

PCCN Markham



Newsletter

Volume 19 Issue 3

November, 2017

NEXT MEETING

Tuesday, November 14, 2017 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Rose Room - Downstairs

(Free Parking off George St)

SMALL GROUP DISCUSSION/ROUND TABLE

Have a question? Looking for case similar to yours?

Survivors/Partners discuss issues, share concerns

Group is moderated by your peers

Spouses Always Welcome

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Prostate Cancer Hormone Therapy Ups Cardiac Risks

Jody A. Charnow, Editor October 11, 2017

Androgen-deprivation therapy (ADT) for localized prostate cancer is associated with an increased risk for heart failure among men without pre-existing cardiovascular disease (CVD), according to a new study. The study found higher risks of arrhythmia and conduction disorder only among ADT recipients with pre-existing CVD.

The findings are from a prospective cohort study of 7637 men with newly diagnosed localized [prostate cancer](#) (PCa) who initially underwent active surveillance. Of these, 30% had received ADT. Compared with men not exposed to ADT, ADT recipients without pre-existing CVD had a significant 81% increased risk of [heart failure](#), after adjusting for potential confounders, Reina Haque, PhD, MPH, of Kaiser Permanente Southern California in Pasadena, and colleagues reported in the *British Journal of Cancer* (2017;117:1233-1240). Men with pre-existing CVD had a significant 44% increased risk of arrhythmia and 3-fold increased risk of conduction disorder.

Study participants received their PCa diagnoses during from 1998 to 2008 and were followed through 2010. "This study provides the basis for identifying high-risk men treated with ADT who might benefit from regular cardiac monitoring and lifestyle modification recommendations," the authors concluded.

Reference

Haque R, UlcickasYood, M, Xu X, et al. [Cardiovascular disease risk and androgen deprivation therapy in patients with localised prostate cancer: a prospective cohort study](#). *Br J Cancer* 2017;117:1233-1240. doi: [10.1038/bjc.2017.280](#)
<http://www.renalandurologynews.com/prostate-cancer/prostate-cancer-adt-increases-heart-failure/article/699430/>

Despite concerns, vasectomy and prostate cancer not linked

By Tim Newman Published Wednesday 11 October 2017

The three-decade-long debate on the link between vasectomy and cancer may finally be over: a meta-analysis that looked at more than 3 million participants finds no relationship.

Having a vasectomy is an effective, long-term contraceptive method. It is comparatively safer, quicker, and cheaper than the female equivalent: tubal ligation.

Globally, an estimated [33 million](#) married women aged between 15 and 49 rely on their husband's vasectomy for [contraception](#).

This figure accounts for just 3 percent of the married population. Despite the effectiveness and safety of the procedure, many couples do not opt for a vasectomy.

Part of the reason for this may be a 30-year-old debate surrounding its potential link with [prostate cancer](#).

Vasectomy fears hotly debated

In the late 1980s, reports began to emerge of a relationship between this simple procedure and an increased risk of prostate cancer. A number of research teams investigated, and many studies were published that fell on both sides of the argument.

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So, in an attempt to make sense of the data behind the discussion, [meta-analyses](#) were carried out [and released](#) - but even these failed to lay the debate to rest, and the jury remained well and truly out. Despite there being no plausible medical explanation as to how these two things could be related, the argument continued.

In the latest attempt to end this discussion once and for all, several researchers carried out the largest systematic literature review and meta-analysis to date.

The paper, recently published in [JAMA Internal Medicine](#), included data from 3 million patients across 53 studies.

According to the authors, they paid "particular attention to study quality" and set out "to determine if there is an association between vasectomy and any prostate cancer, high-risk prostate cancer, advanced prostate cancer, and lethal prostate cancer."

Concerns laid to rest?

Once the analysis was complete, the researchers' conclusions were clear. They say that the "review found no association between vasectomy and high-grade, advanced-stage, or fatal prostate cancer."

They add, "There was a weak association between vasectomy and any prostate cancer that was closer to the null with increasingly robust study design."

"This association is unlikely to be causal and should not preclude the use of vasectomy as a long-term contraceptive option."

The "weak association" mentioned above is thought to be due, at least in part, to the so-called cascade effect. In other words, because a man with a vasectomy has already seen a urologist, he is more likely to return at a later date for prostate-specific antigen testing. And because he is being tested, a diagnosis of prostate cancer becomes more likely.

When talking about the tiny increase in risk that they measured, study co-author Dr. Bimal Bhindi - of the Mayo Clinic in Rochester, MN - says, "It shouldn't stop you from gaining something that is otherwise very effective for family planning purposes."

Also, Dr. Eric A. Klein - chairman of the Cleveland Clinic's Glickman Urological & Kidney Institute in Ohio - says, "This study, involving 3 million patients, is the largest ever conducted. It found no meaningful increased risk of prostate cancer for men who have had a vasectomy."

"The fact that this study found no increased risk of prostate cancer from prior vasectomy should set everyone's mind at ease," he adds.

These findings are important. Between 2006 and 2008, an estimated [10.3 million](#) women in the United States used female sterilization, while just 3.7 million men used male sterilization as their form of contraception. Because the vasectomy is much safer, it should be recommended to couples seeking long-term contraception. Perhaps these findings will help to put male minds at ease and encourage doctors to offer it as a simpler solution to long-term contraception than female sterilization.



Although this research is wide-ranging and detailed - and the conclusions solid - only time will tell if it is refuted again.

<https://www.medicalnewstoday.com/articles/319694.php>

Common asthma drug 'stops the spread of prostate cancer'



by [Spectator Health reporter](#) 25th September 2017

Researchers from the University of York have discovered that a protein in bone marrow acts like a 'magnetic docking station' for prostate cancer cells, helping them grow and spread outside of the prostate.

They have found a way to block the signal in the cancer cells, disabling the cell and preventing it from multiplying at a new site in the body, according to a new [report published in the journal Oncogenesis](#).

Their research showed that the protein, which normally functions to reduce inflammation after infections, has a key-like structure that locks on to opposite receptors on the stem cells of prostate cancer. This allows cancer cells that have spread from the prostate to 'dock' with the protein in the bones and multiply to form a new tumour.

Once the prostate cancer has attached to the protein, a signal is sent from the surface of the cancer to the nucleus of the cell, telling it that it can start to grow.

Professor Norman Maitland, the study's lead author, said: 'We have always known that the two places where prostate cancer spreads are the bones and lymph nodes, but we have not fully understood why these two locations are preferred.'

'If we imagine the prostate cancer cell as a floating 'space rocket' and the only way for it to perform its mission is to 'dock' with another 'space vehicle', we start to get a picture of what happens when a cancer cell moves around the body in search of a new home.'

'Without this docking station, the 'ship', or cell, will just float around, not causing any further harm. The receptors on the 'docking station', or the protein in bone, act like a magnet for the receptors on the stem cells of the cancer and once it is 'docked', getting rid of the cancer becomes much harder.'

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Replicating this 'docking process' in human prostate cancer cells, the team were able to identify the signal going into the nucleus of the cancer cell and blocked it with a non-toxic drug – known as AS1517499 – that has previously been tested for treatment of allergic asthma.

They found that the drug inhibits the signal, allowing the cancer cell to survive, but ultimately disabling its ability to spread. This could mean that cancer spread can be slowed down or be made more receptive to cell death following traditional treatments such as chemotherapy.

<https://health.spectator.co.uk/common-asthma-drug-stops-the-spread-of-prostate-cancer/>

CHMP Recommends Abiraterone Acetate to Include Earlier Stage Prostate Cancer Patients

Truckee, CA (UroToday.com) –

Janssen announced that the European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use (CHMP) has recommended broadening the existing marketing authorization for ZYTIGA® (abiraterone acetate) plus prednisone / prednisolone to include an earlier stage of prostate cancer than its current indications. If approved by the European Commission, abiraterone acetate plus prednisone / prednisolone in combination with androgen deprivation therapy (ADT) can be used for the treatment of adult men with newly diagnosed high-risk metastatic hormone-sensitive prostate cancer (mHSPC).¹

"As shown by the results from the LATITUDE study, adding abiraterone acetate plus prednisone / prednisolone to ADT alone significantly improves overall survival and radiographic progression-free survival in men with metastatic hormone-sensitive prostate cancer and high-risk features in comparison to treating patients with ADT alone, where median survival is currently less than three years. Today's decision means we are one step forward in ensuring mHSPC men across Europe may be able to benefit from this treatment soon," said Professor Karim Fizazi, principal investigator of the LATITUDE trial and Head of the Medical Oncology Department at Institute Gustave Roussy.

The CHMP recommendation is based on data from the multinational, multicentre, randomised, double-blind, placebo-controlled Phase 3 study, LATITUDE. The trial was designed to determine if newly diagnosed patients with mHSPC who have high-risk prognostic factors benefit from the addition of abiraterone acetate and prednisone to androgen deprivation therapy (ADT) vs placebos and ADT.² Data were presented at the 2017 American Society of Clinical Oncology congress in Chicago, USA and published in the New England Journal of Medicine.

"We are very pleased with the CHMP's decision which recommends abiraterone acetate plus prednisone / prednisolone in combination with ADT for use in adult patients with newly diagnosed high-risk metastatic hormone-sensitive prostate cancer. Janssen Oncology has played a significant role in transforming the way prostate cancer is treated so far and aims to continue this progress," said Dr. Ivo Winiger-Candolfi, Oncology

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Solid Tumor Therapy Area Lead, Janssen Europe, Middle East and Africa.

Abiraterone acetate plus prednisone / prednisolone has already been approved by the European Commission (EC) for the treatment of metastatic castration-resistant prostate cancer (mCRPC) in adult men who are asymptomatic or mildly symptomatic after failure of ADT in whom chemotherapy is not yet clinically indicated and of mCRPC in adult men whose disease has progressed on or after a docetaxel-based chemotherapy regimen.³

In the LATITUDE study, the safety profile of ADT in combination with abiraterone acetate plus prednisone was consistent with prior studies in patients with metastatic castration-resistant prostate cancer (mCRPC). Most common adverse events were elevated incidences of mineralocorticoid-related hypertension and hypokalemia in the ADT in combination with abiraterone acetate plus prednisone arm compared with ADT and placebos.⁴ The observed degrees of hypertension and hypokalemia were both medically manageable with antihypertensive medications and potassium supplements as needed, only rarely required treatment discontinuation, and seldom led to serious consequences.⁴

The CHMP's Positive Opinion will now be reviewed by the European Commission, which has the authority to grant approval of the new indication.

References:

¹ European Medicines Agency. ZYTIGA CHMP meeting highlights.

² National Institutes of Health. A Study of Abiraterone Acetate Plus Low-Dose Prednisone Plus Androgen Deprivation Therapy (ADT) Versus ADT Alone in Newly Diagnosed Participants With High-Risk, Metastatic Hormone-Naive Prostate Cancer (mHNPC).

³ ZYTIGA® summary of product characteristics (February 2017).

⁴ Fizazi, K. et al. Abiraterone plus Prednisone in Metastatic, Castration-Sensitive Prostate Cancer. *New England Journal of Medicine* 2017; 377:352-360. <https://www.urotoday.com/recent-abstracts/urologic-oncology/prostate-cancer/99112-chmp-recommends-janssen-s-zytiga-to-include-earlier-stage-prostate-cancer-patients.html>

Clinical trial hopes to provide less toxic treatment for prostate cancer

October 18, 2017



Dr. Gurkamal Chatta with his patient. Credit: Roswell Park Cancer Institute

Over the last decade, immunotherapy has emerged as one of the most promising and innovative fields in oncology. The goal of immunotherapy is to help a patient's own immune system fight cancer. A major breakthrough came in 2010, when the FDA approved the first cancer-treatment vaccine, sipuleucel-T (brand name Provenge), for the treatment of prostate cancer.

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"Since then, there have been clinical [trials](#) of other immunotherapies for prostate [cancer](#), but we really haven't had any other major improvements," says Gurkamal Chatta, MD, Clinical Chief of Genitourinary (GU) Medicine at Roswell Park Cancer Institute.

In the hope of changing that, Dr. Chatta and his colleagues are conducting a phase I clinical trial of an immunotherapy for men with [metastatic prostate cancer](#) that has progressed in spite of standard treatment.

"We are targeting an area of need where there are really no other effective therapies."

The trial centers on MOR209/ES414, a special type of antibody that researchers hope will guide the patient's T cells—specific white blood cells that help the immune system fight disease—to seek out a molecule called PSMA, which is found in most [prostate cancers](#). The science behind the clinical trial is based on results of [clinical trials](#) for a similar [immunotherapy](#) called blinatumomab (Blinicyto), which is now FDA-approved for the treatment of [acute lymphoblastic leukemia](#).

Roswell Park is one of only three sites across the country (with a fourth location in Australia) where the MOR209/ES414 clinical trial is offered, and the only location on the East Coast. Participants receive MOR209/ES414 in a continuous infusion through a pump that's worn as a "fanny pack" and visit the GU Center at Roswell Park twice a week for six months. "It's a very open trial in the sense that there is no rigid entry criteria. The trial is open to any men who have failed the standard treatments for prostate cancer," says Chatta.

Dr. Chatta hopes that in the long run, MOR209/ES414 will prove to be effective for treating prostate cancer, and—at the very least, in the short term—provide a less-toxic treatment option for some patients. "If you could have a treatment that specifically targets the cancer, without causing collateral damage, you could provide meaningful quality of life in a subset of patients who are sicker and less able to tolerate toxic chemotherapies," he says.

Provided by: [Roswell Park Cancer Institute](#)

<https://medicalxpress.com/news/2017-10-clinical-trial-toxic-treatment-prostate.html>



Is There a Prostate Cancer Diet?

WebMD expert and urologist Sheldon Marks, MD, shares his thought on how men can help prevent prostate cancer through nutrition. From the WebMD Archives

When you're being treated for [cancer](#), it's more important than ever to eat right and get adequate [nutrition](#) -- but it can also be more difficult than ever to adhere to a balanced [cancer diet](#). Your body is working overtime to fight the [cancer](#), while it's also doing extra duty to repair healthy cells that may have been damaged as a side effect of treatments like [chemotherapy](#) and [radiation](#). At the same time, many [cancer](#) treatments -- especially chemotherapy -- come with side effects that drain your strength and sap your appetite. So how can you make sure you're getting all the essential [nutrients](#), [vitamins](#), and minerals you need to keep a balanced [cancer diet](#)?

1. Participate in **regular exercise**. Walking is best.
2. **Limit your calorie intake**. Excess calories are bad for cancer growth. Eat what you need to get to the next meal, not the usual American style of eating all you can as if you are never going to eat again.
3. **Get sunshine daily**. Darker-skinned people need more sunshine.
4. **Don't follow these or any guidelines to excess**. Moderation is the key.
5. **Heart healthy is prostate healthy**. [Heart disease](#) is still the No. 1 killer, even in men with [prostate cancer](#).
6. **Variety in the foods you eat is important**. Increase the diversity.
7. **Remember supplements are supplements**. They are not intended to replace an intelligent diet; their purpose is to supplement an intelligent diet. [Supplements](#) are a poor alternative to eating foods that are high in the desired [nutrients](#).
8. **See a doctor regularly for early detection and preventative care**. Be proactive rather than reactive.

Nutritional Recommendations

The two diets known to be associated with [longevity](#) and reduced [risks for prostate cancer](#) are the traditional Japanese diet and a Southern [Mediterranean diet](#). The Japanese diet is high in [green tea](#), soy, vegetables, and fish, as well as low in calories and fat. The [Mediterranean diet](#) is high in fresh [fruits and vegetables](#), garlic, tomatoes, red wine, olive oil, and fish. Both are low in red meat.

Specifically, you should incorporate these principles when reevaluating your daily diet:

1. Reduce animal fat in your diet. Studies show that excess fat, primarily red meat and high-fat dairy, stimulates [prostate cancer](#) to grow.
2. Avoid trans fatty acids, which are known to promote cancer growth. These are high in margarines, and fried and baked foods.
3. Increase your fresh fish intake, which is high in the very beneficial alpha omega-3 fatty acids. Ideally eat cold-water fish such as salmon, sardines, mackerel, and trout, at least two to three times a week. The fish should be poached, baked, or grilled (not burned or charred). Avoid fried fish.

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4. Significantly increase your fresh fruit, herb, and vegetable consumption daily. Powerful anticancer nutrients are being discovered regularly in colorful [fruits and vegetables](#), fresh herbs, leafy green vegetables, nuts, berries, and seeds.
5. Avoid high-[calcium](#) diets, which have been shown to stimulate prostate cancer growth.
6. Take a multivitamin with B complex and [folic acid](#) daily.
7. Avoid high-dose zinc supplements.
8. Increase your natural [vitamin C](#) consumption -- this includes citrus, berries, spinach, cantaloupe, sweet peppers, and mango.
9. Drink [green tea](#) several times each week.
10. Avoid excess preserved, pickled, or salted foods.
11. Eat red grapes, drink red grape juice, or red wine regularly.
12. Eat leafy dark-green vegetables frequently.
13. Cruciferous vegetables are cancer protective. These include cabbage, broccoli, and cauliflower.
14. Tomatoes and especially tomato products are very high in lycopene, a powerful anticancer substance. This includes pizza sauce, tomato paste, and ketchup.
15. **Avoid** flax seed oil. This can stimulate prostate cancer to grow. You can obtain the very healthy alpha omega-3 fatty acids you need through fresh fish and nuts.
16. Use olive oil, which is very healthy and rich in [vitamin E](#) and [antioxidants](#). Avocado oil is also good. Avoid oils high in polyunsaturated fats such as corn, canola, or soybean.
17. Take vitamin E, 50 to 100 IU of gamma and d-alpha, *only with the approval of your doctor*. Some recent studies have raised concerns over serious risks with vitamin E intake. Natural sources include nuts, seeds, olive oil, avocado oil, wheat germ, peas, and nonfat milk.
18. [Selenium](#) is a very powerful antioxidant and the backbone molecule of your body's immune system. Most studies support a daily selenium supplement of 200 micrograms a day. The benefits appear to be only for those who have low selenium levels, which is difficult and expensive to measure. Since it only costs about 7 cents a day and is not toxic at these levels, it is reasonable for all men to take selenium. Natural sources include Brazil nuts, fresh fish, grains, mushrooms, wheat germ, bran, whole-wheat bread, oats, and brown rice.

WebMD Commentary Reviewed by [Paul O'Neill, MD](#) on December 01, 2006 © 2004 WebMD, Inc. All rights Reserved.
<https://www.webmd.com/prostate-cancer/features/is-there-prostate-cancer-diet>

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Prostate cancer **ELIMINATED** by combination of powerful nutrients in apple peels, turmeric root and grape skins

Sunday, October 22, 2017 by: [Earl Garcia](#)



([Natural News](#)) A recent study published in *Precision Oncology* revealed that a potent combination of compounds from turmeric root, apple peels, and grapes help keep prostate cancer at bay. To carry out the study, a team of health experts at the University of Texas at Austin identified 142 natural compounds that may potentially fend off the disease. The research team then tested these compounds on mouse and human cell lines to identify which ones may mitigate the growth of prostate cancer cells when used either alone or in combination with other compounds.

The scientists found that [three compounds were notably effective](#) in starving prostate cancer cells and impede their proliferation: the ursolic acid in apple peels, the curcumin in turmeric and the resveratrol in grapes. According to the researchers, ursolic acid was the waxy natural compound commonly seen in apple peels, while curcumin was the bright yellow active ingredient in turmeric. On the other hand, resveratrol was the natural compound found in red grapes or berries. In addition, the study revealed that combining ursolic acid with either resveratrol or [curcumin inhibited prostate cancer cells](#) from consuming glutamine. This is a compound that cancer cells need to consume in order to grow, the researchers said.

"After screening a natural compound library, we developed an unbiased look at combinations of nutrients that have a better effect on prostate cancer than existing drugs. The beauty of this study is that we were able to inhibit tumor growth in mice without toxicity. These nutrients have potential anti-cancer properties and are readily available. We only need to increase concentration beyond levels found in a healthy diet for an effect on prostate cancer cells," [said Stefano Tiziani](#), corresponding author and assistant professor in the Department of Nutritional Sciences and Dell Pediatric Research Institute at UT Austin.

Turmeric, apple and grapes fend off prostate cancer in past studies

The recent findings were reflective of previous studies demonstrating the compounds' efficacy against [prostate cancer](#) proliferation. For instance, a 2012 study carried out by researchers at the Ludwig-Maximilians-Universität in Munich, Germany, found that curcumin in turmeric may halt the formation of metastases in patients with prostate cancer. According to the experts, curcumin was found to reduce the expression of two

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pro-inflammatory immunomodulators in a mouse model. As a result, fewer metastases were observed. The scientists inferred that curcumin may contain beneficial properties that stave off inflammation-related cancers such as prostate and breast cancer. (Related: Learn more about plant-based medicinal nutrients at Phytonutrients.news.)

“Due to the action of curcumin, the tumor cells synthesize smaller amounts of cytokines that promote metastasis. As a consequence, the frequency of metastasis formation in the lungs is significantly reduced, in animals with breast cancer, as we showed previously, or carcinoma of the prostate, as demonstrated in our new study. This does not mean that the compound should be seen as a replacement for conventional therapies. However, it could play a positive role in primary prevention — before a full-blown tumor arises — or help to avert formation of metastases. In this context the fact that the substance is well tolerated is very important, because one can safely recommend it to individuals who have an increased tumor risk,” the research team was quoted in [saying on MedicalNewsToday.com](http://sayingonmedicalnewstoday.com).

A study conducted by researchers at the University of Missouri also found that [adding resveratrol to radiation therapy](#) effectively eliminated nearly all prostate tumor cells examined. The researchers also found that the combination therapy killed more prostate cancer cells compared with radiation treatment alone. In addition, a research carried out by researchers at the University of Wisconsin revealed that antioxidants found in [apple peels may stall cancer cell growth](#). The study found that prostate cancer cells exposed to gala apple extracts grew more slowly and had shorter survival time.

<https://www.naturalnews.com/2017-10-22-prostate-cancer-eliminated-by-combination-of-powerful-nutrients-in-apple-peels-turmeric-root-and-grape-skins.html>

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NOTABLE

Prostate cancer is the most commonly diagnosed cancer in Canadian men. Know the facts and take action early.

Early detection is key.

The difference between early detection and late detection can be life and death.

If detected early

98%

chance of survival beyond 5 years.

If detected late

26%

chance of survival beyond 5 years.

When detected early, prostate cancer survival rates are better than 98%. Find it late, and those survival rates drop below 26%.

Here's what you need to do, and when.

When you're

50.

You need to have a conversation with your doctor about PSA testing.

If you're of African or Caribbean descent, do it at

45.

If you have a family history, do it at

45.

Who's at risk?

Your risk of developing prostate cancer increases with age, but that doesn't mean it's a disease that only affects old men. Prostate cancer is the second most common cancer in men worldwide. Men who are of African or Caribbean descent, and men who have a family history (a brother or father with prostate cancer), are 2.5x more likely to get prostate cancer.



If you're **50**, you should be talking to your doctor about PSA testing. If you're of African or Caribbean descent, you need to start that conversation at **45**. And if you have a brother or father with prostate cancer in their history, do it at **45**.

What's a PSA test?

It's a simple routine blood test.

It's used to determine the measurement of Prostate Specific Antigen (PSA) concentration in the blood, it is the primary method of testing for prostate cancer. You should be talking to your doctor about whether testing is right for you.

So what do you need to do?

Go to the doctor.

Ask about PSA testing.

Catch prostate cancer early.

The facts about prostate cancer

Only men have a prostate gland. The prostate gland is usually the size and shape of a walnut and grows bigger as you get older. It sits underneath the bladder and surrounds the urethra, which is the tube men urinate and ejaculate through. Its main job is to help make semen – the fluid that carries sperm.

Prostate cancer occurs when some of the cells in the prostate reproduce far more rapidly than normal, resulting in a tumor. Prostate cancer often grows slowly to start with and may never cause any problems. But some men have prostate cancer that is more likely to spread. These prostate cancer cells, if left untreated, may spread from the prostate and invade distant parts of the body, particularly the lymph nodes and bones, producing secondary tumors in a process known as metastasis.

Detecting prostate cancer

Not everyone experiences symptoms of prostate cancer. Many times, signs of prostate cancer are first detected by a doctor during a routine check-up.

Some men, however, will experience changes in urinary or sexual function that might indicate the presence of prostate cancer.



Signs and symptoms

- A need to urinate frequently, especially at night
- Difficulty starting urination or holding back urine
- Weak or interrupted flow of urine
- Painful or burning urination
- Difficulty in having an erection
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the lower back, hips, or upper thighs

Treating prostate cancer

Treatment options are many and varied. Testing still can't answer lots of key questions about disease aggression, prognosis and progression.

If you have been diagnosed with prostate cancer, it's important to keep in mind that many prostate cancers are slow growing and may not need surgery or other radical treatment.

Treatment options include:

- Active Surveillance
- Prostatectomy
- Radiotherapy
- Hormone Therapy
- Chemotherapy
-

Choosing a treatment for prostate cancer

Aim to be ok with the treatment decision you make, take risks and benefits into consideration.

Learn what you can, make use of the quality services and resources available. When making treatment decisions the following is recommended:

- Make a decision after a treatment recommendation from a multi-disciplinary meeting (where available). This meeting would ideally consist of input from the following specialists: urologists, radiation oncologists, medical oncologists, radiologist, nursing and allied health.
- Seek a second opinion for a recommended treatment option that is right for you, from both a urologist as well as a radiation oncologist.
- Enquire as to whether a specialist is part of a quality improvement audit, such as a registry.
- Utilize the cancer support services available in your country to increase your levels of information and understanding around treatment options, and potential side effects. Talk to a prostate cancer specialist nurse today at Prostate Cancer Canada on 1-855-722-4636 or [visit their website](#).
- Approach your GP if you have concerns or want a second opinion.

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Ongoing side effects of prostate cancer treatment

Depending on the treatment you undergo, you may experience some of the following:

- Incontinence (involuntary leakage of urine)
- Erectile dysfunction (difficulty achieving or maintaining an erection)
- Weight gain due to hormone therapy
- Depression

These side effects have different durations for different people.

Because a side effect of treatment may include erectile dysfunction, prostate cancer can have a serious impact on intimate relationships. As many people who have been through the journey will tell you, prostate cancer isn't just a man's disease, it's a couple's disease. Make sure you involve your partner as you think through the various treatment options.

Are you experiencing side effects?

There are treatments and actions you can take to manage many of these side effects. Take action to improve your quality of life. Go to [Prostate Cancer Canada](http://prostatecancer.ca), who have a wide variety of options to inform and guide you as to what services and resources are available to help.

More support and resources

<http://prostatecancer.ca>

QUOTABLE

"The greatest discovery of my generation is that a human being can alter his life by altering his attitudes of mind." William James (1842 - 1910)

"Strength does not come from winning. Your struggles develop your strengths. When you go through hardships and decide not to surrender, that is strength." Arnold Schwarzenegger

"Laughter is important, not only because it makes us happy, it also has actual health benefits. And that's because laughter completely engages the body and releases the mind. It connects us to others, and that in itself has a healing effect." Marlo Thomas

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***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, Astellas Pharma, 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.

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.

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