PCCN Markham

Newsletter

Volume 18 Issue 10 **June, 2017**

Informal Get Together

Tuesday, June 13, 2017 - 5:30PM

Duchess of Markham

Main Street, Markham

(Free Parking off Main St (48))

No Formal Meeting in June

However ....

Annually, we gather at the Duchess to relax and enjoy the weather

This is an informal get together !

Spouses Are Definitely Welcome!

NOTE:

Our next Formal Meeting will be Tuesday, September 12, 2017

Our speaker will be Dr. John DiCostanzo, Urologist, MSH

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Urinary RNA Testing Could Avoid Unnecessary Prostate Biopsies

News | May 19, 2017 | Prostate Cancer By Dave Levitan

Combined urinary testing for *PCA3* and *TMPRSS2:ERG* (*T2:ERG*) RNA can help avoid unnecessary biopsies while maintaining ability to detect aggressive prostate cancer, according to a new study.

"Strategies are needed for detecting cancers with more aggressive features (Gleason score, ≥ 7) to enable survival benefits from treatment while limiting unnecessary biopsies and overdetection of indolent disease," wrote study authors led by Martin G. Sanda, MD, of the department of urology at Emory University School of Medicine in Atlanta. "Gene expression alterations in prostate cancer representing an opportunity to refine early detection include overexpression of *PCA3*, a noncoding RNA, and aberrant *T2:ERG* expression."

This study evaluated whether using urinary testing of those markers could improve specificity for detecting aggressive prostate cancer. It included a developmental cohort of 516 men presenting for first-time prostate biopsy, and 561 men in a validation cohort; both cohorts had a mean age of 62 years. The results were published in *JAMA Oncology*.

In the developmental cohort, prostate-specific antigen (PSA) testing alone had a specificity for aggressive prostate cancer of 18%, at a 95% sensitivity; combining urinary *T2:ERG* and *PCA3* testing improved that specificity to 39%, while maintaining sensitivity. The validation cohort confirmed this, with specificity improving from 17% to 33% ($P = .04$), while maintaining a sensitivity of 93%.

If biopsies were restricted to men in the validation cohort with positive urinary findings or a PSA above 10 ng/mL, this would have avoided 42% of unnecessary biopsies, the authors wrote. It would also have avoided overdetection of 12% of indolent cancers. Combining these tests in optimized fashion—whereby high expression of either urinary marker prompts a prostate biopsy—could avoid 33% of "excessive" prostate biopsies. A cost-benefit analysis also suggested that using this testing algorithm could improve value specifically in younger men.

The authors noted that because this study was done in men presenting for biopsy due to elevated PSA or abnormal digital rectal examination, it represents a strategy to refine biopsy decisions after PSA screening rather than as a replacement for it.

Still, they concluded that "these findings suggest that urinary RNA testing can mitigate harms of prostate screening while retaining the benefits of identifying aggressive cancers suitable for treatment."

http://www.cancernetwork.com/prostate-cancer/urinary-rna-testing-could-avoid-unnecessary-prostate-biopsies

Early MRI may lower costs for prostate cancer treatment

19 May 2017 • Author: Niamh Marriott, Junior Editor

A diagnostic MRI followed by one of three MRI-guided biopsy strategies is a cost-effective method to detect prostate cancer, according to a new study out of Case Western Reserve University School of Medicine and University Hospitals Cleveland Medical Center.

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Researchers compared MR-guided approaches to the current standard of transrectal ultrasound guided biopsies and found that these approaches yielded net health benefits that were well within commonly accepted threshold for costs-benefit ratios and thus are cost-effective strategies for detecting prostate cancer. The paradigm-shifting research was published in the preeminent journal Radiology.

"Many consider MRIs to be cost-prohibitive, especially when evaluating for a common entity such as prostate cancer. This was our expectation as well, prior to doing this work, but our study found the opposite. We found that performing MRI before biopsy and using that information to alter biopsy pathways would be a strategy that would add health benefits to the patient population in a cost effective manner," said Vikas Gulani, MD, PhD, study advisor and associate professor of radiology, urology, and biomedical engineering at Case Western Reserve University School of Medicine, and member of both the Case Comprehensive Cancer Center and Case Center for Imaging Research.

The study was jointly first-authored by Shivani Pahwa, MD, department of radiology, and Nicholas Schiltz, PhD, department of biostatistics; and was developed in close collaboration with Lee Ponsky, MD, department of urology, and Mark Griswold, PhD, department of radiology.

MRI guides biopsies

The researchers found using MRI to help detect lesions and guide biopsies increased standardised quality-adjusted life years for patients and was cost-effective in 94.05% of simulations. The benefits were consistent across age groups, and could change how doctors identify and sample cancer lesions.

The current standard of care for detecting prostate cancer involves 12 biopsy samples collected during an invasive transrectal ultrasound. Since most tumours are not visible on ultrasound, up to 40% of clinically significant tumours are missed via this method, and many found are clinically insignificant. The approach regularly results in patients entering treatment pathways with potential negative side effects, to treat low-risk tumours. Biopsies may also cause bleeding and complications, increasing health care costs.

Non-invasive

MRI offers a non-invasive alternative to transrectal ultrasound which can help better steer biopsy pathways. Doctors could use MRI to evaluate patients for potentially harmful lesions, and then use that information in one of three MRI guided strategies for biopsying potential foci of cancer, and bypass biopsy if a scan is completely negative. Although scans are expensive, they can add health benefits by triaging patients into

proper treatment pathways. MR tends to miss low risk cancer, the overtreatment of which is a major contributor to high health and financial costs in prostate cancer. Similarly, a negative MRI is a very good predictor of exclusion of aggressive disease. A combination of such factors is likely the reason for the cost effectiveness of the MRI guided strategies. Current estimates place prostate cancer care costs in the United States at over $10 billion annually, and the price tag is rising.

The findings may help streamline prostate cancer treatment protocols to better serve patients. Said Gulani, "Costs are escalating in part due to expensive and inefficient diagnostic pathways, and placement of patients in incorrect treatment groups. If we can maximise efficiency in how we identify clinically significant lesions and diagnose patients, we can reduce unnecessary treatments for our patients, and reduce costs to our hospitals."

https://www.europeanpharmaceuticalreview.com/51544/news/industry-news/early-mri-may-lower-costs/

A CLOUD of Possibilities: Finding New Therapies by Combining Drugs

Wed, 05/24/2017 - 8:15am Comments

by CEMM RESEARCH CENTER FOR MOLECULAR MEDICINE OF THE AUSTRIAN ACADEMY OF SCIENCES

Two drugs taken together can sometimes lead to outcomes that largely deviate from the effect of the separated compounds—a fact well known from warnings on patient information leaflets. However, while doctors strongly advise against unsupervised mixing of drugs, the synergy of two combined pharmaceuticals assessed in an experimental setting can reveal completely new therapeutic options. Nevertheless, finding a novel combination of drugs for a given disease within the more than 30,000 drug products approved by the regulatory agencies was hitherto a big challenge for scientists.

To facilitate systematic screening for synergistic interactions of drugs, CeMM PI Stefan Kubicek and his colleagues established a collection of 308 compounds (CeMM Library of Unique Drugs, CLOUD) that effectively represent the diversity of structures and molecular targets of all FDA-approved chemical entities. Moreover, the scientists proved the potential of the CLOUD with CeMM´s highly automated chemical screening platform by identifying a novel synergistic effect of two drugs (flutamide and phenprocoumon (PPC)) on prostate cancer cells. The results of Kubicek´s team with Marco Licciardello as first author were published in *Nature Chemical Biology*.

For the establishment of the CLOUD, a clever series of condensation steps was necessary: the CeMM scientists first determined and extracted 2171 unique active pharmaceutical ingredients from the database, discarding all products with identical compounds. Next, they removed large macromolecules like antibodies as well as salt fragments, and discarded all molecules that exert their biological effects through mechanisms other than protein-ligand interactions, are not used to treat diseases or are found only in topical products.

With the remaining 954 systemically active small molecules (STEAM collection), the work had just begun: in order to create a comprehensive collection of compounds that fits on a standard 384-well screening plate, the researchers appended biological activities to all drugs with known molecular targets and grouped them into 176 classes of similar structure and activity. With a sophisticated clustering algorithm, 239 representative drugs were selected from those classes. Combined with 34 drugs with unknown target and 35 active forms of prodrugs (that otherwise need to be metabolized to become active), 308 compounds were selected in total for the CLOUD—the world´s first library representing all FDA-approved chemical entities including the active form of prodrugs.

To put the combinatorial screen with the CLOUD to the test, Kubicek's group investigated the effect of pairwise combinations of CLOUD compounds on the viability on KBM7 leukemia cells, a cell line well suited for drug experiments. Using a dose chosen for each compound individually based on the clinically relevant maximum plasma concentration, the scientists found a strong synergistic interaction between flutamide, a drug approved for the treatment of prostate cancer, and phenprocoumon (PPC), an anti-thrombosis compound. In combination, flutamide and PPC efficiently killed the cancer cells.

After identifying the androgen receptor (AR) as molecular target of the synergistic interaction, the scientists tried the drug combination on prostate cancer cells known to be hard to treat—and hit the bulls eye. "The combination induced massive cell death in prostate cancer cells. We then went back to the entire approved drug list, and indeed, we could show that all drugs from the clusters that flutamide and phenprocoumon represent synergize. Thereby we validated the reductionist concept underlying the CLOUD library," Stefan Kubicek explains.

With their experiments, Kubicek´s team in collaboration with scientists from the Medical University of Vienna, the Uppsala University, Enamine Kiev and the Max Planck Institute for Informatics in Saarbrücken proved that the CLOUD is the ideal set of compounds to develop screening assays and discover new applications for approved active ingredients. At CeMM, a number of key discoveries on new applications for approved drugs have already been made with the CLOUD. Furthermore, as shown in the current issue of *Nature Chemical Biology*, the CLOUD is ideal for finding new drug combinations. "In view of these successes, I would predict that this set of compounds will become world standard for all screening campaigns", Stefan Kubicek emphasizes.

https://www.pharmpro.com/news/2017/05/cloud-possibilities-finding-new-therapies-combining-drugs

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Clinicians Advocate for Patients With Sexual Dysfunction After Cancer, A Quality of Life Issue

Carlos Harrison May 19, 2017

Clinicians are advocating that sexual dysfunction after cancer, which affects a large proportion of survivors, be addressed as a serious quality of life issue.

Cancers, as well as the therapies used to treat them, can cause permanent, devastating effects on sexual health. A growing group of psychologists, gynecologists, and sex therapists are urging oncologists to regard sexual dysfunction as a serious quality of life issue and to discuss the potential impact with patients before, during, and after treatment.

"Sexual health is an important aspect of human life, and cancer does not (and should not) change that," the authors of a recent paper wrote.[1] "Data suggest that issues related to sexual function are quite common among women treated for cancer. However, clinicians often spend little to no time on the topic."

Advances in cancer treatment make sexual health problems increasingly widespread. As the number of survivors grows, so do the number of people living with the long-term effects of the disease or its treatment. Focusing its attention on women, the paper noted that "more than 7.5 million out of 14.5 million cancer survivors in the United States are women, and that number is expected to grow to 9,602,590 by 2024." Therefore, the authors argued, the issue demands a proactive response from oncologists.

"Despite the data showing that most survivors have a good prognosis, current treatments can result in problems, including symptoms related to sexual health," they wrote. "Cancer providers must be aware of this emerging issue and should be prepared to address the sexual health of their female patients, or at least should be able to refer them to locally available experts."

Too often, though, they don't.

"Until about 2 or 3 years ago we didn't think of this as a problem because no one asked the patients about sexuality," the paper's lead author, Eleonora P. Preti, MD, told *Cancer Therapy Advisor*.

Dr Preti, assistant and sexual therapist of the preventive gynecological unit at the European Institute of Oncology in Milan, Italy, added that "doctors need to remove our own barriers about speaking about sexuality. That way, we permit our patients to speak about it. If we have barriers we don't have the ability to improve the lives of our patients."

Various cancers affect sexual health directly — breast, ovarian, testicular and **prostate**, for example. But cancer treatments, too, are known to cause a variety of problems that affect sex. The issues include vaginal dryness, narrowing, or shortening, which can contribute to painful intercourse. Removal of the ovaries or aromatase inhibitor therapy can cause early onset of menopausal symptoms including thinning of the vaginal walls.

Men face their own set of sexual issues including erectile dysfunction, painful ejaculation, and urine leakage during intercourse. Cancer therapies can affect testosterone levels, cause damage to the nerves that control erections, or damage vessels supplying blood to the penis.

The nature of sexuality, however, involves more than just physical ability. It involves a complex combination of physical, psychological, and emotional responses. Body image, the sense of attractiveness, depression and anxiety — about cancer, health in general, or sexual performance — can all have an impact.

"Estimates of the incidence of sexual dysfunction range from 30% to 100% among female cancer survivors, depending on the population queried and on how sexual dysfunction is characterized," Dr Preti and her co-authors wrote. "Sexual dysfunction affects both women with illness and women in the general population, and discussing sexual health in both populations remains difficult — for both patients and providers."

Similar factors affect men. The American Cancer Society advises that "Many men report disappointment, fear, and distress when they have trouble with erections.[2] They report that they don't feel 'like a man' and that something important is missing. Men may report a general unhappiness with life and depression when they have problems with erections."

"The problem is anatomical but also psychological," Dr Preti said, "because the treatment of cancer completely alters our idea of life. After the cure, sexuality becomes a real problem because it completely alters the relationship with our partners and the relationship with ourselves."

Recognizing that cancer survivors may need help coping with those issues, the Dana-Farber Cancer Institute in Boston, Massachusetts, offers counseling, education, and treatment through a dedicated sexual health program.

"I think the big, overarching issue is that patients are really rarely given a heads-up that these things may be coming, so people are often caught by surprise," the sexual health program's director, Sharon Bober, PhD, said. "The sort of sudden nature of some of these changes really catches people off guard."

Advising patients about some of the sexual side effects of the disease and its treatment gives them the opportunity to prepare themselves, emotionally and physically, for the changes that may result.

As the authors of a 2014 paper urging health care professionals to initiate discussions about sex with cancer patients stated, "multiple barriers exist to that can explain why providers may not engage in sexual health discussions. Time constraint was shown to be a real issue in a survey of gynecologic oncologists in New England, where less than 50% of doctors practiced taking a sexual history with new patients and only 20% felt they had sufficient time to discuss sexual concerns. Beyond time, studies also suggest clinicians often make assumptions about patients that 'justify' not inquiring about sexual health."[3]

Dr Bober noted that "we know that patients overwhelmingly want clinicians to ask about this part of their experience in the same way that we ask about everything else. We ask about pain. We ask about nausea. Those are issues that used to be taboo. We now ask about them in a very routine sort of way. Patients want to be asked about this in the same sort of routine way."

Patients, she said, need to know what may happen as a result of treatment and that help dealing with the effects on sexual health is available. Numerous therapies exist to mitigate many of the physical consequences, and psychologists and sex therapists can assist with individual and couples counseling.

"As people are living longer and, as we know, survivors are increasing in number all the time," Dr Bober said, "we really have a growing obligation to serve the whole patient in terms of survivorship, and sexual health is a quality of life issue for millions of people."

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http://www.cancertherapyadvisor.com/clinicians-advocate-for-patients-with-sexual-dysfunction-after-cancer-a-quality-of-life-issue/printarticle/662961/

Long-Term Aspirin May Cut Risk for Cancer Death

Nick Mulcahy April 06, 2017 WASHINGTON, DC —

Long-term, regular aspirin use was associated with both a reduced relative risk for death from any cause and also death from cancer, according to a new observational study involving more than 130,000 health professionals.

Overall mortality risk was 7% lower for women and 11% lower for men who regularly used aspirin compared with nonregular aspirin users. And cancer mortality risk was 7% lower for women and 15% lower for men who regularly used aspirin.

The median follow-up time was 32 years.

The new results were reported by Yin Cao, MPH, ScD, from the Massachusetts General Hospital in Boston, and colleagues in a presentation here at the American Association for Cancer Research (AACR) 2017 Annual Meeting.

Aspirin was beneficial at doses of at least 0.5 to 1.5 standard tablets per week for both men and women. The minimum duration of regular use associated with lower cancer mortality was 6 years, the authors note..

"The reductions in the risk of cancer death may seem modest but the effect size is comparable to the increase in the risk of cancer death associated with obesity," Dr Cao told *Medscape Medical News*.

The team studied 86,206 women enrolled in the Nurses' Health Study between 1980 and 2012, and 43,977 men enrolled in the Health Professionals Follow-Up Study between 1986 and 2012. In each study, aspirin use was assessed at baseline and every 2 years afterward.

"It's compelling data," said Manish Shah, MD, a gastrointestinal oncologist at Weill Cornell Medicine and New York-Presbyterian Hospital in New York City.

However, Dr Shah, who was not involved in the study, also observed that the gold standard of evidence is a prospective, randomized trial.

"These kind of cohort analyses can have significant biases," he said. "Part of the effect may be due to the fact that aspirin users may be more health conscious overall."

Aspirin users may be more health conscious overall. Dr Manish Shah

The new research was inspired by a number of findings and events in recent years, said Dr Cao.

For example, there was a major event in preventive medicine in September 2015, when the US Preventive Services Task Force (USPSTF) recommended that adults 50 to 69 years of age should take daily low-dose aspirin for at least 10 years to reduce their risk for cardiovascular disease and colorectal cancer.

That recommendation was based on clinical trials, which did not reveal the potential population-wide effect of aspirin use on cancer.

So, in 2016, Dr Cao and colleagues published a cancer incidence study using these same two large cohorts that showed long-term aspirin use was associated with a modest but significantly reduced risk for overall cancer.

The new study sought to once again look at a population-wide effect, but on mortality (not incidence), and addresses a question that arises from the USPSTF recommendation, said Dr Cao.

"The question is if you use aspirin for the prevention of cardiovascular disease and colorectal cancer, would you then get some additional benefit in the future in terms of reducing mortality risk with other cancers," she said.

The new study suggests that yes, there might be additional benefit.

During the follow-up period, 8271 women and 4591 men died of cancer. Compared with nonregular use, regular aspirin use was associated with about a 30% lower risk of dying from colorectal cancers (for both sexes), 11% lower risk from breast cancers, **23% lower risk from prostate cancers**, and 14% lower risk from lung cancers in men.

Using aspirin for the prevention of cardiovascular disease and colorectal cancer carries risks. The two mentioned most prominently are gastrointestinal (GI) bleeding and hemorrhagic stroke.

Dr Yao points out that the USPSTF recommendation about aspirin was based on decision analyses that only looked at the risks and benefits found in colorectal cancer and cardiovascular disease data.

She would like to see further decision analyses that "attempt to capture additional benefit with aspirin use," which would in turn be balanced against the potential risks of GI bleeding, stroke, and other adverse events.

This study was supported the National Institutes of Health. Dr Cao and Dr Shah have disclosed no relevant financial relationships.

American Association for Cancer Research (AACR) 2017 Annual Meeting. Abstract 3012. Presented April 3, 2017.

Follow Medscape senior journalist Nick Mulcahy on Twitter: @MulcahyNick

http://www.medscape.com/viewarticle/878305?src=soc_fb_170413_mscpedt_news_onc_aspirin#vp_2

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Eating Your Way To A Long Life

What you eat can affect your health and your longevity. Here, the best foods for a long life — and which ones to avoid.

Longevity isn't just about delaying death — it's about enjoying more years of health and vitality. In her book, *The Longevity Diet*, dietician Leslie Beck outlines the ways food choices affect the aging process and help to delay the onset of age-related chronic illnesses.

First, certain foods can cause or prevent inflammation in the body. We're not just talking arthritis; chronic inflammation also contributes to illnesses like Alzheimer's disease, heart attack and type 2 diabetes. Foods that are high in antioxidants, omega-3 fatty acids, monounsaturated fat and phytochemicals promote the production of anti-inflammatory compounds. In contrast, foods which are high in fat, refined sugars and refined starches can promote inflammation. (See Can food fight inflammation? for more details.)

Second, foods containing high levels of antioxidants combat the harmful effects of free radicals — compounds which can damage proteins, cell membranes and genes. Free radical damage accumulates over the years when the body can't produce enough of its own antioxidant enzymes to keep up. You've likely heard some of the big names like polyphenols, phytochemicals (such as flavonoids, beta carotene and resveratrol), vitamins C and E and selenium.

Finally, as we age, our bodies become less sensitive to insulin and the pancreas has to work overtime to compensate. The result: a condition known as insulin resistance which can lead to type 2 diabetes. Maintaining low, consistent levels of insulin is essential for longevity, and we can help by choosing foods which release glucose more slowly rather than causing spikes in blood glucose levels. These choices are known as low glycemic foods — the ones that score the lowest on the glycemic index (GI).

So what are the top foods for a long life?

Almonds

Love them for their vitamin E and healthy fats. They make a great addition to salads and cereals, or enjoy almond butter on toast, apples or crackers.

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What about other nuts? Experts agree that most nuts offer healthy benefits too. For instances, walnuts have a hefty dose of alpha linolenic acid (ALA) content — an omega-3 fatty acid that helps reduce inflammation.
Avocados. This fruit is a not just a source of healthy fat, it's also got folate (an essential B-vitamin) as well as vitamin B6, potassium and glutathione, a powerful antioxidant. Its creamy texture works well in dips and spreads.

Beets

Those bright pigments are thought to help ward off certain cancers like colon cancer. They're also high in folate and manganese, and the betaine found in beets can help fight aging and inflammation. Try roasting them along with other winter vegetables or grate them on a salad.

Berries and red fruits

Need another excuse to enjoy berries? They're packed with antioxidants. Toss them on your cereal or yoghurt, or enjoy them as a snack.
Other red fruits like pomegranates and red grapes also offer a host of protective compounds. Red grapes are known for their resveratrol content, which helps fight inflammation, and pomegranates are packed with polyphenols that are good for the heart and guard against lung and prostate cancer.
Broccoli. This cruciferous veggie contains sulforaphane, kaempferol and other phytochemicals that fight free radicals. Try roasting broccoli for a tasty change of routine or toss it on pizza.

Cabbage

Got to love those glucosinolates — another type of phytochemical that target free radicals. Try it in a sandwich instead of lettuce or braise it with apples and red wine.
Dark chocolate. Yes, you can treat yourself. Unlike milk or white chocolate, dark chocolate containing 70 per cent cocoa or more is packed with flavonoids. But don't over do it — a small square is all you need.
Flaxseed. Flaxseed offers cancer-preventing phytochemicals and is an excellent source of alpha linolenic acid or ALA (an omega-3 fat) and lignans, which can help prevent heart disease. It's easy to add to foods like cereals, cookies, meatloaf and stews, and can also be used to replace eggs in recipes.

Garlic

There are many reasons to enjoy this potent member of the onion family, including sulphur compounds that boost the immune system and prevent many cancers. It's also good for the heart because it can prevent blood from forming dangerous clots and can help lower cholesterol.

Green tea

Served hot or cold, this popular beverage contains catechins, which fight inflammation and improve blood vessel functioning. Try drinking it hot (with lemon and honey), or iced with a shot of your favourite fruit juice. (For more details, see A cup of tea for your health.)

Kale

It has high fibre content, calcium, iron, vitamins A, C and K. Kale is also packed with antioxidants, and sulforaphane and a compound called indoles — both of which can help prevent cancer. Kale holds its shape in stir-fries and soups, and makes a crunchy snack when baked.

Legumes

While most dried beans provide plenty of fibre and plant-based protein, black beans get the nod for having the most antioxidant content. Beans and other legumes are also low glycemic carbohydrates — meaning they release their glucose slowly.

Short on time? Try lentils — they don't require pre-soaking and cook up quickly. Toss them in pasta sauce instead of ground meat or add them to any soup, stew or salad.

Oats

They have all the phytochemicals and nutrients of other whole grains, but they really shine for their beta-glucane content (which lowers bad cholesterol) and avenanthramides (which protect LDL cholesterol particles from free radicals).

Extra-virgin olive oil. It's the go-to oil for its healthy monounsaturated fats, vitamin E content and phytochemicals. It's not just for cooking — mix it up with some balsamic vinaigrette for a tasty dressing.

Oranges. Famous for their vitamin C, oranges also offer phytochemicals that help prevent disease. Another bonus: enjoying whole fruit instead of juice offers up fibre as well.

Red bell peppers

Known for their vitamin C and beta-carotene content. You're better off eating red peppers raw or lightly cooked as overcooking can damage the vitamins.

Salmon and other omega-3-rich fish

No surprise, it's the high levels of fatty acids that make these choices a mainstay in the longevity diet. Trout, Arctic char, sardines and herring are other low-mercury options to try.

Soybeans

Like other legumes, they're rich in nutrients but they're also a "complete protein" — meaning they offer all the essential amino acids. They also offer isoflavones, which are thought to reduce the risk of breast and prostate cancer.

Spinach

Experts can't get enough of this leafy green because of the vitamins A and C, beta-carotene and flavonoids content. Other leafy greens top many superfood lists as well.

Foods to cut back

Notice what's not on this list? The usual culprits: red meat, processed meats, refined sugars and starches and sodium can all contribute to weight gain, insulin resistance and inflammation. You don't have to cut these foods completely from your diet, but limiting them is a step in the right direction.

What about alcohol?

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Get ready for some controversy Some studies say a drink a day is good for you, while other research suggests that alcohol can have harmful effects. Ultimately, it's up to individuals (and their doctors) to weigh the benefits versus the risks of a drink or two a day.

For more on The Longevity Diet, visit Leslie Beck's website.

Originally published on EverythingZoomer.com

NOTABLE

Wear Plaid For Dad!

Plaid for Dad is a new Father's Day tradition

Plaid for Dad was launched in 2015 to help raise awareness and vital research funds for prostate cancer. It has quickly become a fun and easy way for Canadians to celebrate dad and help the 1 in 8 men who will be diagnosed with prostate cancer in their lifetime. Last year, over 600 workplaces and thousands of individuals from across Canada supported plaid through donations, fundraising and events. The Friday before Father's Day was officially designated as the day to wear Plaid for Dad. Participants celebrated by sharing photos online using the hashtag #PlaidforDad to show their support and help spread the word. This year, we're going to take it to the next level! There's going to be even more ways for people to Go Plaid and celebrate Dads. Don't miss out on your chance to be part of this incredible fundraising campaign!

http://plaidfordad.ca/

QUOTABLE

"Family is not an important thing. It's everything." Michael J. Fox

"Life is like riding a bicycle. To keep your balance, you must keep moving." — Albert Einstein

"I'm hitting the woods just great, but I'm having a terrible time getting out of them". Harry Toscano

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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, 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 2nd 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.
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