

THE DIGITAL EXAMINER



Number 135 – December 2010
Address changes, comments should be sent to
info@pccncalgary.org or
Call 403-455-1916
www.pccncalgary.org

Next monthly meeting will be held at 7:30 PM on Tuesday
December 14, 2010

The Board and Members of PCCN Calgary would like to take this opportunity to wish you a Healthy and Happy Holiday Season. All the best for 2011!



Aspirin May Help Patients Beat Prostate Cancer

Retrospective study found blood thinners associated with 50 percent cut in death rate.

WASHINGTON — Cheap, easy-to-take aspirin tablets may help men being treated for prostate cancer live longer, U.S. researchers reported on Monday. Prostate cancer patients who had been treated with either surgery or radiation, and who took aspirin or other anticoagulant drugs such as warfarin, were far less likely to die of cancer, the researchers said. Those who took the drugs had a 4 percent risk of dying from prostate cancer after 10 years, compared to 10 percent for men who did not take anticoagulants. Men with high-risk prostate cancer benefited the most the researchers said ahead of an American Society for Radiation Oncology meeting, which starts next week in San Diego.

"Evidence has shown that anticoagulants may interfere with cancer growth and spread," Dr. Kevin Choe of the University of Texas Southwestern Medical School in Dallas said in a statement. "If the major effect of anticoagulants is preventing metastasis (tumor spread), this may be why previous clinical trials with anticoagulation medications produced mixed results, since most patients in these trials already had metastasis. If the cancer has already metastasized, then anticoagulants may not be as beneficial."

Choe's team looked at a study of 5,275 men whose cancer had not spread beyond the prostate gland. Of the men, 1,982 were taking anticoagulants. Those taking aspirin or other drugs to reduce clotting were far less likely to have the prostate tumors pop up elsewhere in their bodies and were less likely to die, Choe's team said in materials published ahead of the meeting. "The benefit was most prominent with aspirin use over other anticoagulants," Choe told a news briefing. "Findings from this study are promising. However, further studies are necessary before the addition of aspirin to prostate cancer therapy becomes standard treatment," he added.

www.msnbc.msm.com/id/39835786/ns/health-mens_health

Stewart Campbell of the Warriors will be presenting key findings from the 2010 PCRI conference. Please join us to socialize and share.

Our meetings are held in our new location which features lots of space for socializing and FREE parking behind the building.

The address is 1008-14 St SE and is centrally located in Inglewood. Please join us!

January 11, 2011

Dr. Bryan Donnelly

February 8, 2011

Dr. Dean Ruether

No red or processed meat link to prostate cancer: Meta-analysis

Dietary intake of red meat or processed meat has no positive association with the occurrence of prostate cancer, according to a new meta-analysis of 26 studies.

The review, published in *Nutrition Journal*, looked at data from 15 large scale prospective studies on red meat and 11 studies investigating processed meats and cancer risk – finding that consumption of red or processed meats overall have no association with prostate cancer.

"The results of this meta-analysis are not supportive of an independent positive association between red or processed meat intake and prostate cancer," stated the researchers, led by Dr Dominik Alexander of Exponent Health Sciences Practice.

The study received partial funding support from the National Cattlemen's Beef Association (NCBA), however the researchers stated that NCBA did not contribute to the writing, analysis, or interpretation of research findings.

Diet link

Prostate cancer is the second most common cancer among men, with only lung cancer accounting for more cancer diagnoses annually.

Studies of populations migrating to Westernized countries suggest that adopting certain dietary and lifestyle characteristics, may contribute to increasing the risk of malignancy. *"As a result, diet has been the focus of numerous epidemiologic studies of prostate cancer, although findings have not been consistent,"* stated the authors.

It has been suggested that red meat or processed meat may be responsible for increasing the risk of prostate cancer.

Over the last decade, several large cohort studies of meat intake and prostate cancer have been published. In a recent systematic review of dietary factors, it was suggested that high meat consumption may increase the risk of prostate cancer (*Journal of Human Nutrition and Dietetics*, doi: [10.1111/j.1365-277X.2009.00946.x](https://doi.org/10.1111/j.1365-277X.2009.00946.x)); however the authors note that findings across the collective body of prospective cohort studies have not produced results to suggest a positive association

In their 2007 report on diet and cancer, the World Cancer Research Fund/American Institute for Cancer Research concluded that there was *"limited evidence from sparse and inconsistent studies suggesting that processed meat is a cause of prostate cancer,"* however the current authors noted that

the assessment was based on only four cohort studies.

No association

Dr Alexander and colleagues reported no association between consumption (of high versus low intake) of red meat and total prostate cancer in the meta-analysis of 15 prospective studies.

Similar to the high versus low intake analysis, the researchers found no association per 100 gram increment of red meat for prostate cancer in a dose-response regression meta-analysis

The authors also observed no association with red meat was for advanced prostate cancer, however a weakly elevated summary association between processed meat and total prostate cancer was found from the 11 studies on processed meats.

Summary results for processed meat were weakly elevated; however, the association across the more recently published studies that adjusted for key factors was attenuated and not statistically significant. Furthermore, there was evidence of publication bias across the cohort studies of processed meat," they added.

The authors stated that additional studies are needed to fully evaluate any potential associations between consumption preferences, dietary mutagens, and prostate cancer.

Source: *Nutrition Journal*

Volume 9, Issue 50, doi: 10.1186/1475-2891-9-50

"A review and meta-analysis of prospective studies of red and processed meat intake and prostate cancer"

Authors: D.D. Alexander, P.J. Mink, C.A. Cushing, B. Scurman

Androgen Deprivation therapy carries potential risks, study shows

Men who opt for hormone-blocking therapy to treat prostate cancer may be increasing their risk of developing colon cancer, hints a study published this week in the Journal of the National Cancer Institute.

So-called "androgen deprivation therapy," or ADT, suppresses production of the male hormone testosterone, which helps drive the growth of prostate cancer. ADT is widely used to treat prostate cancer, despite increasing recognition that it carries serious potential risks, including diabetes and obesity, which are known risk factors for colon cancer.

Just last month, the U.S. Food and Drug Administration ruled that certain hormone treatments for prostate cancer must carry new warnings about an increased risk of diabetes and heart problems. Those medications include Lupron, Zoladex, Trelstar, and Eligard.

Thanks for supporting Movember!

So it is "conceivable" that suppressing the hormones might increase the risk of colon cancer, Dr. Vahakn Shahinian, of the University of Michigan, Ann Arbor, told Reuters Health.

He and his colleagues looked for ties between the use of ADT and colon cancer in more than 100,000 older men who were diagnosed with prostate cancer between 1993 and 2002.

The men received ADT either in the form of drugs or surgery to remove the testicles, which produce more than 90 percent of the body's male hormones (androgens), including testosterone. Most opted for drugs. They were followed through 2004.

The researchers found that men who received ADT, relative to those who did not, had a 30 to 40 percent increased risk of developing colon cancer during the follow-up period.

The analysis took into account factors such as existing obesity and socio-economic environment that might influence colon cancer risk.

And the longer the men took ADT, the greater their risk of developing colon cancer, suggesting a "dose-response" relationship.

It's important to note, however, that this was an "observational" study, which can only point to a link (or lack thereof) between two variables - in this case, ADT and colon cancer. This type of study cannot prove cause-and-effect.

And, Shahinian told Reuters Health, the absolute risk of colon cancer in all of the men was small; over 5 years, it was just 2.2 percent for men on androgen-blocking drugs and 3.2 percent in those who had surgery, compared with 1.8 percent in the men who did not receive ADT.

Nevertheless, the impact may be large given that hundreds of thousands of men are on ADT for prostate cancer, the researchers note in their report.

When considering starting ADT, men should carefully weigh the risks versus benefits of the therapy," advised Shahinian in an e-mail. "Since the risk of colorectal cancer is small, men shouldn't hesitate to use ADT when it is likely to be clearly beneficial for them," he added.

Dr. Jennifer H. Lin, of Brigham and Women's Hospital in Boston, and co-author of a commentary on the study, told Reuters Health that several simple measures may help prevent the development of colon cancer and "help to counter some of the drawbacks of ADT."

These include routine screening for colorectal cancer and adopting a healthy lifestyle, complete with plenty of physical activity.

<http://www.msnbc.msn.com/id/40153146/ns/health-cancer/>

Thank You Alberta!

Prostate Cancer Canada (PCC) and Movember thank all Alberta Movember participants and donors who are helping to change the face of men's health in this province. We are pleased to announce three of the ways in which Movember funds are being invested in your community.

- **\$500,000 has been committed to the 2011 Bill Brooks Prostate Cancer Benefit for a prostate tissue bank in Calgary**
- **\$120,000 was awarded to Dr. Tarek Bismar at the University of Calgary for miRNA Predictors of Lethal Hormone Refractory Prostate Cancer**
- **Funding of prostate cancer support groups in Edmonton, Central Alberta, Calgary, Medicine Hat, Lethbridge and Lloydminster**

PCC and Movember believe that a unified, national approach to the fight against prostate cancer is the only way we will truly make progress. This approach best serves initiatives in every province. We also believe that we have an obligation to the men and their families who currently face prostate cancer. We will continue to fund leading research and work with support groups throughout Alberta.

More Resources:

Prevention strategies in prostate cancer

Prostate cancer (PCa) prevention has been an exciting and controversial topic since the results of the Prostate Cancer Prevention Trial (PCPT) were published. With the recently published results of the REDUCE (Reduction by Dutasteride of Prostate Cancer Events) trial, interest in this topic is at a peak. Primary pca prevention will be unlikely to affect mortality significantly, but the reduction in overtreatment and the effect on quality of life from the avoidance of a cancer diagnosis are important factors to consider.

This review provides a comparative update on the REDUCE and PCPT trials and some clinical recommendations. Other potential primary preventive strategies with statins, selective estrogen response modulators, and nutraceutical compounds-including current evidence for these agents and their roles in clinical practice-are discussed. Many substances that have been examined in the primary prevention of PCa and for which clinical data are either negative or particularly weak are not covered.

The future of PCa prevention continues to expand, with several ongoing clinical trials and much interest in tertiary prostate cancer prevention.

For the full article please go to:<http://www.current-oncology.com/index.php/oncology/article/view/703>

New Book

With the Snap of a Glove by Dan Hennessey

One man's account of living with prostate cancer
[Wwww.snapofaglove.ca](http://www.snapofaglove.ca)



Officers of the Society:

President

Jason Bedard
403-873-2284
jason.bedard@pccncalgary.org

Past President

Bob Shiell
Bob.shiell@pccncalgary.org

Secretary:

Harry Ripley
403.256.7746
harry.ripley@pccncalgary.org

Treasurer

Daniel Garrison
Daniel.garrison@pccncalgary.org

Executive Director:

Karen Whiteman
403.455.1916
karen.whiteman@pccncalgary.org

www.pccncalgary.org

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 in a separate room at the new location, 1008-14St SE. Signs will be posted. Men with advanced prostate cancer, their partners and family members are most welcome to attend!** For more information call our office at 403-455-1916.

PCCN Calgary Peer Network Meetings

Prostate cancer is often a very personal disease so PCCN Calgary is pleased to offer smaller peer group meetings for those who would like to connect with others dealing with the same issues. Men and women meet in separate rooms at the same location. We will resume these meetings in January. Please see our website for more information.

Many thanks to our many friends and supporters!

HELP US CONTINUE OUR WORK

Did you know that, if you donate more to registered charities like PCCN Calgary, you have an opportunity to receive a higher tax credit on your income tax return? As part of the Alberta government's Community Spirit Program, an enhanced charitable tax credit will allow you to do just that. Through this tax credit, when the provincial and federal tax credits are combined, Albertans now receive a 50% non-refundable tax credit for every dollar donated over \$200. These credits reduce taxes payable when you complete your annual income tax return.

If you were planning to contribute to the work of PCCN Calgary, we urge you to do so before the end of the year to generate a tax credit on your 2010 income tax return and to enable us to continue our work. If you prefer to donate by credit card rather than by cheque, go to www.pccncalgary.org and access Canada Helps through the Donate Now button on our home page.



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

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or donate online through www.canadhelps.org**