

The Digital Examiner



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Dr. David Hanley

Our **September 10th** speaker is Dr. David Hanley. David Hanley is a Professor in the Departments of Medicine, Oncology, and Community Health Sciences at the University of Calgary and a member of the Division of Endocrinology and Metabolism in the Calgary Health Region. He is Medical Director of the Calgary Health Region's Osteoporosis Centre. Dr. Hanley will be speaking on bone health for prostate cancer patients.

Dr. Mark Moyad responds to the debate on fish oil

There are not a lot of folks that actually qualify to take fish oil supplements except those with very high levels of triglycerides (FDA approved for this) or perhaps receive some benefit against osteoarthritic

pain or dry eye. And it is being studied to reduce hot flashes and kidney stones – otherwise if you are just taking fish oil for general health benefits you are probably wasting your money right now. Oh, and watching your weight is 100 times smarter than worrying about fish oil (sorry, you need to read the entire column to understand).

First, a major clinical trial using high doses of fish oil does not prevent atrial fibrillation (the OPERA trial) any better than a placebo.

1 Then, a major European trial shows no impact of 1000 mg daily of omega-3 (ω -3) fatty acid (FA) or fish oil to reduce the risk of cardiovascular disease in those at high risk.

2 Next, one of the largest eye health studies in the world, shows no impact of 1000 mg of fish oil to reduce the progression of age related macular degeneration.

3 And, now there is some evidence from the SELECT trial (remember that vitamin E and selenium study) that suggests high blood levels of ω -3FA lie the kind in fish and fish oil might increase the risk of prostate cancer (PCa) or really aggressive PCa.4 Oh my! Does this sound too fishy to be true? What does one do? Nothing except just treat fish oil like any other medicine and see if you qualify and if you do then you have to weigh the benefits vs. risks. Do I believe fish consumption or fish oil increases the risk of PCa? – nope! Do I believe fish oil reduces the risk of PCa? – nope! Do I believe fish oil does anything? – yup! I believe it helps some

folks reduce abnormally high triglyceride levels, and it could reduce dry eye as well as arthritis pain for some folks. Do I personally take fish oil? – nope! So, what has Dr. Moyad really learned from these 2012 and 2013 studies? The average person in the OPERA study had about a 40-inch waist! Almost 50% of those in the European only ω -3 study were obese! Most of the individuals in the eye study were overweight and... Drum Roll Please! In the latest PCa and fish or FA study, more than 51% of the men were overweight and over 35% of the men were obese in the high-grade prostate cancer group! Yikes!

So, my point is simple, while most of us are running around and arguing and being distracted by the benefits or detriments of fish and fish oil, there is a clear worldwide obesity problem as reflected by statistics and the participants of these studies. And, since we know a large weight or waist can increase the risk of early death and probably increases the risk of aggressive PCa, many other cancers, heart disease, atrial fibrillation,, and eye disease, this needs to be the primary focus for getting healthy because weight loss is such a pain in the gluteus maximus, and takes so much time and attention. We will argue about fish over my entire lifetime, but the decision to eat fish in moderation as a part of a healthy diet will not go away anytime soon, and the decision to take pills will always be a matter of specifically qualifying for them based on individual situations and parameters. Do I think eating fish is overall heart and prostate healthy? – yup! Do I think it is a lot more important to focus as much as possible on achieving a healthy weight and waist compared to almost any supplement or pill? – yup! Do I like to say yup or nope a lot? Naaahhhhhh!

Drug safely cuts prostate cancer risk.

Long-term results from a major US federal study ease worries about the safety of a hormone-blocking drug that can lower a man's chances of developing prostate cancer. The drug cuts prostate cancer risk by 30 percent without raising the risk of dying of an aggressive form of the disease as earlier results hinted it might. The new work could prompt a fresh look at using the drug for cancer prevention. Experts say it could prevent tens of thousands of cases each year, saving many men from treatments with seriously unpleasant side effects.

The drug is sold as Proscar by Merck & Co. and in generic form as finasteride to treat urinary problems from enlarged prostates. It's also sold in a lower dose as Propecia to treat hair loss.

A decade ago, the drug was found to cut the risk of prostate cancer. But there was a small rise in aggressive tumors among its users. Some researchers said that by shrinking the prostate, the drug was just making these tumors easier to find in a biopsy sample -- not causing them. But the concern led the Food and Drug Administration to turn down the drug for cancer prevention and warnings were added to its label. Now, with 18 years of follow-up from that earlier study, researchers report that men on the drug were no more likely to die than those not taking it. That's reassuring because if the drug were truly spurring lethal tumors, there would have been more deaths among its users as time went on, said Dr. Michael LeFevre, a family physician at the University of Missouri.

LeFevre wrote an editorial that appears with the study in Thursday's New England Journal of Medicine. He is one of the leaders of the U.S. Preventive Services Task Force, an independent panel of doctors who advise the federal government. The group has not taken a stance on finasteride for prevention but has advised against screening with PSA blood tests. Screening does more harm than good, the panel has said, because although 240,000 new prostate cancers are diagnosed each year in the United States, only about 30,000 prove fatal. That means many men are treated for cancers that grow too slowly to be life-threatening, and often suffer sexual and urinary problems as a result.

The study, led by Dr. Ian Thompson at the Cancer Therapy and Research Center in San Antonio, was done to see whether finasteride could lower the risk of prostate cancer in men who were getting screened with annual PSA blood tests, as many still choose to do. Researchers assigned 18,882 men 55 or older with no sign of prostate cancer on blood tests or a physical exam to take finasteride or dummy pills for seven years. When the study ended, those who had not been diagnosed with prostate cancer were offered biopsies to check for hidden signs of the disease.

For the new analysis, researchers tracked the study participants for a longer time -- 18 years in all since enrollment began. Only about 10 percent of men on finasteride developed prostate cancer versus 15 percent of those on dummy pills. Aggressive tumors were found in 3.5 percent of men on the drug versus 3 percent of the others. Yet 78 percent of both groups were alive after 15 years. That means the drug cannot be recommended to prolong life, just to ease suffering by preventing disease, LeFevre said. "You may be preventing cancers that don't need to be prevented" because so few are life-threatening, but screening is finding these tumors anyway and leading to unnecessary treatments, he said. Reducing that number is a valid reason to use a prevention drug, he said.

Finasteride's other impact is financial. Proscar and a similar drug, GlaxoSmithKline PLC's Avodart, cost about \$4 a pill. Generic finasteride is available for less. Insurers cover it when prescribed to treat urinary problems but may not pay if it's used solely for cancer prevention. The drug also can cause hot flashes, fatigue, weakness, low sex drive and trouble having sex. "A man certainly needs to know what he's getting into if he decides to take this," LeFevre said.

Prostate cancer screening: New data support watchful waiting

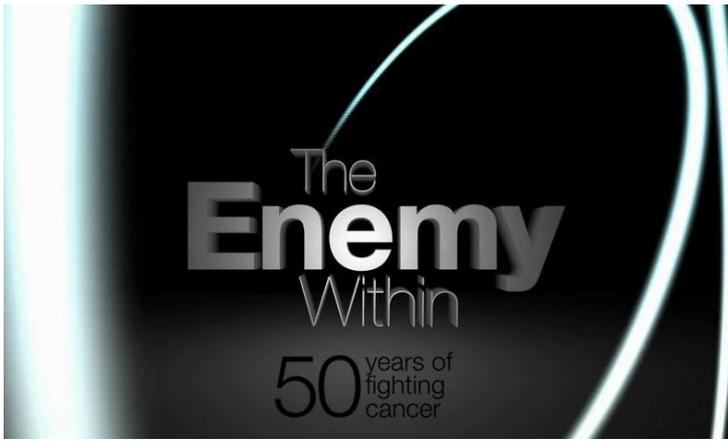
Researchers found that after the introduction of widespread prostate-specific antigen (PSA) screening, the proportion of patients diagnosed with advanced-stage cancers dropped by more than six-fold in 22 years, but the proportion diagnosed with high Gleason grade cancers did not change substantially. This suggests that low-grade prostate cancers do not progress to higher grade over time. Cancer stage refers to the extent or spread of the disease, and cancer grade, called Gleason grade for prostate cancer, refers to the aggressiveness of the disease. "We were able to look at finely stratified time periods to capture pre-PSA, early-PSA, and late-PSA eras within one study. Over time, because of PSA screening, men have been more likely to be diagnosed with prostate cancer at an earlier stage, before the disease has had an opportunity to grow and spread. If Gleason grade also progressed over time, we would expect a similar decrease in

high Gleason grade disease over time," said Kathryn Penney, Sc.D., instructor in medicine at the Harvard Medical School and associate epidemiologist at the Channing Division of Network Medicine at Brigham and Women's Hospital in Boston, Mass. "We were surprised by just how constant the incidence of high-grade disease has been over time."

This study adds more evidence to the argument that patients who are diagnosed with low-grade prostate cancers can opt for an active surveillance, or "watch and wait" approach instead of getting treated right away. Penney and colleagues used data from 420 participants recruited to the Physicians' Health Study and 787 participants recruited to the ongoing Health Professionals Follow-up Study. All participants were diagnosed with prostate cancer between 1982 and 2004, and treated with surgery. The researchers reanalyzed prostate tissue collected from these patients to assess Gleason grade. The researchers divided the data into four time periods based on when the participants received a diagnosis and treatment: 1982-1993, 1993-1996, 1996-2000, and 2000-2004, to represent the pre-PSA and PSA eras. They found that the number of participants who had undergone PSA screening increased from 42 percent in 1994 to 81 percent in 2000.

They also found that the number of late-stage cancers decreased from 19.9 percent in the 1982-1993 group to just 3 percent in the 2000-2004 group, reflecting an 85 percent drop in stage at diagnosis. However, there was only a moderate decrease in high Gleason grade cancers, from 25.3 percent in the 1982-1993 group to 17.6 percent in the 2000-2004 group, reflecting a 30 percent drop. With further analyses, the researchers found that the moderate drop in high Gleason grade cancers was not because progression to more aggressive disease was prevented through screening, but because of an increased diagnosis of low-grade disease that would not have been detected without PSA screening.

"Radical prostatectomy or radiation therapy, the usual treatments for prostate cancer, can have negative side effects such as impotence and incontinence; choosing active surveillance could prevent this decline in quality of life," said Penney. "Men with low-grade disease at diagnosis should seriously consider talking with their doctors about active surveillance."



Save the date! **Monday October 7, 2013.** PCCN Calgary will be hosting a special community outreach event in place of our normal Tuesday, October 8th support group meeting.

We will be screening a new documentary on cancer—"The Enemy Within". Our special guest, **Vivienne Parry, OBE**, who produced and stars in the film will be with us from London England to introduce her film and answer questions.



Vivienne Parry is a scientist by training and a journalist appearing regularly on BBC Radio and Television.

"The Enemy Within" tells the incredible story of our fight against cancer over the past 50 years. Through the eyes of scientists, researchers and patients, we see how far we have come and how far we have to go.

PCCN Calgary is inviting the community at large and other health related support groups to attend this free event.

Because of the anticipated high attendance the event will be held at **Beth Tzedec Synagogue, 1325 Glenmore Trail SW.** There is lots of free parking. Doors open at 6:30 PM and the presentation starts at 7:30 PM.

A map and driving instructions are included on this month's insert for your convenience.

We are very happy that the **Prostate Cancer Centre Man Van** will be on site at **Beth Tzedec** from **4:30 PM to 7:30 PM on the 7th** to provide on-site free baseline PSA blood tests for men over 40.

Our September 10th meeting schedule:

5:00 PM - Pre meeting no-host dinner at Moxies Classic Grill, 888—7th Ave SW. **Come join us!**

6:30 PM—PCCN Calgary Warriors in the boardroom at Kerby Centre. For those men and their families dealing with advanced prostate cancer. The Warriors are a caring and compassionate group, well organized and full of information. Stewart Campbell, chair.

6:30 PM - PCCN Calgary Active Surveillance Meeting in Room 331 at Kerby Centre. For those men either on active surveillance or considering this as a form of treatment. Ron Singer, chair.

6:30 PM— A meeting for Ladies only. Room 308 at Kerby Centre. Informal and self facilitated. Give it a try!

7:30 PM— PCCN Calgary General Meeting in the Lecture Hall at Kerby Centre featuring Dr. David Hanley speaking on bone health and prostate cancer.

PCCN Calgary sincerely thanks all those individuals and businesses who continue to support our good work:



GETCHECKED.CA

The ManVan™ is a valuable resource offered by the Prostate Cancer Centre to



provide on-site free baseline PSA blood tests for men over 40. The Man Van™ makes appearances at select events, but can also be found around the community each month. For the current schedule please visit GETCHECKED.CA