Aspirin Use May Affect Prostate Cancer-Related Mortality

from prostatecancerinfolink.net

An article just published in Renal & Urology News states that “men who take aspirin doses above 75 mg have a significantly reduced risk of death from prostate cancer… compared with men who do not take aspirin.”

The article is based on original research published by Flahavan et al. in the January 2014 issue of Annals of Oncology, and that original research was first presented as a poster at the annual meeting of the American Society for Clinical Oncology in mid-2013.

What this research actually does is offer data that is suggestive of a possibility (as opposed to data that actually prove that possibility).

The authors were able to study (retrospectively) the pre-diagnostic use of no aspirin, low-dose aspirin (75 mg/day or less), and higher-dose aspirin (> 75 mg/day) in a cohort of nearly 3,000 men diagnosed with prostate cancer in Ireland between 2001 and 2006 who were then followed for an average (median) period of about 5 years after diagnosis.

They showed the following:

- 2,936 men diagnosed with stage I-III prostate cancer were identified from the National Cancer Registry Ireland.
  - 1,131/2,936 men (38.5 percent) were regular aspirin users
  - 1,805/2,936 men (61.5 percent) were non-users

- Average (median) patient follow-up was 5.5 years.
- Aspirin use in general (i.e., at any dose) was not associated with any significant effect on survival.
  - With respect to prostate cancer specific mortality, the hazard ratio (HR) = 0.90.
  - With respect to all-cause mortality, HR = 0.98.
- Aspirin use at doses > 75 mg/day was associated with significant effects on prostate cancer-specific mortality (HR = 0.59).
- Aspirin use at doses ≤ 75 mg/day was not associated with significant effects on prostate cancer-specific mortality (HR = 1.01).
- Stronger associations were evident among men with higher aspirin dosing intensity or a Gleason score > 7.

The authors conclude that:

Pre-diagnostic aspirin use, measured using objective prescription refill data, was associated with a significant reduction in prostate cancer-specific mortality in men with stage I-III prostate cancer receiving > 75 mg of aspirin.

Now this study is certainly scientifically interesting, but whether it is clinically meaningful is a whole different question because of what we really don’t know. For example:

- What risk factors did these men have for a diagnosis of prostate cancer?
- Why were these men taking aspirin at specific doses in the first place?

See Aspirin Use on page 3
Announcing New Prostate Cancer Information Service

Prostate Cancer Canada is pleased to announce a partnership with the Canadian Cancer Society to provide the **Prostate Cancer Information Service (PCIS)**, which launched on Dec. 9, 2013.

Through this collaboration we are able to leverage an existing service to expand our collective efforts to provide support for men and their families affected by prostate cancer across the country.

**What is the PCIS?**

The Prostate Cancer Information Service (PCIS) provides health information (diagnosis, treatment, dealing with side effects, etc.) and support throughout the cancer journey. Available in a number of languages, these confidential and evidence-based services include:

- phone line
- email response
- distribution of resources
- referral to Prostate Cancer Canada programs

**Who can use the PCIS?**

The PCIS is available for everyone, including:

- men with prostate cancer
- a patient’s circle of care (partners, caregivers, family, friends)
- the general public
- healthcare professionals

**Details**

- Operating hours are Monday to Friday from 9 am to 5 pm (ET).
- Toll free number is **1-855-PCC-INFO** (1-855-722-4636)
- Email support is available at support@prostatecancer.ca and soutien@prostatecancer.ca

Stay tuned for more communications around this exciting initiative and how you can help promote it. We will be providing a louder public launch early in 2014.

**For further information, contact:**

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Editor’s Note: There is no Steering Committee report for December, 2013, since there was no meeting.
Some lifestyle factors are believed to encourage the growth of prostate cancer, whereas others may have a protective effect.

The relationship between calories taken in versus calories burned – energy balance – may affect prostate cancer risk. Animal research has shown that implanted cancers grow more slowly when the animals’ calorie intake is restricted. Preliminary evidence suggests that men with the greatest calorie intake are more likely to develop prostate cancer than are those whose consumption is more modest.

In one study, men who consumed the most calories (approximately 2,600 per day) were nearly four times as likely to have prostate cancer as men who consumed the least (1,100 per day).

Regular vigorous physical activity helps improve energy balance by burning calories, and increasing research suggests that exercise offers a protective effect against prostate cancer. Results from the Health Professionals Follow-up Study indicate that men age 65 or older who are vigorous exercisers are 70 percent less likely to develop life-threatening prostate cancer.

What other clinical conditions did they have at time of diagnosis?

Did they continue to take daily aspirin after diagnosis (or start to take daily aspirin after diagnosis)?

Is the follow-up period really sufficient to be meaningful?

The evidence for and against the use of a daily aspirin regimen in the prevention of prostate cancer and in its impact on long-term survival after diagnosis when used pre-diagnosis and post-diagnosis continues to be scientifically interesting but not, in our view, completely compelling.

If there is another really good reason for a patient to be taking a daily aspirin regimen (such as a history of stroke or certain cardiovascular problems), it is certainly possible that this may have benefits when it comes to a diagnosis of prostate cancer. However, at this time The “New” Prostate Cancer InfoLink is still not convinced that there are sufficient data to suggest a daily aspirin regimen to prevent risk for a diagnosis of prostate cancer, and that is certainly the case if we are talking about doses of aspirin > 75 mg/day because higher doses of aspirin are associated with a significant risk for a variety of gastrointestinal problems.

**WARRIORS SUPPORT GROUP**

**Tuesday, January 14**

1:00 – 3:00 p.m.: Regularly scheduled meeting

We meet the Tuesday BEFORE the regular monthly meeting at the Maplesoft Centre for Cancer Survivorship Care 1500 Alta Vista Drive (at Industrial in Cancer Survivors Park, across from Canada Post)
Discussing Brachytherapy

A discussion with Dr. Phuoc T. Tran – Fall 2013 issue of the Prostate Disorders Bulletin.

Many with prostate cancer choose a form of internal radiation therapy known as brachytherapy. Radiation oncologists insert radioactive rice-size pellets, or “seeds,” into the gland in an effort to destroy all cancerous cells.

Each seed releases its radiation over time in a very small area (about the diameter of a pencil eraser), killing all cancer cells nearby. These implants, which lose their radioactivity over a period of a few months, are left in the patient’s body permanently, but no untoward side effects are caused by their presence in the prostate.

Brachytherapy is by no means a new medical procedure. In the early 20th century doctors utilized it to treat prostate cancer, but because they had no great success the procedure fell out of favor. The technique was not widely used again to treat prostate cancer until the 1980s when improvements in medical technology made it more effective. In particular, transrectal ultrasound guidance and template-guided technology permitted doctors to implant the radioactive seeds with greater precision throughout the gland.

Data indicate that the survival rates of patients who chose brachytherapy or radical prostatectomy are comparable after ten years. Urinary complication rates are generally thought to be lower with brachytherapy, as it is a much less invasive treatment method than radical prostatectomy. The chances of permanent urinary incontinence appear lower with brachytherapy than with radical prostatectomy. However, rectal complications are more frequent with brachytherapy.

The objective of this study is to establish the safety of MRI guided focal laser tumour ablation treatment for men with biopsy confirmed early stage low grade single sector prostate cancer. Participants will be asked to undergo a biopsy 4 months after treatment. Quality of Life questionnaires will be collected at baseline, 1 week, 1 month, and 4 month follow-up visits.

This study is suitable for men who have:

- Biopsy proven prostate cancer
- Gleason grade 7 (3+4) or less
- No more than 50% of cores sampled positive
- Clinical stage T1c or T2a
- No prior prostate treatments (e.g. TURP, HIFU, Hormones)
- PSA <10 ng/ml

For information, contact:
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Erectile dysfunction following brachytherapy is generally less severe than after surgery, unless a bilateral nerve-sparing surgery can be performed, in which case the outcomes are pretty much equivalent. The difference is that with brachytherapy (and external beam radiation), men usually retain potency after the procedure, though some develop erectile dysfunction.

In contrast, with surgery, even the bilateral nerve-sparing technique, men have a period of erectile dysfunction immediately after the surgery and then regain their potency over a period of months.

Laser Thermal Therapy Clinical Trial at Toronto’s Princess Margaret

The extra stop, not for toys but for a special toy the da Vinci robotic surgical system, a robot waiting for the surgeon’s joystick commands to remove the prostate with amazing precision cameras and mechanical arms doing the task while a grateful Ottawa businessman and wife two true versions of Santa Claus, drop off a cool million dollars to keep the robot going so men with prostate cancer may have a gift may find a way out from their enclosing walls not just upon the cold month of last December but in the march of months and years to come.

Glenn Kletke’s poetry has most recently appeared in “Whistle for Jellyfish” published by Booklands Press

by Glenn Kletke
The Trillium Dixieland Jazz Band entertained with an hour-long set of jazz hits. The band features PCCN Ottawa’s Hal Floysvik on tuba.

Their set had a short interlude with newly minted standup guy Ruvin Geller. Mr. Geller, as the photo shows, recently had a bit of skin cancer taken care of on his nose. This was his standup debut, which he launched armed with notes of jokes and stories. “If a band can have its music,” he began, “then why can’t I have my notes?” The reviews of his performance are not yet in. However, he did elicit some laughs although the photo doesn’t suggest the audience was always in, um, stitches.

The Trillium Jazz Band continued after his brief bit and went until after 9 pm. The band donated its time that evening, an especially poignant one for them as that day they’d attended the funeral of a former band member who had died of cancer.

Anyone interested in hiring the group can contact its leader John G. Mitchell at 613-692-4779 or 613-292-3086 or by email at manbrassjohn@gmail.com

Their web site is: myspace.com/totrilliumdixieland

Punography

- Jokes about German sausage are the wurst.
- A soldier who survived mustard gas and pepper spray is now a seasoned veteran.
- This girl said she recognized me from the vegetarian club, but I’d never met herbivore.
- PMS jokes aren’t funny, period.
- Class trip to the Coca-Cola factory. I hope there’s no pop quiz.
- Did you hear about the cross-eyed teacher who lost her job because she couldn’t control her pupils?
- What do you call a dinosaur with an extensive vocabulary? A thesaurus.
- England has no kidney bank, but it does have a Liverpool.
- Velcro - what a rip off!
- Venison for dinner? Oh deer!
- Be kind to your dentist. He has fillings, too.

The Christmas Bash was a Hit! We have the photo evidence to prove it.

But instead, we provide these:
Flash A ‘Stache Campaign Raises Over $52,000

by Chuck Graham

Last November 29, PCCN Ottawa had a display at the wrap-up event for Winchester’s 2013 “Flash A Stache” campaign, an annual fundraiser in support of prostate cancer awareness, education, and programs. Funds for the event were raised as participants grew moustaches or promised to shave off long-standing facial hair.

The campaign is a localized version of the international Movember movement in which men collect pledges to grow moustaches. Funds raised directly benefit the community.

The evening began with an alumni hockey game between the Ottawa Senators, including Dr. Anthony Bella, and the Winchester Hawks Jr. B team. This was followed by a party with live music, presentations, a silent auction, moustache judging and recognition of some of the top fundraisers which included the Mountain Township and District Lions Club and the Winchester Fire Department.

This year’s campaign raised over $52,000 which will be divided between the Winchester District Memorial Hospital (WDMH) Foundation and the Ottawa Hospital Foundation’s support for Dr. Bella’s Men’s Health Research Project. The WDMH portion will go to initiate a cancer navigator/coaching program to train staff to help people diagnosed with cancer through the various treatment and support programs. The portion for Dr. Bella will fund a study relating to repairing or preventing the nerve damage that can occur during prostate cancer treatments.

The Flash A ‘Stache committee, including committee co-chairman Tom Clapp, his wife Janet and the Winchester community, are to be commended for their remarkable achievement when one considers the relatively small size of the Winchester community.

Huntsville Conference a Success

by John Arnold

The Huntsville Prostate Cancer Support Group “Getting to know you” conference at Huntsville’s Hidden Valley Resort last November was planned by supporters for supporters. These are the people who volunteer to support men and their families on their prostate cancer journeys.

The conference was a vision of Gerry Pielsticker of Oakville and assisted by John Arnold of Ottawa. They developed the agenda, invited attendees, and developed the overall plan.

A group of 34 people (8 women, 26 men) representing 17 support groups attended. There was support group representation from Atikokan, Winnipeg, West Island (Montreal), Mississauga, Burlington, Newmarket, Orillia, Windsor, Haliburton, Brome-Missisquoi, Cornwall, Gatineau, Markham, Peterborough, Winchester, Oakville and Ottawa. There were very few who had ever met each other and half had never been to such a conference. This diversity greatly enhanced the conference and the views expressed.