

# The Digital Examiner



January 2014

Number 172

## Officers of the Society:

### President

Steve Belway  
403 818 9957  
steveb@pccncalgary.org

### Secretary

Ron Singer  
rysingerca@yahoo.ca

### Treasurer

Bill Moir  
billm@pccncalgary.org

### Executive Director

Bob Shiell  
403.455.1916  
bobs@pccncalgary.org

### Chaplain

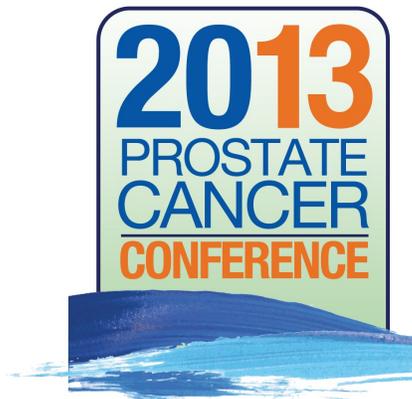
Bobbie Osadchey  
403.719.5755  
bobbie0@shaw.ca

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

PCCN Calgary  
PO Box 72126  
RPO Glenmore Landing  
Calgary, Alberta  
T2V 5H9

## In this issue:

- ◆ PCRI conference report
- ◆ Biomarker for PCa
- ◆ My husband had prostate cancer
- ◆ All our January meeting information
- ◆ Health diet and fish oil
- ◆ Robbie Burnstein Dinner



The Prostate Cancer Research Institute holds an annual conference every September during prostate cancer awareness month. This is the only conference in the world geared specifically towards patients. The 2013 conference was held **September 6-8, 2013** at the Marriott Los Angeles Hotel and as usual, **PCCN Calgary sent a delegation** to learn and report back to our membership. The conference featured an impressive lineup of speakers and hundreds of delegates from across the US and Canada.

Our January 14th General Meeting will feature a report on the conference. Come to the general meeting, 7:30 PM January 14th and learn what's new in prostate cancer treatments from members who were there!

## Biomarker may predict patient outcomes

Researchers at Vanderbilt University Medical Center and the **University of Alberta** in Canada have identified a biomarker for a cellular switch that accurately predicts which prostate cancer patients are likely to have their cancer recur or spread.

The study, posted online recently in advance of publication in *Cancer Research*, was led by co-investigators Andries Zijlstra,

Ph.D., assistant professor of Pathology, Microbiology and Immunology and Cancer Biology at Vanderbilt, and **John Lewis, Ph.D., associate professor of Oncology and Frank and Carla Sojonyk Chair in Prostate Cancer Research, University of Alberta.**

Prostate cancer is the second leading cause of cancer-related deaths among men in North America.

While some prostate cancer spreads slowly and does not lead to serious symptoms, in other patients the cancer metastasizes to other parts of the body and proves fatal. Cancer researchers have been searching for biomarkers that indicate which patients should be treated aggressively and which patients can be followed through active surveillance.

Zijlstra and his colleagues have been investigating a protein called CD151 that facilitates the migration of cancer cells. In prostate cancer cell lines, they discovered that CD151 is free from its normal adhesion partner (integrin) — another protein that allows a cell to stick to the surrounding tissue. This form of CD151 called "CD151free" proved to be functionally important in cancer.

"It was a big surprise that some of this CD151 protein was now free of that partner and it turns out that it only occurs when a cancer is formed," said Zijlstra. "What's so novel about this discovery is we're not talking about changing protein expression, which is what we traditionally see. We're talking about a protein that changes its molecular state and detection of that molecular state is an indication of disease progression."

In collaboration with Lewis and colleagues in Alberta, the group looked at tissue samples from 137 patients treated for prostate cancer in Canada over the past 12 years.

The team determined that if patients tested positive for CD151free their cancer recurred and spread earlier than patients without any detectable CD151free.

"Patients who tested positive for the biomarker developed metastasis an average of 10 years earlier than those who tested negative," said Lewis.

Preliminary work in other solid tumors besides prostate cancer suggests that this may be a universal mechanism important for cancer progression.

"It is increasingly clear that a molecular switch in cell migration corresponds to patient outcome in solid tumors," said Zijlstra. "Consequently, the detection of that switch can assist in determining whether a patient is going to develop aggressive cancer or if the disease will remain benign. That information ultimately determines the type of care given to a cancer patient."

Lewis and Zijlstra said the integrated collaboration among basic scientists, physicians and bioinformatics/biostatisticians led to these results which should be useful for patient management. The group is working on development of an antibody test for use in the clinic.

### **My husband had prostate cancer and all I got was this stupid t-shirt.**

When my husband came home from the doctor with the news that he needed a biopsy to rule out prostate cancer, I was instantly worried. Not about the test coming back positive, rather about him becoming a basket case, obsessed with fear that he might have cancer. I couldn't wait until he got the happy call and we could return to our normal lives.

I even minimized his concerns, "People get biopsies all the time and they usually come back negative. Besides, only old guys get prostate cancer."

Turned out, I was wrong. Not only was the biopsy incredibly painful (in fact, more so than any treatment to follow), the results were not the negative ones I had so confidently predicted.

When the doctor uttered the "c" word, I was in more shock than my husband. He had already accepted his fate. I, on the other

hand, was dumbfounded and even suspicious, like the time my dentist told me I needed a crown right after he boasted about purchasing a new boat.

The doctor described the different types and stages of prostate cancers and how it's not just one cancerous tumor, but actually a cluster of tumors. He went over treatment options and emphasized that prostate cancer was unusual in that it could essentially be "cured" by removing the prostate gland entirely with surgery.

I turned to my husband, expecting to see a shared look of relief, but there was none. Apparently, after the word, "cancer," he had completely tuned out.

I understood that learning one has cancer is shocking news, but with this cancer and his particular case, it was totally treatable. Sure, the prostate gland, located just north of the penis, is in a pretty sensitive area and the surgery would result in some pain, but my husband was in good shape and would likely heal quickly, I figured.

What I wasn't grasping at the time was just how fond men are of their penises. The very thought of something sharp coming close to it or the idea that something might interfere in any way with the way it functions, is to most men, terrifying.

But I didn't get that then. I honestly believed that all he needed was a day or two to realize that this cloud had a great silver lining. Yes, he had cancer, but he would be fine. I was sure that my positive approach could eventually snap him out of it.

As he started to drive out of the parking structure I could tell he was looking for the exit. "It's over there," I said. "Really? Are you sure?" he barked. "Because you were pretty sure my test would be negative and look how that turned out!" Okay, clearly he needed more time.

After breaking the news to friends and family, my husband realized he was not alone. Everyone seemed to have a relative who recently had prostate cancer. My dad had had it. His dad had had it. John Kerry, Joe Torre and Robert DeNiro had it. Fortunately, all the stories ended well.

We quickly became prostate cancer experts. I assumed that the more we knew and the more stories he heard with positive outcomes, my husband's fears would be assuaged. I wouldn't allow him to dwell on the negatives or worry. If he did, I'd quickly swoop in with an uplifting stat like that the fifteen year survival rate can be as high as 92%.

## January 14th, 2014 PCCN Calgary Meeting Schedule:

**5:00 PM:** No-host dinner at Moxies. Park at Kerby and walk east two blocks to Moxies. We will find room for you at the table!

**6:30 PM:** PCCN Calgary Warriors meet in the boardroom at Kerby Centre. Stewart Campbell, Facilitator

**6:30 PM:** PCCN Calgary Active Surveillance/Newly Diagnosed meeting in Room 331 at Kerby. Ron Singer, Facilitator

**6:30 PM:** A meeting for ladies only. Informal and self facilitated. We make the room available—ladies decide what to discuss.

**7:30 PM:** General Meeting. A report from our delegates to the September 2013 PCRI conference in Los Angeles. Spouses, friends and partners welcome.

**Refreshments will be served and there will be lots of time to ask questions in a social, relaxed atmosphere.**

Finally the day of my husband's surgery came. We joined the somber looking people in the lobby of the cancer hospital. I was determined to not let the sadness in. I remained detached, and continued to be the optimistic cheerleader for my husband, even though he had made it pretty clear that my sunny outlook was really getting on his nerves.

Once inside the pre-op area, my husband already in his gown, I prattled away to distract him from the situation at hand, "You know what a great fundraiser would be for this hospital? They could sell t-shirts that say, 'My Husband Had Cancer And All I Got Was This Stupid T-Shirt.' Wouldn't that be so great?"

By this point my husband was longing for the appearance of the anesthesiologist and the merciful silence the surgery would provide. The nurses started to wheel away his gurney, but then the anesthesiologist stopped and yelled, "Wife, wait! Take his glasses."

I walked outside and found a seat alone on a nearby bench. I realized my hand was still tightly clenched. I opened it and discovered my husband's glasses in my palm.

I flashed on a memory of my parents, coming home from the veterinarian after they had to put down our elderly dog, Sandy, still holding her collar in hand.

It was only then, as I stared at the glasses, that it hit me. Oh crap, my husband has cancer. I cycled through a torrent of horrible "What ifs," the ones my husband had already thought of a million times, the ones I had refused to let him discuss.

I had been so busy trying to distract him and keep him thinking positively, that I hadn't allowed myself to really consider the situation. Now that I finally did, I realized, it sucked.

But there was something else, something more important. Since that day in the doctor's office when my husband and I first learned he had prostate cancer, I had sucked.

Instead of letting him talk about his fears, I steamrolled right over them. I treated him like I did my kids when they got a skinned knee, by trying to distract with silliness or jokes.

But, he didn't need distractions and he didn't need me to remind him of encouraging statistics every time he brought up a concern. What he needed was for me to just listen.

Finally, the call came from the surgeon. All had gone well and the cancerous tumors were now gone. The preliminary lab results had come back and his cancer was upgraded, to one that was more aggressive. It was more serious than we both had thought.

The next morning, only one day after surgery, the nurse came in and announced that he needed to start moving. He glanced out his door and saw a virtual parade of elderly gray haired men briskly walking down the hallway, holding their IV trees and wives for support, posteriors exposed through their loosely tied hospital gowns.

"I gotta get out there!" my husband announced, practically leaping out of his hospital bed. "I can't let those old guys show me up." Clearly his competitive instinct was still intact.

Though he winced in pain, he seemed happier than he had in months. The surgery had removed the alien invaders. It was up to him to recover now.

Over the following year there were good and bad days dealing with the two dreaded "I's," impotence and incontinence, which were also worse than the "Pollyanna" me had predicted. Occasionally I'd try to lift his spirits, but mostly I recalled my revelation on the bench and tried to keep quiet and listen.

Fortunately, in the five years since, he's remained cancer-free and has been able to fully return to his previous energetic life-style.

I still think the hospital could make a mint selling those t-shirts.

### Kristen Hansen Brakeman

Writer/TV Production Supervisor



### Healthy diet, fish oil benefit prostate cancer patients

A new study shows that supplementing a low fat diet with fish oil can help fight prostate cancer. Eating lots of fish also produced a 63 percent reduction in prostate cancer-specific mortality.

Several lines of evidence point to beneficial effects of fish and fish oil supplements against prostate cancer.

A new study was recently conducted by William Aronson of the UCLA Department of Urology and his colleagues and shows that supplementing a low fat diet with five grams of fish oil per day can reduce pro-inflammatory compounds that are associated with cancer. The low fat, fish oil protocol also lowered the cell cycle progression (CCP) score, and this is beneficial because a lower CCP score means that the prostate cancer could be prevented from becoming aggressive. Men with clinically localized prostate adenocarcinoma were divided into two groups, and followed different protocols for four to six weeks before prostate surgery. One group followed a Western diet, with 40 percent of calories from fat, with a total omega-6: omega-3 fatty acid ratio of 15:1. Another group followed a low fat diet, with 15 percent of calories from fat, and used five grams of fish oil per day from five capsules. Each capsule contained 200 mg of eicosapentaenoic acid (EPA) and 367 mg of docosahexaenoic acid (DHA). This group had a total ratio of omega-6: omega-3 fatty acids of 2:1. The fish oil group also had decreased prostate cancer proliferation. The study was published in the journal Cancer Prevention Research.

A recent study examined the link between fish and prostate cancer in over 49,000 men, and shows that high fish consumption protects against death from this cancer. The study, which was published in the American Journal of Clinical Nutrition, shows that eating fish produces a significant 63 percent reduction in

prostate cancer-specific mortality. Another new study also shows that fish oil protects against the progression of prostate cancer in elderly men. The beneficial effects of fish oil were shown to be partly due to the omega-3 content of these oils.

The use of fish oil or fish can potentially be an effective and easy way to fight prostate cancer. Use only fish oil supplements that are certified to be free of contaminants, or fish that has high levels of omega-3 fats, such as wild Pacific Salmon.

Read more: <http://digitaljournal.com/article/362933#ixzz2nIsDPv7Z>



### What's under yer kilt? Robbie Burnstein fundraiser joins fight against prostate cancer.

Comedy icon and TV personality Jebb Fink will get his plaid on to emcee an evening of Scottish entertainment with a Jewish twist as Beth Tzedec Congregation and the Prostate Cancer Centre present the Third Annual Robbie Burnstein Dinner and Fundraiser on Thursday February 13, 2014 at Beth Tzedec.

Highlights include a traditional Burns Supper, complete with the time-honoured piping in of the Haggis and performances by The Calgary Police Service Pipe Band and the Calgary Burns Club Singers.

Proceeds from the dinner will support community education and outreach by **Beth Tzedec** and prostate cancer awareness and advocacy through the **Prostate Cancer Centre**.

The evening is about both fundraising and FUN-raising and will have wide appeal with its emphasis on giving back within the Calgary Community at large.

Visit [www.RobbieBurnstein.com](http://www.RobbieBurnstein.com) for more information or call 403 255 8688.