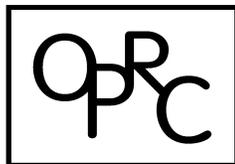


# **KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER**



**OKANAGAN PROSTATE  
RESOURCE CENTRE  
SOCIETY**

**Okanagan Prostate Resource Centre**

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**[www.okanaganprostate.com](http://www.okanaganprostate.com)**

**CCS Cancer Information Line – 1-888-939-3333**

**Publisher/Editor – Bren Witt**

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**O**ur speaker in April was *Dr. Lauren Lypchuk, MD* the Medical Director of InspireHealth in Kelowna. She gave us a presentation on the InspireHealth's Supportive Care Model, that not only includes clients undergoing traditional methods to treat their cancer such as Surgery, Radiation, or chemotherapy but their model also includes - Stress Reduction, Mind Body Practices, Nutrition, Exercise, Sleep & Rest as well as Emotional & Spiritual Support. Besides having a Nutritionist on staff the Kelowna InspireHealth office has now hired a Dietitian who will be on the same page as the dietitians at the Cancer Centre for the Southern Interior in Kelowna.

Some of the other programs offered at InspireHealth include Nutrition Workshops, Cooking Classes, Fitness and Exercise programs Yoga and a Laughter Class - These programs are free to all cancer patients and their partners. When you register at InspireHealth your membership also includes a 90 minute session with Dr. Lypchuk.

## New Type of PET Imaging Can Identify Primary and Metastatic Prostate Cancer -

The following is a brief excerpt of information that was published by *Knowledge Science* in March, 2017 and originated with *Society of Nuclear Medicine*

In the featured article from the February 2017 issue of the *Journal of Nuclear Medicine*, researchers document the first-in-human application of a new imaging agent to help find prostate cancer in both early and advanced stages and plan treatment.

The study indicates that the new agent - a PET radiotracer - is both safe and effective.

The new agent is a dual-receptor, dual receptor targeting provides advantages over single-receptor targeting by allowing tumour contrast when either or both receptor types are expressed, improving binding affinity and increasing the number of effective receptors.

This was a small study that included 13 patients with prostate cancer (four newly diagnosed and nine post-therapy) and five healthy volunteers.

This new agent detected 20 bone lesions in seven patients either with primary prostate cancer or after radical prostatectomy.

The patients with bone metastases did not necessarily have

an elevated prostate specific antigen (PSA) level.

## Castration-Resistant Prostate Cancer Cell Growth Impeded by Endostatin -

The following information is an excerpt of information that originated with the *University of Alabama at Birmingham*.

Failure of hormone deprivation therapy, which is used to slow prostate cancer in patients, leads to Castration-resistant prostate cancer, a lethal form of advanced disease with limited treatment options.

University of Alabama at Birmingham (UAB) researchers have discovered that endostatin, a naturally occurring protein in humans, can significantly decrease proliferation of castration-resistant prostate cells in culture, and in a recent paper in *The FASEB Journal*, they describe the physiological pathways and signaling evoked by endostatin. This endostatin effect is now being tested in a preclinical animal model of castration-resistant prostate cancer.

"We hope we can delay the onset of castration-resistant disease," said *Selvarangan Ponnazhagen, Ph.D.*, a UAB professor in the UAB Department of Pathology who holds an Endowed Professorship in Experimental Cancer Therapeutics at UAB.

The medical treatment that deprives prostate cancer cells of androgen hormones through anti-hormone therapy creates oxidative stress in those cancer cells. This oxidative stress is associated with reactivated

signaling by the androgen receptor in the cells, causing resistance to the anti-hormone therapy.

The UAB researchers led by Ponnazhagen and first author Joo Hyong Lee, Ph.D., hypothesized that the oxidative stress might be triggered upstream of the androgen receptor, with something called the Glucocorticoid receptor as the stress-inducer. If so, endostatin might interact with the glucocorticoid receptor to remove the oxidative stress and reduce that pro-tumorigenic function in the cancer cells, thereby preventing or delaying the onset of castration-resistant prostate cancer.

"Our study suggests that the potential therapeutic application of endostatin may include combination with frontline androgen-deprivation therapy (ADT) that targets prostate cancer at early stages," the researchers wrote. "Based on the known anti-angiogenic properties of endostatin and on more interesting evidence that human prostate endothelial cells also express androgen receptor, the application of endostatin in combination therapies could synergize tumoristatic and tumoricidal effects with minimal resistance."

**Editor's Note:** This is a very early study and will possibly take several years to find out if this will really work following a phased study.

European Association of Urology (EAU) 2017 Lecture on Hereditary Prostate Cancer -

The following is an excerpt of information from the EAU conference March, 2017 - London England and was presented by Dr. Patrick Walsh.

**Editor's Note:** Dr Walsh is a highly respected urologist from Johns Hopkins in the U.S. who helped develop the technique to preserve the neurovascular bundle (the nerves that help provide erectile function in men) during a radical prostatectomy. Prior to his discovery in 1977 it was thought that the nerves that provided erectile function in men were located within the middle of the prostate gland but he together with another researcher discovered that they actually lay on the outside and on either side of the gland. Following this discovery he developed the technique of nerve sparing surgery.

London, England (UroToday.com) - In this session Dr. Patrick Walsh shared his wealth of knowledge on heredity transmission of prostate cancer gleaned from decades of landmark work. The importance of identifying mutations in hereditary cancers cannot be understated as they may lead to testing of individuals at high risk for disease and allow for the development of targeted therapies.

Prostate cancer is more hereditary than any other common cancer where there are known mutations. In fact, the heritability

has been estimated at 57% compared to 39% for ovarian, 38% for kidney, and 31% for breast cancers. Starting with work from 1960-1980 in the Utah Mormon population, a 3-fold increased risk of prostate cancer death was noted for relatives of men with prostate cancer. Furthermore, the relative risk for brothers of men with prostate was found to be elevated at 2.4 in this population; and if that brother was younger than 62 years old, the relative risk rose to 4. Confirming this finding, data from Johns Hopkins noted a 2.2 and 4.9 relative risk of prostate cancer when either one or two first degree relatives were affected, respectively.

The short-comings of these early analyses were that family history does not distinguish inherited genetic risk factors from the influence of a shared environment. This required segregation analysis. One hundred six families were analyzed and the risk of prostate cancer inheritance was 3-fold higher if prostate was diagnosed before age 53 compared to when prostate cancer was diagnosed after 65 years of age. This allowed for the initial definition of hereditary prostate cancer which was 3 or more first degree relatives or 3 or more generations, or 2 first degree relatives if both were younger than 55 years at prostate diagnosis.

The next development was genome wide association studies which allowed for large population analysis.

The clinical implications of the findings loom large. Family history is a major risk factor for the development of prostate cancer. A proper family history should include age at diagnosis of prostate cancer for all relatives, any history of BRCA 1/2 gene associated cancers, and a complete list of other family cancers. Factors suggesting a genetic contribution are multiple affected first degree relatives with prostate cancer, early onset (age < 55 years) disease, and prostate cancer with a family history of BRCA 1/2 or associated cancers.

#### Development of a Voided Urine Assay for Detecting Prostate Cancer Noninvasively -

The following information was contained in the April issue of the *Us Too Hot Sheet*.

Scientists at the Sidney Kimmel Cancer Center at the Thomas Jefferson University have developed a noninvasive technique to detect the presence of prostate cancer cells in patients' urine. the pilot study was led by Mathew L. Thakur, Ph.D., Director, Laboratories of Radiopharmaceutical Research and Molecular Imaging and Professor of Radiology and Radiation Oncology at Thomas Jefferson University at the Sidney Kimmel Cancer Centre, was published by Trabulsi, et al. in *BJU International*. (*BJU International* was formerly known as the *British Journal of Urology* - a highly respected urology journal.)

The research demonstrates that a test using voided urine can target VPAC receptors, which are commonly

expressed on malignant prostate cancer cells. Using optical imaging technology to detect prostate cancer cells in voided urine, the research team identified VPAC-positive cells in 98.6% of the patients with prostate cancer diagnosis and none (0%) of the patients presenting with benign prostatic hyperplasia (PBH).

"The two most important virtues of this technology are its accuracy and simplicity," said Dr. Thakur.

Currently, the only methods for diagnosing prostate cancer involve more invasive, costly, yet less reliable procedures, including digital rectal examination, biopsy, or urine analysis that requires direct prostate stimulation. "We believe that a diagnostic test that is simple and more comfortable for the patient will encourage more frequent screening and help improve early diagnosis of prostate cancer," added Dr. Thakur.

"We are excited about this technology, which promises to avoid millions of unnecessary biopsies, save patient morbidity, and spare millions of health-care dollars," said Paul Crowe, Chief Executive Officer of NuView Dx.

Research team member Leonard Gomella, M.D., Chair, Department of urology at Thomas Jefferson University at the Sidney Kimmel Cancer Center, concluded, "This is a highly promising biofluid assay that, once fully developed, may play an important role in the management of prostate cancer."

The content in this post has not been reviewed by the American Society of Clinical Oncology, Inc. (ASCO) and

does not necessarily reflect the ideas and opinions of ASCO.

The ASCO Post  
24 February 2017.

**Editor's Note:** As noted in the previous article this was a pilot study, and the article didn't mention how many urine samples were tested, however, this does look very promising, but we will have to wait for further testing to see if it actually proves to be as good as the pilot study indicates.

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### Witt' Wit (A Couple of Short Snappers) -

- I have come to the conclusion that dryer lint is the cremated remains of my missing socks!
- Once you lick the frosting off a cupcake it becomes a muffin..... and muffins are healthy,  
You're Welcome!

The Kelowna Prostate Cancer Support & Awareness group does not recommend treatment modalities or physicians: However, all information is fully shared and is confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters of your personal health.

The Kelowna Prostate Cancer Support & Awareness Group would like to thank Janssen - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.



**UP COMING MEETING DATES FOR 2017**

**June 10th. - NOTE No Meetings July & August - Next Meeting September 9th.**

**Meeting Location:**

**Our regular monthly meetings are held on the second Saturday of each month in the Aberdeen - Pandosy Rooms at the Holiday Inn Express Conference Rooms - 2429 Hwy 97 North, at the Holiday Inn Express Hotel located next to the Canadian Tire Gas Bar. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.**

Thank you for helping us "Win the War Against Prostate Cancer."

**The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001**

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