

# THE DIGITAL EXAMINER

Number 159, December 2012



## IT'S OUR TIME.

Local information and personal support for those diagnosed with prostate cancer.

Contact  
[pccncalgary.org](http://pccncalgary.org)



### Winter Mingle!

Our December 11th meeting will take on a different look and feel as we come together in a **social atmosphere** to meet and mingle with other members.

It will be a great time to make new friends, renew acquaintances and to share stories of your journey with others over refreshments and snacks.

It also gives us the opportunity to publically thank our supporters.

The meeting will be held at Kerby Centre, our new home, but in the Lounge area rather than the Lecture Hall.

**To ensure we have sufficient food and drink it would be appreciated if you would RSVP by email to [bob-shiell@shaw.ca](mailto:bob-shiell@shaw.ca) or by calling 403 455 1916 leaving a message with number of attendees.**

**Hope to see you at this special meeting!**

### PCa Information

Could your organization, club or group use a speaker for its program?

PCCN Calgary is pleased to provide speakers to discuss and describe various subjects related to prostate cancer.

Our PowerPoint presentation is both education and entertaining and we are willing to come to your location to provide this service.

If you would like more information or to arrange a speaker please call or email any of the directors listed on the back of this newsletter.

### Our First Meeting at Kerby



Over 90 members attended our first meeting at Kerby Centre on November 11 and heard Dr. Dean Ruether give an outstanding presentation on the state of prostate cancer care in Southern Alberta as well as a update on new treatments for advanced prostate cancer.

As always, we videotaped this presentation and it is available for viewing by visiting our website at [www.pccncalgary.org](http://www.pccncalgary.org)

Make it your New Year's Resolution to come to a future meeting at Kerby. Free Parking, support and fellowship.

**And as of December 10th, the LRT stops at the door!**

### Flavonoids Forever!

A study by Susan Steck of the Arnold School of Public Health finds that a high intake of flavonoids, a group of compounds found in plants, may lower the risk for highly aggressive prostate cancer.

"Incorporating more plant-based foods and beverages, such as fruits, vegetables,

Our next general meeting is at 7:30 PM Tuesday December 11th at Kerby Centre

A  
"Winter Mingle and Social"

A time to renew old acquaintances, make new friends, celebrate the season and interact with others on their journey with prostate cancer.

Thanks West Canadian and Janssen for your support in printing and distributing the Digital Examiner.



herbs and tea, into the diet may offer some protection against aggressive prostate cancer," said Steck, an associate professor at the Arnold School and an affiliated scholar with the Center for Research in Health Disparities.

"Filling your plate with flavonoid-rich foods is one behavior that can be changed to have a beneficial impact on health," she said.

Steck presented her findings at the International Conference on Frontiers in Cancer Prevention Research. The annual event is sponsored by the American Association for Cancer Research, whose mission is to prevent and cure cancer through research, education, communication and collaboration.

Prior preclinical studies have shown that flavonoids have beneficial effects against prostate cancer, but few studies have examined the effect of flavonoids on prostate cancer in humans.

Steck and her colleagues used data from 920 African-American men and 977 white men in the North Carolina-Louisiana Prostate Cancer Project who were newly diagnosed with prostate cancer. Participants completed a self-reported dietary history questionnaire to assess flavonoid intake, which was measured using the U.S. Department of Agriculture's 2011 Database for the Flavonoid Content of Selected Foods.

Men with the highest total intake of flavonoids had a 25 percent lower risk for aggressive prostate cancer compared with those men with the lowest flavonoid intake.

"We found that higher total flavonoid intake was associated with reduced odds for aggressive prostate cancer in both African-American and European-American men, but no individual subclass of flavonoids appeared to be protective independently, suggesting that it is important to consume a variety of plant-based foods in the diet, rather than to focus on one specific type of flavonoid or flavonoid-rich food," Steck said.

In addition, the risk for aggressive prostate cancer was even lower in those men younger than 65 and in current smokers with the highest levels of flavonoid intake. Dietary questionnaire results revealed that citrus fruits and juices, such as oranges and grapefruits, tea, grapes, strawberries, onions and cooked greens were the top contributors to total flavonoid intake among the participants.

"The results support public health recommendations and guidelines from organizations such as the American Institute for Cancer Research to consume a more plant-based diet," Steck said. "In particular, consuming more flavonoid-rich foods may be beneficial for those people who are at increased risk for cancer, such as smokers."

## **Viagra can help after radiation**

Viagra can help prostate cancer patients maintain sex lives

Use of the drug before and after radiation treatments may help men avoid erectile dysfunction.

Sexual woes, including erectile dysfunction, are a common side effect of prostate cancer care. The new study included patients with prostate cancer that had not spread who underwent external-beam radiation therapy and/or permanent implantation of radioactive "seeds."

The men were randomly assigned to take either a 50-milligram-a-day dose of Viagra (sildenafil citrate) or an inactive placebo during treatment and for six months after therapy.

The men completed sexual function questionnaires before their first radiation treatment and at six, 12 and 24 months after treatment. The questionnaires asked them about their erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall sexual satisfaction.

"Men who received the drug showed significantly improved overall sexual function, including improved erectile function," said study lead author Dr. Michael Zelefsky, vice chair for clinical research programs in the department of radiation oncology at Memorial Sloan-Kettering's Cancer Center.

"Results like this are important because they demonstrate that drug therapy used before and after radiation treatment may lessen the risk of impotence, a common side effect of radiation therapy," Zelefsky said in an American Society for Radiation Oncology (ASTRO) news release. Future studies will be needed to further define the drug's role and the optimal duration to prevent loss of sexual function after treatment."

Pfizer, the maker of Viagra, provided partial funding for this study.

One expert said this type of study is valuable for patients.

"Since erectile dysfunction occurs as often with radiation as it does with surgery, this is an important study," said Dr. Warren Bromberg, a urologist at Northern Westchester Hospital in Mount Kisco, N.Y. However, he noted that "while [the researchers] report an improvement with Viagra compared to placebo, the amount of benefit is not revealed."

Erectile dysfunction medications do have their own issues, Bromberg added, including "the expense of a daily dose of such oral medication, side effects such as facial flushing, headache, stuffy nose, and adverse interactions with other medications."

Still, many prostate cancer patients could benefit, de-

pending on their individual case, Bromberg said. "One difference in how radiation may affect erections compared with surgery is that men who have undergone surgery may see a progressive improvement in their erections for up to 3 years after treatment, whereas men who have undergone radiation may see a progressive decline," he noted. "Therefore, the use of oral medications for men undergoing radiation may be more important in the long run."

### **Report on drug costs**

The Canadian Cancer Society, in partnership with the Canadian Cancer Action Network, has released a three-year study that examined the financial hardship that can be brought on by a cancer diagnosis.

The report addresses issues around drug costs. The report states that since 2004, purchase of cancer drugs (regardless of purchaser) "has increased more than five times faster than the growth of cancer incidence." Some governments are failing to keep up with new treatments coming on to the market in an attempt to stay within their budgets, to the detriment of cancer patients.

Among the other points raised in this section is that currently, half of the newer cancer drugs are taken at home, which means the burden of drug costs is shifting to the individual. Its further noted that all provinces, within the exception of New Brunswick and Prince Edward Island, provide some sort of cost-sharing for catastrophic drug costs, which is generally defined as drug costs exceeding three per cent of net income. The report notes estimates for 2008, showing that 7.6 per cent of Canadian households faced prescription drug costs at this level. However, even with those plans in place, the report suggests that six per cent of Canadians pay over \$1,000 a year for drugs.

Its noted that British Columbia, Alberta, Saskatchewan, the NWT and Nunavut have gone a step further by eliminating all drug costs for cancer patients. Manitoba also followed through on a promise to provide full coverage with zero deductible for oral cancer treatment and support drugs that patients may need during their treatment regardless of where these drugs are taken. However, its emphasized the other seven provinces have not yet taken action.

The report concludes that overall, British Columbia is considered to have the best drug coverage, and Atlantic Canada the worst, based on the range of cancer drugs covered, coverage of oral and parenteral cancer drugs, universal coverage of all residents, and out-of-pocket cost to patients for cancer drugs. Patients considered most at risk are the "substantial number of Canadians with no private insurance." There is note of Statistics Canada data showing that nearly seven million Canadians have no

private coverage for drugs or medical devices, other than what is provided by government.

The report includes a number of recommendations on how governments can alleviate the financial challenges faced by cancer patients. In terms of drugs and equipment) the report states, "the rapidly rising cost of cancer drugs is a systemic cost that can and should be borne by the public system." The report calls for all provinces to embrace the policy of the western provinces by ensuring that "all cancer treatment and support drugs are available at no cost to cancer patients in all parts of Canada – regardless of whether the drugs are IV, oral or self-injectable, and regardless of whether they are used within or outside of a hospital."

There is a second recommendation that calls on the provinces to use the pan-Canadian Oncology Drug Review process "to achieve greater uniformity of cancer drug formularies across Canada" and should also pursue options such as bulk purchasing discounts for cancer drugs.

### **Donation Report**

PCCN Calgary is very fortunate to receive financial support from individual members,, local businesses, and pharmaceutical companies like Janssen and Sanofi.

As well our Casino night (which comes up every 14 months or so) is a major source of revenue.. This year 's casino resulted in us receiving \$69,000.

We were also fortunate, thanks to the Calgary Real Estate Board and it's member realtors who voted for us, to receive a one-time \$25,000 grant for Community Enhancement.

As we enter 2013, and celebrate our 20th anniversary, we pledge to continue to offer our membership the services they have come to expect: monthly meetings featuring medical professionals, special meetings for Warriors and those on Active Surveillance, this newsletter, our website , outreach programs to the community and general awareness messages about our group.

In 2013 we will again be hosting a special community meeting that will feature a world-class speaker.

Our costs continue to rise, with printing, distribution, website maintenance, video taping, etc. being ongoing monthly expenses.

We know that at time of year many of you contribute to charities of your choice. We would be honoured to be considered as one of your choices. Tax receipts will be promptly issued for the 2012 tax year and as a registered charity we are eligible for matching funds from the Government of Alberta Community Spirit program.

**We sincerely thank all those who have already donated.**



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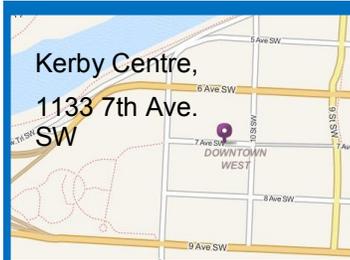
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Our **December 11th** meeting at 7:30 PM will be a "Winter Mingle and Social".

**The PCCN Calgary Warriors will meet at 6:30 PM as will those interested in Active Surveillance.**

All meetings are at Kerby Centre. Signage will direct you to both meetings and the "Mingle" which will be held in the Lounge at Kerby Centre.

**A pre-meeting no-host dinner will be held at 5:00 PM at Moxies Classic Grill, 888—7th Ave SW. Warriors, those on Active Surveillance and anyone interested in some food, drink and informal conversation prior the scheduled evening meetings are welcome.**



The ManVan is a valuable resource offered by the Prostate Cancer Centre to provide on-site baseline PSA blood tests for men over 40. The ManVan makes appearances at select events, but can also be found around the community each month. For the current schedule please visit

[GETCHECKED.CA](http://GETCHECKED.CA)

**Meet Stewart Campbell, a director of PCCN Calgary**



Hello. My name is Stewart Campbell and live in Cochrane. I'm a graduate in chemistry from the University of Alberta with a PhD and University of Calgary with an MBA in Entrepreneurism and New Venture Development. My wife Jessie and I were married in 1970 while I was in graduate studies and we now have 4 adult daughters, 3 son-in-laws and 2 grandsons. Early in my career, I was a scientist with Agriculture Canada. I then entered industry and became involved in management in the canola crushing industry. Since 1988, I have had a home-based consulting practice in canola research, canola processing, biotechnology, environmental engineering and most recently in renewable fuels. My work has taken me around the world many times. I've been a Director of PCCN-Calgary since 2008.

Back in February, 2007, I went to my family doctor with lower back pain. Well, .....that was the start of my journey with Prostate Cancer. My doctor gave me a DRE and found that my prostate was as hard as a walnut. He got me into the Rapid Access Clinic in Calgary and within days I had some blood work and a biopsy done – PSA 61, Gleason 8 in 5 out of 10 cores. The prognosis – high risk advanced prostate cancer.

Because my PCa had escaped my prostate into some hard to get at lymph nodes, my decision for therapy was easy. I decided against radiation therapy or surgery because these treatments would only be palliative and they had numerous side effects. I searched the scientific literature hard and became very interested in new drugs entering research trials in 2007. I went on Lupron and my PSA dropped to 0.6. However, after 2 years, my PSA began to rise. At 6 – 8 PSA, we added Casodex. This stalled my PSA increase by only 2-3 months. We then stopped Casodex and added Avodart. By February, 2010, my PSA was 28 and increasing about 2 PSA units a month. My medical oncologist offered chemotherapy but I said no thanks, let's get me on an investigational drug. Fortunately, I qualified for the PREVAIL Phase III trial for MDV3100 – touted to be a super Casodex. I had a 50:50 chance of receiving MDV3100 versus placebo. As luck would have it, the computer selected me for the drug. My response to MDV3100 has been tremendous. My latest PSA a couple of months ago was 2.2 and trending lower and three infected lymph nodes have shrunken to normal. I feel like a new man. I am truly grateful to Dr. Ruether and TBCC for the clinical research they perform. I encourage everyone to think about participating in research trials..