

PCCN Markham



Newsletter

Volume 21 Issue 2

October, 2019

PEER SUPPORT MEETING

Tuesday, October 8, 2019 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Rose Room - Downstairs

(Free Parking & Room access off George Street)

Peer Support Session

Meetings provide an opportunity for you to talk in complete confidence with prostate cancer survivors.

There's usually someone at a meeting who has had the treatment you are considering and this gives you an opportunity to talk directly to men who've been through the various treatments.

Group provides an opportunity to talk with others about managing life with prostate cancer.

Note: we cannot give medical advice, but can share our knowledge of treatments and experiences.

ALL WELCOME!!

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PCCN MARKHAM INFO

Thanks to Dr. DiCostanzo for his ongoing support and informative talk in September!



Prostate cancer's changing landscape

Updated September 13, 2019



One in seven Canadian men will be diagnosed with prostate cancer. Advancements in testing and treatment over the last 25 years mean a man's chance of survival has been greatly improved. iStockPhoto / Getty Images

Exciting advances in diagnosing and treating prostate cancer are game changers

Twenty-five years ago when a man was diagnosed with cancer of the prostate, the walnut-sized gland that is part of the male reproductive system, his options were quite limited: radiation therapy or surgery. If the cancer had spread outside the prostate, then the treatments were chemotherapy or one of a small handful of hormone therapy drugs. But over the past quarter century, advancements in diagnosis, treatment and life-extending drugs have been moving at such a pace that the whole landscape for prostate cancer has changed. And that's nothing but good news, considering that prostate cancer is the most commonly diagnosed cancer among Canadian men – one in seven men will be diagnosed with the disease.

Consider that 25 years ago, when the [PSA test](#) – a simple blood test that detects the levels of a prostate-specific protein – started to be used to detect prostate cancer, more men were diagnosed and therefore, more men were treated.

But since then, a Canadian-led innovation called “active surveillance” has meant that men with prostate cancer who are deemed at low risk for the cancer progressing, or metastasizing, are being closely monitored rather than treated.

“This was revolutionary because 25 years ago, if someone was diagnosed with a cancer, there was a great deal of urgency to remove it,” says Dr. Stuart Edmonds, vice-president of Research, Health Promotion and Survivorship at Prostate Cancer Canada. “But removing the cancer immediately isn't always necessary if it's slow-growing. Active surveillance allows men to avoid the potential side effects of unnecessary treatment, which can drastically decrease their quality of life.”

The PSA test remains valuable not just as a red flag for prostate problems but as a way of determining the growth of the cancer once it's been diagnosed. [The test is an essential tool](#) to calculate “doubling time” – how long it takes for a PSA number to double – which could indicate the aggressiveness of a tumour and influences a doctor's decision about the best course of treatment.

And that's even more critical now as there are new treatments for advanced forms of prostate cancer. “We can actually treat men much earlier, and the only way to know when is if we actually see the PSA levels rise in a more pronounced way,” Dr. Edmonds explains. “The PSA is a really good indicator of when new treatments should be used.”

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Other developments have led to greater accuracy in diagnosis. So-called multiparametric MRIs are now used for targeted biopsies rather than systematic biopsies. And the last several years have seen an explosion of other biomarkers of the disease, found anywhere from saliva to tissue. That additional information helps doctors select only those men who need biopsies, cutting down the number of unnecessary procedures. Surgery and radiation – still the primary ways to treat a localized prostate cancer – have also dramatically improved. Both newer surgical techniques and robotically assisted techniques may minimize side effects – incontinence and/or erectile dysfunction – and enhance recovery. Similarly, more targeted radiation techniques, such as brachytherapy, in which a radioactive seed is implanted in the prostate, may minimize side effects by not damaging surrounding normal tissue.

“There have been massive leaps in the last 10 years,” says Dr. Bobby Shayegan, associate professor and head of urology at McMaster University in Hamilton, Ont. “Advances in surgical and radiation therapies for earlier stages of disease have improved the patient’s journey, but they have not necessarily made a gigantic dent in their ultimate survival.”

By far the biggest developments have come from the introduction of drugs for advanced disease. Because prostate cancer is hormonally driven in its earlier stages, depriving it of male sex hormones, like testosterone, has been the cornerstone of therapy.

And that usually works for a variable period of time, ranging from months to many years, says Dr. Shayegan. Eventually, however, the cancer learns how to circumvent that environment and it spreads. Fifteen years ago, a man’s chance of survival at that stage was dismal – 24 months at best, he adds. But more advanced hormonal therapies are proving to extend survival and are better tolerated than previous therapies for the same stage of disease.

Equally exciting are the new drugs for men whose cancer is advancing and is resistant to testosterone deprivation, but has not yet spread outside the prostate.

As recently as 14 months ago, there was nothing for men at this stage, called non-metastatic castration-resistant prostate cancer. However, these men were understandably anxious waiting and watching PSA levels rise while clinicians’ hands were tied.

“Subsequently, different classes of drugs all came in a frenzy and rapidly changed the landscape for men facing such a situation,” he says. “And those drugs were also shown to be very effective when used prior to obvious disease spread in men with castration-resistant disease.”

The keyword with prostate cancer is “early.” By the time David Bender was diagnosed at the age of 62, his cancer had spread beyond the prostate and was aggressive. In the 13 years since, he has endured surgery, radiation, chemotherapy and all the unpleasant and sometimes life-altering side effects that came with them. “Your life is going to the hospital – treatment knocks the crap out of you and then you go home and sleep,” says Bender. “But if you’re on top of it and get it at stage 1, prostate cancer won’t take you out. It can be treated.”

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While specialists are still struggling to cure prostate cancer, advances in the past 25 years have prolonged lives by five years or more. "While that may not seem a lot," says Dr. Edmonds, "it means they can enjoy longer lives and it leaves the window open for new therapies to come onto the market."

To learn more, go to Prostate Cancer Canada's website at prostatecancer.ca.

Fast Facts

- In 2017, more than 21,000 Canadian men were diagnosed with prostate cancer; over 4,000 men died from it.
- The death rate from prostate cancer has dropped 50 per cent per year in the last 25 years.
- Early detection is key: when detected early, survival is close to 100 per cent. Those chances decrease to 1 in 4 if not detected early.
- Risk increases if you: are over the age of 50; have a family history of prostate (and possibly breast/ovarian) cancer; are a black man.
- Symptoms include: frequent urination (particularly at night); difficulty urinating; painful ejaculation; blood in urine or semen. However, typically, there are no symptoms at all during the early stages of the disease, when it is most easily treated.

Source: Prostate Cancer Canada – Sponsored by Janssen Inc.

<https://www.theglobeandmail.com/life/adv/article-prostate-cancers-changing-landscape/>

New prostate cancer blood test could reduce biopsies

Published Tuesday 17 September 2019 By [Catharine Paddock Ph.D.](#) Fact checked by Carolyn Robertson

A new blood test that looks for circulating tumor cells could significantly improve the diagnosis of prostate cancer and avoid unnecessary biopsies and treatments.



A new blood test could help many people at risk of prostate cancer avoid unnecessary biopsies.

Combining the new test with prostate specific antigen (PSA) results can yield a diagnosis of aggressive [prostate cancer](#) that is more than 90% accurate, according to a [Journal of Urology](#) study. This level of accuracy is higher than that of any other biomarker for prostate cancer, says senior and corresponding study author Dr. Yong-Jie Lu, a professor of molecular oncology at the Barts Cancer Institute of Queen Mary University of London in the United Kingdom.

"This could lead to a paradigm shift in the way we diagnose prostate cancer," he adds.

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Circulating [tumor](#) cells are [cancer](#) cells that have left the original tumor and entered the bloodstream. Once cancer cells are in the bloodstream, they can spread to other parts of the body.

PSA test not enough to diagnose cancer

PSA is a protein that the prostate produces. If there is cancer in the prostate, the gland releases more PSA into the blood. Therefore, raised levels of PSA in the blood can be a sign of prostate cancer.

However, other prostate conditions, such as [inflammation](#) or noncancerous enlargement of the gland, can also raise PSA levels.

So, to confirm the presence of cancer, the individual undergoes a biopsy, an uncomfortable procedure in which the surgeon removes pieces of the prostate and sends them for tissue analysis.

A biopsy of the prostate is not only invasive but also risky, with a high chance of bleeding and infection.

Also, the biopsy results of most men with raised PSA levels show that they do not have cancer.

Even when prostate biopsies do reveal the presence of cancer, in most cases, the tumor is not aggressive and will not be fatal if doctors leave it untreated.



Prostate cancer: Scientists reveal new way to target stubborn cells Use of cyclic peptoids to target tumor cells that are hard to reach holds promise as a future treatment for prostate cancer.

Need for a test better than PSA and biopsy

The current method of diagnosing prostate cancer by combining the PSA test with a biopsy leads to many pointless biopsies, over-diagnoses, and unnecessary treatments.

Such a method can cause harm to individuals and waste precious time and resources in the healthcare system.

"There is clearly a need for better selection of patients to undergo the biopsy procedure," Prof. Lu urges.

For the study, he and his colleagues carried out the new blood test in 98 males who had not yet had a biopsy and 155 others who had just received a diagnosis of prostate cancer but not yet undergone treatment. All the participants were attending St Bartholomew's Hospital in London.

The researchers saw that the presence of circulating tumor cells in the prebiopsy blood samples was predictive of aggressive prostate cancer that subsequent biopsies detected.

In addition, from the level of circulating tumor cells, the team was able to assess the aggressiveness of the cancer.

When combined with the PSA test, the circulating tumor cell test was able to predict with 90% accuracy, which men would receive an aggressive prostate cancer diagnosis from biopsy results.



Test ready 3–5 years after validation

Further studies — using results from several independent centers — should now confirm these findings, note the researchers.

The team expects the test to be available, following regulatory approval, around 3–5 years after researchers have completed validation studies.

Around [1 in 9 men](#) will have prostate cancer during their lifetime, according to the American Cancer Society. The ACS estimate that more than 174,000 men will find out that they have prostate cancer and 31,620 will die of it in the United States during 2019.

Although it is a serious disease, most men who have prostate cancer do not die of it. There are more than 3.1 million men alive in the U.S. today who have received a diagnosis of prostate cancer.

"Testing for circulating tumor cells is efficient, noninvasive, and potentially accurate, and we've now demonstrated its potential to improve the current standard of care." Prof. Yong-Jie Lu

<https://www.medicalnewstoday.com/articles/326366.php>

First-degree family history of breast cancer is associated with prostate cancer risk: a systematic review and meta-analysis

- [Zheng-Ju Ren](#), [De-Hong Cao](#), [Qin Zhang](#), [Peng-Wei Ren](#), [Liang-Ren Liu](#), [Qiang Wei](#), [Qiang Dong](#)

BMC Cancer volume 19, Article number: 871 (2019) |

Abstract

Background

The relationship between first-degree family history of female breast cancer and prostate cancer risk in the general population remains unclear. We performed a meta-analysis to determine the association between first-degree family history of female breast cancer and prostate cancer risk.

Methods

Databases, including MEDLINE, Embase, and Web of Science, were searched for all associated studies that evaluated associations between first-degree family history of female breast cancer and prostate cancer risk up to December 31, 2018. Information on study characteristics and outcomes were extracted based on the Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA) statement and Meta-analysis of Observational Studies in Epidemiology (MOOSE) guidelines. The quality of evidence was assessed using the GRADE approach.

Results

Eighteen studies involving 17,004,892 individuals were included in the meta-analysis. Compared with no family history of female breast cancer, history of female breast cancer in first-degree relatives was associated with an increased risk of prostate cancer [relative risk (RR) 1.18, 95% confidence interval (CI) 1.12–1.25] with moderate-quality evidence. A history of breast cancer in mothers only (RR 1.19, 95% CI 1.10–1.28) and sisters only (RR 1.71, 95% CI 1.43–2.04) was associated with increased prostate cancer risk with moderate-quality



evidence. However, a family history of breast cancer in daughters only was not associated with prostate cancer incidence (RR 1.74, 95% CI 0.74–4.12) with moderate-quality evidence. A family history of female breast cancer in first-degree relatives was associated with an 18% increased risk of lethal prostate cancer (95% CI 1.04–1.34) with low-quality evidence.

Conclusions

This review demonstrates that men with a family history of female breast cancer in first-degree relatives had an increased risk of prostate cancer, including risk of lethal prostate cancer. These findings may guide screening, earlier detection, and treatment of men with a family history of female breast cancer in first-degree relatives.

FOR FULL REPORT..... <https://bmccancer.biomedcentral.com/articles/10.1186/s12885-019-6055-9>

7 Causes of Urinary Incontinence in Men

By [Chris Iliades](#)



Urinary incontinence means accidentally leaking urine. This condition is much more common in women because it can result from [pregnancy](#) and birth. However, a survey done by the Urologic Diseases in America Project, found that up to 17% of men may suffer from urinary incontinence.

Urinary incontinence in men increases with age but can also be caused by prostate problems, diseases that affect the nervous system, and injuries. There are three basic types of incontinence:

- **Stress incontinence.** This occurs when the pressure inside your bladder increases from doing things like lifting, coughing, or [sneezing](#). The increased pressure can cause urine to leak.
- **Urge incontinence.** This occurs when the need to urinate is so strong that you can't control it.
- **Overflow incontinence.** This occurs when urine dribbles or leaks out in small amounts and can happen even when you don't feel the need to urinate.

Common Causes of Urinary Incontinence in Men

Prostate gland problems and treatments are the most common causes of urinary incontinence in older men.

This gland, which is normally about the size of an almond, sits at the opening of your bladder. The purpose of your prostate is to add fluid to your semen when you ejaculate. The problem with this gland is that it tends to get bigger as you get older. That can cause the urine flow from your bladder to slow down.

Other common causes of incontinence in men are nerve and muscle control problems. There is a muscle at the opening of your bladder called the urinary sphincter. This muscle allows you to open and close your bladder. Anything that affects the nerve or muscle function of your sphincter can cause incontinence.

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- **BPH.** BPH stands for [benign prostatic hyperplasia](#). Most men's prostates start to enlarge after age 40. As the prostate enlarges, it compresses the urethra (the tube that empties your bladder), and you may start to experience incontinence. Most men have some BPH symptoms by age 60, and 90% of men have symptoms by age 70 to 80.
- **Prostate Surgery.** Both BPH and [prostate cancer](#) may be treated by surgically removing the prostate gland. Radical prostatectomy (complete [prostate removal](#)) is the most common cause of stress incontinence. This surgery can cause incontinence by damaging the muscles or the nerves that control urine flow. About 30% of men have incontinence after radical [prostatectomy](#). Other types of [prostate surgery](#) and treatments can also cause incontinence.
- **Diabetes.** Diabetes causes nerve damage that can affect your ability to control the muscles that open and close your bladder. It can also cause [frequent urination](#) that may contribute to incontinence. [Obesity](#) (common in [type 2 diabetes](#)) can make incontinence worse by putting more pressure on your bladder. Diabetes most commonly makes your bladder overactive, causing urge incontinence.
- **Stroke.** [Stroke](#) is brain damage caused by decreased blood flow to the brain from a clot or a leaking blood vessel. About 700,000 Americans have a stroke every year, and stroke is more common in men than women. Stroke causes both loss of muscle control and decreased sensation, so urinary incontinence is common after stroke. Not being able to get up and go to the bathroom also contributes to incontinence. Fortunately, the majority of people who recover from stroke do not have permanent incontinence.
- **Neurological diseases.** Two common neurological diseases that may cause incontinence are [multiple sclerosis \(MS\)](#) and Parkinson's disease. This is because these conditions can make it difficult to send and receive nerve signals between the central nervous system and the bladder. MS is likely to cause overflow incontinence. About 80% of people with MS have some incontinence. About 25% of people with [Parkinson's disease](#) have incontinence symptoms, the most common is urgency incontinence. People who have MS or Parkinson's disease are also more likely to get bladder infections due to incontinence.
- **Spinal injury.** Spinal cord injuries affect about 12,000 Americans each year, and more than 80% of them are men. Nerve signals between the bladder and the spine go and come very low in the spine, so any severe injury to the spine is likely to cause incontinence. An injury to the upper part of the spine can cause the bladder to empty uncontrollably. This condition is called spastic bladder. An injury lower in the spine can cause the bladder to fill and stretch without being able to empty. This condition is called flaccid bladder.

Temporary causes of incontinence. You can also have temporary episodes of urinary incontinence. These can be caused by drinking too much caffeine or alcohol, being constipated, having a [urinary tract infection](#), or being depressed. Medications are another possible cause. These medications include over-the-counter cold medications that contain antihistamines or decongestants, diuretics used to treat [high blood pressure](#), and some medications used to treat [depression](#).

If you have urinary incontinence symptoms like leaking under stress, overflowing, or being unable to



control the urge to go, talk to your doctor. Many men are embarrassed by these symptoms and wait too long to see a doctor. That's a mistake because the situation may get worse and there is likely to be a good treatment that can help you.

Key Takeaways

- Urinary incontinence is the accidental leaking of urine.
- Up to 17% of men may have this condition at some time.
- Prostate problems are the most common cause of incontinence in older men.
- Other causes include diseases, conditions, or injuries that affect nerve or muscle control of the bladder.

Don't ignore symptoms of incontinence.

<https://healthguides.healthgrades.com/article/7-causes-of-urinary-incontinence-in-men?p=2>

Body fat may predict aggressive prostate cancer

Harvard Men's Health Watch _ Published: September, 2019



Excess weight not only raises your risk of prostate cancer, it can also mean more aggressive and fatal cancer, according to a study published online June 10, 2019, by *Cancer*.

Scientists found that the accumulation of visceral fat (the hidden kind that lies deep in the abdomen and surrounds the major organs) and subcutaneous fat in the thighs (which lies just under the skin) were both associated with a greater chance of developing advanced prostate cancer as well as dying from the disease. Researchers recruited more than 1,800 cancer-free men (average age 76) and measured their abdominal and thigh fat with CT scans. Measurements were also taken of waist size and body mass index (BMI), a measure of obesity based on a person's height and weight.

After about 10 years, approximately 170 men got prostate cancer. Those with a higher waist size and BMI had greater risks of advanced and fatal cancer. Specifically, a five-point increase in BMI was associated with a 50% higher risk for both, and a 4.1-inch increase in waist size was associated with a 40% higher risk. Also, extra visceral fat was associated with a 31% higher risk of developing advanced prostate cancer. More subcutaneous fat in the thigh was associated with a 37% higher risk of dying from prostate cancer.

Another interesting finding was that the connection between visceral fat and advanced and fatal cancer was stronger among men with a lower BMI. This implies that even men with a normal BMI may still be at high risk for aggressive prostate cancer depending on where they carry their extra fat, according to the researchers.



They added that the results may help identify men more likely to develop dangerous prostate cancer, but stressed the importance of maintaining a healthy weight as part of overall prostate cancer prevention and management.

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<https://www.health.harvard.edu/mens-health/body-fat-may-predict-aggressive-prostate-cancer>

Men with prostate cancer can have healthy sex lives after surgery

Reviewed by [Kate Anderton, B.Sc. \(Editor\)](#) Sep 17 2019

There's a perception that surgery to treat prostate cancer will spell the end of a man's sex life.

And while that often used to be the case, survivorship programs, like the one at the University of Michigan Rogel Cancer Center, offer counseling and interventions to promote sexual recovery after cancer treatment. "Prostate cancer, especially if it's caught early, is a highly treatable disease," says Daniela Wittmann, Ph.D., LMSW, an associate professor of urology and social work at U-M, and a certified sex therapist with more than 30 years of experience. "But that also means that men are often living for a long time and dealing with the side effects of treatment."

U-M's David and Jan Brandon Prostate Cancer Survivorship Program is devoted to helping men -; and their partners -; manage those side effects, the most disruptive of which are urinary incontinence and erectile dysfunction.

What we do is that we help men and their partners manage expectations for what the side effects of treatment are going to be like. Before treatment, we tell them about the rehabilitation that's available, and then after treatment, we are there as a team to support them and to help them with rehabilitation -; the physiological, emotional, relationship aspects as they relate to intimacy."

Daniela Wittmann, Ph.D., LMSW, associate professor of urology and social work at U-M

While more than 90% of men will largely recover bladder control within a year, recovery of erectile function is a longer and more variable process, she says. It can take two or more years to recover, depending on a patient's starting level of function, age and the specifics of their surgical procedure, she says.

Before surgery, patients and their partners are invited to hear from a multidisciplinary team, as well as other prostate cancer survivors, about side effects and rehabilitation opportunities. And starting about six weeks after surgery, patients and their partners are invited to meet with members of a care team that includes a sex therapist.

"The goal is to understand what the patient is experiencing and to assess how their side effects are evolving," Wittmann says. "We help men and their partners feel emotionally supported, to process any sense of grief and loss, which are natural and common, and to help them re-engage sexually if that's important to them."

Without such support, men are far less likely to try available interventions, she notes.

Rehabilitation interventions often include:

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- Creating blood flow to keep penile tissues healthy with the use of a vacuum device, which assists in creating erections.
- Continuing to stimulate oneself to orgasm to maintain the sexual response, which is possible even without an erection.
- Taking a low dose of a medication known as a PDE5 inhibitor -; often sildenafil, the same medicine that's in Viagra -; to promote oxygenated blood flow.

"Penile rehabilitation doesn't necessarily help men recover erectile function, but it helps keep the tissues healthy while they're waiting for a natural response to return," Wittmann says. "It also helps men remain engaged in their sexual recovery."

The psychological and emotional side effects can weigh as heavily as the physical side effects, she says. "It sometimes means overcoming barriers because people experience feelings of loss around spontaneous sex - ; like sex is too much work when they have to use sexual aids," Wittmann says. "We tend to say to them, spontaneity can be replaced with anticipation. You can have dates where you know you're going to be making love and you can plan something fun."

Bladder cancer patients also often experience similar side effects, she notes. And may have additional body image issues that would benefit from support if they now have a stoma on their stomach.

Not all hospitals and cancer centers offer similar survivorship programs, and Wittmann recommends that men and their partners speak with their doctors about what resources may be available in their area.

Source: [Michigan Medicine - University of Michigan](#)

<https://www.news-medical.net/news/20190917/Men-with-prostate-cancer-can-have-healthy-sex-lives-after-surgery.aspx>

Eating mushrooms may help lower prostate cancer risk

Date: September 5, 2019 Source: Wiley

Summary:

A new study found an inverse relationship between mushroom consumption and the development of prostate cancer among middle-aged and elderly Japanese men, suggesting that regular mushroom intake might help to prevent prostate cancer.

A new study published in the *International Journal of Cancer* found an inverse relationship between mushroom consumption and the development of prostate cancer among middle-aged and elderly Japanese men, suggesting that regular mushroom intake might help to prevent prostate cancer.

A total of 36,499 men, aged 40 to 79 years who participated in the Miyagi Cohort Study in 1990 and in the Ohsaki Cohort Study in 1994 were followed for a median of 13.2 years. During follow-up, 3.3% of participants developed prostate cancer. Compared with mushroom consumption of less than once per week, consumption once or twice a week was associated with an 8% lower risk of prostate cancer and consumption three or more times per week was associated with a 17% lower risk.

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"Since information on mushroom species was not collected, it is difficult to know which specific mushroom(s) contributed to our findings. Also, the mechanism of the beneficial effects of mushrooms on prostate cancer remains uncertain," said lead author Shu Zhang, PhD, of the Tohoku University School of Public Health, in Japan.

<https://www.sciencedaily.com/releases/2019/09/190905080106.htm>

NOTABLE

15 Health Facts Guys Need To Know About How To Live A Longer Life

By [Doug O'Neill](#) -September 16, 2019



Did you know that 85% of Canadian men exceed their daily recommended sodium intake or that smoking doubles the likelihood of a guy experiencing erectile dysfunction? Were you aware that 80% of suicides in Canada are men?

These health factoids can be bitter pills to swallow – but men need to listen up. Much of what ails the male population has naught to do with how we're built. (That sodium intake? Dudes, we should be embarrassed. But surely we can fix that.)

"Canadians believe they're a pretty healthy nation but weirdly, Canadian guys aren't that healthy and it's not because of genetics; it's a result of lifestyle."

"Canadians believe they're a pretty healthy nation but weirdly, Canadian guys aren't that healthy and it's not because of genetics; it's a result of lifestyle," says Dr. Larry Goldberg, cofounder of the Canadian Men's Health Foundation (CMHF) a national, not-for-profit organization with the motto, "Inspiring Canadian Men to Live Healthier Lives."

MEN'S MAINTENANCE GUIDE

CANADIAN MEN'S HEALTH FOUNDATION

menshealthfoundation.ca
info@menshealthfoundation.ca

The Canadian Men's Health Foundation (CMHF) is committed to helping men live longer, healthier, more fulfilling lives.

With your help, we can add 10 healthy, active years into the life of every man.

CMHF provides this maintenance guide for men as a reminder of your need to take responsibility for ensuring your health.

This is only a guide – check with your healthcare provider especially if you have a family history of illness and/or are in a high health risk area.

For more information about this and other male health related issues, check out our website: menshealthfoundation.ca

CMHF is not-for-profit, and we depend on your support. If you can help, please visit our web site for more information.

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It's a worthy goal for sure – but one that's easier said than done. It seems we menfolk haven't been getting the message – or we've not been paying adequate attention. According to the founders of CMHF: "There is a real need in Canada to provide men health marketing messages in a way they can truly hear, absorb and act on. Men are at an increased risk of death due to heart disease, cancer, and complications from diabetes. This is due, in part, to the fact that most lifestyle-related risk factors – smoking, overuse of alcohol, physical inactivity, overweight/obesity – are more prevalent among males."

As part of its campaign to capture the attention of Canadian men, the CHMF has produced the free downloadable [Men's Maintenance Guide](#) to provide men "with a straightforward, common sense health-maintenance schedule. Whether you are 22 or 58 years of age, this guide is your manual for keeping your body humming and tuned up."



Two habits that won't help you get to your next birthday – smoking and heavy drinking.

The maintenance guide is aligned with the CMHF's "Don't Change Much" theme, which is built around the concept that small steps become habits, and habits lead to a healthier lifestyle. The express goal of the guide is to add 10 healthy, active years to the life of every man. "The campaign shifts the perception of healthy behaviours from un-masculine to masculine: the right thing to do for those who count on you," says Dr. Goldberg.

15 health facts about what affects lengthen or shorten a man's life

1. A staggering 67% of Canadian men are overweight or obese.
2. Men are 57% more likely to die from diabetes.
3. Over 80% of spinal cord injuries are incurred by males.
4. Males account for 82% of alcohol-related deaths. Men account for 82% of all deaths due to alcohol.
Photo: Flickr/Creative Commons, Melanie Levi.
5. Men are 29% more likely than women to be diagnosed with cancer and 40% more likely to die as a result.
6. Men are 79% more likely to die from heart disease.
7. Poor eating habits: 85% of men exceed their daily recommended sodium intake. (Two words: processed foods.)
8. On average, men endure nine more years of unhealthy life than women. But, it's not all dire. I learned some excellent positive facts, which should inspire my fellow men to embrace a healthier lifestyle.

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9. Men who drink five tall glasses (2.5 litres) of water each day are 54% less likely to suffer a fatal heart attack than those who drink two glasses or less daily.
10. Light drinkers – those who drink one to two drinks per day at most – reduce their risk of heart attack by almost 30%.
11. Guys who climb 50 stairs or more or walk five city blocks each day have a 25% lower risk of heart attack than those who climb or walk less.
12. Men who sleep seven to eight hours nightly have about 60% less risk of a fatal heart attack than those who sleep five hours or less. Adequate sleep is a cornerstone of good health.
13. **Quitting smoking reduces the risk of erectile dysfunction by 30% after one year. Men who have never smoked are 50% less likely to develop erectile dysfunction.**
14. **Men between the ages of 40 and 54 should get a digital rectal examination and a PSA blood test every two years, or more often if there are risk factors for prostate cancer or your physician has concerns.**
15. Men 55 years of age and older should undergo an abdominal ultra sound every five years to check liver, gallbladder, spleen, pancreas, kidneys and the blood vessels that lead to these organs.

Does it seem a little overwhelming? Not to worry. The guys at the CMHF have got you covered: the CMHF and the University of British Columbia Faculty of Medicine have built an easy-to-use and quick online tool called [You Check](#), the world's first health awareness tool designed specifically for men. The web-based tool prompts users (men, in this case) to answer 20 questions about their health. In a matter of minutes, the respondents receive a report – and action plan – that assesses their 10-year risk for developing one of the eight diseases and conditions most common to men in Canada (heart attack, type 2 diabetes, prostate cancer, osteoporosis, erectile dysfunction, low testosterone levels, depression, colon cancer) and how simple lifestyle changes can reduce risk and prevent the disease from developing.

The most important lesson learned from the CMHF Men's Maintenance Guide: 70% of men's health problems can be prevented by adopting a healthy lifestyle. Today is as good a day as any to start!
<https://www.youareunltd.com/2019/09/16/15-health-facts-guys-need-to-know-to-live-a-longer-life/>

QUOTABLE

"We May Encounter Many Defeats But We Must Not Be Defeated." – Maya Angelou

"The greatest healing therapy is friendship and love." Hubert H. Humphrey

"A warrior must only take care that his spirit is never broken." Shissai

PCCN Markham



Newsletter

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***PCCN Markham
Prostate Cancer Support Group
Meets the 2nd Tuesday
Every month
September – June
St. Andrew's Presbyterian Church
143 Main St Markham***

The Markham PCCN Prostate Support Group is generously supported by Dr. John DiCostanzo, Astellas Pharma, St. Andrews Presbyterian Church, PCCN, 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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We look forward to your feedback and thoughts. Please email suggestions to markhampccn@gmail.com

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