

PCCN Markham



Newsletter

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NEXT MEETING

Tuesday, February 12, 2019 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Youth Hall - UPSTAIRS

(Free Parking and entry to church off George St)

SPEAKER SESSION!

Dr. Rustom Sethna, Psychiatrist MSH

Topic: Dealing with Anxiety

This will be an excellent session for those who have prostate or other cancers (breast, pancreatic etc) and their partners-We need to talk!!

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The Importance of Identifying Anxiety and Depression in Men with Prostate Cancer

Men tend not to seek out help for psychosocial issues—notably less often than women do, but a recent survey of patients with prostate cancer showed that 97% felt there was a need to help patients recognize the symptoms of anxiety and depression and find treatment for them.

PUBLISHED: 7:00 PM, THU SEPTEMBER 13, 2018

By Andrew Chesler, MSW, LMSW, Men's Cancers Program Coordinator, CancerCare

It is normal for a person receiving a cancer diagnosis to experience a wide range of emotions—fear, anxiety, sadness, and depression are among the most prevalent. The type of cancer, stage, and treatment modality may all affect a patient's emotional state. It seems logical to conclude that patients diagnosed with prostate cancer—generally regarded as highly treatable and the most common type of cancer for men—would suffer a relatively lower rate of psychosocial distress than people receiving diagnoses that typically have poorer prognoses and outcomes. However, men with prostate cancer commonly feel significant anxiety and depression.

CancerCare and Us TOO International surveyed 633 patients with prostate cancer regarding their feelings of anxiety and depression. Seventy-seven percent of the respondents said they had experienced symptoms of anxiety or depression following diagnosis. Ninety-four percent thought it was normal for patients with prostate cancer to feel anxiety and depression. Ninety-seven percent felt there was a need to help patients recognize these symptoms and find treatment for them.

Men tend not to seek out help for psychosocial issues—notably less often than women do. This is borne out by survey results that suggest men with prostate cancer would benefit from support groups, yet they seldom attend them, and other data shows that women outnumber men by three to one in cancer support groups.¹ There are myriad reasons for this. Typical qualities that define the role of a man in society are the projection of power, physical strength, dominance, control, and toughness. For men, neediness or asking for help are considered signs of weakness. Men do not like to appear emotionally vulnerable; instead, they often expect that the task of feeling emotions should fall to a spouse, partner, or relative. Stereotypically, men are expected to be logical and make decisions based on the analysis of information. When they do reach out to their doctors and nurses, it is often for support of the informational, and not emotional, variety.

Because prostate cancer affects the reproductive, urinary, and gastrointestinal systems, there are often feelings of embarrassment and shame attached to this diagnosis. Already feeling shamed by being seen as a patient (and therefore in a weakened state), adverse events such as incontinence and erectile dysfunction may exacerbate anxiety over what a man's future level of functioning in these areas might be. All of these factors may lead the patient to hide his feelings even more deeply from medical staff and to refrain from divulging his feelings to his family and loved ones.



It is important for clinicians to create an environment where men feel comfortable sharing these concerns. One way to do this is to simply tell men diagnosed with prostate cancer that it is normal to feel a certain amount of anxiety and sadness and that these feelings can be mitigated by psychosocial support such as counseling and support groups. Also, study data has shown that patients who receive strong emotional support may benefit from a protective effect on health outcomes.² These patients will be more likely to follow their treatment plans, whereas patients who are depressed might be inclined to feel treatment is useless or give up on it altogether.

An important first step to helping a patient with prostate cancer cope with emotional issues is to help him identify his feelings: Determine whether he is experiencing anxiety, depression, or both, and note that anxiety and depression are not the same and may require different interventions and/or treatments.

A certain amount of anxiety occurs in daily life for most of us. This "situational anxiety" occurs frequently for patients with cancer before having a medical test like a scan, or a treatment like radiation. This is different from continual, pervasive anxiety that interferes with daily functioning and may include symptoms such as gastrointestinal distress, chest pains, elevated heart rate and blood pressure, or suddenly breaking into a sweat.

Depression is a medical disorder characterized by feelings of sadness and/or a loss of interest in activities once enjoyed and may be characterized by hopelessness, despondency, abnormal sleep or eating habits, loss of interest in sex, feelings of worthlessness, the desire to harm oneself, and/or suicidal thoughts.

Men diagnosed with prostate cancer may already feel diminished in the eyes of others and, subsequently, may reject the interventions that can help mitigate anxiety and depression. Support groups, individual counseling, or a prescription for anti-anxiety or antidepressant medications may be highly useful, but are sometimes seen by men as further signs of weakness. Nevertheless, all of these options should be made known to patients with prostate cancer. It can be helpful to reassure men with this diagnosis that their innate distaste for these interventions is normal, but also to make clear that these interventions are often helpful and may lead to better quality of life and improved medical outcomes.

References

1. Weber BA, Roberts BL, McDougall GJ. Exploring the Efficacy of Support Groups for Men with Prostate Cancer. *Geriatric Nursing*. 2000;21(5), 250–253.
2. Reblin M, Uchino BN. Social and Emotional Support and its Implication for Health. . 2008;21(2), 201–205. doi:10.1097/YCO.0b013e3282f3ad89

<https://www.oncnursingnews.com/contributor/cancer-care/2018/09/the-importance-of-identifying-anxiety-and-depression-in-men-with-prostate-cancer>



Prostate cancer breakthroughs are extending lives by years

Presented by:



For the first time, there is treatment for men in all stages of prostate cancer

by a member of Innovative Medicines Canada in collaboration with Prostate Cancer Canada
Jan 7, 2019



In their lifetime, one in seven Canadian men will be diagnosed with cancer of the prostate – the walnut-sized part of the male reproductive organ in a man’s abdomen. If diagnosed early, there is an excellent chance the disease will be successfully treated: the five-year survival rate is 100 per cent. In fact, over the last 25 years – thanks to early detection and improved treatments – the mortality rate from prostate cancer has decreased by 50 per cent.

Still, each year, approximately 4,000 men in Canada die from the disease. The challenge with prostate cancer, as with most cancers, is that it may metastasize, or spread, to other parts of the body. Once that happens, the five-year survival rate drops to 28 per cent. “If you looked beyond five years, the survival rate would go down considerably more,” says Dr. Stuart Edmonds, Vice-President of Research, Health Promotion and Survivorship at Prostate Cancer Canada, a national health charity dedicated to eliminating the disease through research, advocacy, education and support. “While we’ve done a really good job over the past 25 years, we’re still losing an awful lot of men and it’s unnecessary.”

“Unnecessary” because one of the main ways of diagnosing prostate cancer is a simple blood test. The test measures Prostate Specific Antigen, or PSA, a protein naturally produced in the prostate. Higher levels of PSA may indicate the presence of cancer and/or other prostate conditions. “We still have the situation in many

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parts of the country where one in nine men are getting diagnosed with a late-stage disease," Edmonds adds. "And we know how dangerous that can be."

Thanks to innovations in therapies over the past 10 years, there are treatment options through every stage of the disease – even for non-metastatic castration-resistant prostate cancer. Until recently, this was an anxiety-producing and difficult stage – a virtual no-man's land for the patient because the cancer is still confined to the prostate but with a high likelihood that it will spread.

"Hormonal therapy which reduces testosterone levels, was the only option for men with incurable prostate cancer," explains Dr. Geoffrey Gotto, Urologic Oncologist at the Southern Alberta Institute of Urology. "For men who failed hormonal therapy but did not yet have metastatic disease, there really was no option available. As a physician, it was frustrating to look at these patients progressing and tell them their cancer needed to spread before we could offer them other types of therapy."

However, Gotto adds, advancements in research and treatment have delayed the spread of the cancer for as much as two years. "While it's too early to tell whether that will have an impact on overall survival," Edmonds says, "actually delaying it from spreading elsewhere in the body is a good indicator of helping in the long term."

The prudent thing is for men to discuss the PSA test with their family doctors. "The last thing you want to do is to have that conversation too late and then be diagnosed with a metastatic disease," says Edmonds. And if there is a diagnosis of prostate cancer, doctors should closely monitor PSA levels as frequently as every three months for signs of progression. PSA doubling time is used to predict how aggressive the cancer is and how likely it is to spread. A faster doubling time indicates a shorter time to spreading – making regular PSA tests essential in order to initiate or alter treatment strategies.

While the steps forward in the treatment of prostate cancer have been rapid and impressive, there is still no cure. Now, at least, there are many more effective options. "We're still looking for that magic bullet," says Edmonds. "But the incremental breakthroughs we're making are significant enough that we're extending men's lives by years and years."

For the best possible outcome, early detection is key. Talk to your doctor about the PSA test and come to a shared decision about the right approach for you. For a full selection of health education resources about prostate cancer for men and their families, visit Prostate Cancer Canada at prostatecancer.ca or on social at [Facebook](#) or [Twitter](#).

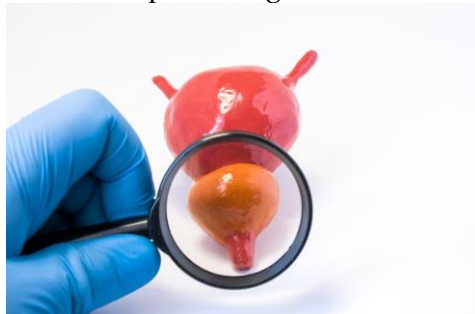
<https://www.macleans.ca/sponsored/prostate-cancer-breakthroughs-are-extending-lives-by-years/>



Gold nanoparticles could destroy prostate cancer

Published Sunday 23 December 2018 By Monica Beyer [Fact checked](#) by Isabel Godfrey

In an ongoing clinical trial, researchers are using gold nanoparticles to target prostate cancer cells. So far, the results are promising, and side effects are relatively minimal.



Nanotechnology may help improve prostate cancer treatment and reduce side effects.

[Prostate cancer](#) affects around [1 in 9 men](#) in the United States.

Due to its high prevalence, researchers are constantly looking for improved treatment options.

Recently, a team from the University of Texas Health Science Center at Houston (UTHealth) tried an [innovative approach](#) to prostate cancer treatment using gold.

Prostate cancer is treatable, and results are best when doctors detect it early. However, treatment can be unpleasant and cause significant side effects.

Treatment options include [radiation therapy](#), [chemotherapy](#), cryotherapy, and radical prostatectomy, which is the removal of the entire prostate gland and some of the surrounding tissue.

Gold nanoparticles and prostate cancer

The cutting-edge therapy under investigation in the current study uses nanoparticles, which consist of small layers of silica glass in the shape of a sphere. A very thin layer of gold coats each sphere.

The nanoparticles seek out cancer cells and enter them. Using a laser to stimulate the nanoparticles, the researchers make them vibrate and pulse with extreme temperatures, which kills the cancerous tissue.

This treatment preserves the surrounding healthy tissue, which includes vital nerves and the urinary sphincter. This should prevent people experiencing some common side effects of prostate cancer treatment, such as [urinary incontinence](#) and impotency.

"The side effects of current prostate cancer treatments can be extremely traumatic," says Dr. Steven Canfield, chair of the division of urology at McGovern Medical School at UTHealth. "This new technology holds the potential to eliminate those life-altering effects, while still removing the [cancer](#) tissue and reducing hospital and recovery time."

Dr. Canfield notes that the first participant in this trial experienced great results and was even able to ride a bike within the first week following treatment.

Prostate cancer is common, yet treatable



The American Cancer Society (ACS) [state](#) that, other than [skin cancer](#), prostate cancer is the most common cancer in men in the U.S. It is also the second leading cause of cancer death in this population, following [lung cancer](#).

Despite these statistics, the ACS note that most men with a prostate cancer diagnosis do not die from the disease. There are more than 2.9 million men in the U.S. who are alive today despite having a prostate cancer diagnosis in their past.

Early diagnosis is certainly beneficial as the 5-year relative survival rate for those who have prostate cancer in the [local stage](#) is close to 100 percent.

Local stage means that cancer has not spread outside of the prostate. People who have cancer that has spread beyond the prostate but only to the nearby areas also have a similar outlook.

The 5-year relative survival rate for those with advanced prostate cancer that has spread to distant lymph nodes, bones, or other organs is around 29 percent. However, when looking at all prostate cancer cases in all stages, this survival rate is 99 percent.

Targeting nanotechnology

Naomi Halas, who is the head of Rice University's Laboratory for Nanophotonics, invented the gold nanoparticles that this clinical trial uses.

Dr. Canfield realized that nanoparticle technology had real potential and worked closely with Halas to bring it to clinical trial.

While there are certainly current treatments that are successful in most cases of prostate cancer, the possibility of side effects or loss of function makes those treatment options a little less desirable.

If clinical trials that feature gold nanotechnology continue to have rewarding outcomes, it is possible that this treatment will, one day, become a genuine option for everyone who receives a diagnosis of prostate cancer.

<https://www.medicalnewstoday.com/articles/323875.php>

Prostate cancer: The right drug to the right patient at the right time.

December 19, 2018

A new clinical trial, opening across Canada, is considered a major advancement in precision medicine for prostate cancer and the first of its kind in the world.

The IND.234 clinical trial, conducted by the Canadian Cancer Trials Group (CCTG), uses liquid biopsy technology to screen for genomic markers in prostate cancer patients. A [liquid biopsy](#) looks for signs of cancer in a person's bodily fluid – most often blood, but also urine, saliva, semen or other fluids.

After a blood test (liquid biopsy) analysis, patients with specific DNA markers are assigned to one of five new therapies that will treat their unique form of prostate cancer. Researchers want to see if the markers identified in the screening process can help predict which patients will be helped the most by the targeted treatments.

"There is an urgent need to find more effective therapies for men with advanced prostate cancer and an individual's cancer is unique, so a one-size-fits-all solution may not be the best," says Dr. Kim Chi, Medical

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Oncologist, and Medical Director at BC Cancer leading the trial. "We want to identify men whose cancers will have the best chance to respond to the experimental new drug therapies we are testing in this trial."

Jim, one of the first trial participants being treated at Ottawa Hospital Cancer Centre, shares his experience, "When I was first diagnosed with prostate cancer, I understood that this type of cancer was not good. When my oncologist offered me the chance to receive a new potential treatment, I was willing to try anything that might make a difference. They sent my blood to be tested in BC and then I was enrolled, it was simple – now I take my pills and track any side effects."

Canadian research innovation and collaboration

"The technology and computation required to study a person's cancer using only a blood sample is very novel and experimental. This team has helped lead the charge for liquid biopsies to be part of prostate cancer clinical research," says Dr. Alexander Wyatt who is leading the DNA analysis and is a Senior Research Scientist at the Vancouver Prostate Centre and the Vancouver Coastal Health Research Institute. "Few other research studies in the world are able to draw upon this combination of advanced prostate cancer focus and liquid biopsy tools."

IND.234 is the first trial that evaluates a precision medicine approach for patients with advanced prostate cancer using liquid biopsies for genomic testing.

<http://www.procure.ca/en/2018/12/19/prostate-cancer-right-drug-right-patient-right-time/>

NOTABLE

Health Canada Approves XTANDI® (enzalutamide) - the First and Only Oral Treatment for Men with Non-Metastatic and Metastatic Castration-Resistant Prostate Cancer



News provided by [Astellas Pharma Canada, Inc.](#) Jan 14, 2019, 08:00 ET
MARKHAM, ON, Jan.14, 2019 /CNW/ -

Astellas Pharma Canada, Inc., today announced that Health Canada approved an expanded indication for enzalutamide, an androgen receptor inhibitor for the treatment of patients with prostate cancer, following a Priority Review by Health Canada's Therapeutic Products Directorate (TPD). With this designation, enzalutamide is now indicated to treat men with non-metastatic castration-resistant prostate cancer (nmCRPC), in addition to its existing indications for men with metastatic CRPC (mCRPC), making it a treatment option for both non-metastatic and metastatic CRPC patients.

"Providing value to patients and finding solutions for unmet needs is at the core of all that we do," said Steve Sabus, General Manager, Astellas Pharma Canada, Inc. "Through this new indication, we are proud to deliver

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a new treatment option for patients who are diagnosed with non-metastatic castration-resistant prostate cancer."

The approval for the new indication was granted based on results from the Phase 3 PROSPER trial which demonstrated that the use of enzalutamide plus androgen deprivation therapy (ADT) significantly reduced the risk of developing metastasis or death compared to treatment with ADT alone in men with non-metastatic CRPC who were high-risk or experiencing rapidly rising PSA levels. Enzalutamide plus ADT demonstrated a statistically significant 71% reduction in relative risk of radiographic progression or death as compared to placebo plus ADT (HR 0.29, 95% CI 0.24-0.35, $p < 0.0001$). Median metastasis-free survival (MFS) was 36.6 months (95% CI: 33.1, NR) in the enzalutamide arm versus 14.7 months (95% CI: 14.2, 15.0) in the placebo arm.¹

A total of 99 randomized Canadian patients were enrolled in the PROSPER trial, which had total participation of 1,401 patients. There were 14 trial sites in Canada, including locations in British Columbia, Alberta, Manitoba, Ontario, Quebec and Nova Scotia. Data from the PROSPER study was presented at the 2018 Genitourinary Cancers Symposium (ASCO GU) in February and published in the [*New England Journal of Medicine*](#) in June.

"This approval is welcome news for physicians and patients alike," said Dr. Fred Saad, MD, FRCSC, Professor and Chief of Urology and Director of G-U Oncology at the University of Montreal Hospital Centres, and an investigator in the PROSPER trial. "Reducing the risk of disease progression is an important treatment goal in patients with non-metastatic prostate cancer. With the PROSPER results we can now use enzalutamide to treat men at an earlier stage in their disease."

Prostate cancer is the second most common cancer in men worldwide,² and the most common cancer to affect Canadian men³. The disease is the third most common cause of cancer deaths in Canadian males accounting for 10 per cent of all male cancer deaths.⁴ More than 21,300 men in Canada are estimated to have been diagnosed with prostate cancer in 2017.⁵

Non-metastatic CRPC is a disease state defined by rising levels of prostate-specific antigen despite castrate levels of testosterone and the absence of radiographic evidence of metastatic disease.^{6,7} Many men with non-metastatic CRPC and a rapidly rising PSA level go on to develop metastatic CRPC.⁸

Enzalutamide was first approved by Health Canada in 2013 for the treatment of patients with metastatic CRPC who had previously received chemotherapy and was granted approval in 2015 for men with metastatic CRPC who had not undergone chemotherapy. It has been prescribed to more than 300,000 men worldwide since its initial approval in 2012.⁹

About Astellas Pharma Canada, Inc.

Astellas Pharma Canada, Inc., headquartered in Markham, ON, is a Canadian affiliate of Tokyo-based Astellas Pharma Inc. In Canada, Astellas has an intense commercial focus on four therapeutic areas – Oncology, Immunology, Urology, and Infectious Disease. For more information about Astellas Pharma Canada, Inc., please visit astellas.ca.

Dr. Saad was not compensated for any media work. He has been a paid consultant to Astellas Pharma Canada, Inc.

<https://www.newswire.ca/news-releases/health-canada-approves-xtandi-r-enzalutamide-the-first-and-only-oral-treatment-for-men-with-non-metastatic-and-metastatic-castration-resistant-prostate-cancer-856893895.html>



Medical Q&A: The many nuances of prostate cancer

Q: What should I know about a prostate cancer diagnosis?

A: Prostate cancer often presents unique challenges to patients and physicians alike. It can be indolent and nonaggressive — or life-threatening and everything in between. Unlike most cancers that have a dedicated road map for treatment, prostate cancer revolves around opinions and biases.

Your Gleason score looks to define how close the cancer cells and tissue resemble normal prostate growth. The cancer is assigned a grade of 1 to 5; 1 is the lowest risk and 5 the highest. Since the cancer can have multiple tumorous areas that can be different from one another, the two most common patterns found are used to come up with a Gleason score.

A palpable, cancerous nodule is more aggressive than cancer found with no nodule.

PSA density is the ratio of the PSA (or prostate-specific antigen, a blood protein often elevated in men with prostate cancer) to the total volume of the prostate. A PSA density of 0.15 or less is considered reassuring for being able to just observe the cancer.

Most urologists take 12 biopsy samples. So knowing how many of the 12 are positive for cancer is an important measure for estimating the amount of cancer a patient may have. If fewer than a third of samples turn up positive, that is reassuring. If 50 percent or more of a sample is positive, that would indicate significant cancer.

When the cancer cells within the prostate begin to grow around the nerves in the prostate, this is called “perineural invasion.” Cancers with perineural invasion have a worse prognosis. Any cancer which has confirmed perineural invasion will require treatment as opposed to merely being kept under observation. Anyone with prostate cancer with high-risk features should have a CT scan of the abdomen and pelvis (to look for spread into the lymph nodes and liver) and a bone scan (to evaluate possible advancement into the bones).

An MRI of the prostate often is used for the initial diagnosis of cancer, since it can show whether the cancer has broken through the outer lining of the prostate and has begun to spread. Some expert urologists are able to ascertain from the ultrasound performed at the time of biopsy whether the cancer has spread.

Cancers growing beyond the confines of the capsule of the prostate are aggressive and should not be just followed with regular observation. Surgical removal is typically preferred for the younger, healthier patient, followed by possible postoperative radiation. If radiation is chosen, adding androgen (testosterone) suppression is necessary, usually for one year to two years in addition to radiation.

The prostate is in a delicate neighborhood. It’s near the bladder, rectum, and nerves and blood flow for the penis. Any therapy — both surgical, radiation and others such as cryoablation and HIFU, or high-intensity focused ultrasound — will potentially affect any or all of these areas. After surgery, most men will experience some degree of urinary incontinence and erectile dysfunction, although the degree and duration will vary. Usually, sexual function is more difficult to recover than urinary function.



Radiation therapy can have similar effects, although sexual decline is more gradual — and rather than incontinence, men tend to experience a slowing of the urinary stream and more urgency. Radiation can also induce damage to the bladder and rectum, resulting in inflammatory bleeding of both organs. It may also induce inflammation and scarring of the urethra. Rarely, radiation can also induce bladder cancer and rectal cancer, usually many years after treatment.

— Naeem Rahman, M.D., *The Washington Post*

<https://www.heraldtribune.com/entertainmentlife/20190115/medical-qampa-many-nuances-of-prostate-cancer>

What to Eat for a Healthy Prostate Cancer Diet

By [Diana Rodriguez](#) Medically Reviewed by [Roselyn Carson-DeWitt, MD](#)



If you have prostate cancer, try to eat at least 5 daily servings of fruits and vegetables.

Gary Burchell/Getty Images

The best diet to follow for good health probably won't surprise you: low in fat and calories; rich in fruits, vegetables, and whole grains; and focused on "real" foods rather than processed ones. While these same guidelines apply to men who have [prostate cancer](#), your diet and how you prepare food may be even more important to your health after your diagnosis.

Here are some tips on how to plan prostate-healthy meals.

What's a Prostate Cancer Diet?

The truth is, there's no specific diet that will help you prevent or treat prostate cancer, according to sources such as the University of California at San Francisco (UCSF). That said, good nutrition may be associated with a lower risk of developing cancer, along with reduced risk of the disease progressing [after a diagnosis](#).

However, the research is still out on whether your diet can really impact prostate cancer risk and prognosis. [Steven Canfield, MD](#), the chief of urology for McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth), and the Memorial Hermann-Texas Medical Center, says that while there have been a lot of studies looking at specific diets for prostate cancer, they haven't been very revealing. "Unfortunately," he says, "none of them have really panned out to show any significant prevention."

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But he adds an exception: "It does seem to be that what's good for your heart is good for your prostate." The UCSF cancer center developed diet guidelines for prostate cancer that recommend plentiful intake of a wide variety of vegetables and whole grains, healthy sources of protein (like beans, fish, and skinless poultry), and healthy fats (such as from olive oil, nuts, and avocado).

If these diet recommendations sound a lot like the Mediterranean Diet, your instincts are right: There's evidence that this food plan helps lower risk of death from prostate cancer.

Most of these guidelines, says [June M. Chan, ScD](#), a professor of epidemiology and statistics in the department of urology at UCSF, are for men starting out with a diagnosis of localized stage 1 or 2 prostate cancer.

Eat fruits and greens. Get at least five servings of fruit and vegetables a day, including lots of cruciferous vegetables, such as broccoli, cauliflower, and cabbage. And add plenty of antioxidant-rich fruits, such as berries, cherries, plums, red grapes, and prunes.

Another healthy option for men with prostate cancer: cooked tomatoes. Tomatoes contain a powerful antioxidant called lycopene, which is more readily available for the body to absorb when cooked.

UCSF recommends you eat at least 5 – better yet, 10 – servings of fruits and vegetables every day. What's a serving? A half cup of fruit or vegetables, a cup of raw leafy greens, or a quarter cup of dried fruit or vegetables.

Substitute fish and plants for meat. All people with cancer, including those with prostate cancer, will benefit from a plant-based diet – getting your protein primarily from beans, nuts, flaxseed, and low-fat dairy products.

In particular, eat less beef, pork, and lamb. An article in the [Journal of the American Medical Association](#) in July 2013 shows a link between death by any cause following a diagnosis of prostate cancer and consuming saturated fat from meat and dairy products, adding that it's wise to reduce or completely cut out red meat, whole milk, and other dairy products, like butter, mayonnaise, and certain salad dressings. Instead, add flavor to salads and other dishes using lemon juice, balsamic vinegar, and salsa. Also, hold back on cheese.

If fish isn't already a staple in your diet, consider this: Men who eat a lot of cold-water fish have a lower risk of prostate cancer. One study published in the [American Journal of Clinical Nutrition](#) in November 2010 found that men who ate a diet high in fish were 44 percent less likely to develop [metastatic prostate cancer](#) and 63 percent less likely to die from the disease. Fish with beneficial omega-3 fatty acid content include salmon, white canned tuna, sardines, farmed trout, and mackerel.

Use healthier oils and lighter cooking methods. Cook meals using canola oil or olive oil in place of saturated fats, such as butter or vegetable shortening. How you cook matters, too – use low-fat cooking methods such as broiling or baking rather than frying.

Skip grilling. Cooking meat at high temperatures like grilling produces a carcinogen called PhIP. If you do prepare meats on the grill, turn the meat often to minimize the char buildup (blackened areas).

How to Adjust to the Dietary Needs of the Person With Prostate Cancer

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While these general recommendations ensure a healthy diet, you can play with which foods you choose and how you prepare them so that your meals are appealing and flavorful while also meeting your dietary needs.

Curb weight loss. If you're losing your appetite and losing weight, think again about what you're cooking and how you're preparing food. Experiment with seasoning foods differently so they taste better, or adding sauces and herbs to mask certain flavors. And cook with higher-calorie ingredients that don't require eating large portions to meet caloric needs.

Manage fiber intake for diarrhea relief. Loose stools, bleeding from the rectum, and loss of control over bowel movements happen to some men after getting external beam radiation treatments for prostate cancer. Several foods can help if this happens to you. Choose fiber-rich foods such as whole grains, fruits, and vegetables. The Prostate Cancer Foundation says it's a bit of a balancing act when it comes to fiber, but recommends avoiding foods that might irritate your stomach while trying to keep up your consumption of fiber-rich foods to avoid getting constipated.

Should You Take Dietary Supplements for Prostate Cancer? Maybe Not

"One of the other developments in the last 5 to 10 years," says Dr. Chan, "has been broader recognition that single supplements seem unlikely to offer a reduction in the risk of prostate cancer development."

She cites the large national Selenium and Vitamin E Cancer Prevention Trial (SELECT) in 2008 and 2011, which "provided no evidence that selenium or vitamin E supplements offer protection against the development of prostate cancer." And furthermore, in December 2014, the [*Journal of the National Cancer Institute*](#) published results of a study from the UCSF describing a greater risk of death from prostate cancer in men who started taking selenium dietary supplements after being diagnosed with the disease.

The bottom line: Healthy, balanced, and heart-healthy meals consisting of whole foods are the way to go when cooking for a man with prostate cancer.

Additional reporting by Andrea Peirce

<https://www.everydayhealth.com/prostate-cancer/cooking-for-prostate-cancer-patient.aspx>

QUOTABLE

"As long as we are alive, we have room to grow. There is always hope, possibility, and another peak to climb." *Kat Lee,*

"When we treat others with respect and caring, the best in them usually comes out." *Rick Hanson*

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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.

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