

March 2011

NEWSLETTER

Comox Valley Prostate Cancer Support Group



Prostate Cancer
Canada Network
Comox Valley



The Forbidden Plateau Barbershop Chorus has had great success with their 2011 Valentine Greetings season. Congratulations to the guys for their support through creating joy.

NEXT MEETING:

Our March meeting is a social evening and participants are asked to bring a small plate of goodies; either savory or sweet, so we can all ignore our waistlines. A hint of green will tie the goodies to the season. St. Patrick's Day this year offers an excellent opportunity for everyone to bid a fond adieu to Barry as he and Marian prepare to abandon us and return to Ontario. So bring at least one "Barry" story so we can send him off in a memorable way.

7:30; Monday evening, March 14, 2011

Ramblings:

When I look back on the six years as a member of our group, it make me realize how much we accomplish each year. We take part in parades, give out information on prostate health and awareness at various functions held in the Comox Valley throughout the year, supply manpower and work on the committees for the Motorcycle Ride for Dad and the Balls of Steel Hockey Tourney. The Relay for Life always has a team to walk and stay all night each June. We also supply speaker or various service clubs to get our message to a captive audience. The most important project, in my humble opinion, is Men's Health Day in September when men learn about prostate health and are tested. Hopefully this covers all the projects we take part in each year, if I have missed any I apologize.

Our membership is strong and very active in advocating for men and their families who have been diagnosed with prostate cancer which is the reason the founding member started our group. Our website is looked after by Don Waddell and has a following throughout the world, I encourage members to log on each month as Don keeps it up to date.

I leave you in very good hands and will certainly keep in touch. Please assist chairman Doug and the rest of the directors when asked as your help at the various functions we take on lightens the workload.

Looking forward to seeing you at the March meeting.

Barry

News Flashes:

Monday, December 27, 2010: Knights of Columbus: The Dr. Tillman Briggs Council #4597 of the Knights of Columbus generously donated \$500 towards support of our group's activities in creating awareness of Prostate Cancer.

Friday, March 4, 2011: Sayward Health Day: Prostate Cancer Canada Network - Comox Valley will be manning an information table for the Sayward Health Day in Sayward School gym on Kelsey Way from 9:00 to 1:00. Members who would like to join our representatives are welcome.

Tuesday, March 8, 2011: Mentoring Skills Workshop: Solange Valiquette will be the workshop facilitator for members willing to participate in a One to One (1-2-1) mentoring program for members of PCCN - Comox Valley.

A central function of our group has been to support individuals who may be undergoing stress arising from prostate cancer due to making treatment choices, to side effects caused by treatment, to recurring PSA levels as well as many other causes. Some problems can be dealt with in group discussions, but often a more productive solution results from talking, one to one, with a concerned, aware and friendly listener.

This workshop is designed to enable both men and women to understand and listen with appropriate skills to the concerns of an individual undergoing a period of stress. Members who complete the workshop will then be able, in an informed and capable manner, to assist another member who needs to share his or her concerns. Confidentiality is of prime concern and these one to one connections would be private and solely between the individuals involved.

This free workshop, located centrally in Courtenay, is open to both the men and women of our group. Refreshments, including a tasty lunch, will be provided. Interested members are asked to pre-register with Brian before March 3.

On Going: TIED together: Don't forget to check out the website of 'TIED together' for registration information at www.photosensitive.com/pc/.

Time for a Driver's Test?



2011

Steering Committee



Chair:

Barry Hesson
250 334-8803

Vice Chair:

Doug McPherson
250 336-8526

Secretary/Treasurer:

Brian Lunn
250 338-8235

Programs:

Barry Hesson
Paul Ryniak

Hospital Outreach:

Russ Engelmyer
250 339--4986

Social:

Bob O'Brien
250 338-2313

Website:

Don Waddell
250 338-6748

Newsletter:

Brian Lunn
250 338-8235

Home Visits:

Don Lanyon
250 334-2807

Gene Decoding Funded by Prostate Cancer Canada and Movember

The International Cancer Genome Consortium is a groundbreaking world-wide research initiative. The ultimate goal is to decode gene sequences from the tumors of 500 patients for each of 50 different cancers, and compare these to the gene sequences from their corresponding normal tissues.

The Canadian portion of the prostate cancer section of the International Cancer Genome Consortium project is being led by Prostate Cancer Canada, with the participation of all major Canadian research centres, and the collaborators within other international alliances.

It is hoped that the findings from this project will lead to: improved diagnostic tests to identify the non-aggressive from aggressive forms of prostate cancer; new therapies to treat resistant types of prostate cancer cells; and, provide improved screening methods to detect prostate cancer.

Dr. Rob Bristow, a Clinician-Scientist at the Princess Margaret Hospital (UHN) and Professor of Radiation Oncology & Medical Biophysics at the University of Toronto is the Chair of the steering committee of the prostate cancer section of the International Cancer Genome Consortium.

Excited by the prospect of cracking the genetic code of prostate cancer, Dr. Bristow is hopeful that this project will allow researchers to pin-point the genes that lead to aggressive prostate cancer and target those genes with new molecular approaches to treatment. He is optimistic that within 5 to 7 years, the findings of this project could lead to the development of individualized treatment for prostate cancer based with great precision on their own "genetic fingerprint".

Says Dr. Bristow: "Finally we have the technology to crack the genetic code for individual men to understand their risk for prostate cancer – and their best treatment." -*Prostate Cancer Canada - News Winter 2010/2011*

The economy is so bad that...

- I got a pre-declined credit card in the mail.
- CEO's are now playing miniature golf.
- I bought a toaster oven and my free gift was a bank.



Member
of the month: Barry Hesson

- Angelina Jolie adopted a child from the USA.
- A picture is now only worth 200 words.
- They renamed Wall Street "Wal-Mart Street".
- The Treasure Island casino in Las Vegas is now managed by Somali pirates.

And, finally...

I was so depressed last night thinking about the economy, wars, jobs, my savings, Social Security, retirement funds, etc., I called the Suicide Hotline. I got a call centre in Pakistan, and when I told them I was suicidal, they got all excited, and asked if I could drive a truck...

Comox Valley Prostate Cancer Support Group

website:

www.cvprostatecancer.org

e-mail:

prostatecancer@shaw.ca

Mailing Address:

5976 Aldergrove Drive,
Courtenay, BC, V9J 1W3

Meetings:

Comox Valley Health Centre,
961a England Avenue,
Courtenay, BC

Next Meeting:

Monday, 7:30 pm, March 14,
2011.

Our Mission Statement:

"We aim to help those who have been diagnosed with prostate cancer by providing opportunities for learning more about the disease through group discussions and personal support. We work to increase public awareness of prostate cancer through advocacy, presentations to interested groups, free prostate cancer screening and publicity."

Medical Advisors:

Dr. Aaron Clark
Dr. James Chartrand
Dr. Will Tinmouth

Prostate Cancer Information

Prostate Cancer Canada:

www.prostatecancer.ca

Prostate Cancer Canada Network:

www.prostatecancernetwork.ca

Canadian Cancer Society:

Information Line:

1 888 939-3333

Comox Valley Unit:

102 1509 Cliffe Avenue
Courtenay, BC, V9N 2K6
250 338-5454

Prostate Cancer Foundation BC

www.prostatecancerbc.ca

On-Off Therapy Works in Prostate Cancer

(American Society of Clinical Oncology Genitourinary Cancer Symposium)

By Ed Susman, Contributing Writer,
MedPage Today
Published: February 19, 2011

ORLANDO -- Intermittent androgen deprivation therapy guided by cancer-related biomarkers appears to be just as effective for treatment following prostate cancer therapy as continuous hormonal treatment, researchers said here. In the test to show intermittent therapy was noninferior to continuous androgen deprivation, median overall survival was 9.1 years for men treated with standard, continuous therapy compared with 8.8 years for men who were on intermittent therapy, according to Laurence Klotz, MD, chief of urology at *Sunnybrook Health Sciences Centre* and professor of surgery at the *University of Toronto*. The hazard ratio was 1.02, well within the prespecified margin for noninferiority, and therefore the findings attained statistical significance ($P=0.009$) for noninferiority, he said here at the 2011 Genitourinary Cancers Symposium.

"Intermittent androgen suppression should be the standard of care for most patients with prostate-specific antigen (PSA) recurrence after radiation therapy, with or without radical prostatectomy initiating androgen deprivation therapy," Klotz said in the oral presentation. Interestingly, the researchers noted that the median time to castrate resistance was greater than the median overall survival, indicating that some of the men in the study were dying from diseases other than prostate cancer, Klotz told *MedPage Today*. The median time to castration resistance was 10 years in the continuous group and 9.8 years in the intermittent treatment group (HR 0.80, 95% CI 0.86 to 1.21, $P=0.024$). About 15% of the patients in the continuous treatment group died of their prostate cancer within seven years in the study, compared with 18% of those on intermittent therapy -- a nonsignificant difference.

"In men with PSA recurrence after radical radiotherapy, intermittent androgen suppression is not inferior to continuous androgen deprivation with respect to overall survival," he added. One of the surprises of his study was that patients in the intermittent therapy group were on medication for 27%

of the time, whereas most clinicians suspected that the time on and off medication would be equal.

"This is an important study and reflects what a lot of us have been doing in the clinic with our patients on androgen deprivation therapy," said Oliver Sartor, MD, director of the prostate cancer program and professor of medicine and urology at *Tulane University*, New Orleans. Sartor told *MedPage Today* that not every patient would be a candidate for intermittent therapy because it generally requires a higher level of compliance to submit to regular testing as opposed to just showing up for a regular treatment. "The savings in regard to cost of these medications could be enormous," Sartor said.

Klotz added, "This is a win-win situation. Not only do we have a therapy that appears to be better tolerated for the patient, but it is also cost-saving."

In the study, researchers assigned 690 men to intermittent therapy and 696 men to continuous therapy. During the course of the trial, 268 men died who were on the intermittent therapy compared with 256 men in the continuous treatment arm. The trial began accruing patients in January 1999, and the database was locked October 2010. Men randomized to the continuous therapy group who experienced rising PSA following definitive castration treatment continued on anti-androgen treatment until castration resistance occurred. The men on intermittent therapy were administered treatment for eight months and then were taken off medication. When their PSA levels rose to about 10 ng/ml they went back on therapy for another eight-month cycle. They stayed on intermittent therapy until castrate-resistant prostate cancer emerged. PSA and testosterone levels were monitored every two months. If PSA levels raised to about 10 ng/ml within two months of stopping anti-androgen therapy, patients were removed from the intermittent therapy and were placed on continuous therapy. Castrate-resistant disease was defined as evidence of testosterone and three successive increases in PSA measured at least one month apart and/or new evidence of disease.

Klotz said there were few significant differences between the groups as far as adverse side effects were concerned. About 93% of men in the continuous group experienced hot flashes related to therapy, compared with 90% of the men in the intermittent treatment group ($P=0.02$).

The two groups experienced similar problems with erectile dysfunction, libido, urinary frequency or urgency, fatigue, cardiac events, and fractures.