PCCN Markham

Newsletter

Volume 20 Issue 2 October, 2018

NEXT MEETING

Tuesday, October 9, 2018 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Rose Room - DOWNSTAIRS

(Free Parking off George St)

Group 'Round Table' Discussion
Survivors ask questions, share concerns
moderated by your peers

IN THIS ISSUE …

Thanks again to Dr. John DiCostanzo for a very informative September discussion.
AND Thanks to you for a great turnout great to see so many spouses!
The November Cooking Class is sold out! Thanks everyone!

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Prostate Cancer Canada Network

Newsletter

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Is regular screening for prostate cancer really necessary?

Published Friday 7 September 2018 By Maria Cohut Fact checked by Jasmin Collier

A *BMJ* commission considered whether or not regular screening for prostate cancer using the prostate-specific antigen test is truly necessary, despite the possible risks it carries.

Should men opt for routine screening for prostate cancer?

According to an official statement released by the United States Preventive Services Task Force in *JAMA*, men in the U.S. face an 11 percent lifetime risk of being diagnosed with prostate cancer and a lifetime risk of prostate cancer-related death of 2.5 percent.

Previous studies suggested that one effective way of catching this type of cancer early is screening.

This involves prostate-specific antigen (PSA) testing, which is a blood test that can help establish a diagnosis.

However, PSA testing is not always accurate and might lead to the prescription of unnecessary — and invasive — biopsies, which may harm a person's quality of life.

False positive PSA results can also result in overdiagnosis and overtreatment, which may affect a person both mentally and physically, thus impacting their overall health.

So, a commission of international experts — both clinicians and research methodologists — and men at high risk of prostate cancer has reviewed and analyzed the results of existing studies weighing up the benefits and risks involved in routine prostate cancer screening.

The results of this complex analysis are now reported in *The BMJ*.

More harm than good?

The panel analyzed data collected from 721,718 men enrolled in various trials, and it assessed the evidence that emerged from these studies.

Following a detailed analysis, the members of the panel concluded that routine screening for prostate cancer should not be recommended to most men as it may end up doing them more harm than good.

"Based on moderate- and low-quality evidence, PSA screening seems to increase the detection of prostate cancer of any stage, increases the detection of stage 1 and 2 prostate cancer, and slightly decreases the detection of stage 3 and 4 prostate cancer," write the review's authors.

"Meanwhile," they add, "PSA screening is associated with considerable biopsy-related and cancer treatment-related complications."

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"We estimated that, for every 1,000 men screened, approximately one, three, and 25 more men will be hospitalised for sepsis, require pads for urinary incontinence, and report erectile dysfunction, respectively."
At the same time, however, the experts involved in the review note that men who qualify as being at high risk of prostate cancer may still want to consider regular testing after discussing all the possible risks and benefits with their doctors.
Men who are at high risk of prostate cancer, according to guidelines from the Centers for Disease Control and Prevention (CDC), are usually those who have a family history of prostate cancer, as well as those of African descent.
The *BMJ* panel also says that practicing doctors should not feel like they have to suggest prostate cancer screening to all their male patients, but they should aim to inform those who do wish to undertake PSA testing, assisting them in their decision-making process.
In an editorial written by Prof. Martin Roland and team, from the University of Cambridge in the United Kingdom, other specialists support the conclusions reached by the panel.
The editorial's authors suggest that, when speaking with patients considering a PSA test, clinicians "should explore their reasons for requesting a test, and include evidence-based discussions about possible harms and benefits of PSA testing, informed by the patient's ethnicity and family history."
https://www.medicalnewstoday.com/articles/322997.php

Working towards better diagnosis and treatment of prostate cancer

by Corporate Communications | Sep 19, 2018 |

September is Prostate Cancer Awareness Month. We spoke with Dr. Alexandre Zlotta about the challenges with diagnosing and treating prostate cancer. Dr. Zlotta is researching ways to help improve detection of the aggressive and life-threatening forms of the disease. Dr. Zlotta is an internationally renowned surgeon who specializes in treating cancers of the bladder and prostate. He is Director of Uro-oncology at Mount Sinai Hospital and a professor in the Department of Surgery in U of T's Faculty of Medicine.

According to statistics, 1 in 7 Canadian men will be diagnosed with prostate cancer in their lifetimes. But a diagnosis of prostate cancer can mean very different things and have a different prognosis depending on the type. Can you tell us a little bit about more about this?

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We know that about two to three per cent of patients diagnosed with prostate cancer die from the disease. This is a very high number of men and is a major public health issue. However, most men die with, rather than from prostate cancer.

We published a landmark study in 2013 that showed that a lot of men–about 50 to 60 per cent of the men in our study—died with prostate cancer cells in their prostate rather than from prostate cancer. Our findings showed that the number of non-life-threatening cancers out there is larger than we thought. This research points to an urgent need for improved prostate cancer screening strategies. We need to be able to accurately identify men with the aggressive and life-threatening form of prostate cancer vs. those cancers that will never threaten a man's life.

What about the PSA test that's commonly used?

The test works by measuring the level of a protein called Prostate Specific Antigen (PSA) in the blood. PSA levels may be elevated in several diseases of the prostate—including, but not exclusively, cancer. PSA blood tests do help detect tumors earlier and are connected with an improved survival rate for prostate cancer—although small. The issue we face with the PSA screening test is that it comes with a steep cost of potentially diagnosing and treating a huge number of cancers that would never have needed treatment. With treatment, there's always the potential for complications. And it's also important to think about the psychological impact on patients living for decades with the diagnosis of "cancer"— even if it's deemed non-life threatening.

Can you tell us about the research you're doing and how you're working on this problem of screening and diagnosis?

Last year, we published a new study that discovered that men who are born with a particular gene mutation are more likely to have the aggressive form of prostate cancer and have worse outcomes than men born without the mutation. This gene is in the same family as the gene involved in the body's production of the PSA protein. We're also working on a large-scale study in Ontario looking at the combination of this gene mutation with the mutation in the BRCA gene. In women, as it is well-known in the public, because of stories like that of celebrity Angelina Jolie, a mutation in the BRCA gene is linked with breast cancer. Interestingly enough, in men, this same gene is also associated with prostate cancer! Through this type of genetic research, we are investigating whether a genetic test to identify mutational genes, will be able to help diagnose the aggressive form of prostate cancer.

How do you see prostate cancer screening, and diagnosis changing and improving in the future? What will this mean for men?

It is likely that genetic testing together with new markers and improved imaging (like MRI of the prostate) will be able to identify men at risk of developing the fatal form of the disease much earlier. Recently I saw a man in his early 40s, father of two young children that had a very aggressive form of prostate cancer. It had migrated to the bones and become a life-threatening disease. Who wouldn't want to have diagnosed this man much earlier if we had a reliable genetic test? Physicians cannot change the development of an aggressive prostate cancer but we can try to detect it at an early, curable stage.

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What do the current guidelines say about who should be tested for prostate cancer and how often?

There is currently some discussion on whether testing should be applied to the entire population of men or if this should be an individual discussion between the physician and patient. Most guidelines are recommending shared decision-making involving the patient and physician discussing the pros and cons of screening/early detection. It's important for men to talk with their doctors about their family history and risk factors or if they have any symptoms that they're concerned about.

http://www.sinaihealthsystem.ca/news/9004/

What you need to know about advanced prostate cancer

Last updated Fri 25 May 2018 By Rachel Nall RN BSN CCRN Reviewed by Christina Chun, MPH

1. Development
2. Risk factors
3. Symptoms
4. Treatments
5. Outlook

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.

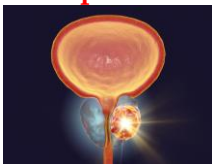
While doctors can detect most forms of prostate cancer in their earliest stages, prostate cancer might progress undetected. The advanced stages of prostate cancer occur once it has spread to other parts of the body.

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.

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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

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.

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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

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.

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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.
- 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 percent
- **Regional stage, in which cancer has spread from the prostate to nearby areas**: Nearly 100 percent
- **Distant stage, in which the cancer has spread to distant lymph nodes, bones, or other organs**: 28 percent

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

New hope for men with most aggressive form of prostate cancer

Laura Donnelly, Health Editor 3 September 2018 • 9:00pm

The breakthrough has been hailed an exciting step forward in helping those resistant to standard treatments Credit: PA

Scientists have hailed a breakthrough in treating men with the most deadly form of prostate cancer.

A study by the Institute of Cancer Research suggests the most aggressive form of the disease could respond best to a new class of drugs.

The findings were hailed as an "exciting step forward" in working out how to help those who are resistant to most standard treatments.

In recent years, a new type of drugs, called immunotherapy, has shown promise in treatment of a range of cancers. The treatment works best in cancers that have lots of mutations, harnessing the immune system to fight the disease.

However, most forms of prostate cancer have few mutations. The new study was able to identify the cases of advanced prostate cancer which were genetically unstable – making them easier for the immune system to recognise.

We made an exciting step forward in working out how to treat men with aggressive, unstable tumoursProfessor Johann de Bono

Every year around 47,000 men in the UK are diagnosed with prostate cancer.

The team, which also involved the Dana-Farber Cancer Institute, in the US, found that around eight per cent of men with advanced disease had evidence of "mismatch repair mutations" in their tumours.

These men survived on average just 3.8 years after beginning treatment – around half the 7 year survival of men diagnosed with advanced disease, without such defects.
Researchers then found that tumours with such mutations were far more likely to have higher levels of a protein, called PD-L1, which can be targeted by immunotherapy.
In addition, the cases with the mutations were more likely to have been invaded by T cells from the patient's immune system – another clue that immunotherapy might succeed, scientists said.
Study leader Professor Johann de Bono, Regius Professor of Cancer Research at The Institute of Cancer Research, London said: "We made an exciting step forward in working out how to treat men with such aggressive, unstable tumours.
"We discovered that tumours with mismatch repair mutations have key hallmarks which make them particularly likely to respond to checkpoint inhibitor immunotherapy.".
Prof de Bono, consultant oncologist at The Royal Marsden NHS Foundation Trust, said scientists were now developing tests to pick out patients with these mutations, with new clinical trials to test immunotherapy in such cases.
The study, published in the Journal of Clinical Investigation, looked at 127 tumour biopsies from 124 patients and genomic information from a further 254 patients.
Professor Paul Workman, Chief Executive of The Institute of Cancer Research, London, said: "This new study is exciting in providing a way to pick out those men with prostate cancer who have the most aggressive, unstable disease and the worst survival – but who conversely might be the best responders to immunotherapy," he said.
https://www.telegraph.co.uk/news/2018/09/03/new-hope-men-aggressive-form-prostate-cancer/#

Those tomatoes in your garden are nutritional powerhouses

Shine the seasonal spotlight on tomatoes, writes Dr. Michelle Jackson
Opinion Aug 30, 2018 by Michelle Jackson Kawartha Lakes This Week

- Michelle Jackson photo

Tomatoes are currently in season and they're nutritional powerhouses! Tomatoes contain folate, potassium, vitamin A, vitamin E, and are a great source of vitamin C. The tomato can be considered a 'functional food,' meaning that beyond containing basic nutritional components like vitamins and minerals, they possess phytochemicals that exert health benefits.

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Lycopene, a carotenoid that gives tomatoes their orange/red colour, is one such phytochemical that is the most abundant carotenoid in tomatoes and the most well-studied.

Interestingly, lycopene levels increase when a tomato is cooked (heated) and processed, so levels are actually highest in tomato paste and sauces versus raw. Since lycopene is 'lipid soluble,' it requires the presence of dietary fat for absorption. For example, full-fat salad dressing like olive oil will help increase lycopene levels of raw tomatoes in a salad. Avocado added to salsa increased lycopene levels by 4.4 times compared to regular salsa.

Tomato consumption has been associated with a decreased risk in cardiovascular disease. This is due to the phytochemicals acting as antioxidants, protecting the delicate lining of our blood vessels from oxidative damage and inflammation that can arise from high sugar diets, high cholesterol, stress, smoking, alcohol, etc.

Lycopene in particular has gained major attention regarding prostate health. Several studies have found lower rates of prostate cancer in those with higher blood levels of lycopene. In one study, men aged 45 to 75 who consumed more than two tomato products per week had lower rates of prostate cancer compared to controls when followed over 12 years. That's an easy and low cost dietary change to adopt for those wanting to be preventive! More recent studies have found that for men with prostate cancer, lycopene can increase the expression of tumour suppressor genes to help put the brakes on cancer growth. The inverse relationship between lycopene consumption and lower rates of cancer have also been found for breast, pancreatic, and ovarian cancers.

As Hippocrates said, let food be thy medicine. Beyond their health benefits, they taste really good — so get them while they're fresh!

Note — some people experience heart burn after consuming tomatoes, whereas others who are sensitive to the nightshade family may notice an increase in joint pain. It may be best to decrease consumption or avoid if this is a concern of yours. Food choices need to be individualized. The good news is, lycopene can also be found in watermelon, guava, papaya, and pink grapefruit.

Michelle Jackson, BMSc (Hons) ND, is a naturopathic doctor who works at Kawartha Therapeutic Centre in Lindsay. She can be reached at Drjackson@kawarthatherapeutic.com

https://www.mykawartha.com/opinion-story/8871228-those-tomatoes-in-your-garden-are-nutritional-powerhouses/

Prostate cancer and acupuncture? Why not…

Acupuncture can be very helpful for men who are undergoing treatment for prostate cancer or for relieving the side effects of the disease and treatments.

Recent advances in acupuncture clinical research suggest that acupuncture may provide clinical benefit for cancer patients with treatment-related side effects such as nausea and vomiting, post operative pain, cancer related pain, chemotherapy-induced leukopenia, post chemotherapy fatigue, xerostomia, and possibly insomnia, anxiety and quality of life (QOL).

The reasons for consulting in acupuncture are many, whether to reduce your pain, get back to sleep, boost your energy and more. Here are, among others, several valid reasons to consult in acupuncture:

- It relieves bone pain when prostate cancer progresses - Anti-inflammatory effect, relaxation of muscle tension, release of natural analgesic by the body…
- It promotes the body's natural healing mechanisms - Increases circulation, oxygenation, tissue regeneration and cellular repair…
- It treats disorders such as fatigue, anxiety, jet lag, migraine, insomnia, burn-out...
- It regulates the digestive system such as lack of appetite, slow digestion, liver trouble, diarrhea, bloating, nausea, vomiting, constipation…
- It regulates the endocrine system such as abundant sweating, hot flashes, hypothyroidism, hyperthyroidism…

How does it work?

Traditional Chinese medicine explains that health is the result of a harmonious balance of the complementary extremes of "yin" and "yang" of the life force known as "qi," pronounced "chi." Illness is said to be the consequence of an imbalance of the forces.

Qi is said to flow through meridians, or pathways, in the human body. These meridiens and energy flows are accessible through 350 acupuncture points in the body.

Inserting needles into these points with appropriate combinations is said to bring the energy flow back into proper balance.

What to expect

Talk to your healthcare team if you are thinking about having acupuncture. Acupuncture may not be recommended if you have low white blood cell counts (because of the risk of infection) or low platelet counts (because of the risk of bleeding). Tell your acupuncturist that you have prostate cancer, any treatments that you have had or are having, and any medicines that you're taking.

Acupuncture is generally thought to be safe. When it is done by a qualified practitioner, the risk of side effects is low.

Sterile, single-use, disposable needles lower the risk of infection or of transmitting HIV or hepatitis viruses. Sterile needles are very important for people receiving chemotherapy and radiation therapy because these treatments can weaken the body's immune system.

Allow 60 minutes per session at a cost of $60 to $75. Most acupuncture treatments are reimbursed by insurance companies.

Useful links to find an acupuncturist in your area

OAQ – Ordre des acupuncteurs du Québec
AAQ – association des acupuncteurs du Québec
Acupuncture Canada

References

Canadian Cancer Society
American Academy of Medical Acupuncture
Nation Institute of Health (NIH)-Acupuncture

http://www.procure.ca/en/2018/08/31/prostate-cancer-acupuncture-not/

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VIDEOS

Prostate cancer nutrition videos now available

Videos created by Dr. Murphy and colleagues

Sunday, September 9, 2018

Three new videos on nutrition and prostate cancer by Dr. Rachel Murphy and colleagues are now available online.

The short videos—which are each under 8 minutes long—address separating diet myths from facts, healthy eating guidelines for men with prostate cancer, and tips to help men with prostate cancer stay on track with their dietary goals.

The purpose of the videos is to improve uptake and reach of nutrition evidence as part of supportive care for prostate cancer patients across BC. Prostate cancer treatment can have many negative side effects, and nutrition can help prevent or lesson the impact of these side effects.

Prostate cancer is the most common cancer among Canadian men, and it is the third leading cause of death from cancer in men in Canada.

The production of the videos was funded by a grant Dr. Murphy and colleagues received from the Michael Smith Foundation for Health Research in Fall 2017.

Watch the myth busting video >

Watch the healthy eating guidelines video >

Watch the nutrition tips video >

Access additional resources on prostate cancer supportive care >

https://cancerprevent.ca/article/sep-09-2018/prostate-cancer-nutrition-videos-now-available

NOTABLE

What young men need to know about prostate cancer

The number of men under 50 diagnosed with prostate cancer has increased 600% in the last 20 years

David B. Samadi 20 SEP 2018 - 12:17 CEST

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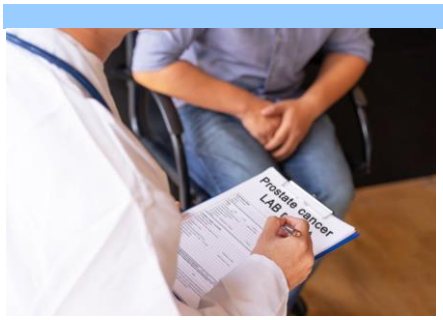

Prostate cancer can also affect young men. GETTY

Ask a young guy about prostate cancer and many will say, "That's an old man's disease." While it is true prostate cancer occurs primarily in older men – the average age at the time of diagnosis is 66 – one in 38 men between the ages of 40 and 59 will develop prostate cancer. According to recent research, the number of men under 50 diagnosed with prostate cancer has increased 600% in the last 20 years. Prostate cancer can and does develop in younger men and when it does, it is often more aggressive and deadly.

Here are five facts young men need to know about prostate cancer:

1. Early prostate cancer has no symptoms

If a man is experiencing prostate cancer symptoms, the disease is most likely at an advanced stage. Symptoms that may prostate cancer include:

One in 38 men between the ages of 40 and 59 will develop prostate cancer

- Frequent urinating or trouble urinating
- Difficultly starting or stopping a urine stream
- Blood in semen
- Pain or discomfort in the pelvic area
- Bone pain

2. Family history increases the likelihood of prostate cancer

Men who have a family history of prostate cancer are approximately three times more likely to develop the disease than a man who does not. If someone in your family has been diagnosed, it is recommended that you begin prostate cancer screenings early.

3. Prostate cancer in young men is more aggressive

Older men are more likely to be diagnosed with prostate cancer but this form of prostate cancer typically grows slowly and is not as aggressive. In fact, many older men diagnosed with early-stage prostate cancer die from other causes. In its early stages, prostate cancer often has few if any symptoms. This means that if aggressive prostate cancer is diagnosed in men younger than 50, it may have already progressed to a later-stage cancer and be more difficult to treat.

4. What you eat matters

Staying fit can reduce the risk of prostate cancer

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Eating too much red meat increases the risk of developing prostate cancer. Fried and processed foods can also accelerate the cancer's progression. Men should aim to eat a diet with lots of fruits, vegetables, beans, whole grains, and lean meat.

5. Physical activity also matters

Exercise has countless benefits to a man's overall health. When it comes to prostate health, staying fit can be an effective preventative tool to reduce the risk of prostate cancer. Men who are overweight have an increased risk of developing prostate cancer and men who are considered obese (body mass index 30 or higher) are even more at-risk.

All young men should have an annual physical exam with their doctor. As they approach the age of 40, they should discuss their prostate health with their healthcare provider and learn as much as possible about prostate cancer screening risks and benefits.

Dr. Samadi is a board-certified urologic oncologist trained in open and traditional and laparoscopic surgery and is an expert in robotic prostate surgery at Lenox Hill Hospital. He is a medical correspondent for the Fox News Channel's Medical A-Team Learn more at roboticoncology.com. Visit Dr. Samadi's blog at SamadiMD.com. Follow Dr. Samadi on Twitter, Instagram, Pinterest and Facebook.
https://elpais.com/elpais/2018/09/18/dr_david_b_samadi/1537269027_340718.html

Grow a 'stash and get involved!

NOVEMBER = MOVEMBER

QUOTABLE

"Adopting the right attitude can convert a negative stress into a positive one." Hans Selye

"A strong positive mental attitude will create more miracles than any wonder drug." Patricia Neal

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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. 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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