PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

Tuesday, June 12, 2018 - 5:30PM

Duchess of Markham - Main Street, Markham

No Formal Meeting in June

However ....

Annually, we gather at the Duchess to enjoy the weather
This is an informal get together !
Spouses Are Definitely Welcome!
NOTE TIME CHANGE 5:30PM

(Free Parking behind Duchess of Markham)

NOTE: *NO MEETINGS JULY OR AUGUST*

Our next Formal Meeting will be Tuesday, September 11, 2018
Our speaker will be Dr. John DiCostanzo, Urologist, MSH

IN THIS ISSUE ...

PCCN Markham

Prostate Cancer Canada Network

Newsletter

Volume 19 Issue 10 **June, 2018**

New blood test more accurately predicts prostate cancer risk

22nd May 2018

A new blood test can predict a man's risk of developing prostate cancer more accurately than the current standard PSA tests used by the NHS, and could reduce the number of unnecessary prostate biopsies.

The study, by Eric Klein of the Cleveland Clinic, has been published in the *Journal of Urology*. It included 271 patients who had blood drawn for analysis within 30 days of a prostate biopsy.

It was found that the new test, called IsoPSA, has a 94 per cent sensitivity for detecting high-grade cancer and a 93 per cent negative predictive value. The results showed that 47 per cent of the prostate biopsies could have been avoided.

IsoPSA works by detecting and differentiating the different 3D structures of cancer cell isoforms.

IsoPSA may be able to cut down on the use of MRI scans, which miss about 20 per cent of high-grade cancers. Use of both MRI and IsoPSA together accurately predicted the presence of high-grade cancer in about 86 per cent of cases.

The new test should make things easier for clinicians. Currently available tests require that blood specimens are sent to a central lab, which then faxes or emails results to a doctor's office. Wait times for results could be several days, which would not be the case with IsoPSA.

Dr Eric Klein, the study's lead author, said: 'This is an advance over existing tests and our ability to accurately predict the presence of higher-grade cancers so that we can avoid biopsies in men at lower risk.'

https://health.spectator.co.uk/new-blood-test-more-accurately-predicts-prostate-cancer-risk/

New Data: Finasteride Safely Prevents Prostate Cancer

'These Results Are Transformational,' Says Researcher

Nick Mulcahy May 20, 2018 SAN FRANCISCO —

Will a presentation here at the American Urological Association (AUA) 2018 Annual Meeting be a turning point in the reputation — and use — of finasteride for the prevention of prostate cancer? Ian Thompson, MD, hopes so.

The eminent urologist and researcher reported, during a plenary session, that the daily use of finasteride, the commonly prescribed hormone-blocking agent, does not elevate the long-term risk for prostate cancer death.

PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

Dr Ian Thompson

"Very long-term follow-up" shows that finasteride "is safe," Thompson, who is professor emeritus at the University of Texas Health Science Center at San Antonio, said in a press statement.

"These results are transformational," he explained. "We have found an inexpensive, effective drug that can prevent [prostate cancer]."

The new findings about prostate cancer deaths, from the landmark Prostate Cancer Prevention Trial (PCPT), might seem incongruous at first.

After all, finasteride was so effective in reducing the risk for prostate cancer in that study from 2003 that the placebo-controlled PCPT was stopped early and the results were published in the *New England Journal of Medicine*.

But that is also when the troubles began, because the investigators simultaneously reported an increase in the number of high-grade cancers with the drug, compared with placebo (280 vs 237).

That finding irreparably tarnished finasteride, said Thompson, who is principal investigator of the PCPT.

"There is no question that the reason finasteride is not used for prostate cancer prevention is because of the small but statistically significant increase in high-grade disease. Absolutely no question," Thompson told *Medscape Medical News*.

But new data address this old finding.

If high-grade disease is more common with finasteride than with placebo, "there should be more prostate cancer deaths [with finasteride]," he explained.

But that's not what the researchers found in their new analysis. Instead, there were fewer prostate cancer deaths in the finasteride group than in the placebo group (42 vs 56).

The median follow-up was 18.4 years, and the cumulative follow-up was almost 300,000 years.

"We have no evidence that there's an increase in prostate cancer death in the finasteride arm," Thompson said.

In other words, the initial study findings about an increase in high-grade disease are not consequential.

The new data took 5 years to gather, Thompson reported.

PCPT investigators matched more than 18,000 trial participants to the National Death Index, a centralized database of American death records. With this painstaking process, they were able to determine whether a trial participant had died and, if so, the cause of death.

The lion's share of this laborious work was performed by Phyllis Goodman, MS, a biostatistician at the Fred Hutchinson Cancer Research Center in Seattle, who is a member of the PCPT team, Thompson noted.

We have answered the questions and closed the book.

PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

With these latest data, which come 25 years after the PCPT trial was started, "we have answered the questions and closed the book," Thompson said. It was in 1994, when he was just 39 years old, when he was named principal investigator of the study.

The PCPT is "one of the most powerful and important cancer prevention trials ever conducted," said Joseph Smith, MD, editor of the *Journal of Urology*, when he introduced Thompson at the plenary session.

The trial, sponsored by the Southwest Oncology Group, was designed to determine whether daily finasteride for 7 years would prevent prostate cancer in men older than 55 years. The first 5-alpha-reductase inhibitor — which targets and blocks the action of androgens, including testosterone — is approved to treat the symptoms of prostate enlargement and male pattern baldness.

As reported in 2003, the risk for prostate cancer over the initial 7-year study period was 25% lower with finasteride than with placebo. That risk reduction now "goes out to 16 years, at least," said Thompson.

However, more "relatively modest" sexual adverse effects have been consistently reported with finasteride than with placebo.

In affected men, "it's like being maybe 3 years older," he told the AUA audience. The trial also showed that the risk for gynecomastia was higher with finasteride than with placebo (4.5% vs 2.8%). And, notably, the drug has not been shown to improve overall survival.

A New Day? Two Doctors Comment

There is an "astonishing" level of interest in the prevention of prostate cancer, said Thompson.

Clinicaltrials.gov has a long list of agents under investigation, such as metformin, statins, aspirin, and green tea.

But none of the studies, which are all relatively small, will ever be as authoritative as the PCPT. "You can prevent a quarter of all prostate cancers with finasteride," he pointed out.

Who uses it today? Almost nobody.

"Who uses it today? Almost nobody," said Thompson.

The chemopreventive agent, which is now generic, costs about $48 to $108 a month.

"I do use it for some patients, but they tend to have concomitant urinary symptoms," said Scott Eggener, MD, from the University of Chicago.

He said he will discuss finasteride for prevention with some men. "Most guys, when they hear the data, say, 'that sounds good'," he added.

The sexual adverse effects are concerning, but in his experience and in clinical trials, only a small percentage of men are affected, and problems such as low libido and reduced ejaculate are reversible, Eggener told *Medscape Medical News*.

The reputation of finasteride — that it increases the risk for high-grade disease — is unfair. "I think it's been completely disproven, given the totality of the research," he said.

In another PCPT study, after 18 years of follow-up, no difference in overall survival was seen between the finasteride and placebo groups (*N Engl J Med*. 2013;369:603-610). This is also evidence that the high-grade cancer disparity is of no consequence.

However, by that time, the black-box warning issued by the US Food and Drug Administration had destroyed the reputation of finasteride.

Some of Eggener's comments were echoed by Robert Abouassaly, MD, from the Cleveland Clinic.

"I use it when there is another indication, such as urinary symptoms," he told *Medscape Medical News*, but he does not use it at all for prevention.

However, the data Thompson presented could have had a positive impact.

"The new data may shift the urology community's opinion of the risk–benefit ratio for prevention of prostate cancer," Abouassaly said. "The risks are minimal and the sexual side effects are reversible."

Now, when speaking with a patient about finasteride for prevention, "especially if sexual health is not a high priority, I may put more emphasis on the morbidity and mortality of prostate cancer," he noted. It is especially appropriate for men who are at higher risk for prostate cancer, such as those with a family history.

Abouassaly then gave finasteride — and the concept of prostate cancer prevention — high praise: "Looking at the data today, I would consider taking finasteride daily."

The effect of the initial high-grade cancer finding is a "sticky fact," said Thompson.

"It stuck since the first publication and, despite compelling evidence that the drug actually improves the detection of cancer and high-grade disease [because it shrinks the gland, making detection easier], it remains sticky," he explained. "It will be interesting to see whether you can unstick a fact."

The National Cancer Institute and the National Institutes of Health funded the study. Dr Thompson, Dr Eggener, and Dr Abouassaly have disclosed no relevant financial relationships.

American Urological Association (AUA) 2018 Annual Meeting. Presented May 19, 2018.

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More men with low-risk prostate cancer are rejecting aggressive treatment, new study suggests

By Laurie McGinley The Washington Post Published: Tue, May 22, 2018 5:00 AM

Among men with low-risk prostate cancer, more are avoiding immediate surgery or radiation and are opting instead for close monitoring of the disease to see whether it worsens. [Thinkstock image]

PCCN Markham

Prostate Cancer Canada Network

Newsletter

Volume 19 Issue 10 **June, 2018**

A sea change is occurring among men with low-risk prostate cancer: Increasing numbers are avoiding immediate surgery or radiation and are opting instead for close monitoring of the disease to see whether it worsens. The shift is sharply reducing unnecessary treatment that can cause serious side effects including incontinence and sexual problems, experts say, without increasing the risk of death.

The latest evidence of the long-term trend came in a large study published Tuesday that involved more than 125,000 veterans diagnosed with nonaggressive prostate cancer between 2005 and 2015. Researchers found that in 2005, only 27 percent of men under 65 chose to forego immediate therapy and instead signed up for "watchful waiting" or "active surveillance" to keep track of the tumor. By 2015, the situation had flipped — 72 percent rejected immediate surgery or radiation in favor of such monitoring. The data for men older than 65 was similar.

The study, which appeared in JAMA, was conducted by researchers at NYU Langone Health and Department of Veterans Affairs NY Harbor Healthcare System.

"I think it's hugely important," said Otis Brawley, chief medical officer of the American Cancer Society who was not involved in the study. "Remember that until 2010, a man diagnosed with prostate cancer was told to get your prostate out, next week at the latest."

Brawley, who has long warned about the dangers of overtreatment of prostate and breast cancer, said the study shows that efforts are beginning to pay off to convince patients that some low-risk malignancies don't immediately require aggressive responses. And he said the study is a leading indicator of where the rest of the country is going; about half of non-VA patients with the same type of malignancies are now rejecting immediate treatment and the number is growing quickly.

"The VA is the tip of the spear," he said. "Five years from now, the whole country will be at 70 percent."

Stacy Loeb, who led the study and is a urologist at NYU and the Manhattan Veterans Affairs Medical Center, said the change represents "a historic reversal, at least at the VA, in the decades-long overtreatment of men with prostate cancers least likely to cause harm, and brings their care more in line with the latest best practice guidelines." The guidelines include recommendations, issued in recent years by the American Urological Association and the American Society of Clinical Oncology.

Over the years, most of the increase in the surveillance-only arm, she said, occurred in a category called "active surveillance," in which men are subjected to more rigorous monitoring and testing than those in "watchful waiting." While 4 percent of men chose active surveillance in 2005, 39 percent selected it in 2015, the study showed.

The researchers said that there were likely many reasons why VA was adhering to national guidelines at a higher rate than other parts of the health care system — including the lack of financial incentives for the salaried physicians to recommend more aggressive treatment.

Jonathan Simons, president of the Prostate Cancer Foundation, which helped fund the study, said that while the VA medical system has some problems, when it comes to the "No. 1 cancer of veterans, prostate cancer, the outcomes are better in VA hospitals than in the rest of American medicine."

PCCN Markham

Newsletter

Volume 19 Issue 10 June, 2018

Clark Howard, an Atlanta resident who writes and does a radio show on consumer issues, was one of the earliest patients to opt for active surveillance rather than aggressive treatment. He was diagnosed with low-risk prostate cancer at age 53 in 2009, and his doctors pressed him to immediately schedule an operation. He refused.

"My wife thought I was crazy and burst into tears," he said. "I have never seen her scream and weep like that, she was so mad."

As part of the monitoring of his cancer, Howard gets PSA (prostate-antigen specific) tests twice a year and biopsies every other year. He also has had two MRI-based tests. His cancer hasn't worsened; if it does, he says, he'll get treatment then. "So many people are conditioned that cancer must be treated aggressively and immediately and if you don't, you are going to die," he said.

https://newsok.com/article/5595168/more-men-with-low-risk-prostate-cancer-are-rejecting-aggressive-treatment-new-study-suggests

Researchers shed light on how androgen deprivation therapy increases risk for cardiovascular mortality

May 22, 2018

Prostate cancer is the most common cancer in men in the US. As the prostate is a testosterone-responsive gland, androgen deprivation therapy (ADT) is the cornerstone of treatment in these men, with approximately 50 percent of prostate cancer patients starting ADT within a year of diagnosis. This therapy works by suppressing testosterone production, which in turn slows the growth of the cancer. Although ADT results in improved survival in a subset of these patients, it has many side effects, including increased risk of cardiovascular disease and sudden death. The mechanisms by which ADT may lead to an increased risk of sudden death were unclear. Now, a team of researchers from BWH has shed some light on this issue and their findings are published findings in the *Journal of the Endocrine Society*.

"We showed that ADT results in electrophysiological changes in the heart," said first author Thiago Gagliano-Jucá, MD, PhD, a research fellow in the Section on Men's Health at BWH. "The time it takes for these cells to be able to contract again after each beat increased following ADT, and prolongation of this time is a known risk factor of ventricular arrhythmias. We are trying to piece together how ADT might be resulting in sudden deaths in some men".

Testosterone is known to shorten the time necessary for the cardiac cells (cardiomyocytes) to be able to contract again after a previous contraction. Reduced testosterone levels as a result of ADT prolongs this time, which is known as the QTc interval on the electrocardiogram. This prospective study of over 70 men found that men receiving ADT experience a prolongation of their QTc interval duration compared with those men with prostate cancer who were not receiving ADT. QTc prolongation is well established to be associated with a higher risk of arrhythmia, suggesting that the prolongation of the QTc interval during ADT might be the mechanism behind some of these cardiac events.

PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

"Oncologists should monitor QTc interval in patients receiving ADT, especially those patients who are taking medications that also prolong QTc interval" said Gagliano-Jucá.
https://www.news-medical.net/news/20180522/Researchers-shed-light-on-how-androgen-deprivation-therapy-increases-risk-for-cardiovascular-mortality.aspx

Can Diet Influence Prostate Cancer Progression?

Roxanne Nelson, BSN, RN April 11, 2018

Can diet modification reduce prostate cancer progression in men undergoing active surveillance?

An ongoing study is slated to answer just that question. Importantly, the investigators have already shown that it is feasible to implement a large-scale phase 3 clinical trial of the use of diet for patients with prostate cancer, with appropriately balanced study arms, a racially diverse cohort, and national representation from both academic and community settings.

In an article published in *BJU International*, the authors report on the ability to enroll prostate cancer patients who are undergoing active surveillance in the Men's Eating and Living (MEAL) study, which is a study of dietary intervention.

Bigger news is due very soon, as the study has been completed, explained lead author J. Kellogg Parsons, MD, a professor of urology at the University of California, San Diego. "The results will be presented next month at the upcoming American Urological Association's 2018 annual meeting in San Francisco," Parsons said.

The goal was to have men with prostate cancer who are undergoing active surveillance increase their consumption of vegetables. "We were trying to prevent the disease from progressing and...reduce the number of men having to go on treatment," he said.

Parsons explained that the groundwork for this trial began in the mid-2000s. His group was the first to conduct a national trial of diet modification. It was initially piloted in a small group of prostate cancer patients.

Preclinical and epidemiologic research has demonstrated that diet may influence the risks for prostate cancer incidence, progression, metastases, and mortality. "Very small proof-of-principle studies have also shown that diet can decrease the risk of developing prostate cancer," he told *Medscape Medical News*.

Although the results of the current study are not yet available, Parsons noted that with the pilot studies that were conducted, "we noticed that men ate less fat and less meat, because they were eating more vegetables. Men were coming back and telling us how good they felt."

Subjective data are difficult to measure, and the pilot studies were too small to draw conclusions, Parsons explained. "But we looked to see if we could actually change men's diets in the pilot, because otherwise, there was no point in moving forward with a larger study," he said. "And we appeared to be doing that."

Will Success Be Elusive?

In an accompanying editorial, Laurence Klotz, MD, from the Division of Urology, Sunnybrook Health Sciences Center, Toronto, Canada, refers to the number of studies that have failed to show a benefit regarding diet or dietary supplements.

"Many epidemiological studies have pointed to the benefits of fruit and vegetable intake high in vitamin E, selenium, beta carotene, lycopene and other micronutrients, and a diet low in animal fat," Klotz writes. However, "several pivotal studies have taken the bloom off the rose of prevention," he emphasizes. He describes negative studies, such as the SELECT trial, which found not only that there was no benefit to supplements but that supplements actually increased the risk of developing prostate cancer.

Results of studies of the association between fruit and vegetable consumption and prostate cancer have also been inconsistent. As an example, Klotz cites a large observational study of more than 130,000 men that found no significant association between fruit and vegetable intake, including consumption of cruciferous vegetables, and prostate cancer (*Int J Cancer.* 2004;109:119-24).

But despite negative studies, "a lingering spark of hope exists that the many positive population, epidemiological, and preclinical studies supporting dietary approaches to prevention will be vindicated," he says. "The MEAL study in the current issue of *BJU Int* is, therefore, a laudable and ambitious initiative."

Although the initiative is laudable, Klotz writes that he suspects that MEAL may face an insurmountable hurdle regarding the study's primary endpoint — risk for disease progression.

"To be meaningful, prevention studies in men on surveillance should therefore identify, at the very least, a real reduction in grade progression, based on state-of-the-art evaluation at baseline with MRI and targeted biopsies as warranted, and long-term follow-up," he writes.

However, a decline in the rate of volume progression of Gleason 6 tumors, which is a major endpoint of this study, is not meaningful. "In the study as described, which does not explicitly incorporate MRI, an imbalance in the number of patients having off-protocol MRI and targeted biopsies between the two arms could significantly bias the outcome," Klotz argues.

In addition, there are problems related to long-term dietary intervention studies in general. There are "well-known methodological limitations in this area, namely, ensuring long-term compliance, recall bias of food intake, and contamination of the control arm," he says.

Parsons acknowledges the criticism of the study's endpoints in the Klotz editorial, noting that he knew the study would be criticized on those grounds. "I disagree with it," he said. "But I am looking forward to the debate about it — I welcome the debate."

The study was supported by the National Cancer Institute, the Department of Defense, and the Prostate Cancer Foundation. The authors and Dr Klotz have disclosed no relevant financial relationships. BJU Int. 2018;121:534-539; 487-488. Abstract, Editorial

https://www.medscape.com/viewarticle/895075#vp_2

Men: Prostate Cancer Is On The Rise. Here Are 7 Foods To Stop It

Tamara Pearson April 18, 2018

PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

In the United States, there were an estimated 161,360 new cases of prostate cancer last year, and 26,730 deaths (equivalent to 4.4 percent of all cancer deaths). In comparison, 41,211 women and 465 men died from breast cancer in 2014 — almost double that of those dying from prostate cancer.

And it's not just America. Across the pond, the number of men dying each year from prostate cancer has now overtaken women dying from breast cancer in the United Kingdom, the BBC reported. The latest figures from the UK date back to 2015 and show 11,819 deaths from prostate cancer that year, compared to 11,442 from breast cancer.

In the UK, Prostate Cancer UK argues that the advances there have been in diagnosing and treating breast cancer are paying off, while prostate cancer could benefit from more funding.

Symptoms of prostate cancer

Men can have prostate cancer for decades with no symptoms, as the disease develops slowly. Currently, there is also no single, reliable test for it, with doctors using a combination of physical examinations, biopsies and the PSA test. Men over 50 and those with relatives who had or have prostate cancer are at a higher risk.

Once the cancer is large enough to put pressure on the urethra, men may experience the following symptoms:

- More frequent urination
- Needing to rush to the toilet
- Hesitancy starting to pee
- Weak flow or taking a while to pee
- A feeling that the bladder hasn't fully emptied

Great foods to help prevent prostate cancer

While genetics and age are the main factors leading to prostate cancer, research has found that diet, obesity and exercise can also have an impact on the risk of developing it. A diet high in calcium has been linked to increased risk, while regular exercise has been linked to a lower risk.

For men wanting to prevent the development of prostate cancer, the following seven foods are worth keeping on the shopping list:

- **Tomatoes:** The antioxidant lycopene, found in tomatoes, can help prevent cancer and recede tumor growth.
- **Fish:** *The American Journal of Clinical Nutrition* found a link between consuming fish and a lowered mortality rate from prostate cancer.
- **Green tea:** The catechin, epicatechin, xanthine derivatives and epigallocatechin-3-gallate found in green tea may help prevent prostate cancer.
- **Broccoli:** The sulforaphane in broccoli actually targets and kills cancer cells.
- **Mushrooms:** Shiitake mushrooms especially contain tumor-suppressing β-glucans.
- **Pomegranates:** One of the antioxidants in pomegranates, ellagitannin, is great for prostates and preventing cancer.
- **Cayenne:** Chili peppers and their capsaicin are great for getting cancer cells to die off.

PCCN Markham

Prostate Cancer Canada Network

Newsletter

Volume 19 Issue 10 **June, 2018**

Does ejaculation help prevent cancer?

While a healthy diet is the cornerstone of great health, scientists also say a few lifestyle changes may help you combat prostate cancer. For example, one study found that men with higher rates of ejaculation had a lower risk of developing prostate tumors. They defined "higher rates" as 21 ejaculations or more per month. So, good news! If you're climaxing five or more times per week, you may have a better chance of warding off cancer.

https://www.thealternativedaily.com/7-foods-to-stop-prostate-cancer/

Research reveals three tablespoons of extra virgin olive oil a day is the secret to good health

IT'S a staple in most of our cupboards, but eating a certain amount of it each day could reduce cancer and chronic disease.

Stephanie Bedo May 22, 201810:11am

THERE'S a well-known grocery item in the pantry that we're not using enough, according to the latest research.

While the health benefits of an extra virgin olive oil (EVOO) have been widely publicised, a new study reveals three tablespoons a day can prevent chronic disease and cancer as well as help with weight loss.

Brown University associate professor of medicine Dr Mary Flynn has been in Australia presenting her latest research on the benefits of three serves of EVOO alongside a plant-based diet.

The US-based specialist in breast and prostate cancer studied the effects of a plant-based EVOO diet on prostate cancer and found that it was "extremely effective" at improving biomarkers for cancer and cardiovascular disease in men with the condition.

The diet recommends three tablespoons per day as part of an allowance of four to five servings of healthy fats that include EVOO, nuts, olives and avocado.

It also includes six to seven serves of wholegrain starch, at least four servings of vegetables, up to three optional serves of fruit, up to two optional of dairy and eggs, and 350g maximum meat, poultry or seafood per week.

Red meat alone should be ideally eliminated, otherwise no more than 170g a month.

The diet also eliminates cured meats, vegetable oils and margarine and mayonnaise with vegetable seed oils, saying they are linked to an increased cancer risk.

PCCN Markham

Prostate Cancer Canada Network

Newsletter

Volume 19 Issue 10 **June, 2018**

Research dietitian Dr Mary Flynn said the plant-based Extra Virgin Olive Oil diet is 'extremely effective'. Picture: Alison Wynd*Source:News Australia*

Dr Flynn compared the diet recommended by the Prostate Cancer Foundation which recommends decreasing carbohydrates, sugar, high fat foods, charred meats, increasing protein and allowing vegetable oil, margarine and salad dressings but no EVOO.

Men followed the two diets for eight weeks, and then were able to pick one to follow for six months and a follow up.

"Cardiovascular disease is the leading cause of death for prostate cancer patients," Dr Flynn said.

"A plant-based EVOO diet improves insulin function and lowers fasting insulin and glucose levels, protects against weight gain and reduces the risk of various cancers."

Dr Flynn's research also shows that people with diets including daily consumption of EVOO have lower rates of most chronic diseases, such as heart disease, cancers, arthritis, and type 2 diabetes.

"EVOO has been shown to decrease a number of risk factors for chronic diseases including inflammation, blood pressure, body weight, blood levels of insulin and glucose, oxidation, and blood coagulation," Dr Flynn said.

In Australian 20 per cent of men will be diagnosed with prostate cancer by the age of 85.

Cancer Australia says physical inactivity, high body mass index (BMI) and low fruit and vegetable consumption are among the modifiable risk factors that account for about one third of the total burden of cancer in Australia.

"The diet isn't just for cancer patients or prevention, it's for everyone wanting to live a healthy life, and prevent the risk of disease," Dr Flynn said.

Dr Flynn's research was supported by Nutrition Australia and Cobram Estate as the 2018 olive harvest gets under way around the country.

Nutrition Australia chief executive Lucinda Hancock said the organisation had long recognised and promoted the benefits of a Mediterranean diet where extra virgin olive oil was a recommended healthy fat.

Being predominantly plant-based, the plant-based olive oil diet is also more environmentally sustainable. Stock image. The fad-free guide to weight loss*Source:istock*

http://www.news.com.au/lifestyle/health/diet/research-reveals-three-tablespoons-of-extra-virgin-olive-oil-a-day-is-the-secret-to-good-health/news-story/651837973d3bd0d18579631b4205dc3a

PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

Just one glass of white wine a day raises risk of prostate cancer by more than a quarter… but a glass of red is good for you

Researchers analysed the boozing habits and medical records of 611,169 men taken from 17 previous studies

By Shaun Wooller 9th May 2018, 1:39 am

DRINKING one glass of white wine a day raises the risk of prostate cancer by a quarter, a major review suggests.

But a daily red wine appears to slash the chance of developing the disease by an eighth.

Red wine could cut cancer risk while white wine could increase it

Researchers analysed the boozing habits and medical records of 611,169 men taken from 17 previous studies.

They found one glass of wine a day made no difference to the prostate cancer risk when pooling all varieties of grape. But after separating them by colour, white was linked to a 26 per cent increased likelihood and red a 12% cut.

The Austrian university team believes the resveratrol in the skin of red grapes has cancer-fighting properties which may counteract the harm of alcohol.

There is around ten times as much of this in red as white.

Researchers found one glass of wine a day made no difference to the prostate cancer risk when pooling all types of grape

Study leader Shahrokh Shariat said uncovering the molecular reason for the differences could potentially lead to prevention strategies.

Dr Iain Frame, from Prostate Cancer UK, said: "We would not recommend that anyone changes their drinking habits based on these results alone.

"Instead it's important all men maintain a healthy lifestyle with a balanced diet and limited alcohol consumption."

Meghan's sister Samantha claims mum Doria is 'cashing in' on Royal Wedding

A previous study found drinking beer may increase the risk of the most aggressive prostate cancers by 37%.

Around 47,000 men are diagnosed with prostate cancer in UK each year, with 11,600 dying from the disease.

It is the most common cancer in men, with one in eight suffering from the condition during their lifetime.

https://www.thesun.co.uk/news/6240218/glass-of-white-ups-male-cancer-risk-but-a-glass-of-red-cuts-prostate-risk/

PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

NOTABLE

Does the Ontario Health Insurance Plan (OHIP) pay for prostate cancer screening using the prostate-specific antigen (PSA) test?

OHIP pays for the PSA test for men who are:

- Receiving treatment for prostate cancer
- Being followed after treatment for prostate cancer
- **Suspected of prostate cancer because of their family history and/or the results of their physical exam (including digital rectal examination)*1***

A population-based PSA screening program for men at average risk of prostate cancer is not currently planned by the Ontario Ministry of Health and Long-Term Care. Given the potential harms of screening, including overdiagnosis and over-treatment, Cancer Care Ontario does not support an organized, population-based screening program for prostate cancer.

References:

1. Ministry of Health and Long-Term Care. Prostate specific antigen (PSA) testing [Internet]. Toronto (ON): Queen's Printer for Ontario; 2012 [updated 2012 Jun 27; cited 2015 Jan 15]. Available from: http://www.health.gov.on.ca/english/providers/pub/cancer/psa/psa_test/insert.html.
https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/42981

Prostate cancer is an overlooked health care issue

Opinion May 15, 2018 Guelph Mercury

The recent letter "Talk to your political candidates about oral health" in the May 7 edition is timely in that it raises health care as an election issue.

A component of men's health care that is too often neglected is prostate cancer (PC). Eight men die every month in Waterloo-Wellington from prostate cancer. This does not have to happen since "early detection saves lives." Since PC is symptomless in its early treatable stages, currently the best way to determine if a man may have prostate cancer is via a low-cost, simple prostate specific antigen (PSA) blood test.

When men reach 40 years old, they should have a PSA test annually for several years to establish a personal baseline PSA level. Once a baseline is established, PSA tests every couple of years will indicate if there is a deviation from the baseline. If there is an increase, then further investigation is warranted.

Now comes "the kicker" — OHIP does not pay for PSA testing unless a man is diagnosed with PC or has a first link to a man (father, bother) who has PC. Other provinces pay for the screening, why not Ontario? Ask the candidates running in your riding for the provincial election to agree to have OHIP pay for PC screening, similar to mammography screening for female breast cancer or pap test screening for cervical cancer.

I am a PC survivor thanks to a previous family doctor who encouraged me 20 years ago to pay for 10 years of PSA testing that showed a deviation from a baseline and provided detection of early stage, treatable PC.

Glen N. Tolhurst Chair — Prostate Cancer Canada Network Waterloo-Wellington Guelph

PCCN Markham

Newsletter

Volume 19 Issue 10 **June, 2018**

Go Plaid. Help Dads!

You already wear plaid, so why not do it for a great cause? This Father's Day season join people across Canada who are raising funds and going plaid to help protect men from prostate cancer. Explore all the ways you can support the campaign and be part of a new Father's Day tradition!
https://www.plaidfordad.ca/

QUOTABLE

"Golf is a game in which you yell 'fore', shoot six, and write down five." Paul Harvey

"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

HAVE A GREAT SUMMER !

PCCN Markham

Newsletter

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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, 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.

Email *markhampccn@gmail.com*

We look forward to your feedback and thoughts. Please email suggestions to markhampccn@gmail.com

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