Canadians are advised to take 1,000 IU daily in the fall and winter, and all year if they are over 50, have dark skin, don't go outdoors often, or wear clothing that covers most of their skin.

But vitamin and mineral supplements do not prevent disease – at least not in well-nourished people. That said, a supplement containing vitamins C and E, lutein and zinc has been shown to slow the progression of intermediate and advanced macular degeneration. And it's well established that taking folic acid, a B vitamin needed for healthy cell division, before and during the early weeks of pregnancy is vital to preventing neural tube defects.

Reducing your risk of chronic disease requires eating right as well as maintaining a healthy weight and ex-

**Continued on reverse**

exercising regularly. Large studies have consistently shown that a diet based on fruit and vegetables, whole grains, legumes and unsaturated vegetable oils reduce the risk of high blood pressure, heart disease, stroke, osteoporosis, Type 2 diabetes and certain cancers.

No supplement can replace the benefits of a healthy diet. Whole foods provide vitamins, minerals, protective phytochemicals and fibre, all of which likely work together to fend off disease.

Leslie Beck, a Toronto-based dietitian at the Medcan Clinic, is on CTV's Canada AM every Wednesday. Her website is [lesliebeck.com](http://lesliebeck.com)

## **Denosumab Delays Bone Metastases in Castrate-Resistant Prostate Cancer**

2011/10/13 - Elsevier Global Medical News - Lee Schwartzberg, MD

Bone metastases are the almost universal consequence in patients with prostate cancer who have castrate-resistant disease and rising PSA levels and/or high Gleason scores. A major thrust of cancer therapy is prevention or delay of established metastases in patients at high risk. Denosumab, a monoclonal antibody that interferes with the bone microenvironment through its inhibition of RANK ligand effect on osteoclasts, was shown in this analysis to reduce the risk of developing bone metastases by 15% and increase the median time to detectable skeletal metastases from 25.2 months to 29.5 months. Denosumab also delayed time to symptomatic bone metastases, providing a tangible quality-of-life benefit. Unfortunately, these results did not translate into an overall survival advantage. It may be postulated that targeting high-risk patients before they reach castrate resistance could be another promising strategy to improve overall outcome.

STOCKHOLM (EGMN) - Denosumab prolongs bone metastasis-free survival across a variety of non-metastatic, castrate-resistant prostate cancer subgroups, according to subanalyses of a phase III study.

The advantage with denosumab was observed regardless of patient age, geographic region, or race, Dr. Stephane Oudard said at the European Multidisciplinary Cancer Congress.

Overall, the primary end point of bone metastasis-free survival was increased from 25.2 months with placebo to 29.5 months with denosumab. This corresponds to a relative risk reduction of 15% (hazard ratio, 0.85; P = .028).

Dr. Oudard pointed out that nearly all men with prostate cancer develop bone metastases, and that this is “the first randomized study to demonstrate that targeting bone microenvironment prevents bone metastasis in men with prostate cancer.”

Denosumab is a monoclonal antibody that inhibits RANK ligand, a key mediator of bone osteoclast activity. The drug was approved in 2010 for the treatment of postmenopausal osteoporosis under the trade name Prolia, and later that year for the prevention of skeletal-related events in patients with bone metastases from solid tumors.

In September 2011, two new indications were added for denosumab: to increase bone mass in patients at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer, or adjuvant aromatase inhibitor therapy for breast cancer.

The phase III denosumab 147 study evenly randomized 1,432 men with nonmetastatic, castrate-resistant prostate cancer to monthly subcutaneous denosumab 120 mg or placebo. Bone metastases were detected by bone scan and confirmed by scintigraphy.

The men were at high risk of devel-

oping bone metastasis as defined by a PSA of 8.0 ng/mL for 3 months prior to randomization or a PSA doubling time of 10 months or less. These dual PSA risk factors were present in 48% of the men. At least one-third of the men had a Gleason score of 8 or more at diagnosis.

Denosumab significantly delayed the time to symptomatic bone metastases (HR, 0.67; P = .01), which translates into a 33% relative risk reduction. Similar benefits were observed for this end point across all disease and patient demographic characteristics, he said.

Serious adverse event rates were nearly identical at 46% in each arm; hypocalcemia was higher in the denosumab group at 1.7% vs. 0.3% with placebo. Another side effect, osteonecrosis of the jaw, was also slightly increased with denosumab at a cumulative incidence of 1.1% in year 1, 2.9% in year 2, and 4.2% in year 3 vs. 0% for all three years in the placebo group, Dr. Oudard said at the meeting, a joint congress of the European Cancer Organization, the European Society for Medical Oncology, and the European Society for Radiotherapy and Oncology.

He went on to say that long-term quality of life data are needed, since the study showed only that denosumab prolongs the period before metastasis, where the patients' quality of life has not yet suffered to a great extent.

The above news excerpts are for informational purposes only.

Please always speak to your Doctor about all your concerns and questions related to your health.

## The PSA Debate, Again

2011/10/13 - Prostate Cancer Canada

Despite the draft recommendation of the U.S. Preventative Services Task Force against screening for prostate cancer using the prostate-specific antigen (PSA) blood test, our position remains the same. The Prostate Cancer Canada Network (PCCN) strongly supports early detection through PSA testing. We advise men over the age of 40 to have the prostate cancer discussion with their doctor and establish a baseline PSA value.

Bob Shiell, Past President of both PCCN and the PCCN Calgary support group, agrees. "Every time I hear something like this I get upset, because it's just another excuse not to get tested," he told the Globe & Mail last week. "By the time symptoms show, it is often too late." Shiell had regular PSA tests and digital rectal exams after the age of 50 on the recommendation of his family doctor. At 75, Shiell's father had been diagnosed with metastatic prostate cancer. Six years later, Shiell, too, received the news that he had prostate cancer; the PSA test gave him this early warning.

*"I was in shock! I was 56 and, I had thought, healthy. My routine for over 8 years was to swim a mile a day, watch what I eat and drink, and not smoke. I had no symptoms and felt great."*

Shiell was able to decide about treatment options. He chose a combination of hormonal therapy, external beam radiation, and, finally, brachytherapy, because medicine was able to determine that he had prostate cancer even though he had no symptoms of the disease.

So what is a man to do? First, consult Canadian guidelines and your doctor when deciding. Inform yourself. A good place to start is Prostate Cancer Canada's Early Detection Guidelines, which can be found on our website [pccncalgary.org](http://pccncalgary.org). Printed copies of the Guidelines can also be obtained at our monthly meetings.



Movember is becoming an unstoppable force for the prostate cancer cause.

Last year this global movement raised CAD\$22.3 million in just Canada alone. This however represents more than just money raised. It means awareness.

Awareness of the disease is to many the most important benefit gained from this annual event. More importantly it is who this awareness reaches most, young men.

Consider taking part this Movember by either cultivating a fine mustache, or simply by visiting our Movember team page and donating directly.

[www.mobro.co/pccncalgary](http://www.mobro.co/pccncalgary)



**GETCHECKED.CA**

The ManVan™ is a valuable resource offered by the Prostate Cancer Centre to provide on-site free baseline PSA blood tests for men over 40. The ManVan™ makes appearances at select events, but can also be found around the community each month. For the current schedule please visit [GETCHECKED.CA](http://GETCHECKED.CA)



# Upcoming Events

**Tuesday - November 1st - 6:00pm**

## November 2011 Kick-off

Wild Rose Brewery - Tap Room

Bldg AF23 2-4580 Quesnay Wood Drive SW (CFB Calgary)

Our friends at Wild Rose Brewery are donating twenty-five cents from every pint of their WRed Wheat Ale sold in the Tap Room over the entire month of November. What better way to kick-off Movember then by joining us for a pint.

**2nd Tuesday - November 8th - 7:30pm**

## Our November Monthly Meeting

Venu1008 (Fireworks) 1008 – 14 Street SE

### Olivia Chow's Keynote

Join us for the complete talk Olivia Chow MP Trinity-Spadia gave at the recent Prostate Cancer Canada Network conference held in Halifax. She discusses her late husband Jack Layton and also gives her view of prostate cancer advocacy in Canadian politics. Very interesting, informative and moving.

**2nd Tuesday - November 8th - 6:00pm**

## PCCN Calgary Warriors

Venue1008 (Fireworks) 1008 - 14Street SE

For those men and their families dealing with advanced prostate cancer we have the Calgary Warriors. The Warriors are a caring and compassionate group, well organized and full of information. The Warriors serve the very important needs of hormone refractory and all those who have an interest in management of advanced prostate cancer. The Warriors meet on the second Tuesday of each month at the new time of 6:00 pm prior to the main PCCN Calgary meeting.



**2nd Tuesday - November 8th - 5:00pm**

## Pre-meeting Dinner Get-together

1413 9th Avenue SE

Last month one of our directors, Stewart Campbell, invited anyone interested to join him for dinner. Stewart again welcomes you to join him for pre-meeting social time, good food and drink at the Salt & Pepper Restaurante Mexicano. The restaurant is only one block from Venu1008 where we hold our monthly meeting. Don't let Stewart dine alone, join him.



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