

PCCN Markham



Newsletter

Volume 15 Issue 5

January, 2014

NEXT MEETING

Tuesday, February 11 @ 7:30 PM

St. Andrews Presbyterian Church

Main St. Markham

Rose Room – Downstairs

Small Group discussion

Thank You to

Dr. Pam Manning D.C & Lorraine Gilks

For their Discussion on Skills to Elevate Your Energy and Well Being

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Who should get the PSA test for prostate cancer?

By Michelle Castillo CBS News January 16, 2014, 1: 45 PM

Prostate Cancer is the most common cancer found in American men, and the second leading cause of men's cancer deaths.

Given those rates, it would seem like a screening test that can catch the disease early would be a major boon to medical care. However, it hasn't been that simple.

In fact, "it's one of the most controversial areas in medicine," said Dr. Jon LaPook, chief medical correspondent for CBS News.

LaPook spoke with Dr. Herbert Lepor, the Martin Spatz Chairman of the department of urology at NYU Langone Medical Center in New York, to discuss the highly-debated prostate cancer test, the prostate-specific antigen (PSA) test. Lepor is the co-author of the book "Redefining Prostate Cancer."

The PSA test is a blood test that looks for a specific protein that is only produced by the prostate. The higher the levels of PSA, the more likely the person has prostate cancer.

If someone is found to have an elevated level, they are often recommended to have a biopsy taken from their prostate. This involves inserting 12 needles into the prostate using an ultrasound and taking a random sampling of tissue.

"It seemed as though it would be the answer to help us identify earlier cancers," Lepor explained.

Before the PSA test, being diagnosed with prostate cancer was almost a death sentence. Now, 16 percent of men are diagnosed, but only 3 percent succumb to the disease.

The problem is that the majority of tumors are not significant enough to warrant treatment. One study suggested that 40 percent of men who receive a positive test result have a cancer too slow-growing to be deadly. The biopsies, radiation, surgery and other treatments can cause serious side effects, including impotence, incontinence and other complications -- even death.

"Unlike pancreatic cancer or lung cancer, as the statistics show, many of these [prostate] cancers are not significant," Lepor said. "They would be best not diagnosed."

That's why an expert panel that advises the U.S. government on medical treatment guidelines, the U.S. Preventative Services Task Force, recommended [against healthy, symptom-free men of any age](#) getting the PSA test in May 2012 guidelines. Previously, men over the age of 75 were advised not to get the test.

However, some experts believe that [the PSA test should still play a role](#). Without using the blood test, the only method left to check for prostate cancers is a digital rectal exam, when a doctor checks the prostate through the rectum using his or her fingers. Some tumors can be felt, but not others, and they are often discovered too late.

Lepor said that what doctors need to is "screen smarter." He suggested still using the PSA test and then repeating it to reconfirm if a high PSA score is detected. Then, Lepor said doctors could use an advanced MRI scan to try and locate the tumor, rather than going in blindly for a biopsy.

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In some cases, Lepor said, a man might not need a biopsy unless their PSA scores keep increasing or they have significant family history. In other instances, the MRI could help guide doctors to get more accurate biopsies.

The goal, he explained, is to "identify those cancers that need to be diagnosed and need to be treated as opposed to all of those insignificant cancers that the current way we are doing things is leading to."

<http://www.cbsnews.com/news/who-should-get-the-psa-test-for-prostate-cancer/>

Custom-Fit Treatments for Prostate Cancer

Disease fight takes a page out of the breast-cancer approach

By Ron Winslow Jan. 13, 2014 7:12 p.m. ET

In a bid to improve treatment for men with high-risk prostate cancer, some researchers want to take a page from the playbook for breast cancer.

Medical scientists are working to develop strategies for treating prostate tumors that are tailored to individual patients, as is currently done for many women with breast cancer. Fresh advances in the understanding of prostate cancer suggest that some men with a high-risk form of the disease might benefit from more aggressive treatment.

Other men may benefit from less treatment. For instance, radiation plus hormone therapy, also called androgen-deprivation therapy, is a common strategy to kill prostate tumors. But a recent study from researchers at Memorial Sloan-Kettering Cancer Center suggests that analyzing a tumor's DNA may identify patients who would do just as well with radiation alone. If borne out in further research, some men may be able to skip hormone therapy, avoiding side effects that include loss of libido and heart disease.

The developments come amid changes in the way many types of cancer are identified and treated. The changes are being driven in part by the use of genomic information that defines tumors by their underlying biology and provides clues about drivers of the disease not available by conventional exams.

Researchers say, for instance, that several new genomic prostate-cancer tests can help separate high-risk tumors from those at low or intermediate risk, offering information to doctors and patients to guide treatment choices.

About 240,000 men in the U.S. are diagnosed with prostate cancer each year. Most cases are low-risk forms of the disease that will have little effect on their lives or longevity. In these cases, a big concern is that overtreating the cancer puts these men at unnecessary risk for impotence, incontinence and other complications.

About 20% of diagnosed men are considered at high risk for having their cancers spread beyond the prostate gland based on a measure called the Gleason score and other factors. For some men with an aggressive form of the disease, the 10-year-survival rate is well below 50%. "We may not be treating them aggressively enough," says William Polkinghorn, a radiation oncologist at Memorial Sloan-Kettering, in New York. Some 95% of men who die of the disease are initially diagnosed with cancer that is confined to the prostate region, says Philip Kantoff, director of the Lank Center for genitourinary oncology at the Harvard-affiliated

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Dana-Farber Cancer Institute, in Boston. Finding ways to "cure" such patients is "mission central," he says. Once cancer spreads beyond the prostate—typically to the bone—it is considered incurable.

The current standard of care for high-risk prostate cancer is either surgery to remove the cancerous gland or radiation plus hormone therapy to kill the tumor. Some men get radiation after surgery, but generally the two approaches aren't given together.

By comparison, women with high-risk breast cancer, which like prostate cancer is also typically fueled by sex hormones, typically get a combination of surgery, radiation and drugs. Medicines are tailored to patients based on whether the hormones estrogen and progesterone or a gene called HER2 is fueling the tumor.

Aggressive treatment of these women has resulted in improved survival and relapse rates, says Charles Sawyers, head of the human oncology and pathogenesis program at Memorial Sloan-Kettering. Whether a similar approach would improve survival for high-risk prostate cancer isn't certain but it is "a conversation that needs to be had in a more vigorous way," he says.

There is some evidence it could work. Research from clinical trials, for instance, suggests that giving radiation soon after surgery increases the time a patient lives without the disease coming back, says Adam Dicker, head of radiation oncology at Jefferson Medical College of Jefferson University, in Philadelphia.

But there have been few studies looking at the effect of combining treatments. It can take 10 to 15 years to complete a trial testing a multipronged strategy versus a single-treatment approach.

Genetic tests have recently become available that examine tumors for molecular signatures that predict whether a tumor is high- or low-risk and can help doctors make treatment decisions.

A test marketed by San Diego company GenomeDx Biosciences Inc. yields a molecular profile that can indicate, for instance, whether a man who undergoes prostate surgery to remove the tumor would also benefit from radiation treatment, says Doug Golginow, the company's chief executive.

It "doesn't tell you if a specific chemotherapy" will work against the tumor, but "it sorts out a lot of confusion by telling you whether you have the kind of disease that's going to kill you or not kill you," he says.

[Genomic Health](#) Inc., in Redwood City, Calif., and [Myriad Genetics](#) Inc., of Salt Lake City, sell tests that, for instance, can help distinguish between high- and low-risk prostate cancers, possibly enabling men to delay or forgo aggressive treatment.

Dr. Polkinghorn's research at Sloan-Kettering yielded another genetic signature that could tell men when they need less therapy. He led a recent study that showed androgen's role in prostate cancer goes beyond providing fuel for the tumor's growth; the male sex hormone also activates androgen receptors that turn on genes which repair damaged DNA. The finding is important because radiation kills tumor cells by breaking DNA. It also explains a two-decade-old mystery over why combining radiation with anti-androgen drugs is significantly more effective against high-risk cancer than radiation alone.

Depriving the tumor of androgen "takes the sunscreen off the prostate cancer cell and makes it more sensitive to radiation," Dr. Polkinghorn says. The report was published in November in the journal *Cancer Discovery*.

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The analysis revealed that levels of androgen-receptor activity vary widely between patients. This suggests that patients with high androgen activity may benefit from hormone therapy while those with low activity levels may gain little from it and could forgo the treatment.

The researchers plan to validate the result by testing it on a database of prostate-tumor specimens gathered from a variety of clinical trials where the outcomes of the patients are known.

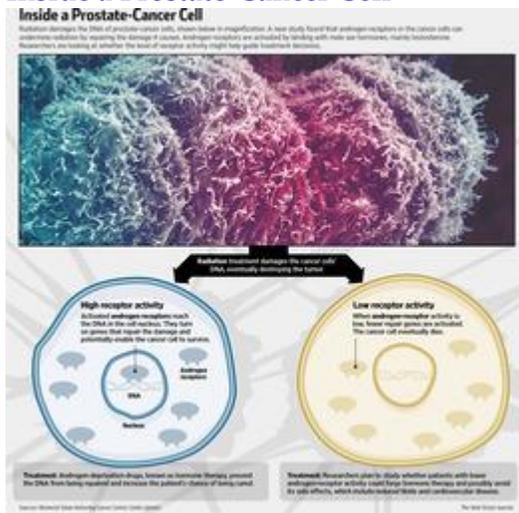
Dr. Polkinghorn now runs a clinic for high-risk prostate-cancer patients. He and his colleagues are developing a protocol to test how well such patients respond to more aggressive therapy.

Howard Bellin, a 77-year-old recently retired plastic surgeon who had surgery to remove his cancerous prostate in October, is being treated with the approach. The conventional strategy, Dr. Bellin says, is for doctors to wait after surgery to see if the tumor comes back and then "go after it with bigger guns" or hormone therapy. He says he is being treated now with two hormone drugs and radiation, hoping that a cure lies in "treating it with your big guns right away."

67 - The average age of prostate cancer diagnosis. The chance of having it rises rapidly after age 50.

1 in 36 -Men will die of prostate cancer, the second leading cause of cancer death in American men, behind lung cancer.

Inside a Prostate-Cancer Cell



<http://online.wsj.com>



Study looks at potential downside of radiation therapy for prostate cancer

CTVNews.ca Staff Published Thursday, January 16, 2014 6:42PM EST

Prostate cancer patients who were treated with radiation therapy were up to three times as likely to develop a secondary cancer elsewhere later in life compared to those who underwent surgery, according to a new Canadian study.

The study, published Thursday in *The Lancet Oncology*, examined health data information for 32,465 Ontario prostate cancer patients who were treated between 2002 and 2009.

Of those patients, 15,870 had surgery and 16,595 had radiation therapy.

The study's authors looked at the incidence of five common treatment-related complications that can arise in prostate cancer patients: hospital admissions, urological, rectal or anal procedures, open surgical procedures and secondary malignancies.

Patients who were treated with radiation had a higher incidence of developing a secondary malignancy five to nine years after treatment (4.5 per cent) compared to those patients who were treated with surgery (1.8 per cent).

The radiation group also had a higher incidence of hospital admissions, rectal or anal procedures and open surgical procedures, compared to those patients who had surgery.

However, patients who had surgery had a higher incidence of urological procedures compared to patients who had radiation therapy, the study found.

The researchers found that while age and other illnesses were important predictors for all of the complications, the type of treatment was the strongest predictor of having any of the complications.

Dr. Robert Nam, the study's lead author and a urologist at Sunnybrook Health Sciences Centre, told CTV News in an email that the findings will have an impact on how doctors counsel patients as they navigate their treatment options.

President of the Canadian Association of Radiation Oncology Dr. Ross Halperin told CTV News in an email that the results from the study are not surprising, and are similar to the findings of other research papers.

Halperin said that it is understood and told to patients that radiation therapy causes DNA damage, which may lead to the development of new cancers over time.

"This is an understood phenomenon and a risk that is communicated to patients as part of a consent conversation between radiation oncologists and their patients," he said.

He added that patients who undergo radiation therapy are expected to have higher rates of secondary cancer for a number of reasons, including a higher patient age and higher comorbidities that prevent them from having surgery.

He said that while it is unlikely that the study's findings will change clinical practice, it is a reminder that all treatments are associated with risks of complications.

"It is unlikely that this will measurably influence current practice," he said. "However it adds to a body of knowledge that reminds patient and doctor to thoughtfully review potential patient benefits and risks in

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making the decision whether to undergo and treatment at all for prostate cancer and in choosing radiotherapy or surgery when treatment is necessary.”

Dr. Joseph Chin from the department of oncology at Western University told CTV News that it’s important that patients are aware that both radiation and surgery are effective in treating prostate cancer, and both are preferable to no treatment at all.

“They still need treatment. There’s no question, surgery is effective (and) radiation is effective for treating prostate cancer, but there are complications,” he said. “We just have to lay them out clearly, and patients can consider the pros and cons and go from there.”

With a report by CTV News’ Medical Correspondent Avis Favaro and Elizabeth St. Phillip

<http://www.ctvnews.ca/health/study-looks-at-potential-downside-of-radiation-therapy-for-prostate-cancer-1.1642985#ixzz2qbmLrNPW>

Breakthrough for Prostate Cancer

13th Jan



Some great news today comes from our friends at The Royal Marsden...

A new drug trialled at The Royal Marsden for men with Advanced Prostate Cancer has received approval for UK use.

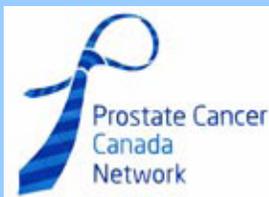
So what’s this new drug all about? Well, it’s called Xofigo and it had such good success in the trial phases that the trial was ended early once it was clear that the drug was effective.

Xofigo is available to treat men with castration-resistant Prostate Cancer who have symptomatic bone metastases. This may not mean too much to you, but this type of Prostate Cancer can be incredibly painful, as well as being life threatening.

What Xofigo is able to do, besides allowing men to live longer, is to offer fewer side-effects than many other treatments and allow the men to experience less pain.

[Find out more about Xofigo from The Royal Marsden here.](http://www.onefortheboys.com/blog/breakthrough-prostate-cancer.html)

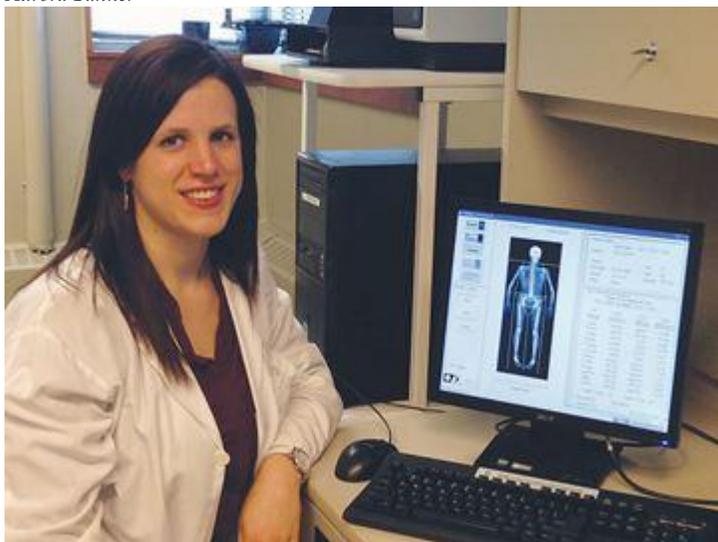
<http://www.onefortheboys.com/blog/breakthrough-prostate-cancer.html>



NOTABLE

York Region student earns grant to study cancer

Aurora Banner



Katie Di Sebastiano hopes to complete her PhD research into prostate cancer by the end of the year. Ms Di Sebastiano received a \$40,000 grant from Prostate Cancer Canada.

A PhD at 27?

It is not out of the question for Katie Di Sebastiano.

Ms Di Sebastiano, a University of Waterloo PhD student, who grew up in Newmarket and Aurora, is turning heads in the medical research world with her prostate cancer project.

She was one of five students from across Canada who received a \$40,000 graduate student award from Prostate Cancer Canada.

Her research focuses on body changes that occur during prostate cancer treatment that can include weight gain and muscle loss.

The award will allow her to focus on her work, she said, offering thanks to Prostate Cancer Canada and Constantine Karayannopoulos.

Similar to many people, cancer touched Ms Di Sebastiano's life when her mother was diagnosed while Ms Di Sebastiano was an undergraduate kinesiology student at McMaster University.

Her mother is now a breast cancer survivor, Ms Di Sebastiano said.

The Cardinal Carter Catholic High School alumna thought she would pursue a career in physiotherapy, but realized she really loved the research aspect of her studies, which led her to pursue a graduate degree.

Having done a lot of work surrounding nutrition, Ms Di Sebastiano wanted to combine nutrition and cancer research in some way.

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Many known nutritional issues affect prostate cancer, she said.

Often, patients receiving treatment gain fat and lose muscle.

Also, research shows people who are obese, have a poor diet and are inactive are more likely to get prostate cancer, she said.

"The relationship is very complicated," she said. "It's a very complex interaction."

Prostate cancer survivors are at risk of other diseases, such as diabetes and heart disease.

Ms Di Sebastiano's project examines how fat and sugar are used by the body during treatment and how nutrition and exercise interventions can improve prostate cancer survivors' quality of life.

She hopes to have the project completed by December.

She is collecting data from cancer centres in Hamilton and Kitchener and getting input from many of the leading names in prostate cancer research, including her professor, Marina Mourtzakis.

Once the project is complete, Ms Di Sebastiano wants a career in research, though she does not know where yet.

Prostate cancer is the most common cancer that affects Canadian men, impacting one in seven over the course of their lifetime, statistics show.

"Our largest donors work tirelessly, resulting in future leaders being able to continue their research, achieve results, and alter the way this disease affects men and their loved ones," Prostate Cancer Canada CEO Rocco Rossi said.

The Constantine Karayannopoulos Graduate Studentship Awards help nurture research talent and build the next generation of prostate cancer research leaders, Prostate Cancer Canada research, health promotion and survivorship vice-president Dr. Stuart Edmonds said.

<http://www.yorkregion.com/community-story/4316105-york-region-student-earns-grant-to-study-cancer/>

SOCIAL MEDIA LINKS

(A new section providing links to on line PCa related videos/Discussions – These are FYI only and are not necessarily the opinion of PCCN Markham – always discuss treatment with your doctor)

Prostate Cancer News and Research

<http://www.news-medical.net/?tag=/prostate+cancer>

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QUOTABLE

"A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort." Herm Albright (1876 - 1944)

"Isn't it interesting that the same people who laugh at science fiction listen to weather forecasts and economists?" Kelvin Throop III

On Valentine's Day remember

"All you need is love. But a little chocolate now and then doesn't hurt." Charles M. Schulz

***PCCN Markham
Prostate Cancer Support Group
Meets the 2nd Tuesday
Every month
September – June
St. Andrew's Presbyterian Church
143 Main St Markham***

The Markham PCCN Prostate Support Group is generously supported by Dr John DiCostanzo, PCCN, Janssen Pharmaceuticals, St. Andrews Presbyterian Church, and the Canadian Cancer Society.

The group is open to all; survivors, wives, partners, relatives and those in our community who are interested in knowing about prostate health.

Drop by St Andrews Presbyterian Church 143 Main Street Markham at 7:30PM, the 2nd Tuesday every month from September to June. The information and opinions expressed in this publication are not endorsements or recommendations for any medical treatment, product, service or course of action by PCCN Markham its officers, advisors or editors of this newsletter.

Treatment should not be done in the place of standard, accepted treatment without the knowledge of the treating physician.

The majority of information in this newsletter was taken from various web sites with minimum editing. We have recognized the web sites and authors where possible.

PCCN Markham does not recommend treatment, modalities, medications or physicians. All information is, however, freely shared.

Email markhampccn@gmail.com

We look forward to your feedback and thoughts. Please email suggestions to markhampccn@gmail.com