

PCCN Markham



Newsletter

Volume 15 Issue 9

May, 2014

NEXT MEETING

Tuesday, May 13 @ 7:30 PM

St. Andrews Presbyterian Church

Main St. Markham

Upstairs Hall

Free Parking off George Street

GUEST SPEAKER

Dr. Avidis Boudakian, Urologist

Topic:

"Advances in the treatment of Prostate Cancer in 2014"

Sponsored by: Janssen Pharmaceuticals

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New test could accurately predict prostate cancer recurrence

Monday 7 April 2014 - 12am PST

Researchers have created a test that they say can predict whether a man is at high risk of prostate cancer recurrence.

The research team, led by Prof. Robert Bristow of the Princess Margaret Cancer Centre and the University of Toronto, both in Canada, presented their findings at the 33rd conference of the European Society for Radiotherapy and Oncology (ESTRO33) in Vienna, Italy.

For men with [cancer](#) confined to the prostate, surgery and precision radiotherapy are the primary treatments. However, Prof. Bristow explains that during initial treatment, whether the cancer has spread outside the prostate often goes undetected. This means the cancer will return in 30-50% of patients.

"Men who fail treatment within 2 years may be at the highest risk of dying from their [prostate cancer](#)," he explains. "Existing methods for identifying high risk patients are imperfect, so new tests are required that are better at predicting which patients will have their cancer recur."

Therefore, the researchers set out to create such a test.

For their study, they analyzed the prostate cancer tissue of 126 men who had undergone image-guided radiotherapy (IGRT) - treatment that focuses solely on the [tumor](#) in the prostate area. All men were predicted to have an intermediate risk of their cancer returning and were followed for an average of 7.8 years.

To investigate DNA in the men's tissue samples, the researchers used array comparative genomic hybridization (aCGH). This is a process that assesses a patient's whole genome and spots regions where there are sections of missing, additional or abnormal DNA.

Through information gained using this technique, the researchers created a genetic "signature" that was able to accurately identify men who were at high or low risk of prostate cancer recurrence.

Genetic signature and tumor oxygen levels boost test accuracy

The researchers then tested this genetic signature on another group of 150 men who had their prostate cancer tumors removed via radical prostatectomy. These patients were also deemed as being at intermediate risk of cancer recurrence.

The researchers found that using the genetic signature, they were able to accurately predict which men were at high or low risk of their prostate cancer returning, just as they were in the first group.

In a subsequent experiment, the team tested the oxygen content of tumors from men who had undergone IGRT. They found that the oxygen content of tumors alone was also able to predict the risk of patients' cancer recurrence.

However, the researchers combined the genetic signature with information about the tumor's oxygen content to develop a test that can predict a man's risk of prostate cancer with close to 80% accuracy.

Overall, the researchers found that men with low levels of genetic changes and low oxygen content in their tumors were less likely to experience recurrence of prostate cancer, with 93% surviving for 5 years without it returning.



Men who had high levels of genetic changes and high hypoxia (oxygen deprivation) were at higher risk of recurrence, with only 49% surviving for 5 years without prostate cancer returning.

Prof. Bristow says the team needs to validate the test over the next 2-3 years. But if all goes to plan, he says their findings could lead to a new test for cancer patients that will enable doctors to determine which patients require treatment that is not confined to the prostate region.

"These men can then be offered additional treatments, such as [chemotherapy](#) and hormone therapy, that will combat the prostate cancer throughout their entire body, rather than therapies solely focused on the prostate, in order to improve their chances of survival," he adds.

"These results will enable us to develop a new way of personalizing medicine, so that we can improve cure rates and reduce the chances of the cancer spreading to other parts of the body."

<http://www.medicalnewstoday.com/articles/275112.php>

Cialis May Not Prevent Impotence in Men Treated for Prostate Cancer

TUESDAY, April 1, 2014 (HealthDay News) –

By Steven Reinberg *HealthDay Reporter*

Study sees little value in taking the drug during radiation treatment

Taking the [erectile dysfunction](#) drug [Cialis](#) while receiving radiation therapy for [prostate cancer](#) doesn't seem to help men's sexual function after treatment, a new study finds.

About 40 percent of men undergoing radiation therapy for prostate cancer suffer from erectile dysfunction afterward, according to the study. The researchers wanted to find out whether impotence could be prevented by having patients take Cialis ([tadalafil](#)) during the course of treatment.

But there was very little difference in outcome when Cialis was compared to a [placebo](#) pill.

"There is no indication to use Cialis in men about to undergo radiotherapy for prostate cancer," said lead researcher Dr. Thomas Pisansky, a professor of radiation oncology at the Mayo Clinic.

"Cialis should be reserved for the treatment of erectile dysfunction if and when it occurs," he added.

The report was published April 2 in the *Journal of the American Medical Association* and partially funded by Eli Lilly & Co., the maker of Cialis. The study also received funding from the U.S. National Cancer Institute.

Dr. David Samadi, chairman of urology at Lenox Hill Hospital, in New York City, said, "Radiotherapy is the most common treatment for prostate cancer, but erectile dysfunction is a common side effect in a large number of patients."

This study clearly shows that there is no support for use of medications such as Cialis, [Viagra](#) and [Levitra](#) to prevent erectile dysfunction after radiation therapy, said Samadi, who was not involved with the research.

"All treatments come with side effects, and a good discussion with a urologist and the radiation oncologist about those side effects, upfront, is part of the decision-making process," Samadi said.

For the study, Pisansky's team randomly assigned 242 men with prostate cancer to receive daily doses of Cialis or a placebo for 24 weeks, starting when radiation therapy began.

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The researchers found that at 28 and 30 weeks after the start of radiation therapy, 79 percent of those who received Cialis maintained erectile function compared with 74 percent of those who received placebo -- a difference of 5 percent.

After a year, there was still not a significant difference between the Cialis and placebo groups, with 72 percent of men who took Cialis and 71 percent who took the placebo able to maintain an erection.

Moreover, Cialis was not associated with an improvement in overall sexual function or satisfaction. Likewise, the partners of men who took Cialis saw no significant effect on sexual satisfaction, the researchers noted.

Dr. Bruce Gilbert, director of reproductive and sexual medicine at North Shore LIJ Health System in Great Neck, N.Y., took issue with the study.

"We have a problem in this study. The data that they are looking at is the patient's subjective response to whether or not their erections are good. We don't know if the patient had real problems with erections, only what he said about it," Gilbert said.

The real question boils down to the damage radiation therapy causes. If the damage is to nerves, then drugs like Cialis won't work because they only affect the blood circulation, Gilbert explained.

"Whether you have radiation or surgery you are going to have some impairment in your erections. When you are treating a cancer, you are treating the cancer. The side effects can be dealt with after," he said.

Gilbert said that treatments are available. "With sexual function, we can get most people working again," he said. "We use a variety of medications, possibly injected medications, or other alternatives that we have."

www.webmd.com

Circumcision before age of 35 'cuts risk of prostate cancer by 45%'

[Apr 07, 2014 18:25](#) By [Andrew Gregory](#)

Disease rare among Jewish and Muslim men, the majority of whom are circumcised - doctors are not certain why removing the foreskin reduces chances of cancer

Men who have been circumcised after turning 35 are 45% less likely to get prostate cancer, a study has revealed.

Scientists believe removing the foreskin reduces the risk of infections linked to [the killer disease](#) .

And circumcision among black men cut the risk of prostate tumours by up to 60%, researchers claim.

The disease is rare among Jewish and Muslim men, the majority of whom are circumcised.

Doctors are not certain why having the foreskin removed reduces the chances of prostate cancer.

But it is known to reduce the risk of sexually transmitted diseases.

Study chief Dr Marie-lise Parent, from the University of Montreal, said: "The inner surface of the foreskin is more easily penetrated by microbes that cause infections."

The three most important factors [linked to prostate cancer](#) are thought to be ageing, family history, and being from black African ethnic origins.

Previous studies found circumcised babies were 14% less likely to get the disease as adults.

<http://www.mirror.co.uk>



Improved Survival For Men With Localized Prostate Cancer: Six Months Hormonal Treatment Combined With Radiation

4/10/2014 @ 1:20AM [Robert Glatter, MD](#), Contributor

Based on new research, men with localized prostate cancer but at high risk for metastasis, have better outcomes if they are treated with radiation combined with androgen deprivation therapy which decreases testosterone, thus reducing chance for tumor spread and growth.

The [research](#) was presented at the 33rd conference of the European Society for Radiotherapy and Oncology (ESTRO-33) in Vienna on April 7. Findings from the study could represent a new approach to treatment of localized prostate cancer that is at high risk for spread.

"Although we need longer follow-up to assess the impact on these men's overall survival", said Dr. Michel Bolla, a professor of radiation oncology at Grenoble University Hospital, "these findings need to be taken into account in daily clinical practice."

"They show that three-dimensional conformal radiotherapy," Bolla explained, "whether intensity modulated or not, and regardless of the dose level, has to be combined with short-term androgen deprivation therapy in order to obtain a significant decrease in the risk of relapse". "Therefore, during multidisciplinary team meetings to discuss a patient's treatment, this combined treatment approach should be one of the options proposed for men with localized prostate cancer that has an intermediate or high risk of growing and spreading," added Bolla.

Intensity modulated radiotherapy (IMRT) is a version of 3-D radiation therapy that employs computer-generated images to demonstrate the size and shape of the tumor. This allows the size, shape, and intensity of the radiation beam to be altered to conform to the size, shape, and location of the patient's tumor, reducing injury to nearby healthy tissue.

Bolla and colleagues evaluated 819 men at 37 sites in 14 countries. The patients had early stage prostate tumors (as confirmed by levels of prostate specific antigen (PSA) and biopsy) that were at moderate or high risk of metastasis.

The patients were randomized to receive either radiation alone or radiation and two injections of luteinizing hormone-releasing hormone analogues (LH-RH analogues), which reduce levels of testosterone to cause reversible chemical castration. Each drug injection lasted three months; the first drug was given on the first day of radiation and the second three months later.

When LH-RH analogues are initially administered, testosterone increases for a short period before dropping to low levels. This causes levels to sharply increase, (referred to as flare". To reduce this response, patients took an oral anti-androgen (bicalutamide, 50 mg per day) for 15 days before the first injection.

In the study, treating physicians selected among one of three irradiation doses, 70, 74 or 78 Grays (Gy).

Follow-up was for an average of 7.2 years. Findings indicate that the 403 men who had been treated with radiation combined with anti-androgen therapy were significantly less likely to have suffered a relapse and

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progression of their cancer than the 407 men who had been treated with radiation alone, regardless of the radiotherapy dose and whether it was intensity modulated or not.

Compared to men treated with radiation only, patients who received the combined approach had almost half the risk (47%) of biochemical progression of their disease. Compared with 201 men in the radiation only group, only 118 men in the combined treatment group had a biochemical progression of their disease. (Biochemical progression is defined by PSA values being elevated above the lowest level plus two nanograms per ml).

After five years, men in the combined treatment group were faring much better. "They had better survival without biochemical progression," said Bolla. "Among those receiving the combined treatment, 17.5% had progressed compared to 30.7% receiving radiotherapy alone."

Compared with 80.8% of men receiving radiotherapy alone, results from the study demonstrated that five years after treatment, 88.7% of the men in the combined treatment group had not progressed.

Urinary difficulties were observed in 5.9% of patients receiving the combined treatment versus 3.6% of patients on radiation alone. Erectile dysfunction was higher in the combined treatment group, versus radiation alone. (27% versus 19.4%.

"These results show that, in men with localized prostate cancer that is at risk of recurring and spreading, the addition of six months of hormonal treatment to radiotherapy improves the time these men survive without their disease progressing," stated Bolla. "It is important to ensure that the radiation treatment is of the best quality; further clinical research is required to optimize radiation techniques and to find new hormonal treatments."

Dr. Vincenzo Valentini, president of ESTRO and a radiation oncologist at the Policlinico Universitario A. Gemelli, Rome, Italy, agreed.

"The results from this trial are important and practice-changing. It is clear that an additional six months of hormonal treatment in addition to radiotherapy improves the outcome for men with localized prostate cancer. This option should now be considered for all these men with prostate cancer that is at risk of growing and spreading."

According to Dr. David Samadi, Chairman of Urology and Chief of Robotic Surgery at Lenox Hill Hospital, "For patients with early stage prostate tumors that are at the intermediate or high risk of growing or spreading to other organs, radiotherapy in conjunction with hormone therapy seems to give the patient a better outcome." However, Samadi continues, explaining that "A lot of research points to the obstructive views of radiation with harmful side effects. This now gives the patient other options when determining how they want to pursue radiotherapy especially if chances of progression and relapse are minimal."

One expert questions whether the authors' conclusions are actually practice changing.

Dr. Louis Potters, Chairman of Radiation Medicine, North Shore-LIJ Cancer Institute in Lake Success, New York explains that Bolla is making "bold proclamations that these results are practice changing... But are they?"

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Potters continues, stating that “while Dr. Bolla implies that hormones are necessary despite the dose, it is unlikely that the study was powered enough to prove the question of dose.”

“So is this study actually saying anything new? Well, perhaps not much,” Potters concludes.

“We know from many randomized-controlled studies that men with high-risk cancer require hormone therapy when using external beam radiation therapy. The question of hormone therapy for intermediate risk patients still remains in question. And from my initial read, it is not clear that this study truly closes the door on the question of adding hormones in men with intermediate risk disease,” explains Potters.

Why is this important? And what does dose have to do with it? We know, for instance that when using a seed implant (brachytherapy) in men with intermediate risk disease, the data does not appear to indicate the need for hormone therapy. And we know that the radiation dose for seed implants exceeds that of external beam therapy. Next, we know from recent data that men with intermediate risk disease do better with a combination of external beam radiation and seed implants as compared with external radiation alone.

“So the age-old question remains unanswered,” explained Potters. “That being whether high doses of radiation to treat prostate cancer are enough to cure most men with more advanced disease. Perhaps when using external beam radiotherapy in such patients, hormone therapy should be included,” added Potters.

“And for men interested in preserving potency and not having hormone-related side effects, they should consider a combination of external beam radiotherapy and seed implants and avoid hormones,” concludes Potters.

“Prostate cancer is a diverse disease”, explained Dr. Dennis L. Carter, a radiation oncologist with Rocky Mountain Cancer Centers, a practice in The US Oncology Network.

Carter discusses the fact that prostate cancers that have already spread to distant body sites are incurable and often impact both length of life and quality of life. In contrast, Carter explains that “very favorable prostate cancers most likely will never become life-threatening, and may not even require treatment. Much of the focus of research is in the realm of prostate cancers that are still localized, but are at low, intermediate, or high risk for spreading. “

“Such cancers may not even be causing any symptoms yet, but have the potential to become increasingly dangerous over time, “ Carter emphasized.

These types of cancers are initially treated with either surgery or radiation therapy.

“The addition of hormone therapy given for 4-36 months has previously been shown to improve outcomes, as shown in studies conducted by the Radiation Therapy Oncology Group (RTOG) and the European Organization for Research and Treatment of Cancer (EORTC),” said Carter.

“Most of these previous studies were in patients with high risk features, and have shown that the prostate cancer blood test (PSA – prostate specific antigen) is less likely to rise, that cancer will be less likely to be found to recur in bones or lymph nodes, and that survival is prolonged with the addition of hormone therapy.” “Most of these previous studies focused on patients who are considered to be at ‘high risk’ for



distant recurrence, and less is known about whether hormone therapy also helps patients with intermediate risk features, summarized Carter.

The proportion of patients considered to be intermediate risk is much higher than other previous studies. "The current study is similar to those previously reported studies, but 75% of the men in this study were considered to be at intermediate risk for recurrence, with only 25% having high risk features." "Survival was not shown to be better, though survival benefit is more difficult to prove because prostate cancer often takes a long time before it becomes life-threatening." added Carter.

"Longer term follow-up will show whether or not this early evidence of prostate cancer recurrence translates to a survival difference in the years ahead. In the meantime, this is early evidence that the addition of hormone therapy provides help to localized prostate cancer with intermediate risk for distant recurrence," Carter concluded.

<http://www.forbes.com/>

Can diet help fight prostate cancer?

March 13, 2014

Few things can make a man feel less in control of his life than being told he has cancer. But making healthier choices — including what food you eat — can help you regain some control, and make you feel better in the process.

Can adopting a healthier diet help fight prostate cancer? That's a question men newly diagnosed with prostate cancer often ask their doctors.

Several studies have shown that in countries where men eat a typical "Western" diet containing a large amount of meat, the incidence of prostate cancer, especially aggressive prostate cancer, is higher than in countries where plant-based foods are a primary part of the diet. Unfortunately, these studies weren't designed to prove cause and effect. So for now, definitive answers about prostate cancer and diet aren't yet in — although researchers are actively studying this topic.

Investigators have launched a federally funded national study to see whether a diet that's higher in plant-based foods and lower in animal-based foods than the typical Western diet will help control tumor growth in men with early-stage prostate cancer.

Participants in the Men's Eating and Living (MEAL) study will try to eat nine servings of fruits and vegetables daily — significantly more than the three to four servings consumed each day by the typical American man — as well as two servings of whole grains and one serving of beans or other legumes.

This clinical trial will include men 50-80 years old who have small, low-grade tumors and who have opted to have their condition followed closely (active surveillance) rather than undergoing immediate treatment.

Researchers will randomly assign participants to telephone counseling about how to achieve the dietary MEAL goals or to a control group that receives standard dietary advice for Americans.

During the two-year study, the investigators will collect blood samples to assess levels of antioxidants and nutrients, and then monitor the men with PSA tests and prostate biopsies to determine whether the cancer is

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progressing. A pilot study showed the approach is workable, and that with enough telephone prompting, men can increase their intake of vegetables and other healthy foods. To learn more about the larger phase III MEAL study, or to enroll, visit www.clinicaltrials.gov and search for Trial NCT 01238172.

If you'd like to try to implement the MEAL eating plan on your own, you can find the basics below.

What the MEAL diet looks like

If you would like to try the MEAL diet on your own, here is a sample daily menu that includes nine servings of vegetables and fruits, as well as whole grains and legumes.

Breakfast

Whole-grain cereal with at least ½ cup to 1 cup berries plus 1 to 2 tablespoons of almonds or walnuts

Mid-morning snack

1 apple or orange, or ½ cup baby carrot sticks or broccoli florets dipped in hummus

Lunch

Tuna (or salmon or sardine) sandwich on whole-grain bread loaded up with lettuce (the darker the better for a greater nutrient punch) and tomato

Bean-based soup, such as lentil, or chili made with black or pinto beans

Mid-afternoon snack

A medium banana, orange, bowl of grapes, or other fruit

Dinner

Rice (preferably brown) studded with at least ½ cup chopped carrots or other vegetable such as cauliflower or spinach, possibly garnished with 2 to 3 ounces of beef, poultry, or fish

or pasta with marinara sauce containing a little ground turkey, grated carrots, and sprinkled with 1 tablespoon grated cheese

with at least 2 cups tossed salad featuring cruciferous vegetables (arugula, cabbage) and/or dark greens like spinach plus other vegetables of choice and a vinaigrette dressing

Evening snack

½ grapefruit or other fruit or a couple of whole-wheat crackers dipped in hummus, peanut butter, or tabbouleh

For more on new options for treating prostate cancer and to learn about advances in the diagnosis and treatment of prostate cancer and other prostate conditions, buy the [2014 Annual Report on Prostate Diseases](#), a new Special Health Report from Harvard Medical School.

<http://www.health.harvard.edu/>

Foods that Fight Prostate Cancer

[Emory Saint Joseph's Hospital](#) | March 19, 2014

Prostate cancer is the most frequently diagnosed cancer in men, and the American Cancer Society estimates there will be 233,000 new cases of prostate cancer in 2014. [1] It's no secret that eating a healthy diet helps



reduce your chances of getting cancer, but which foods should men eat to reduce their prostate cancer risks and why? See our list of cancer-fighting foods below to find out.

1. Tomatoes

Tomatoes are packed with lycopene; a member of the carotenoid family found commonly in red pigmented fruit and vegetables, lycopene has been established as having strong antioxidant properties. Research suggests that lycopene is a preventive agent for prostate disease. [2]

2. Watermelon

Watermelon, like tomatoes, is loaded with lycopene. In fact, one cup has the lycopene content of two tomatoes. But watermelon is also rich in vitamin C and beta-carotene, antioxidants that help to protect cells from damage and rid your body of harmful cells that can lead to cancer.

3. Garlic

Garlic is famed for its supposed health benefits, and studies concerning its anti-cancer benefits look promising. Several compounds are involved in garlic's possible anticancer effects – garlic contains allyl sulfur and other compounds that slow or prevent the growth of tumor cells. In one study published in the Journal of the National Cancer Institute in 2002, scientists discovered that men who ate about a clove of garlic daily had a 50 percent reduced risk of developing prostate cancer. [3]

4. Green tea

Green tea contains polyphenol compounds, particularly catechins, which are antioxidants and whose biological activities may be relevant to cancer prevention. Studies have shown that green tea and its components effectively mitigate cellular damage due to oxidative stress, and green tea extract is reported to induce cancer cell death and starve tumors by curbing the growth of new blood vessels that feed them. [4]

5. Soy

Soy fills the body with isoflavones – compounds that act like the hormone estrogen in humans – and have been found to have an abundance of anti-cancer benefits. Studies have shown that the isoflavones in soy inhibit prostate cancer cell growth, induce cellular death, and enhance the ability of radiation to kill prostate cancer cells. [5] Sources:

[1] "How many men get prostate cancer?" cancer.org

www.cancer.org/cancer/prostatecancer/overviewguide/prostate-cancer-overview...

[2] Ilic D., "Lycopene for the prevention and treatment of prostate disease."

<http://www.ncbi.nlm.nih.gov/pubmed/24531784>

[3] Milner JA. "A historical perspective on garlic and cancer." J Nutr. 2001 Mar;131(3s):1027S-31S.

[4] Butt MS, Sultant MT. "Green tea: nature's defense against malignancies."

<http://www.ncbi.nlm.nih.gov/pubmed/19399671>

[5] Mahmoud AM, Yang W, Bosland MC., Soy isoflavones and prostate cancer: A review of molecular mechanisms.

<http://www.ncbi.nlm.nih.gov/pubmed/24373791>

Related Resources:

To learn more about the Prostate Cancer Center at Emory Saint Joseph's Hospital by visiting our [Urology site](#), or call 877-250-STJO (7856).

<http://www.sjmediaroom.com>



Prostate Cancer Risk Increases With Vitamin E and Selenium Supplements

Long-Term SELECT Study Finds Increased Risk of Prostate Cancer Among Men Taking High Doses of Vitamin E and Selenium Supplements, Says NY Robotic Prostate Surgeon, David Samadi, MD

NEW YORK, NY--(Marketwired - Apr 15, 2014) -



Dr. Samadi is the Chairman of Urology and Chief of Robotic Surgery at Lenox Hill Hospital. As a board-certified urologist and an oncologist specializing in the diagnosis and treatment of urologic diseases, kidney cancer, bladder cancer, and prostate cancer, he also specializes in many advanced minimally invasive treatments for prostate cancer, including his innovative robotic surgery procedure, SMART (Samadi Modified Advanced Robotic Technique) Surgery. [Click here for high-resolution version](#)

The Selenium and Vitamin E Cancer Prevention Trial (SELECT) began 13 years ago under the hypothesis that selenium and vitamin E supplements could aid in reducing [prostate cancer risk](#). Contrary to anticipated results, the long-term study demonstrated that high doses of each supplement, whether taken alone or together, actually increased a man's risk of developing prostate cancer.

"Once believed to [prevent prostate cancer](#), these two supplements are now understood to pose a potential threat to some men," said David Samadi, [robotic prostate surgery expert](#) and Chairman of Urology and Chief of Robotic Surgery at Lenox Hill Hospital. "The results are a cautionary tale about adding supplements or unusual dietary changes without the counsel of a [medical professional](#)."

The SELECT study began in 2001 and included more than 35,000 men across 400 healthcare sites in the United States, Puerto Rico, and Canada. Seven years into the study, researchers reported no positive associations between prostate cancer prevention and vitamin E or selenium and instructed all participants to cease intake. In 2011, researchers reported that men who took vitamin E alone for an average of 5.5 years had a 17 percent increased risk of developing prostate cancer. The results were documented at a follow-up of 1.5 years after participants stopped taking the supplements. Increased prostate cancer risk was also seen among men taking selenium alone and in conjunction with vitamin E -- as much as 91 percent -- in cases where selenium status was high at treatment initiation.

"From this data, researchers extrapolate that men over 65 who opt to take vitamin E supplements may face similarly increased rates of prostate cancer risk," explained Dr. Samadi. "This isn't to say that men should



avoid vitamin E, particularly as part of a multi-vitamin regimen. Rather, men are encouraged to talk with their providers about prostate cancer risk factors and the necessity of supplements before taking them." SELECT study participants were given 400 IU of Vitamin E per day and/or 200 mcg of selenium per day. More can be learned about the SELECT study in the publishing findings in the Journal of the National Cancer Institute, <http://jnci.oxfordjournals.org/content/106/3/djt456.abstract?sid=f1e399bb-639e-4964-97bd-71306668777b>. The study timeline is also detailed on the National Cancer Institute website, <http://www.cancer.gov/newscenter/qa/2008/selectqa>

NOTABLE

Statins offer hope in prostate cancer fight: Cholesterol drug may stop cells spreading

TAKING cholesterol-lowering statins could prevent prostate cancer's ability to spread, a new study shows

[Luisa Metcalfe](#) Published: Wed, April 16, 2014



Scientists have uncovered a link between cholesterol and prostate cancer's ability to spread to the bones, says a study published in the British Journal of Cancer today.

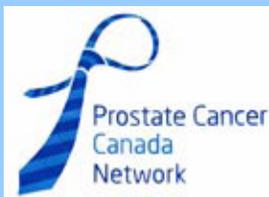
The findings could help explain why taking statins, commonly used cholesterol-lowering drugs, is thought to slow the progress of the disease in some cases.

The University of Manchester scientists made the discovery by combining prostate cancer cells in the lab with arachidonic acid (AA), an omega-6 fatty acid that has been shown to attract prostate cancer cells to the bone marrow, where it is found naturally in high concentrations.

When the prostate cancer cells were exposed to AA the researchers found that they changed shape, becoming rounder and also sprouting projections that helped them to squeeze through the gaps in the surrounding tissues and become established in the bone marrow.

But the researchers found they were able to stop the cells developing these characteristics by treating them with statins, which disrupted their ability to manufacture cholesterol.

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Professor Noel Clarke, who jointly led the study with Dr Mick Brown and Dr Thomas Tawadros at The University of Manchester, said: "Our study shows how naturally occurring fatty acids in the bone marrow directly interact with the body's system of manufacturing cholesterol to enhance prostate cancer cells' ability to spread around the body.

"Understanding this process will provide vital clues as to how drugs like statins might benefit certain groups of prostate cancer patients who are more at risk of their cancer spreading."

The University of Manchester is part of Manchester Cancer Research Centre a three-way partnership also including Cancer Research UK and The Christie NHS Foundation Trust.

Nell Barrie, senior science information manager at Cancer Research UK, said: "Prostate cancer spreading to the bones is a major challenge for doctors and unfortunately it's very difficult to treat.

"Altering cholesterol metabolism or blocking the ways in which prostate cancer cells are able to change their shape, and thereby their ability to spread, could lead to major advances in treating men with aggressive forms of the disease."

"Finding ways to better treat cancer by taking research from the lab to help patients is at the heart of the new Manchester Cancer Research Centre – set to open this autumn."

In 2012, Canadian researchers assembled a cohort of almost 12,000 men who had been recently diagnosed with prostate cancer between 1998 and 2009.

Within this group of men, the use of statins after prostate cancer diagnosis was associated with 24 per cent decreased risk of cancer-related mortality, reported the Journal of Clinical Oncology.

Prostate cancer is the most common cancer in men in the UK and every year around 41,700 men are diagnosed with the disease.

Death rates from prostate cancer are falling but it remains the second most common cause of cancer death in UK men, after lung cancer.

<http://www.express.co.uk/life-style/health/470617/Scientists-discover-link-between-spread-of-prostate-cancer-and-cholesterol>

SOCIAL MEDIA LINKS

Who is a Candidate for Active Surveillance for Prostate Cancer?

<http://www.youtube.com/watch?v=EMnONZNhvhQ>

Exercise for Men with Prostate Cancer - Dr. Nicole Culos-Reed

<http://www.youtube.com/watch?v=mYRUVdltVok>

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QUOTABLE

"The bad news is time flies. The good news is you're the pilot." - Michael Althsuler

"Do your little bit of good where you are; it's those little bits of good put together that overwhelm the world." - Desmond Tutu

"I have a tip that can take five strokes off anyone's golf game: it's called an eraser." Arnold Palmer

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.

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

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