PCCN Markham

Newsletter

Volume 21 Issue 3 **November, 2019**

NEXT MEETING

Tuesday, November 12, 2019 - 7:30PM

St. Andrews Presbyterian Church – Main St Markham

Youth Room - Upstairs

(Free Parking & Room access off George Street)

Speaker Session

Dr. Avidis Boudakian, Urologist, MSH

Topic:

Incontinence – Control & Management

Q & A Session

Everyone Welcome!!

Free Coffee, Treats and mingling at 7:00pm

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PCCN MARKHAM INFO

Welcome survivors, spouses, and friends!!
A volunteer group in its 21st year

PCCN Markham

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CBD for cancer: Everything you need to know

Last reviewed Tue 19 March 2019

By Jon Johnson Reviewed by Christina Chun, MPH

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Cannabidiol, or CBD, is one of many cannabinoids in the cannabis plant gaining popularity in the world of natural medicine because it appears to offer the body many benefits. While there is some debate around the topic, some people suggest using CBD in the treatment of cancer.

Although it is too early to make any claims about CBD for cancer treatment, this compound may help manage symptoms that occur due to this disease or its treatment.

It is important to note that CBD is not the same as tetrahydrocannabinol (THC), which is an active cannabinoid in cannabis that causes a "high" when a person smokes or ingests it. Researchers are also looking at the possibility of using CBD for treating anxiety and chronic pain.

While the initial results from small studies on cancer cells and CBD are promising, they are not conclusive.

In this article, learn about the effects of CBD on cancer and how it may help ease the side effects of cancer treatments.

CBD as a complementary therapy

The majority of the evidence available suggests that CBD and cannabis therapies may complement cancer treatment. CBD may help people with cancer by:

Stimulating appetite

CBD oil may help relieve pain and stimulate appetite.

Many people who are going through cancer treatment experience nausea and loss of appetite.

These symptoms can make it difficult for them to maintain a healthy weight.

Ingested cannabis that delivers THC and other cannabinoids to the bloodstream may help stimulate the appetite, but there is no evidence that CBD alone can have this effect.

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Pain relief

Both cancer and its treatment can lead to pain. Cancer often causes pain due to inflammation, pressure on internal organs, or nerve injury. When the pain is severe, it can even become resistant to opioids, which are powerful pain relievers.

CBD indirectly acts on the CB2 receptors, which may help with widespread pain relief by reducing inflammation.

THC acts on the CB1 receptors, which may be helpful for pain resulting from nerve damage.

Nausea

Cannabis and cannabinoids such as CBD may also be helpful for people with cancer who experience regular nausea and vomiting, especially when this is due to chemotherapy.

However, the antinausea effect appears to come from THC in cannabis, rather than from CBD. People looking to try cannabis to reduce nausea should prepare themselves for the potential psychoactive effects of THC in prescribed cannabis products and discuss them with a doctor.

Many people find relief from low doses of THC. Prescription versions of synthetic THC that have fewer side effects are available.

CBD for cancer prevention

Some people wonder about using cannabis or CBD to prevent cancer. The National Cancer Institute (NCI) reviewed numerous studies regarding the link between cannabis and cancer and found that the research has mixed results.

An older study of 64,855 men from the United States found that cannabis use did not increase the risk of tobacco-related cancers. However, this same study also found that male cannabis users who never smoked tobacco had an increased risk of prostate cancer.

On the other hand, the authors of a 2015 study found a promising relationship between cannabis and bladder cancer. After adjusting for several factors, they found that that cannabis users had a 45-percent lower risk of developing bladder cancer.

While research has shown that cannabis smoke still produces carcinogens, the link between inhaled marijuana and cancer remains inconclusive.

However, ingesting CBD extract does not expose the body to the same carcinogens as smoking marijuana.

More long-term studies in humans are necessary to determine what role, if any, CBD has to play in the prevention of cancer.

Can CBD treat cancer?

There are currently no large clinical trials that are investigating the use of cannabis or cannabinoids as a cancer treatment. Small pilot studies exist, but the research is still in its early stages.

In 2016, researchers noted that the use of cannabinoids shows promise in the fight against cancer. The authors found that cannabinoids seem to inhibit the growth of many different types of tumor cell in both test tubes and animal models.

However, they also noted that some dosages or types of cannabinoid might suppress the immune system, allowing tumors to grow unchecked.

Much more research is necessary to discover the possible therapeutic uses of cannabinoids in cancer treatment.

Side effects of CBD

If a person stops taking CBD, they may experience insomnia.

The cannabinoid receptors in the brain do not act the same way as many other drug receptors.

For this reason, there may be a lower risk of side effects.

Unlike traditional medications for pain management, there are no apparent lethal doses of CBD. This is because the drug does not affect the central nervous system in the way that opiates do.

However, the cannabinoid receptors are widespread in the body, so CBD affects not only the brain, but also many other organs and tissues.

Small-scale studies have found that people generally tolerate CBD well, but some individuals may experience mild side effects.

These include:

- fatigue
- diarrhea
- changes in appetite
- changes in weight

CBD can also interact with a range of medications and cause liver damage. These medications include:

- antibiotics
- antidepressants
- anti-anxiety medications
- anti-seizure medications
- blood thinners
- chemotherapy drugs
- muscle relaxers

- sedatives, or sleep aids

It may be necessary to speak to a doctor about using CBD products, as they can also interact with some over-the-counter aids and supplements. People should exercise caution when taking CBD alongside prescription medications that warn about possible interactions with grapefruit.

Increased liver toxicity is a possible side effect of CBD. In one 2019 study in the journal *Molecules*, researchers administered varying doses of CBD to mice. The mice that received higher doses experienced liver damage within 1 day.

Clinical trials of Epidiolex — the brand name of the CBD medication that the Food and Drug Administration (FDA) have approved to treat epilepsy — did not find any indications of physical dependence.

However, the manufacturers of Epidiolex also warn of its potential to cause liver problems in the product's safety information.

As the NCI note, CBD inhibits specific enzymes that may be important for cancer therapies. Cancer treatments that rely on these enzymes could be less effective if a person takes CBD.

Takeaway

While CBD does indeed appear to be a beneficial compound for many cancer symptoms, no scientific research suggests that CBD can be an effective cancer treatment.

Cannabinoids and cannabis itself may have their place as a complementary treatment in some cases, for example, for people who need help managing chronic pain and nausea.

People should always talk to a doctor before using CBD or any other compound during cancer treatment to ensure that it will not react with any of the medications that they are taking.

https://www.medicalnewstoday.com/articles/324745.php

Care of erectile dysfunction after prostate cancer treatment: GPs vs specialists

Dyer A & al. BMJ Open 3 Oct 2019 curated by Dawn O'Shea UK Medical News 16 Oct 2019

Clinicians need to provide more support to men with erectile dysfunction (ED) after prostate cancer (PCa) treatment, a new study suggests.

The UK-wide cross-sectional survey study, published in *BMJ Open*, aimed to explore how ED in patients with PCa is managed in real-life clinical practice from the perspective of patients and healthcare professionals (HCPs).

Responses were received from 546 men with ED after PCa treatment, along with 167 primary and 94 secondary care HCPs.

The responses revealed poor communication between HCPs and men, including failure to initiate discussions about ED and/or involve partners. Twelve per cent of men were not told that ED was a risk factor of PCa treatment.

Only 26 per cent of GPs said they 'usually'/'always' initiated a discussion about ED with men after PCa treatment. This varied by gender, with 20 per cent of male GPs saying they 'never'/'rarely' initiated a discussion, compared with 44 per cent of female GPs.

The majority of urologists (80%) said they 'usually'/'always' performed a verbal baseline assessment of erectile function before treatment, with only 8 per cent saying they 'never'/'rarely' did this.

When secondary care HCPs were asked who was the most likely to initiate a discussion about ED, the majority of urologists (61%) identified themselves. A fifth of urologists said that the duration of androgen deprivation therapy (ADT) would affect their decision whether to discuss ED with the patient, with the conversation more likely to take place for men on long-term ADT.

The study authors say a clearly defined pathway is required for the discussion and management of ED, starting from the planning stage of PCa treatment.

https://www.univadis.co.uk/viewarticle/care-of-erectile-dysfunction-after-prostate-cancer-treatment-gps-vs-specialists-697567

Cancer patients treated for mental health conditions have greater risk of dying, study finds

New findings highlight why at-risk people need to be flagged and offered help, researchers say

Amina Zafar · CBC News · Posted: Mar 28, 2019 4:00 AM ET | Last Updated: March 28

A new study suggests cancer patients who've been hospitalized for mental health problems before their cancer diagnosis face a higher risk of dying from the malignancy. (Shutterstock)

Cancer patients who've been hospitalized for mental health problems before their cancer diagnosis face a higher risk of dying from the malignancy, say medical researchers in Canada and the United States.

The researchers are calling for more psycho-social supports, such as mental health counselling, for people with cancer. They point to emerging evidence that cancer survival rates are influenced by a patient's mental state.

The researchers, based at the University of Toronto and the Institute for Clinical Evaluative Sciences, said the findings highlight why people at risk need to be flagged and offered help, such as psycho-oncology services.

For example, social workers, music and art therapists, psychologists and psychiatrists may offer counselling and therapies to help the patient and their family cope with cancer, reduce stress and improve emotional well-being.

"As a urologist seeing cancer patients, I don't have time necessarily to sit down for 30 minutes and really figure out what they need," said Dr. Zachary Klaassen, an assistant professor and urologic oncologist at the Georgia Cancer Center. "It comes down to the oncologist's awareness and willingness to send a referral" to their psycho-oncology colleagues to get a good psychiatric history from the patient and follow up regularly.

Before, researchers weren't able to take patients' previous psychiatric history into account.

Now, Klaassen and his team have pulled together health records of more than 675,000 adult cancer patients in Ontario. By cross-referencing the records, they were able to see the bigger picture of how cancer survival related to use of psychiatric services in the five years leading up to the cancer diagnosis.

It is incumbent on specialist and primary care doctors to … perhaps be more vigilant in asking questions around psycho-social health.

- *Dr. Robert Siemens*

The patients in the study had been diagnosed with one of 10 common solid organ cancers (prostate, breast, colorectal, melanoma, lung, bladder, endometrial, thyroid, kidney and oral) from 1997 to 2014.

By comparing the use of mental health services of these patients to control patients who did not have a mental health issue, Klaassen found the risk of premature death from cancer worsened as the level of psychiatric help people sought increased.

About 45 per cent of the cancer patients in the study (304,559) had a psychiatric assessment as an outpatient, often by a family doctor. Another 53 per cent (359,465) hadn't used any psychiatric services.

Some possible reasons

People with bladder and colorectal cancer who received help for their mental health in the previous five years were also at greater risk of attempting suicide, Klaassen and his co-authors found.

Klaassen cautioned that the findings don't mean seeing a psychiatrist means someone will die of cancer immediately. It suggested to him that patients and their doctors may need to be more vigilant.

Why those treated for mental health conditions had a greater risk of dying of their cancer isn't known. The study's authors speculated on a few possible reasons:

- Major depression and stress may hamper the body's immune surveillance to detect and fight off cancer.
- Patients may be missing appointments, which can lead to surgery delays.
- Physicians and other health-care professionals may be consciously or unconsciously biased against these patients.

  "We have to probably look at ourselves as a health-care team and say, 'Yeah, these are not the easiest patients to treat,'" Klaassen said. "They may be aggressive; they may be rude."

  Bladder cancer patients twice as likely to die

The cancer patients studied had used a mental health service or had a psychiatric consult, but had not necessarily been diagnosed with a mental health condition.

- Suicide rates are highest for men in their 50s and we're not sure why
  In particular, bladder and bowel cancer patients who had received help for their mental health had a significantly higher chance of death compared to patients with the same cancers who hadn't had any psychiatric problems.

Bladder cancer patients with a history of hospital mental health admissions were more than twice as likely to die from their cancer, but researchers are unsure why.

In general, the risk of death from cancer was 1.73 times higher among people who were admitted to hospital for psychiatric care compared with those who didn't have psychiatric care.

People with bladder and colorectal cancer who received help for their mental health in the previous five years were also at greater risk of attempting suicide, Dr. Zachary Klaassen and his co-authors found. (Institute for Clinical Evaluative Sciences)

The study was published this month in the British Journal of Cancer. The study was part of a larger research project looking at the effect of mental health on cancer survival. Some of the research was presented last week at the European Association of Urology conference in Barcelona.

Dr. Robert Siemens of the urology department at Kingston General Hospital has studied the issue. He wasn't involved in Klaassen's work but recently published a review on depression and prostate cancer.

"This is important to scientists as it opens up a lot of questions to ask and answer," Siemens said in an email.

Siemens said the research highlights the potential of treatments to exacerbate or initiate psychological issues.

"It is incumbent on specialist and primary care doctors to understand this and perhaps be more vigilant in asking questions around psycho-social health," he said. "This isn't a slam dunk that its directly related, but how could it possibly hurt if we're even more focused on the whole person?"

Prostate cancer treatment tied to depression

A second study presented at the conference looked at how hormonal treatment to control cancer may increase a man's risk of depression.

The therapy suppresses testosterone, which fuels the growth of prostate tumours. But cutting off testosterone is also associated with side effects such as depression.

Siemens said urologists often see men on hormonal therapy for prostate cancer who experience low mood, depression or anxiety.

For that study, Dr. Anne Sofie Friberg from the Rigshospitalet in Copenhagen and her colleagues examined medical records of 5,570 men from the Danish Prostate Cancer Registry.

Compared with men without prostate cancer, men who had their whole prostate gland removed showed an increased risk of depression. That was based on their records of receiving antidepressant prescriptions or being referred to a psychiatric department for depression.

After surgery, erectile dysfunction and urinary incontinence are frequent symptoms.

Testosterone-blocking treatments can also change libido and lead to hot flashes that add to depression risk, the study's authors said.

The Danish research hasn't yet been peer-reviewed.

https://www.cbc.ca/news/health/cancer-patients-mental-health-study-1.5072439

'Revolutionary' drug for prostate cancer

30 September 2019

Olaparib could become a revolutionary treatment for prostate cancer - the first genetically targeted drug for fighting the disease, say experts.

The precision medicine is already used by the NHS for ovarian cancer and has been called a game-changer by cancer doctors.

A cancer conference heard how, in trials, it slowed tumour growth in men with advanced prostate cancer.

This could improve survival for some men, researchers hope.

Experts say it could be made available to patients in the next couple of years.

The drug, made by AstraZeneca, was fast-tracked to NHS ovarian cancer patients in England, paid for through the Cancer Drugs Fund, in July.

Precision medicine

Olaparib, also called Lynparza, works by targeting and killing cancer cells with faulty genetic code, while sparing normal cells with healthy DNA.

It won't work for everyone with prostate cancer, but it is effective for some men with the disease, say researchers.

Patients can be tested to see if they have the genetic errors that the drug can attack - faulty DNA repair genes including BRCA1 and BRCA2.

This precision approach means the patients most likely to benefit will be treated, sparing them potential side-effects from other drugs that may not work as well for them.

In the trial, doctors compared olaparib with two other commonly prescribed prostate drugs (hormone treatments called abiraterone and enzalutamide).

It appeared to delay cancer growth by months, which researchers say should hopefully mean men can survive for longer even when their disease is advanced. They will be monitoring patients to confirm this.

About prostate cancer

One in eight men will be diagnosed with prostate cancer in their lifetime. It mainly affects men over the age of 50 and the risk increases with age.

Not all of these tumours need immediate treatment. If the cancer is at an early stage and not causing symptoms, doctors may instead suggest careful monitoring.

Some cases are more aggressive and need treatment but can be cured if caught early enough.

Other cases may only be diagnosed at a late stage when the cancer has spread and cannot be cured.

All treatments, including olaparib, can have side-effects.

Doctors can talk advise patients about what might be the best treatment for them.

Prof Johann de Bono, from the Institute of Cancer Research, London, who co-led the drug trial, said: "It's essential that we become smarter in the way we treat prostate cancer, so that every man gets the treatment that will be of greatest benefit for them."

Dr Matthew Hobbs, from the charity Prostate Cancer UK, said: "This hugely exciting result represents a revolution in the treatment of prostate cancer. It finally brings prostate cancer medicine into the 21st Century by giving us, for the first time ever, a therapy that makes use of genetic testing of the tumour to work out which men will benefit.

"This kind of precision medicine approach is already used to treat other cancers, and we hope olaparib will become the first of many treatments for prostate cancer which are based on this sort of detailed understanding of an individual man's tumour."

Prof Nicholas James from Cancer Research UK said: "Tailoring cancer treatment according to a tumour's specific genetic faults is a core part of care in breast, lung or skin cancers to name a few, and has helped us give patients the treatments that are most likely to work for them. But with prostate cancer, we've been treating everyone the same way.

"Matching patients to the most appropriate treatment for their tumour type could radically change the way we treat prostate cancer. In this case, olaparib only slowed the disease down for a few months in a subset of men, but the approach itself is full of possibilities. And if we get to a point where we can tailor treatments in prostate cancer from an early stage, we can give every patient the best chance of being successfully treated."

https://www.bbc.com/news/health-49877843

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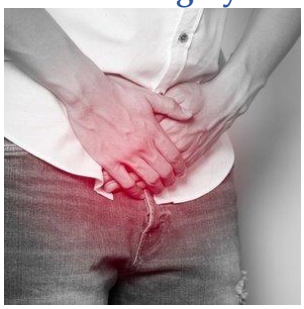
How to manage incontinence after prostate surgery

Prostate surgery can be life-saving, but may have a significant side-effect.



Urinary incontinence is a common side-effect after treatment for prostate cancer. ~

A prostatectomy is a surgical procedure that involves the removal of the prostate to treat prostate cancer. This is a common treatment option with a good prognosis. Radiation can also be used to treat the condition.

Urinary incontinence — a common side-effect

Unfortunately, these two treatments can have a significant side-effect – urinary incontinence. When the prostrate is removed through surgery, or the cancerous cells are zapped with either an external beam or radioactive seed implants, it can disrupt the way urine is held in the bladder.

Surgery can damage the nerves that provide control over the bladder, while radiation decreases the amount of urine that the bladder can hold. It may also cause spasms that can lead to urine leakage.

Surgeons try their best to preserve as much of the area around the urethra and sphincter as possible to limit the effect of urinary incontinence, but it remains likely that urinary incontinence will occur after treatment.

According to the Continence Foundation of Australia, men who've had a prostatectomy often say that urinary incontinence is the biggest challenge they have to cope with during recovery. Most men, however, will regain bladder control within six to twelve months after the surgery.

Why does this happen?

The prostate gland is roughly the size of a walnut and sits at the base of the bladder. The urethra is the thin tube that carries semen and urine and this runs directly through the prostate gland. The bladder neck sphincter is the ring of muscles where the urethra and bladder join. When the sphincter is damaged during surgery or through radiation treatment, urine can involuntarily leak out of the bladder, because the sphincter can no longer close properly.

How to manage urinary incontinence

While incontinence will usually improve over time, it's important to learn how to control your pelvic floor muscles to be able better to manage urinary incontinence. You can also contact your medical professional or urologist for help.

Here are some further tips:

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Prostate Cancer Canada Network

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- Reduce the number of drinks that you consume during the day, especially alcohol and caffeine, as these can irritate the bladder.
- While it's important to control fluid intake, it's also vital not to become dehydrated, as more concentrated urine will also irritate the bladder.
- Avoid fluids before you go to bed to help reduce the number of times you need to go to the bathroom during the night, or to avoid leakage while you sleep.
- A catheter will be fitted after surgery. When the catheter is removed, you might, however, start dripping urine. Take control by stocking up in urinary incontinence pads.
- There are medications that may help the muscles of the bladder or the nerves regain control of the urine flow. Speak to your doctor about this.

https://www.health24.com/Medical/Incontinence/Incontinence-in-men/how-to-manage-incontinence-after-prostate-surgery-20190225

NOTABLE

New international exercise guidelines for cancer survivors

University of British Columbia Release 16-Oct-2019

IMAGE: Dr. Kristin Campbell (left), associate professor at UBC's department of physical therapy, with former BC Cancer patient Scenery Slater. view more Credit: Martin Dee/University of British Columbia

For the rising number of cancer survivors worldwide, there's growing evidence that exercise is an important part of recovery. But how much, and what type of exercise, is needed?

A recent review of research, conducted by an international group of experts led by the University of British Columbia, has resulted in the development of new exercise guidelines for cancer survivors.

The updated recommendations, published today in *Medicine & Science in Sports & Exercise*, outline specific 'exercise prescriptions' to address common side effects, such as anxiety and fatigue, associated with cancer diagnoses and treatment.

In general, the new guidelines recommend survivors perform aerobic and resistance training for approximately 30 minutes per session, three times a week. This is a departure from earlier guidelines, published nearly a decade ago, which advised cancer survivors to meet the general public health guidelines for all Americans -- 150 minutes of exercise a week.

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"Exercise has been regarded as a safe and helpful way for cancer survivors to lessen the impact of cancer treatment on their physical and mental health, but the precise type and amount of exercise to treat the many different health outcomes related to cancer treatment hasn't been clear," says the paper's lead author, Dr. Kristin Campbell, associate professor at UBC's department of physical therapy. "In the absence of this information, cancer survivors were advised to strive toward meeting the general public health guidelines for all Americans -- an amount of physical activity that may be difficult for people to achieve during or following cancer treatment."

The new recommendations are based on a substantive review and analysis of the growing body of scientific evidence in the field. Since the first guidelines were put forward in 2010, there have been more than 2,500 published randomized controlled exercise trials in cancer survivors -- an increase of 281 per cent.

The new paper is just one of three papers published today that summarize the outcomes of an international roundtable that explored the role of exercise in cancer prevention and control. The roundtable brought together a group of 40 international, multidisciplinary experts from various organizations who conducted a thorough and updated review of the evidence on the positive effects of exercise in preventing, managing and recovering from cancer.

Together, the three papers offer new evidence-backed recommendations for incorporating exercise into prevention and treatment plans and introduce a new Moving Through Cancer initiative, led by the American College of Sports Medicine, to help clinicians worldwide implement these recommendations.

The new recommendations include:

- **For all adults, exercise is important for cancer prevention and specifically lowers risk of seven common types of cancer: colon, breast, endometrial, kidney, bladder, esophagus and stomach**
- **For cancer survivors, incorporate exercise to help improve survival after a diagnosis of breast, colon and prostate cancer**
- **Exercising during and after cancer treatment improves fatigue, anxiety, depression, physical function, quality of life and does not exacerbate lymphedema**
- **Continue research that will drive the integration of exercise into the standard of care for cancer**
- **Translate into practice the increasingly robust evidence base about the positive effects of exercise for cancer patients**

Campbell, who is the director of the UBC faculty of medicine's clinical exercise physiology lab, served as the Canadian representative on the roundtable, working alongside the Canadian Society for Exercise Physiology, one of 17 partner organizations.

"The ultimate goal is to help people with cancer live longer and better lives. With these new guidelines and with continued research, we have a real opportunity to continue expanding the integration of exercise medicine into cancer care," says Campbell. **Disclaimer:** AAAS and EurekAlert! are not responsible for the accuracy of news releases posted to EurekAlert! by contributing institutions or for the use of any information through the EurekAlert system.

https://eurekalert.org/pub_releases/2019-10/uobc-nie101619.php

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QUOTABLE

"We can bring positive energy into our daily lives by smiling more, talking to strangers in line, replacing handshakes with hugs, and calling our friends just to tell them we love them" Brandon Jenner

"We were all born with a certain degree of power. The key to success is discovering this innate power and using it daily to deal with whatever challenges come our way." Les Brown

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.

Email *markhampccn@gmail.com*

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

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