

PCCN Markham



Newsletter

Volume 20 Issue 1

September, 2018

NEXT MEETING

Tuesday, September 11, 2018 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Upstairs Hall

(Free Parking off George St)

GUEST SPEAKER

Dr. John DiCostanzo, Urologist - MSH

What's New in Prostate Cancer Treatment

Spouses, Family, Friends - Always Welcome

Coffee & Treats Served at 7 :00pm

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PCCN MARKHAM INFO

***WELCOME BACK TO YOUR LOCAL PROSTATE CANCER SUPPORT GROUP!
EVERYONE IS WELCOME TO ATTEND***



MRI-adjusted risk calculator could reduce need for repeat prostate biopsies

08/24/18 By Reuters Staff NEW YORK (Reuters Health) –

The use of an MRI-adjusted risk calculator for high-grade prostate cancer could reduce the need for repeat prostate biopsies by more than a third, researchers from the Netherlands report.

The Rotterdam European Randomized Study of Screening for Prostate Cancer risk calculators (ERSPC-RCs) help to avoid 20% to 33% of unnecessary transrectal ultrasound-guided biopsies.

Dr. Arnout R. Alberts from Erasmus University Medical Center, in Rotterdam, and colleagues used data from 1,353 men with a clinical suspicion of prostate cancer to construct risk calculators adjusted for multiparametric MRI results (using Prostate Imaging Reporting and Data System, or PIRADS, scores) and age and assessed their potential impact on the need for repeat prostate biopsies.

Both PIRADS scores and age improved the discriminative ability of the original risk calculators for both any-grade and high-grade prostate cancer, the researchers report in *European Urology*, online August 3. At a risk threshold to biopsy of 10% or more for biopsy-naive men, only 14% of biopsies would be avoided using the MRI-adjusted risk calculators, missing low-grade prostate cancer in 13% of men and high-grade prostate cancer in 10% of men who are not biopsied.

In contrast, using the same biopsy threshold for previously biopsied men, 36% of repeat biopsies could be avoided using the MRI-adjusted calculators, missing low-grade prostate cancer in 15% of men and high-grade prostate cancer in 4% of men who are not rebiopsied.

"Obviously, the percentage of potentially avoidable biopsies after MRI is dependent on the composition of the cohort and thus on the degree of risk stratification before MRI," the researchers note. "Our cohort used to develop the (MRI-adjusted risk calculators) consisted of men with a high clinical suspicion of prostate cancer, reflected by a high percentage of men with any-grade (51%; 491/961) and high-grade (36%; 345/961) prostate cancer."

"Nevertheless, the (MRI-adjusted risk calculator) would still have avoided 36% of biopsies in previously biopsied men in our cohort using a 10% or higher high-grade prostate cancer risk threshold to biopsy, missing high-grade prostate cancer in 4% of men who would not have been biopsied," they write.

The authors add that external validation is still needed. The unadjusted calculators are available online at <http://www.prostatecancer-riskcalculator.com/>, and the MRI-adjusted calculators are slated to appear there soon.

Dr. Alberts did not respond to a request for comments. SOURCE: <https://bit.ly/2w4uNCL> Eur Urol 2018.

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Prostate Cancer Canada launches first national program in radionuclide therapy

Targeted treatments for men with advanced prostate cancer will change future of cancer care

Toronto, June 27, 2018 –

Canadian researchers are leading the future of treatment for men with advanced prostate cancer in this country, with a new Prostate Cancer Canada grant funded by the Movember Foundation. The *National Program on Targeted Radionuclide Therapy for Prostate Cancer* focuses on radionuclide therapy (RNT): a new form of treatment for men with advanced prostate cancer which cannot be cured by current methods. This coordinated, national initiative aims to accelerate access to this promising and innovative treatment for Canadian men.

The program will launch a phase II clinical trial to examine if RNT improves survival and quality of life for men with metastatic prostate cancer, as compared to standard chemotherapy. RNT is currently being used and tested in other countries, but this is the first time it is being offered to men in Canada.



Dr. François Bénéard (BC Cancer)

“RNT uses radiation to kill prostate cancer cells. What makes RNT so exciting is that the radiation is delivered directly and specifically to tumour cells wherever they are in the body,” says Dr. François Bénéard from BC Cancer. “This is a promising new treatment for men whose prostate cancer has become unresponsive to treatments such as hormone therapy. We hope that this targeted approach will be safer and more effective than current treatments.”

The Program brings together national expertise in the complementary fields of nuclear medicine, urologic oncology, clinical trials, radiopharmaceutical manufacturing, translational research and health economics to implement RNT in Canada and impact many Canadian men and their families.

“As a global leader in prostate cancer research, our priority is to ensure men who urgently need new treatment options like RNT are given access as soon as possible,” says Dr. Stuart Edmonds, Vice President of

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Research, Health Promotion and Survivorship, Prostate Cancer Canada. "We're honoured to be partnering with Movember, BC Cancer and BC Cancer Foundation to introduce and test an innovative form of treatment that has the potential to significantly improve quality of life, and survival, for thousands of Canadians."

In addition to conducting the phase II clinical trial, the program addresses the practical barriers of RNT access including infrastructure, and capacity to manufacture and distribute the radioactive drugs right here in Canada. The program also examines the health care costs associated with this new mode of treatment.

"Movember is proud to collaborate with Prostate Cancer Canada to fund such an important research initiative in this country," says Paul Villanti, Executive Director of Programs, The Movember Foundation. "Our Movember Community across the country are powering vital research through fundraising efforts to change the face of men's health. This is an important step to ensuring additional treatment options are available for men living with advanced prostate cancer."

About Prostate Cancer Canada

Prostate Cancer Canada is the leading national foundation dedicated to the elimination of the most common cancer in men through research, advocacy, education, support and awareness. As the largest charitable investor in prostate cancer research in Canada, Prostate Cancer Canada is committed to continuous discovery in the areas of prevention, diagnosis, treatment, and support.

Prostate Cancer Canada is proud to have been named one of Canada's top 3 health charities for efficiency and financial transparency in the Financial Post's 2017 Charities of the Year list.

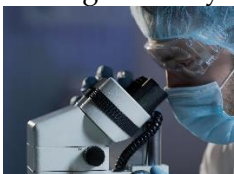
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<http://www.prostatecancer.ca/In-The-News/Foundation-News-Releases/Prostate-Cancer-Canada-launches-first-national-pro>

Fighting prostate cancer with groundbreaking new technique

Published Monday 30 July 2018 By [Tim Newman](#)

Groundbreaking laboratory-grown prostate cancer cells could change the way research is carried out. They will significantly increase the speed at which new drugs can be trialed.



New prostate cancer models should drive research forward.

Aside from [skin cancer](#), [prostate cancer](#) is the most common [cancer](#) in the United States, with around [164,000](#) new cases each year.

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Although modern treatments, including [radiotherapy](#) and surgery, are often successful when the disease is caught early, there is still much to learn.

For instance, some cases recur and multiple treatments are often needed. Current drugs can be effective, but cancer cells evolve so quickly that there is an ongoing arms race.

New and innovative anticancer agents are needed, but the development of such drugs is relatively slow.

Speeding up research

One of the primary reasons why creating and testing new prostate cancer drugs takes such a long time is that prostate cancer tissue does not survive well outside of the body. Once the tissue has been removed from a patient, it is very difficult to keep it alive.

Therefore, early drug screening must be carried out on oversimplified cancer cells that are grown in a laboratory. Although these trials are useful, genuine [tumor](#) cells are by far the best way to get a solid understanding of how a drug might work in the human body.



Researchers from Monash University in Melbourne, Australia, have been looking for ways to circumvent this roadblock. The group, led by Prof. Gail Risbridger, has designed a way to grow tumors in the laboratory from donated tumor tissue. The resulting tissue is just as complex as the tumors found in people with prostate cancer.

This access to realistic tumors means that new drugs and drug combinations can be trialed at a much quicker rate. Already, Prof. Risbridger has more than 20 laboratory-grown tumors ready to be used for this purpose.

"The lab-grown tumors will accelerate cancer research so that scientific discoveries benefit patients sooner."

Prof. Gail Risbridger

The trials begin

Prof. Risbridger recently published a paper in the journal [European Urology](#) with her colleague Dr. Mitchell Lawrence. The paper describes how they tested existing blood cancer drugs using the new prostate cancer model with encouraging results.

Dr. Lawrence is excited about the findings, saying, "These lab-grown tumors have enabled us to rapidly compare different treatments and identify those that cause the most striking reduction in tumor growth."

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He explains that the combination of drugs they used was able to suppress "the growth of aggressive prostate cancer cells that do not respond to other treatments."

The team is eager to share its newfound methodology with other scientists in the same field. To this end, the researchers established the Melbourne Urological Research Alliance, which brings together prostate cancer specialists including urologists, pathologists, oncologists, computer scientists, and patient representatives.

They boast the largest collection of laboratory-grown prostate cancer tumors, offering researchers a quicker, more effective route to trialing new ways to attack prostate cancer.

Although this methodology is relatively new, it promises a swifter turnaround for the scientists involved and, eventually, better treatments for patients.

<https://www.medicalnewstoday.com/articles/322592.php>

What you need to know about advanced prostate cancer

Last updated Fri 25 May 2018 By Rachel Nall RN BSN CCRN

Prostate cancer involves uncontrolled cell growth of the prostate gland. This gland is responsible for making the fluid in semen.

The prostate is located below the bladder and surrounds a part of the urethra, the tube that drains urine from the bladder.

Men are at greater risk for [prostate cancer](#) as they age. According to the National Cancer Institute, an estimated [20 percent](#) of men will experience prostate cancer in their lifetimes.

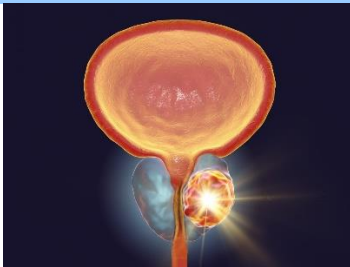
While doctors can detect most forms of prostate cancer in their earliest stages, prostate cancer might progress undetected. The advanced stages of prostate cancer occur once it has spread to other parts of the body.

Prostate cancer [does not often progress](#) to an advanced stage as routine testing can help diagnose and treat the disease in its earlier, more manageable stages.

Fast facts on prostate cancer

- Prostate cancer rarely reaches an advanced stage.
- The disease normally has a very good outlook when diagnosed and treated early.
- Hormone therapy is a treatment option for advanced prostate cancer, as well as [chemotherapy](#) and immunotherapy.
- Prostate cancer can spread to the bones, brain, and lungs.

Development



Advanced prostate cancer is a type that has spread to other organs or tissues.

Advanced prostate cancer has several stages to get through before it can be considered advanced.

Prostate cancer occurs when cells in the prostate gland mutate and start to develop abnormally. They will multiply at an uncontrolled rate. In some instances, the cells can spread to other body parts. Cancerous cells can spread through tissue, the blood, or the lymphatic system.

After a doctor diagnoses prostate cancer, they will test to see if the [cancer](#) has spread to other areas of the body, or how much of the body the cancer has affected.

A doctor will assign a stage of prostate cancer from stage I to stage IV. Stage IV is the most advanced cancer form and the topic of this article.

Stage IV prostate cancer is advanced prostate cancer that has spread to pelvic lymph nodes or is blocking the ureters. The ureters are the tubes that connect the kidneys to the bladder.

Doctors will test any cancerous cells in the body to determine if the additional cells came from the prostate. Even if cancer is detected in the bone, it is still considered prostate cancer if that is where the cancer started.

There are two types of stage IV prostate cancer:

- Stage IV D1: Prostate cancer has spread to the pelvis, lymph nodes, or surrounding organs. However, the cancer has not spread further.
- Stage IV D2: Cancers have spread to more distant organs, such as the spine, pelvis, ribs, or other bones. Unfortunately, stage IV D2 prostate cancer is the hardest to cure but is still treatable.

What does it mean for prostate cancer to spread?

Cancer cells can spread to other parts of the body. If this occurs, doctors say the cancer has "metastasized" or spread.

Areas of the body to which prostate cancer can spread include:

- the bones
- the brain
- the liver
- the lungs
- the lymph nodes, usually those around the pelvis

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A doctor will typically recommend imaging scans and tissue samples to test for the presence of cancerous cells.

Risk factors



Smoking increases the risk of prostate cancer.

According to the Prostate Cancer Foundation, age is the biggest contributing factor to the risk for prostate cancer. An estimated [65 percent](#) of all prostate cancers are diagnosed in men older than 65 years of age.

Additional risk factors for prostate cancer include:

- Family history: Men who have a father or brother with prostate cancer are [twice as likely](#) to get prostate cancer as men who do not.
- Race: African-American men face the [greatest risk](#) of prostate cancer.
- Smoking: A history of smoking is associated with a [higher risk](#) of aggressive prostate cancer.

Researchers are also studying a link between diet and increased prostate cancer risk. Diets low in vegetables or high in [calcium](#) have been linked to an increased risk of aggressive prostate cancer.

Symptoms

The prostate is very close to the point at which urine drains from the body. As a result, many prostate cancer symptoms affect the urination process. Examples of these symptoms include:

- back, hip, or pelvic pain
- blood in the urine or semen
- burning or pain upon urination
- difficulty fully emptying the bladder
- difficulty starting a stream of urine
- experiencing sudden urge to urinate
- a weak urine stream

Some of these symptoms are associated with aging and an enlarged prostate. As a result, some men may ignore these symptoms instead of seeking medical attention.

Treatments

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Early diagnosis can be the difference between curing prostate cancer and the disease reaching an advanced stage.

Treatments for advanced prostate cancer often focus on slowing or stopping the spread of cancer cells. By the time a man has advanced prostate cancer, he will usually have undergone a range of treatments to kill cancer cells, such as prostate removal, radiation, or chemotherapy. If these treatments do not keep prostate cancer from progressing, other approaches may be used.

The University of New Mexico state that hormone therapies are the [standard treatment](#) for metastatic prostate cancer. However, a doctor may also use other treatments.

Hormone therapies

By stopping the production of hormones that contribute to cancer growth, hormone therapies can often limit the spread of the disease throughout the body.

Hormone therapies may be prescribed after a man has surgery to remove the testicles, also known as an orchiectomy, to reduce the hormone production to the prostate, as well as chemotherapy treatments.

Examples of hormone therapies for advanced prostate cancer include:

- Abiraterone: This drug is often prescribed with prednisone, a steroid medication. This medication has been shown to reduce pain progression and improve quality of life.
- Enzalutamide: This drug can reduce the risks for cancer to progress without the unwanted side effects of chemotherapy, including intense nausea and [hair loss](#).

Other treatment options

There are other treatments a doctor may prescribe to reduce the spread of prostate cancer: including:

- Chemotherapy: This is a treatment involving medications that kill rapidly multiplying cells. Examples of chemotherapy medications used to treat advanced prostate cancer include mitoxantrone, docetaxel, paclitaxel, and estramustine.
- Immunotherapy: This involves building up immune system cells to more effectively counter cancers. Examples of biological therapies include administering colony stimulating factors, interferon, interleukin, or monoclonal antibodies.

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- Medications to treat bone metastasis: If cancer spreads to the bones, doctors can prescribe several medications to reduce the breakdown of bones and lessen pain. Examples of medications used to treat bone pain include denosumab, xofigo, and zoledronic acid.

Researchers are currently testing many new approaches and treatments for prostate cancer, including new medications.

Outlook

An important measurement for assessing the likelihood of surviving cancer is the relative survival rate. These rates compare the 5-year survival rate of a man with prostate cancer compared with a man who does not. This method is helpful because men with prostate cancer may not be alive 5 years after diagnosis, but this does not mean that prostate cancer was the direct cause of death.

For all prostate cancer types, the [relative survival rates](#) from the American Cancer Society are as follows:

- Five-year relative survival rate: almost 100 percent
- Ten-year relative survival rate: 98 percent
- Fifteen-year relative survival rate: 95 percent

Survival rates for prostate cancer can vary based on the cancer stage. Later stages of cancer typically have lower survival rates when compared with earlier-stage cancers.

The following are 5-year relative survival rates from the American Cancer Society for the [following cancer stages](#):

- **Local stage, in which cancer has not spread past the prostate:** Nearly 100%
- **Regional stage, in which cancer has spread from the prostate to nearby areas:** Nearly 100%
- **Distant stage, in which the cancer has spread to distant lymph nodes, bones, or other organs:** 28%

Outlooks are not guarantees. There are many men who live much longer than an estimated outlook, and there are some who do not.

However, early diagnosis dramatically improves the chance of a good outlook and eventually treating the condition.

Men should always talk to their doctor and cancer care team regarding potential survival rates and outlook.

<https://www.medicalnewstoday.com/articles/314157.php?sr>

VIDEOS

Immunotherapy for Prostate Cancer

Daniel P. Petrylak, MD, professor of medicine and urology at the Yale Cancer Center in New Haven, Connecticut, discusses potential applications of immunotherapy among patients with prostate cancer.

<https://www.cancertherapyadvisor.com/prostate-cancer-advisor--videos-petrylak-immunotherapy-for-prostate-cancer/playlist/183/>



NOTABLE

How can you cope with a cancer diagnosis?

Friday 13 October 2017 By [Maria Cohut](#)

Despite cancer being one of the most prevalent diseases in the world, receiving a diagnosis still comes as a shock. In this article, we offer advice from both healthcare specialists and those who went through cancer on how to cope with this diagnosis.

We spoke to healthcare professionals and gathered online resources to support you in your pursuit of well-being and coping with cancer.

According to the World Health Organization (WHO), [cancer](#) is one of the most [widespread](#) diseases worldwide. The National Cancer Institute (NCI) estimate that, in the United States alone, there were approximately [1,685,210](#) new cases of cancer in 2016.

What are some practical ways that could help you to cope with the shock of a cancer diagnosis, and allow you to make the best decisions for yourself?

Medical News Today have spoken with healthcare professionals and explored the experiences of people living with cancer with the aim of bringing you advice on how to face this unwelcome news.

'Make sure you understand your diagnosis'

Getting diagnosed with cancer comes as a shock to anyone, but one important way of coping with it is to be well informed. Cancer is often surrounded by an aura of myth, and much of what we think we know about it can be based on hearsay.

So, an important first step is to get as much (specific) information as possible, from both your doctor and other reliable sources.

Dany Bell — a specialist advisor on treatment and recovery at [Macmillan Cancer Support](#), based in the United Kingdom — told *MNT*, "Being diagnosed with cancer can be a big shock, even if you already suspected you might have it."

"Cancer is a word that can stir up many fears and emotions," adds Bell, "but making sure you fully understand your diagnosis can help you feel more in control of the situation."

The NCI also list a set of suggested [questions](#) that you can ask your doctor about your diagnosis.

In a vlog about her experience living with stage four [ovarian cancer](#), Texas-based [Sharon Nance](#) spoke about how staying informed helped her to cope with this news.

"If you ever find yourself faced with a cancer diagnosis [...] [b]efore you go into a panic mode, I say take a deep breath, be calm, gather as much information as you can about what type of cancer you're dealing with, what the odds are for the type of cancer that you have, and then go from there, because if you know what you're dealing with, it's not so frightful." Sharon Nance

Speaking to your doctor

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Often, communication with your physician might feel tricky, since the subject of a cancer diagnosis is always a heavily loaded one. Both you and your healthcare provider might find it difficult to communicate efficiently.

Dr. [Ann O'Mara](#) — head of Palliative Care Research in the NCI's Division of Cancer Prevention — told *MNT* that there is no magical recipe for success in these cases, but that open communication is very important to ensure that you get the information you need, and that your physician knows how you are coping with your diagnosis.

"If the communication with that physician is causing you to be more stressed out you have to communicate that to the physician," she said.

"Patients have to [...] communicate to physicians if they're not getting the right information, or if the information is really devastating to them, they have to be open [with] their physician," Dr. O'Mara emphasized.

The NCI also offer [detailed advice](#) on how to approach your healthcare team in order to ensure the best and most effective communication with them.

Talk about it

Symptoms of [depression](#) and [anxiety](#) are often a natural outcome after a cancer diagnosis. After all, there are so many unknowns to this equation, and this is a journey that will undoubtedly turn your life upside down. That is also why it's so important to be able to count on a strong support network.

Approaching friends and family

Bell told *MNT* that being able to rely on a good support network is always helpful, even though speaking to the people around you about your diagnosis may be a challenge all on its own.

"Telling friends and family you have cancer can be daunting, but many people find that having a good support network around them really helps. You may want to tell those closest to you first. After this, you might find it helpful to make a list of who you want to tell. If you like, you can ask someone you trust to tell people for you." *Dany Bell*

"Before telling someone you have cancer," Bell added, "think about what details you want them to know. Writing this down might help."

Although you may find this difficult to begin with, speaking to friends and family about your diagnosis can help.

Dr. O'Mara agreed that it's important to talk about your diagnosis with your nearest and dearest. It may be helpful, she noted, to "start with [your] family, and then with friends." She also suggested that some might find it easier to tell just one friend to begin with.

"You tell one friend, you tell your closest, your best friend, and you ask them to be [...] the sounding board for you, so you're not spending all of the time on the phone talking to everybody," she said to *MNT*.

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Additionally, the physical context in which you talk to others about your diagnosis is also important, Bell pointed out.

"Choose a time and place where you'll have time to talk without being interrupted," she advised. "Try to be honest about what you know — it's O.K. to say if you are unsure about anything, or can't answer all their questions."

Asking for help

Dr. O'Mara also told *MNT* that it may be hard for individuals newly diagnosed with cancer to solicit support, even though they may find that friends shower them with offers of assistance.

She suggested to ask for specific, pragmatic help with small things, such as a lift to your next medical appointment, or a cooked meal. Small, targeted actions can go a long way.

"When people come to you and say 'how can I help you,' the thing that you can do is give them a task, ask them to do something [specific], [...] ask them to make a meal for you," said Dr. O'Mara.

Finding a dedicated support network

You may also find it helpful to locate a dedicated support group online, or in your own community. There are many kinds of cancer support groups, which you may be able to trace through [online searches](#) or by speaking to the specialist by whom you were diagnosed.

Dr. O'Mara explained for *MNT* that you should easily be able to find a support group just by asking your healthcare provider.

"In most of our cancer centers," she said, "and even in our local physicians' offices, any experienced clinicians [...] — doctors, nurses, nurse practitioners etc. — usually have a list of local support groups. Oftentimes the hospitals run them for newly diagnosed cancer patients and their families."

Still, as U.K.-based Dr. Liz O'Riordan — a consultant oncoplastic breast surgeon who has experienced [breast cancer](#) — notes, online support networks should not be discounted either.

In her TED talk, she speaks about how she unexpectedly found much-needed emotional, as well as practical, support through social media.

Dr. O'Riordan explains that she "got her own secret tribe" by using Twitter, which helped her to find other healthcare professionals who had been diagnosed with a form of cancer and were about to undergo treatment.

Being able to talk to people who were, or had been, in a similar situation to her was a valuable self-care resource, she says in her talk.

Use anger and grief as a 'lever'

Responses of grief and anger are normal feelings to experience when receiving a cancer diagnosis, but such emotions need not be destructive.

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The NCI say that, in addition to discussing your feelings with healthcare professionals and your trusted support group, it may help to keep a journal and [write down](#) your feelings, in order to fully process them. In a vlog, Nance said that these negative emotions can sometimes be used for leverage. For instance, [anger helped](#) her to understand that she didn't want cancer to take hold of her entire life.

"You have every right to get angry, and I almost encourage that you get angry because it is that fire that's going to make you get up and say 'you know what, O.K., I've got cancer, but I [will not] continue to dwell on the negative aspects of this disease anymore.' And that's what I had to ultimately do." *Sharon Nance*

Don't let cancer take over your life

"You have cancer, but don't let it have you," [added](#) Nance.

Cancer may be in your body and affecting the way that you live your life, but continuing some old activities that you took pleasure in, or taking up something new, such as crafting, drawing, or writing, could help you to stay in touch with who you are outside of your health profile.

If you can, keep doing some of your favorite activities, or pick up a new hobby, to help you focus on something other than your diagnosis.

The NCI suggest "[looking for things you enjoy](#)" and shifting more of your mental and emotional focus onto something pleasant and creative. Some gentle exercise, they say, might also prove useful.

On her blog, Dr. O'Riordan also notes that even though the least taxing [physical activity](#) may be exhausting — especially if you're going through [chemotherapy](#) — this could help you to cope.

"The best thing you can do is to do a little bit of exercise every day. [...] I hated getting ready to go out but felt so much better for it, and felt I'd earned the right to veg out on the sofa for the rest of the day," she says.

Nance candidly [explained](#) that "it is a work in progress to learn to live with cancer." There is no right or wrong way of coping, and what is essential is that you stay in charge of your body and your life.

For more advice and information on how to cope with a cancer diagnosis, check out the NCI's [advice](#), as well as the American Cancer Society's (ACS) [dedicated online resources](#).

<https://www.medicalnewstoday.com/articles/319749.php>

QUOTABLE

"Life is what we make it, always has been, always will be." – Grandma Moses

"What lies behind us and what lies before us are tiny matters compared to what lies within us." – Henry S. Haskins

"Life is 10% what happens to me and 90% of how I react to it". –Charles Swindoll

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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, Astellas Pharma, Prostate Cancer Canada, 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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