



May 2014 - Issue #85

Prostate Cancer Canada Network



Montreal West Island

EVERYONE IS INVITED TO ATTEND OUR MEETINGS

We meet every fourth
Thursday of each month except
July, August and December

MEETING LOCATION

Sarto Desnoyers Community Centre
1335 Lakeshore Drive, DORVAL



On **May 22, 2014**, at **7:30 PM**, **Dr. Fabio Cury** Assistant Professor in the Department of Oncology at McGill University, will speak to us on **"Radiation Therapy for Prostate Cancer - Is It Right For Me?"**

On **June 26, 2014** **Dr. Joe Schwarcz**, Director, Office for Science and Technology, McGill University will address us on the subject of **"Music and Molecules"**



Make an In Memoriam Donation

Consider making a gift in memory of a loved one who has died of prostate cancer. While flowers are beautiful, many people today prefer to make memorial contributions in honour of a loved one's memory. A tax receipt will be issued upon receipt of a donation.

This Newsletter is available at our website:

<http://mtlwiprostcansupportgrp.ca/>,
as well as at www.pccn.org



Centre universitaire de santé McGill
McGill University Health Centre

9th MUHC Men's Health Day – Complexe les Ailes (677 St.Catherine St.West)
Thursday June 12, 2014 from 8:00AM to 5:00PM

This event will entail a plethora of activities to inform the public on various health issues related to men's health. Health topics that will be covered include: prostate cancer, sexual dysfunction, andropause, benign prostatic hyperplasia, voiding dysfunction, infertility, cardiovascular health, nutrition, exercise and fitness as well as many others. Among the activities are: public educational presentations by MUHC Urologists and other healthcare professionals, distribution of information booklets on various men's health issues, free screening of diseases, free health evaluation including blood pressure and fitness measurement, free PSA and other blood tests, and free on-site appointment with follow-ups with our urologists. **The Department of Urology at the MUHC has been taking a leading role in men's health issues nationally and internationally. It has a major commitment to public health promotion for the prevention and early detection of diseases in our population.**

IT'S OUR TIME.

To encourage
men over 40
to get tested.
Early detection
is key.



An appeal for new volunteers to join our Steering Committee!

Our Steering Committee needs your help. If you would like to volunteer some of your time to our group, we'd greatly appreciate it. We are a bunch of dedicated guys, embarked on an important mission. Please approach us via email, telephone, or at our meetings.

**Support your local prostate cancer support group –
PCCN - Montreal West Island**

Get Involved!

**The Montreal West Island Prostate
Cancer Support Group**



Our Website

Be sure to check out our website. Our internet address is <http://mtlwiprostcansupportgrp.ca/> The website provides information about our group, links to PCCN and Procure and gives access to current and past issues of our newsletter as well as up-to-date information about our meetings and other items of interest. Check it out and give us your feedback. Our Director Monty Newborn is the creator and manager of the site and our WEBMASTER.

Cialis Fails to Prevent Erectile Dysfunction From Prostate Cancer Treatment

|May 01, 2014 | Prostate Cancer, Genitourinary Cancers By Anna Azvolinsky, PhD



Ball-and-stick model of tadalafil .

The drug tadalafil (Cialis) did not improve erectile function in men undergoing radiation therapy for prostate cancer. According to the authors of the study, the results don't support the daily prophylactic use of tadalafil to prevent erectile dysfunction in prostate cancer patients. This is the first study to evaluate the role of tadalafil in men undergoing radiation therapy for prostate cancer.

The results were published in the *Journal of the American Medical Association*.

Erectile dysfunction is common following radiation therapy for prostate cancer. Tadalafil is one of the phosphodiesterase-5 inhibitors available that can help men in the general population who suffer from erectile dysfunction.

This trial was conducted to assess whether tadalafil would facilitate spontaneous erectile function in men treated with radiotherapy for prostate cancer. The trial randomized 242 patients with full erectile function 1:1 to either placebo or 5 mg of tadalafil daily for 24 weeks starting at the time of their radiation therapy. All patients received either external radiation (63%) or brachytherapy (37%). Patients were recruited between November 2009 and February 2012 from 76 community-based and tertiary medical centers in the United States and Canada. The median age of the men was 63 years.

No significant difference was observed in erectile function between the experimental group and the placebo group. Among the 221 evaluable patients in the trial, 79% (80 patients) retained erectile function between weeks 28 and 30 after treatment compared with 74% (61 patients) who received placebo ($P = .49$). No significant difference was observed at 1 year after therapy (72% vs 71%; $P = .93$).

Daily treatment with tadalafil was not linked with improved sexual satisfaction: Partners of men taking tadalafil did not note significant effects.

Previous placebo-controlled studies with phosphodiesterase-5 inhibitors sildenafil and vardenafil in patients being treated with radiation therapy or surgery showed either benefit or no benefit. According to Thomas M. Pisansky, MD, of the Mayo Clinic in Rochester, Minnesota, and coauthors, these agents function intermittently in contrast to tadalafil, which functions continuously. The studies with sildenafil and vardenafil were smaller patient studies.

Based on the current study and previous studies with other phosphodiesterase-5 inhibitors, "there is no support for phosphodiesterase-5 inhibitor use to prevent ED after highly conformal external radiotherapy or low-dose-rate brachytherapy," the authors concluded. "Alternative strategies to prevent erectile dysfunction in this context appear warranted, perhaps with attention toward alternative dosing, investigation of neuroprotective interventions, or further refinements of radiotherapy delivery methods," added the authors.

The tadalafil trial was funded by both the National Cancer Institute and Eli Lilly and Company, the manufacturer of the drug

See more at: <http://www.cancernetwork.com/news/cialis-fails-prevent-erectile-dysfunction-prostate-cancer-treatment>

Men with blood type O have lower recurrence of prostate cancer

Medical News Today 14 April 2014

Prostate cancer is the most common cancer in men, and in 2010, it was responsible for over 28,000 deaths in the US. Now, a new study presented at the European Association of Urology congress in Sweden suggests men with blood type O have a significantly lower chance of the cancer recurring.

According to the Centers for Disease Control and Prevention (CDC), prostate cancer is the second most common cause of death from cancer among white, African American, American Indian/Alaska Native and Hispanic men.

Though many men with prostate cancer die of other causes without signs or symptoms of the disease, there are certain symptoms that the CDC advise should be looked into if present. Some of these include:

- Difficulty urinating, or a weak flow of urine
- Pain or burning during urination
- Blood in the urine or semen
- Pain in the back, hips or pelvis
- Painful ejaculation.

For the latest research, Dr. Yoshio Ohno, of Tokyo Medical University, and colleagues studied 555 patients with localized prostate cancer who underwent radical prostatectomy (RP) between 2004 and 2010. RP, which is surgery to remove the prostate gland, is essentially the "gold standard" treatment for localized prostate cancer, the researchers say. But around 30% of patients show a rising level of prostate specific antigen (PSA) after surgery, which means they experience biochemical recurrence.



Findings could pave way to new treatment plans

The team notes that, in the past, variations in ABO blood groups have been associated with different risks for developing cancers such as gastric and pancreatic cancer.

The study showed that men with blood type O were 35% less likely to experience prostate cancer recurrence than men with blood type A.

Recently, it has been shown that prostate cancer incidence varies with blood group, but the relationship between blood group and recurrence of prostate cancer after surgery was not previously shown.

After following the patients for an average of 52 months, Dr. Ohno and his team found that patients with blood group O were 35% less likely to have prostate cancer recurrence, compared with patients with blood group A.

"This is the first time anyone has shown that prostate cancer recurrence can vary with blood group," Dr. Ohno says.

He adds that bigger studies are needed to confirm their findings and also to see what applications they might have. "For example, we know that there are wide racial and geographical variations in the distribution of the ABO blood groups, and we need to be sure that this effect is significant in other groups," he says.

They are unsure of why the risks of prostate cancer recurrence vary with blood group, but Dr. Ohno explains their work could lead them to approaches to treatment:

"We need to consider what these results mean in practical, clinical terms. For example, should we be counselling people with certain blood groups that they have a greater or lesser chance of recurrence, and should these risk factors be built into decisions on treatment?" Commenting on the findings, Prof. Per-Anders Abrahamsson (Malmö), European Association of Urology general secretary, says that because there is "great geographical variation" in prostate cancer incidence, there are clearly genetic factors involved.

"Blood groups have already been shown to be associated with prostate cancer incidence, now it looks like they might be associated with treatment outcomes as well," he adds.

Medical News Today recently reported on a new test that could accurately predict prostate cancer recurrence with the use of a genetic signature.

by Marie Ellis, *Medical News Today*

For men with prostate cancer, low testosterone levels may indicate worsening of disease

Medical News Today 7 May 2014

For men with low-risk prostate cancer, low levels of testosterone may indicate a worsening of their disease. That's the conclusion of a new study published in *BJU International*. The findings may help physicians identify patients with low-risk prostate cancer who should receive aggressive anticancer treatment.

Men with prostate cancer that is not life threatening and is only slowly progressing, can often forego treatment and instead undergo active surveillance. This involves close monitoring to ensure that their disease does not become serious and jeopardize their health. Unfortunately, doctors currently have no reliable way of predicting which men will develop evidence of worsening or more aggressive disease during active surveillance.

Ignacio San Francisco, MD, of the Pontificia Universidad Católica de Chile, and his colleagues looked to see if testosterone levels might provide any indication. After following 154 men with low-risk prostate cancer for 38 months, the investigators found that low levels of free testosterone were significantly linked with an increased risk of developing more aggressive disease. They found no significant association with total testosterone concentrations, although there was a general trend towards increased risk with lower levels. Free testosterone comprises one to two percent of total testosterone and is considered a useful surrogate for the biologically active portion of circulating testosterone. "These results suggest low levels of testosterone are

associated with more aggressive prostate cancer. This contradicts long-held beliefs that high testosterone is risky for prostate cancer, and low testosterone is protective," said Dr. San Francisco.

The results of this study provide valuable information to clinicians and their patients concerning risk factors for prostate cancer progression in men undergoing active surveillance. "In borderline cases, the presence of low values of free testosterone may help determine whether it is more prudent to initiate treatment rather than continue observation," said Dr. San Francisco.

'eNose' that sniffs out prostate cancer shows promise

Medical News Today Friday 2 May 2014

New research from Finland suggests in the not-too-distant future we may be making rapid, early diagnoses of prostate cancer using a noninvasive electronic nose that sniffs a urine sample.

In a report of their proof of principle study in the *Journal of Urology*, researchers from the University of Tampere describe how the "eNose" successfully differentiated between prostate cancer and benign prostatic hyperplasia (BPH) by analyzing the "smell print" of the headspace of a urine sample (the air immediately above the urine). The team says the results from the eNose are comparable to those obtained from prostate specific antigen (PSA) tests.

Prostate cancer is the second most common cancer in men and one of the leading causes of death from cancer. It is not easy to diagnose and make reliable prognoses about prostate cancer because it does not appear consistently in prostate tissue.

Currently, doctors rely on the digital rectal exam (DRE) and the PSA test to help decide if a biopsy is necessary. But these can be hit and miss, while biopsies are costly and uncomfortable, and carry the risk of infection. The other problem with current methods is that many diagnosed prostate cancers will not become life-threatening, and aggressive treatment risks reducing quality of life without extending it.

Odor sampling begins to show promise as a diagnostic for cancer



There have been experiments to test dogs' ability to sniff out cancer, but scientists have noticed a lot of variation in their performance between and during studies.

About 20 or so years ago, researchers became interested in reports that dogs were detecting cancer in their owners, and since then there have been experiments to test dogs' ability to sniff out cancer.

For example, in 2010, a scientific meeting of the American Urological Association learned how researchers in Paris had trained dogs to sniff out prostate cancer. They showed the dogs could detect certain prostate cancer cell-derived volatile organic compounds (VOCs) in urine.

However, as more research has been done using dogs, so scientists have noticed a lot of variation in their performance between and during studies, so their findings have limited application.

A more promising avenue is the growth of labs working on the electronic equivalent of sniffer dogs - artificial olfaction or electronic nose technology. For instance, in 2012 we were taken behind the scenes of an electronic nose lab at the California Institute of Technology, and learned how investigators in that lab foresee that one day we will be using smartphones to sniff out diseases.

Electronic noses or 'eNoses' that analyze complex mixtures of gas molecules are already used in food and agriculture quality control, and in military applications.

Exhaled air is a 'problematic sampling material'

eNoses are already being investigated for medical use, including early detection of cancer from exhaled air, says lead investigator Dr. Niku Oksala, of the Department of Surgery in the School of Medicine at the University.

"However, exhaled air is a problematic sample material since it requires good cooperation and technique from the patient and immediate analysis," notes Dr. Oksala, who is also of the Department of Vascular Surgery, Tampere University Hospital.

He points out that urine, on the other hand, is simple to obtain and easy to store, and more feasible for use in clinical practice. Plus, he says: "Preliminary data suggested that detection of urologic malignancies from urine headspace was possible. Our own preliminary results on prostate cancer cells encouraged us to launch this prospective clinical study."

For their study, he and his team used an eNose containing a cluster of non-specific electronic sensors. When the device is exposed to a sample, it produces a profile of gas molecules, or what is known as a "smell print." The model they used is the ChemPro 100, made by Environics Inc., based in Mikkeli, Finland.

They tested the eNose on 50 patients with biopsy-confirmed prostate cancer and 15 patients with BPH. All the participants underwent surgery and gave urine samples before surgery. Those with BPH also gave samples 3 months after surgery for use as a pooled control sample population.

eNose results on a par with the PSA tests

The results showed the eNose, which analyzed molecules in the urine headspace, was able to discriminate prostate cancer from BPH with a sensitivity of 78% and a specificity of 67%, notes the team.

Dr. Oksala says the eNose results were a par with those published for the PSA test, and moreover they are "achieved rapidly and in a completely noninvasive manner."

"PSA is known to correlate positively with prostate volume, which is a potential source of diagnostic error when comparing prostate cancer with benign disease," explains Dr. Oksala, who adds: "According to our current analysis, prostate volume did not affect the eNose results, potentially indicating high specificity of our sensor array to cancer."

The team found no correlation between eNose signal and size of the tumor, and suggests further studies should now be done to improve the technology and identify the molecules behind the distinct odors.

by Catharine Paddock PhD

New nanoparticle created for cancer therapy

Medical News Today 20 April 2014

A University of Texas at Arlington physicist working to create a luminescent nanoparticle to use in security-related radiation detection may have instead happened upon an advance in photodynamic cancer therapy.

Wei Chen, professor of physics and co-director of UT Arlington's Center for Security Advances Via Applied Nanotechnology, was testing a copper-cysteamine complex created in his lab when he discovered unexplained decreases in its luminescence, or light emitting power, over a time-lapse exposure to X-rays. Looking further, he found that the nanoparticles, called Cu-Cy, were losing energy as they emitted singlet oxygen - a toxic byproduct that is used to damage cancer cells in photodynamic therapy.

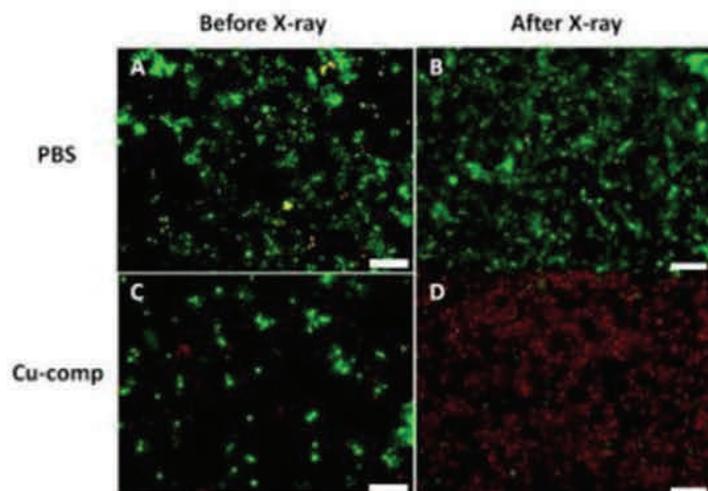
Because Chen also is leading federally funded cancer research, he knew he had found something unique. Testing revealed that the Cu-Cy nanoparticles, combined with X-ray exposure, significantly slowed tumor growth in lab studies.

"This new idea is simpler and better than previous photodynamic therapy methods. You don't need as many steps. This material alone can do the job," Chen said. "It is the most promising thing we have found in these cancer studies and we've been looking at this for a long time." Chen's research is being published in the August edition of the *Journal of Biomedical Nanotechnology* under the title "A New X-Ray Activated Nanoparticle Photosensitizer for Cancer Treatment." Co-authors are Lun Ma, a research assistant professor, and Xiaoju Zou, a research associate. The paper is available online.*

The University has also filed a provisional patent application on the new complex.

Photodynamic therapy, or PDT, harms cancer cells when a photosensitizer introduced into tumor

tissue produces toxic singlet oxygen after being exposed to light. In some studies, this light exposure is done through use of visible or near-infrared lasers. Others have found more success by also introducing luminescent nanoparticles into the tumor. Researchers activate the luminescent nanoparticle with near-infrared light or X-rays, which in turn activates the photosensitizer.



*This figure from the paper shows the X-ray destruction of human breast cancer cells using Cu-Cy particles. The images show the live cancer cells stained green and the dead cells stained red.
Credit: Wei Chen/UT Arlington*

Both methods have limitations for treating deep tissue cancers. They are either inefficient or the light source needed to activate them doesn't penetrate deep enough. Chen said that X-ray inducible Cu-Cy particles surpass current photosensitizers because the X-rays can penetrate deep into tissue. Also, Cu-Cy nanoparticles don't need other photosensitizers to be effective so the treatment is more convenient, efficient and cost-effective.

"Dr. Chen's commitment to his work in cancer-related therapy, as well as his work in the area of homeland security, demonstrates the wide-ranging applications and great value of basic science research," said Carolyn Cason, vice president for research at UT Arlington. "These advances have the potential to change the way some cancers are treated and make therapy more effective - a benefit that would be boundless."

Chen's team tested the Cu-Cy on human breast and prostate cancer cells in the lab and found it to be an effective treatment when combined with X-ray exposure. In one test, for example, a tumor treated with Cu-Cy injection and X-ray exposure stayed virtually the same

size over a 13-day period while a tumor without the full treatment grew by three times.

Another advantage of the new nanoparticle is a low toxicity to healthy cells. In addition, Cu-Cy's intense photoluminescence and X-ray luminescence can be used for cell imaging, the paper said.

Details of the crystal structure and optical properties of the new complex are being published in an upcoming paper from the *Journal of Materials Chemistry***^{††}. Chen continues to pursue photodynamic cancer therapy research under a grant from the Department of Defense

Congressionally Directed Medical Research Programs and with collaborations from industry. He said further research would include reducing the size of the Cu-Cy nanoparticle to make it more easily absorbed in the tumor tissue.

"For cancer, there is still no good solution yet. Hopefully this nanoparticle can provide some possibilities," he said.

Scientists identify mechanism underlying health benefits of red wine, blueberries

Medical News Today 3 May 2014

Past research has suggested that red wine and blueberries may reduce inflammation, prevent heart disease and even some types of cancer. The reason behind such benefits? A compound called resveratrol. And now, researchers from The Scripps Research Institute in Florida say they have discovered one way in which resveratrol has these beneficial effects on health.

The research team, led by Kendall Nettles, found that resveratrol blocks interleukin 6 (IL-6). This is a protein in the immune system that can trigger inflammation.

High levels of IL-6 have been associated with poor breast cancer patient survival, although exercise has been known to reduce IL-6 levels. Earlier this year, *Medical News Today* reported on a study suggesting that yoga may reduce inflammation by 20% in breast cancer survivors by reducing levels of IL-6.

In this latest study, published in the journal *eLife*, the team discovered that resveratrol blocks IL-6 by working with the body's estrogen receptor.

Estrogen can increase the growth of breast cancer tumors through receptors that reside on the surface of cancer cells.

But the researchers found that when resveratrol blocks IL-6, estrogenic cell proliferation - the reproduction of cancer-causing cells - is not activated. According to the team, this means that using resveratrol to target the estrogen receptor could lead to the development of new drugs.

Commenting on the findings, Nettles says:

"Estrogen has beneficial effects on conditions like diabetes and obesity but may increase cancer risk. What hasn't been well understood until now is that you can achieve those same beneficial effects with something like resveratrol.

Now that we understand that we can do this through the estrogen receptor, there might be compounds other than resveratrol out there that can do the same thing, only better."

The benefits and risks of resveratrol



Researchers found that a compound in red wine - resveratrol - blocks a pro-inflammation protein by working with the body's estrogen receptor.

Resveratrol is a key ingredient in red [wine](#), which may explain why the beverage has been associated .

with many health benefits if consumed in moderation.

Last year, *Medical News Today* reported on a study suggesting that red wine may protect against hearing loss and cognitive decline, while another study suggests red wine may slow the aging process.

But other research has indicated that resveratrol may do more harm than good. A 2013 study from the University of Copenhagen in Denmark found that the compounds may hinder the benefits of cardiovascular exercise, such as lowering blood pressure and cholesterol.

Co-author of this study Lasse Gliemann says:

"We found that exercise training was highly effective in improving cardiovascular health parameters, but resveratrol supplementation attenuated the positive effects of training on several parameters, including blood pressure, plasma lipid concentrations and maximal oxygen uptake."

Furthermore, research from the Washington University School of Medicine in 2012 discovered that resveratrol supplements may not have metabolic benefits for healthy women.

by Honor Whiteman

[News from PCCN](#)

[New research to determine low-risk from high-risk prostate cancer](#)

Edmonton, AB – April 30, 2014 – Today Prostate Cancer Canada announced a national research funding initiative aimed at identifying prostate cancer patients who need to be treated aggressively and those who do not. Three major research teams in Edmonton, Toronto and Sherbrooke will receive close to \$5 million for projects that will help prevent the overtreatment of prostate cancer. This funding is made possible due to the Movember Foundation

Newsletter Disclaimer:

All articles appearing in this newsletter are for information purposes only and not intended to be a substitute for the advice of a doctor or healthcare professional or recommendations for any particular treatment plan. It is of utmost importance that you rely on the advice of a doctor or a healthcare professional for your specific condition.

New test developed to detect men at high risk of prostate cancer recurrence

Vienna, Austria: A new genetic “signature” to identify prostate cancer patients who are at high risk of their cancer recurring after surgery or radiotherapy has been developed by researchers in Canada, the 33rd conference of the European Society for Radiotherapy and Oncology (ESTRO33) in Vienna will hear today (Saturday)

CanCertainty for All: Cancer’s Not Fair, But Accessing Treatment Should Be

Toronto, ON – March 10, 2014 – There is no disputing a cancer diagnosis is among the worst news a person or their family could receive. But there is another harsh reality for many patients in Ontario and Atlantic Canada who face uncertainty and financial hardship as a result of discrimination when it comes to accessing effective cancer treatments that are taken orally. An unprecedented unification of more than 30 Canadian patient groups, physicians and health care charities, led by [Kidney Cancer](#) Canada, are working together to ensure all Canadian cancer patients have CanCertainty

(www.CanCertaintyForAll.ca) – certainty that if cancer strikes them or a loved one they will have fair and equal access to the treatment they need, whether intravenous (IV) or oral.

Some texting shortcut gems for seniors from Jeff Foxworthy.

SENIORS TEXTING CODE:

ATD: At The Doctors
BFF: Best Friend Fell,
BTW: Bring the Wheelchair,
BYOT: Bring Your Own Teeth,
FWIW: Forgot Where I Was,
GGPBL: Gotta Go Pacemaker Battery Low,
GHA: Got Heartburn Again,
IMHO: Is My Hearing-Aid On,
LMDO: Laughing My Dentures Out,
OMMR: On My Massage Recliner,
OMSG: Oh My! Sorry, Gas,
ROFLACGU: Rolling On Floor Laughing And Can't Get Up
TTYL: Talk To You Louder.

Telephone Helpline (514) 694-6412

IMPORTANT NOTICES:

- ❖ The PCCN—Montreal West Island Prostate Cancer Support Group encourages wives, loved ones and friends to attend all meetings. Please ask basic or personal questions without fear or embarrassment. You need not give your name or other personal information.
- ❖ The PCCN—Montreal West Island Prostate Cancer Support Group does not recommend treatment procedures, medications or physicians. All information is, however, freely shared. Any errors and omissions in this newsletter are the responsibility of the authors.
- ❖ The PCCN—Montreal West Island Prostate Cancer Support Group is a recognized charitable Organization (registration # 87063 2544 RR0001). All donations are acknowledged with receipts suitable for income tax deductions. Your donations and membership fees (voluntary) are a very important source of funds vital to our operations. Together with contributions from several pharmaceutical companies these funds pay the cost of printing and mailing our newsletter, hall rental, phone helpline, equipment, library, etc.

Your support is needed now!

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