

# PCCN Markham



## Newsletter

Volume 16 Issue 4

December, 2014

### **NEXT MEETING**

**Tuesday, December 9, 2014, 7:30PM**

***St. Andrews Presbyterian Church – Main St Markham***

***Rose Room – Downstairs***

***(Free Parking off George St)***

### **Support Group Discussion (No speaker)**

**Have a question? Looking for feedback from your peers? Join us!!**

**Spouses, friends welcome**

***Santa always brings a treat or two ... ☺***

### **IN THIS ISSUE ...**

**....Page 1**

**Index of Articles**

**....Page 2**

**Men who 'monitor' their prostate cancers have high quality of life**

**....Page 3**

**Our Position on PSA Screening (PCCN Toronto)**

**....Page 4**

**Urinary Incontinence A Challenge For Prostate Cancer Patients**

**....Page 5**

**Drugs Home in on Bone Metastases in Prostate Cancer**

**....Page 7**

**Walnuts slow prostate cancer in mice**

**Study extols anti-prostate cancer effects of walnuts**

**Iron Relationship Between Diet And Prostate Cancer**

**....Page 8**

#### **SOCIAL MEDIA LINKS (Videos)**

**Flu Vaccine + Prostate Cancer – Video**

**What are the symptoms of Prostate Cancer? - Video**

#### **NOTABLE**

**Obesity 'raises prostate cancer risk': 10% of cases could be prevented if men kept themselves at a healthy weight**

**... Page 10**

#### **QUOTABLE**

**... Page 11**

**Contact Information**



### Men who 'monitor' their prostate cancers have high quality of life

By Roxanne Nelson Tue Nov 18, 2014 5:51pm EST (Reuters Health) –

Men who decide with their doctors to keep a close eye on their prostate cancer - instead of treating it right away - tend to have physical and mental wellbeing equal to or better than men who opt for immediate treatment, suggests a new analysis.

Additionally, the men who decided to track their cancers in a process known as "active surveillance" did not appear to suffer added emotional stress, researchers found.

"The men in our study did not appear to suffer from any major negative psychological impacts, including anxiety and depression," said Dr. Lara Bellardita, the study's lead author from the IRCCS Foundation's National Cancer Institute in Milan, [Italy](#).

Prostate cancer usually grows very slowly. Men often opt for active surveillance to avoid or delay the side effects that can come with treatment, such as erectile dysfunction, urinary incontinence, and gastrointestinal problems, said Bellardita.

"These slow growing tumors do not necessarily need aggressive local treatment and can be safely followed with active surveillance," said Dr. Marc A. Dall'Era, who wasn't involved with the new study but is a urologist at the University of California, Davis.

Many men with prostate cancer will never need treatment for it, while about a third will go on to get treated after an average of two to three years of surveillance, he said.

While the side effects of prostate cancer treatments may affect quality of life, questions remain over how men fare while on active surveillance, the researchers write in the journal *European Urology*.

For example, they say, some people question whether living with untreated cancer could make men more anxious.

Bellardita and her colleagues reviewed previous studies and found 10 reports published between 2006 and 2014 that looked at quality of life and other psychological issues that men with prostate cancer might experience.

The 10 studies included 966 men with prostate cancer who had been followed for up to three years. The average age was 66. All of the men had chosen active surveillance over treatment.

Overall, the quality of life scores of men who chose active surveillance was similar to men who had their prostate removed. Anxiety, depression and general distress scores also didn't appear worse for the men who chose active surveillance.

Published reports as well as reports from physician practices suggest that men who opt for active surveillance are likely to enjoy a satisfactory level of well being, said Bellardita.

She and her coauthors write that men who opt for active surveillance should still be assessed for these potential problems and offered support as needed, however.

SOURCE: [bit.ly/1vmRihb](http://www.reuters.com/article/2014/11/18/us-prostate-cancer-surveillance-idUSKCN0J22N120141118)  
<http://www.reuters.com/article/2014/11/18/us-prostate-cancer-surveillance-idUSKCN0J22N120141118>

# PCCN Markham



## Newsletter

Volume 16 Issue 4

December, 2014

### Our Position on PSA Screening

by admin on November 14, 2014

In recent years, various task forces or panels have come out strongly against using the PSA blood test as a screening tool. The latest was the Canadian Task Force on Preventive Health Care (CTFPHC) which, on Monday October 27th, 2014 stated that this test should not be used, as it does not prove to save lives!

Since the CTFPHC released their list of "guidelines", the Canadian Urological Association (CUA), several Canadian highly-regarded urologists and radiation oncologists, who actually work with prostate cancer patients, and Rocco Rossi, President and CEO of Prostate Cancer Canada (PCC), have been exceptionally vocal refuting these guidelines, saying that if men in Canada follow them, the number of deaths from prostate cancer across Canada in the next 5-10 years will increase significantly! The Board of Directors of Prostate Cancer Canada – Toronto (PCCN-Toronto) supports the CUA, the prostate cancer specialists, and the president of PCC. Our support group has always advocated for both the PSA blood test and the digital rectal examination (DRE) as two extremely important screening tools for prostate cancer. We have consistently been telling men how important it is to get a "baseline number" in their medical file, so their family doctors have a comparative measure with subsequent PSA tests. This allows men to be properly monitored and any changes to be duly noted.

Our current policy is to advise men without any family history to start getting PSA tests at age 40. Those men with a family history of prostate cancer should start even earlier. African Canadian men, because they are at higher risk for prostate cancer, should also start at age 40 or sooner without any family history, and at age 30 with a history of prostate cancer in their families.

Those of us who have been treated for prostate cancer feel strongly that the PSA blood test saved our lives.

Is the PSA test controversial? Yes, it is.

Does this test sometimes yield "false positives"? Yes, it does.

And does this simple blood test sometimes lead men to have what some refer to as unnecessary prostate biopsies? Yes, that happens occasionally.

However, does any of this outweigh the importance of using the blood test as an important screening tool? **No, it does not!**

Many of our survivors volunteer at three major Toronto hospitals, where we regularly meet newly-diagnosed men who were never properly screened when they should have been. This is either because they made that decision on their own, or because of their family physician's direction. The



sad part is that many of these men do not receive an early-stage diagnosis, but instead are diagnosed with advanced or late-stage prostate cancer. And the main reason for this is that they weren't screened earlier with the PSA blood test. Had they been, many of them might still have been diagnosed with this disease, but the chances are that their diagnoses could or would have been much earlier, and much more treatable and curable.

The bottom line is that until a more accurate test is found, we fully support the PSA blood test as an important screening tool for prostate cancer. We encourage men to get their baseline number earlier rather than later, and to follow up with regular blood tests. Doing this can save your life!

If you have any questions, please call our hotline at 416-932-8820.

Winston Klass Chair Prostate Cancer Canada Network-Toronto

<http://pccntoronto.ca/2014/11/14/our-position-on-psa-screening/>

### **Urinary Incontinence A Challenge For Prostate Cancer Patients**

**Treatment Options Some degree of urinary incontinence is in the cards for those who are receiving treatment for prostate cancer. The good news for most of these patients is that the incontinence should resolve itself within a year's time following treatment of the cancer.**

"With time, the symptoms of the incontinence will ease off and subside," says Dr. Bobby Shayegan, Head of Cancer Surgery at St. Joseph's Healthcare Hamilton, McMaster University.

The incontinence will vary in nature according to what treatment has been prescribed for the patient. For instance, a localized cancer growth on the prostate may be addressed by a radiation-based procedure, either with an external beam or with radioactive seed implants. As a result, patients should expect frequent, sometimes inconvenient urges to urinate, with possible episodes of leakage after radiation treatment.

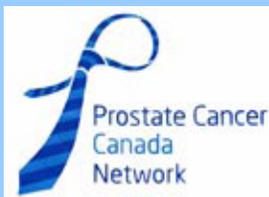
On the other hand, surgical removal of the prostate will result in "stress incontinence". With stress incontinence, patients will experience some urine leakage after sudden body movements, including laughing, coughing, or sneezing, for example.

"With time, the symptoms of the incontinence will ease off and subside."

These complications arise as a result of a disruption in the operation of the bladder or the urinary sphincter. Radiation can decrease the capacity of the bladder and cause spasms that force urine out. Surgery may impact the function of the urinary sphincter that normally controls bladder function.

#### **Urinary incontinence can be managed**

In both cases, most patients can look forward to regaining urinary control within about one year, says Dr. Shayegan. During that time, solutions are available to permit day-to-day activities without



fear of leakage. For instance, urinary incontinence can usually be managed by urinary pads or other types of undergarments, says the doctor.

But some patients may need more. Those in the advanced stages of prostate cancer might have much more demanding issues with incontinence. For instance, their cancer growth might cause some bladder obstruction, leading to urinary overflow, or overflow incontinence.

"These are relatively rare cases," he said, noting that this kind of severe incontinence results from prostate cancer growth that has been left too long without being treated, or that resides in patients whose prostate cancer has progressed significantly.

In these cases, there could be little or no urinary control, necessitating other measures, such as collection devices. These include, for instance, condom catheters, for collecting urine which help patients retain a reasonable quality of life.

<http://www.cancercarenews.ca/treatment-options/urinary-incontinence-a-challenge-for-prostate-cancer-patients>

## Drugs Home in on Bone Metastases in Prostate Cancer

Emma Shtivelman, PhD | 10 Nov 2014

Bone metastases are common in patients with metastatic castration-resistant prostate cancer (CRPC). They are associated with increased risk of death due to a number of complications such as bone fractures, compression of the spinal cord, and pain. Radiation of the affected bone sites is used as a [palliative](#) measure to relieve pain. The U.S. Food and Drug Administration (FDA) has also approved certain drugs for treatment of bone metastases in CRPC including the following:

### Zometa (zoledronic acid)

Zometa belongs to a class of drugs known as bisphosphonates. It was approved by the FDA in 2002 to treat bone metastases in cancer. Zometa is much more effective than several older bisphosphonates that were available prior to 2002.

Bisphosphonates work by preventing bone destruction. They have an affinity for bone because they bind to calcium. Once in bone, they are ingested by osteoclasts, specialized cells that destroy bone cells in the process of bone renewal. Bone renewal is ongoing in healthy bones, but in bones with metastases there is too much bone destruction and not enough bone-building to make up for it. Osteoclasts are largely responsible for bone destruction in bone metastases. Bisphosphonates, including Zometa, kill osteoclasts and slow down the process of bone destruction by these cells.

In [clinical trial](#) testing, Zometa has been shown to reduce bone pain in CRPC patients. However, it works better if given before the painful symptoms start, which is a disadvantage. In a pivotal trial, Zometa reduced the number of bone metastases by 25% compared to a [placebo](#) and also reduced the

# PCCN Markham



## Newsletter

Volume 16 Issue 4

December, 2014

number of bone fractures. Unfortunately, it does not improve overall survival of CRPC patients. It is also associated with significant kidney toxicity and has additional serious side effects.

### Denosumab

Denosumab is a [targeted drug](#) that binds to a protein called 'receptor for RANKL.' This protein is found on osteoclasts, and binding of denosumab inhibits destruction of bone by osteoclasts. Denosumab thus prevents increase in size and number of metastatic bone lesions. It also delays the onset of bone metastases. Denosumab is more effective than Zometa, and has fewer side effects. However, similar to Zometa, it does not prolong overall survival.

### Xofigo

Xofigo, *aka* radium-223 dichloride, is a first-in-class drug that delivers radioactive alpha particles to treat bone metastases. Injectable radioactive drugs had been in use prior to Xofigo, but they emitted different radioactive particles. These older drugs were associated with suppression of bone marrow — a typical side effect of radiation treatments — and were not very effective in stopping the spread of cancer to bones.

Approved by the FDA in 2013, Xofigo is injected intravenously once a month for 6 months. It mimics calcium and homes in on bones, in particular to sites where there is high bone turnover. Because bone metastases have a high rate of bone destruction, they absorb most of the drug. The alpha particles emitted by Xofigo are high-energy, but have a short range. Therefore they do not affect nearby healthy bone tissue. In the [ALSYMPCA](#) clinical trial, Xofigo not only delayed bone metastases and eased pain, but also improved overall survival for CRPC patients. Xofigo works equally well in patients who have been treated with the chemotherapy drug docetaxel and those who have not. Xofigo is not associated with serious side effects and its gastrointestinal effects are generally very manageable. These characteristics make it a drug of choice for treatment of bone metastases. In spite of their availability, recent surveys show that these bone-targeted drugs are underused in treatment of metastatic CRPC. The reasons are not well understood. Hopefully, the positive effects of Xofigo on overall survival will change this situation. There are very few new drugs being developed to treat bone metastases. But ongoing clinical trials are testing the effects of combining the newer anti-androgen drugs abiraterone (Zytiga) and enzalutamide (Xtandi) with Xofigo. Hopefully these combinations will have a synergistic effect in stopping the metastatic spread of CRPC.

<http://www.cancercommons.org/2014/11/10/drugs-home-in-on-bone-metastases-in-prostate-cancer/>



### **Walnuts slow prostate cancer in mice**

[University of California, Davis](#) *right*Original Study

Posted by [Dorsey Griffith-UC Davis](#) on November 17, 2014

Both whole walnuts and walnut oil appear to slow down prostate cancer and to reduce levels of a hormone linked to both prostate and breast cancer in studies with mice.

"For years, the United States government has been on a crusade against fat, and I think it's been to our detriment," says lead scientist and research nutritionist Paul Davis. "Walnuts are a perfect example. While they are high in fat, their fat does not drive prostate cancer growth. In fact, walnuts do just the opposite when fed to mice."

Davis and colleagues have been investigating the impact of walnuts on health for some time. A previous study showed that walnuts reduced prostate tumor size in mice; however, there were questions about which parts of the nuts generated these benefits. Was it the meat, the oil, or the omega-3 fatty acids?

If it was the omega-3 fats, the benefit might not be unique to walnuts. Since fatty acid profile for the soybean oil used as a control was similar, but not identical to walnuts, more work has to be done.

<http://www.futurity.org/walnuts-prostate-cancer-803752/>

### **Study extols anti-prostate cancer effects of walnuts**

#### **Iron Relationship Between Diet And Prostate Cancer**

Posted by [Jerry Buss](#) on 21 Nov 2014 at 2:14 am

Iron relationship between diet and prostate cancer has been well studied. Now, a new mouse study from researchers at the University of California-Davis suggests diets rich in walnuts or walnut oil could slow prostate cancer growth. There have been numerous studies that show the powerful health benefits associated with walnuts. Walnuts are loaded with omega-3s, which make them the ultimate brain food. On the one hand, walnuts are high in iron, manganese, magnesium, copper, etc. On the other hand, walnuts can reduce the amount of iron human body absorbs from iron-rich foods. Based on autopsy material, primary tumors always develop at body sites of excessive iron deposits. Mechanisms of prostate carcinogenesis are simple. On the one hand, genes involved in iron overload disorders create inherited prostate cancers. On the other hand, any health problems and iron-rich diets distort iron metabolism and create spontaneous prostate cancers. Raw cow or goat milk binds iron in the intestine and carries it out in the stool. But raw milk can harbor dangerous micro-organisms. Chelation therapy means using drugs and methods to remove certain metals, such as iron, from the body. Direct intratumoral injections of anticancer agents, chelation therapy and raw

# PCCN Markham



## Newsletter

Volume 16 Issue 4

December, 2014

milk diet can neutralize prostate tumors, metastases and micro-metastases in hospitalized patients in the United States.

<http://www.medicalnewstoday.com/opinions/180785>

## **SOCIAL MEDIA LINKS**

### **Flu Vaccine + Prostate Cancer - Video**

Dr. Snuffy Myers talks about why the flu vaccine is so important for prostate cancer patients.

<http://askdrmyers.wordpress.com/2014/11/06/influenza-vaccine-prostate-cancer/>

### **What are the symptoms of Prostate Cancer?**

<http://www.dailymail.co.uk/health/article-2828668/Prostate-cancer-breakthrough-scientists-discover-STARVE-tumours-blood-supply.html>

## **NOTABLE**

### **Obesity 'raises prostate cancer risk': 10% of cases could be prevented if men kept themselves at a healthy weight**

- New research claims that obesity increases the risk of developing cancer
- One in ten prostate cancers could be prevented with weight control
- More than 41,000 men are diagnosed with prostate cancer each year
- The illness kills approximately 10,000 men in an average year

By [Jenny Hope for the Daily Mail](#)

Fat men are at greater risk of developing advanced prostate cancers - including aggressive cancers that are fatal, says a new report.

It found 'strong evidence' of a link between being overweight/obese and advanced prostate cancer.

A report from a leading cancer prevention charity estimates that one in 10 advanced prostate cancer cases in the UK could be prevented, if men kept a healthy weight.

Prostate cancer is the commonest cancer in men. In the UK, more than 41,000 men are diagnosed each year and the condition leads to approximately 10,000 deaths a year.

The finding was made after an analysis of the global scientific research into lifestyle factors and prostate cancer in the World Cancer Research Fund's Continuous Update Project (CUP).

The report, the most in-depth review to date, analysed 104 studies involving more than 9.8 million men and over 191,000 cases of prostate cancer.

# PCCN Markham



## Newsletter

Volume 16 Issue 4

December, 2014

It casts doubt on links previously made between prostate cancer risk and certain foods.

The evidence linking diets high in calcium to an increased risk of prostate cancer has been downgraded from 'strong' to 'limited'.

Evidence that foods containing lycopene such as tomatoes cut the risk of prostate cancer, has been downgraded from 'strong' to no conclusion possible.

The evidence that a diet higher in dairy products increases risk, remains limited.

The report, the result of a partnership with Imperial College London, is the most in-depth review to date of research linking diet, physical activity, and weight to the risk of developing prostate cancer. Kate Allen, Executive Director Science and Public Affairs at World Cancer Research Fund International, said 'It is the first time we have been able to show any kind of link between advanced prostate cancer and weight.

'The emergence of a link between body fatness and advanced prostate cancer could have important implications.

'It may raise questions in relation to prostate cancer screening, in particular, whether excess weight ought to be included alongside factors like family history in discussions between GPs and men at risk of advanced prostate cancer.'

Dr Jonathan Rees, GP and Chair of the Primary Care Urology Society, said 'With so much controversy over the merits of screening for prostate cancer, it is vital in primary care for us to understand which patients are most at risk of developing this disease.

'The findings of this review point us towards recognising overweight or obesity as a risk factor to take into account when discussing screening with patients.'

Dr Matthew Hobbs, Deputy Director of Research at Prostate Cancer UK said 'Maintaining a healthy weight and staying active can protect against many diseases, including cancer. The link found in this research between being overweight and risk of aggressive and advanced prostate cancer is an important finding.

'Prostate cancer is often symptomless in the early stages when it is most treatable and so awareness of risk is crucial.

'We already know that men over 50, black men and men with a family history of prostate cancer are more likely to develop the disease.

'This report shows that there is growing evidence that BMI and waist size may be another tell-tale sign. Importantly, unlike other known risk factors, this is something that men can do something about.

# PCCN Markham



## Newsletter

Volume 16 Issue 4

December, 2014

'The current diagnostic process fails to distinguish aggressive from harmless forms of the disease so GPs have to decide whether it's worth a man being tested.

'We must get to a point where doctors can identify and test those men who are most likely to develop aggressive disease, whilst sparing others unnecessary treatment. This research may give doctors an important new warning to look out for.'

<http://www.dailymail.co.uk/health/article-2840195/Obesity-raise-prostate-cancer-risk-One-ten-cases-prevented-men-kept-healthy-weight.html#ixzz3JzgubVgH>

### QUOTABLE

"Christmas gives us the opportunity to pause and reflect on the important things around us - a time when we can look back on the year that has passed and prepare for the year ahead."

David Cameron

"Christmas is not a time nor a season, but a state of mind. To cherish peace and goodwill, to be plenteous in mercy, is to have the real spirit of Christmas." Calvin Coolidge

"Youth is when you are allowed to stay up late on New Year's Eve. Middle age is when you are forced to." ~Bill Vaughn

"An optimist stays up until midnight to see the new year in. A pessimist stays up to make sure the old year leaves." ~Bill Vaughan

merry  
CHRISTMAS  
and  
happy  
new year!

# PCCN Markham



## Newsletter

Volume 16 Issue 4

December, 2014

***PCCN Markham  
Prostate Cancer Support Group  
Meets the 2nd Tuesday  
Every month  
September – June  
St. Andrew's Presbyterian Church  
143 Main St Markham***

The Markham PCCN Prostate Support Group is generously supported by Dr John DiCostanzo, PCCN, Janssen Pharmaceuticals, St. Andrews Presbyterian Church, and the Canadian Cancer Society.

The group is open to all; survivors, wives, partners, relatives and those in our community who are interested in knowing about prostate health. Drop by St Andrews Presbyterian Church 143 Main Street Markham at 7:30PM, the 2<sup>nd</sup> Tuesday every month from September to June. The information and opinions expressed in this publication are not endorsements or recommendations for any medical treatment, product, service or course of action by PCCN Markham its officers, advisors or editors of this newsletter.

**Treatment should not be done in the place of standard, accepted treatment without the knowledge of the treating physician.**

The majority of information in this newsletter was taken from various web sites with minimum editing. We have recognized the web sites and authors where possible.

PCCN Markham does not recommend treatment, modalities, medications or physicians. All information is, however, freely shared.

Email [markhampccn@gmail.com](mailto:markhampccn@gmail.com)

***We look forward to your feedback and thoughts. Please email suggestions to [markhampccn@gmail.com](mailto:markhampccn@gmail.com)***

***Website [www.pccnmarkham.ca](http://www.pccnmarkham.ca)  
Twitter <https://twitter.com/pccnmarkham>***