

THE DIGITAL EXAMINER



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Address changes, comments should be sent to
info@pccncalgary.org or
Call 403-455-1916
www.pccncalgary.org

Talk to someone who has been there

Another Vaccine, a Different Approach

NCI researchers Dr. Gulley and Dr. Jeffrey Schlom have led the development of another prostate cancer vaccine called Prostavac that will be tested in an international phase III clinical trial expected to launch in late 2010. Prostavac was given a fast-track designation by the FDA last week, a move intended to expedite its development and regulatory review.

In two separate phase II randomized clinical trials, Prostavac, much like sipuleucel-T (Provenge), improved overall survival but not progression-free survival. In the most recent trial, also led by Dr. Kantoff and which included men with metastatic, castration-resistant prostate cancer who were mildly symptomatic, the therapeutic vaccine improved median overall survival by 8.5 months compared with a placebo vaccine.

Unlike sipuleucel-T, Prostavac, which is being commercialized by the German company Bavarian Nordic as part of a collaborative research and development agreement with NCI, is a more traditional “off-the-shelf” treatment, explained Dr. Gulley, who will be the principal investigator on the much larger phase III trial.

Prostavac uses two viruses as delivery vehicles, or vectors, as well as other molecules known to stimulate the immune system. Each viral vector encodes prostate-specific antigen (PSA), which is commonly found on prostate cancer cells. So the vaccine is actually two different viral vectors combined with co-stimulating molecules: The first, vaccinia-PSA-TRICOM, is given once, via injection, to prime the immune system for an anticancer response, and the second, fowlpox-PSA-TRICOM, is delivered (also via injection) several times for repetitive immune boosting. <http://www.cancer.gov/ncicancerbulletin/050410/page2>

**PCCN Calgary's
Next monthly
meeting will be
held at 7:30 PM
on Tuesday**

**August 10, 2010
in the main audi-
torium in the
Foothills
Hospital.**

**Our special
guest speaker is
Sheila Garland
speaking on
“ Cancer and
Insomnia, the
I-CAN SLEEP
program.”**

**Our fall meet-
ings will be held
in our new loca-
tion. This venue
features lots of
space for social-
izing and FREE
parking behind
the building.**

**The address is
1008-14 St SE
and is centrally
located in Ingle-
wood. It is
called Joie de
Vivre. A map is
enclosed in this
month's DE.**

Study finds prostate screening cuts cancer deaths

By **Kate Kelland**

LONDON | Wed Jun 30, 2010 9:57pm EDT (Reuters) - An extensive study into the merits of screening men between the ages of 50 and 65 for prostate cancer has found it can cut death rates from the disease by as much as half, Swedish scientists said Thursday.

But the findings don't necessarily mean nationwide prostate screening programs should be introduced, experts said, since they run the risk of significant overdiagnosis of tumors in men who would not have suffered any harm from their cancer.

Researchers from the University of Gothenburg conducted a trial involving 20,000 men who were divided equally into a group that was offered prostate screening and a group that was not.

The screening method used was so-called prostate-specific antigen (PSA) testing, which is widely used in the United States and other developed countries to detect early signs of tumors.

Over 14 years of follow-up, prostate cancer death rates were cut almost by half in the screening group compared with the non-screening group, as men were diagnosed and treated in time to stop the cancer from killing them.

Jonas Hugosson, who led the study, said the results showed that PSA screening of all men this age group "can result in a relevant reduction in cancer mortality."

Screening for cancer -- or for clues such as pre-cancerous cells -- is strongly encouraged in wealthy nations as a way of improving public health. But there are growing doubts about whether the screening's benefits always outweigh the negatives, with the main concerns centering on the risk of overdiagnosis.

A large U.S. study published last year found that routine prostate screening has resulted in more than 1 million American men being diagnosed with tumors who might otherwise have suffered no ill effects from them. In that study, researchers said that around 20 men had to be diagnosed and treated for every one who benefited.

In the Swedish study, which was published in The Lancet medical journal Thursday, the researchers said the risk of overdiagnosis was less, but still 12 men needed to be diagnosed to save one life.

<http://www.reuters.com/article/>

Official Notice of a Special General Meeting of the Prostaidd Calgary Society to be held

Tuesday August 10th at 7:30 PM in the Foothills Auditorium, Foothills Hospital.

At the meeting the members will be asked to:

Consider and, if deemed fit, approve a special resolution to amend By-Law 12.1 that refers to the dissolution of the Society. The change is necessary to comply with the Alberta Gaming and Liquor Commission requirements prior to holding a casino.

The Special Resolution will read:

By-Law 12.1 will be amended to read:

Under ARTICLE 12

DISSOLUTION OR LIQUIDATION

12.1 Upon the dissolution, liquidation or winding-up of the Society and after payment of all legitimate debts and liabilities all assets obtained from gaming proceeds are to be disbursed to eligible charitable or religious groups

Hereditary breast and prostate cancer may be two sides of the same coin, new research suggests.

Scientists have discovered that both diseases develop the same way in men and women with a faulty BRCA2 gene.

The gene, which is involved in DNA repair, is known to play a role in breast, ovarian and prostate cancers.

Researchers funded by the Cancer Research UK charity pinpointed cancer-causing DNA defects in male mice genetically engineered to lack BRCA2 in their prostate glands. Prostate cells from the "knockout" mice accumulated DNA damage faster than it could be repaired.

Over time, the disrupted DNA was expected to lead to powerful anti-tumour genes being damaged, triggering cancer.

The same process involving BRCA2 can lead to hereditary breast cancer in women.

The research was reported in the online journal Public Library of Science Genetics.

Study leader Dr Amanda Swain, from the Institute of Cancer Research in London and Sutton, Surrey, said: "The discovery that BRCA2 alterations play the same role in the development of hereditary prostate cancer as they do in breast cancer is an important step.

"This sheds light on the relationship between the two conditions and could help highlight overlapping areas where similar treatments could be used to treat both."

The research builds on studies of a promising new class of drugs for BRCA2-linked breast cancers known as PARP inhibitors.

Scientists now believe the drugs may prove effective treatments for both breast and prostate cancer.

One type of PARP inhibitor has already

shown promise in a patient with advanced prostate cancer, and the early results are encouraging," said Dr Swain.

Dr Lesley Walker, director of cancer information at Cancer Research UK, said: "We've made great progress in developing drugs for hereditary breast cancer - particularly in targeting cancers caused by specific faulty genes through drugs like PARP inhibitors."

"It would be fantastic if these drugs could 'multi-task' and treat prostate cancer too."

<http://news.ninemsn.com.au/article.aspx?id=1077369>

Prostate Cancer Linked To Low Levels Of Bone Mineral Content

Prostate cancer patients may be at an increased risk of suffering from bone mineral content (BMC) loss compared to men who are cancer-free, according to findings published in *BJUI*. Individuals who develop lower levels of BMC can also be at an increased risk of suffering from bone fractures and osteoporosis.

A total of 519 participants with an average age of 56 were enrolled in the Baltimore Longitudinal Study in which researchers observed BMC over the course of 11 years. During 35 years of follow-ups, 76 of the men developed prostate cancer. Investigators discovered that patients who had been diagnosed with the disease were among the men with the lowest BMC. Also, the results of the study showed that patients with lower BMC levels were more likely to develop prostate cancer. Stacy Loeb, researcher from Johnson Hopkins University, stated that "there are numerous possible mechanisms to explain the relation between prostate cancer and BMC, [including] that prostate cancer frequently [spreads] to bone." She added that "our findings suggest that common growth factors might be involved in both bone maintenance and the progression of prostate cancer."

<http://www.betterhealthresearch.com/news/prostate-cancer-linked-to-low-levels-of-bone-mineral-content-19893251/>



PCCN Calgary Warriors

The Warriors are a caring and compassionate group, well organized and full of information for those men and their families dealing with advanced prostate cancer. The Warriors serve the very important needs of hormone refractory PCCN Calgary members and all those who have an interest in management of advanced prostate cancer. The Warriors meet on the second Tuesday of each month at 6:14 pm prior to the main PCCN Calgary meeting. Warriors meet just outside the auditorium at Foothills Hospital in room #AGW2. Signs will be posted. Men with advanced prostate cancer, their partners and family members are most welcome to attend! For more information call Fred McHenry at 403.282.3920

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Women and Prostate Cancer
Women and Prostate Cancer (WAPC) and Men's Peer Group meetings will take a summer hiatus and will resume in September. Please stay tuned.

If you have questions please call Karen at 403-455-1916
Women Against Prostate Cancer is also a good resource.
www.womenagainstprostatecancer.org

Many thanks to our many friends and supporters!

PCCN Calgary has many generous individuals and companies who support our community work. We do not get government funding. On behalf of our 900+ members, thank you for your generosity. With your support we will continue our good work in 2010, our fifteenth year, and onward!

Newsletter * General Meetings * One-On-One visits * Speakers * Website

Charitable Number: 86926 1602 RR 0001

Name: _____

Address: _____

City: _____ Postal Code: _____



Please make cheques payable to
**Prostate Cancer Canada Network
Calgary**
PO Box 72126
RPO Glenmore Landing
T2V 5H9

**Canada Revenue Agency: <http://www.cra-arc.gc.ca/>
or donate online through www.canadhelps.org**