

PROSTATE CANCER CANADA - NEWMARKET

Volume 16, Issue 3,

November 15, 2011

**A support group that provides understanding,
hope and information to prostate cancer patients and their families**

Our speaker for the November the 17th meeting is Dr. Saibishkumar Elantholi Parameswaran, M.B.B.S, MD, FRCPC. Assistant Professor, Radiation Oncology, Princess Margaret Hospital and the University of Toronto. His talk will be focussing on how they manage our cancer when it is localized. He will also bring us up to speed with Brachytherapy and what its role is now in conquering prostate cancer from a radiation standpoint. It has been a while since we have had a speaker on Brachytherapy. We should have a lot of questions for him.

Meeting Date: November 17th, 2011

Place: Newmarket Seniors Meeting Place,
474 Davis Drive, Newmarket

Time: 7:00 pm to 9:00 pm

Speaker Dr. Saibishkumar Elantholi Parameswaran,

Subject: Management of localized prostate cancer;
Role and Results of Brachytherapy.

Prostate Cancer Canada - Newmarket

Newmarket, Ontario. 905-830-0447

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The Newmarket Prostate Cancer Support Group does not recommend products, treatment modalities, medications, or physicians. All information is, however, freely shared.

October Speaker notes . . . Daniel Santa Mina, Exercise Physiologist

Subject: Exercising as a treatment for Prostate Cancer



Daniel focussed on what studies show with regard to prostate cancer and exercise as part of the treatment regime. We all know that there are a number of conditions that can affect our ability to exercise, whether it's cardiovascular disease,

diabetes, aching joints and old injuries, all those things will play a bit of a role in what we're able to do and we're not able to do.

When to start exercising? You can start exercising right away. Obviously, you need to progress slowly if you haven't exercised in a while but certainly, it's not something you need to put off any longer. Something that gets your body moving can be considered exercise. Even walking or doing some gardening on a routine basis. Now, there should be a distinction made between these two very common terms: physical activity and exercise. Exercise is routine activity that's done with the intention of improving your physical fitness. You're trying to become stronger, faster, have more endurance through exercise or some sort of activity that you do on a daily or every other day basis. Physical activity is anything that you do above and beyond rest. If you climb a set of stairs, that's physical activity and if you start to climb your stairs two or three times a day regularly, with the intention of improving your fitness, we can classify that as exercise. The idea here is to not think of exercise as just going into the gym, lifting heavy weights, running around, completely drenched in sweat before you get any benefit. There are lots of benefits with just movement. Just get up a little bit every now and then and walk around, take the stairs one or two flights. Be active in a sense where you feel like you've done some work.

Let's start off with exercise before diagnosis. What I'm referring to is preventive exercise. There have been about 250 studies that have looked at exercise in its role for preventing cancers. When we looked specifically at the studies that assessed the risk of prostate cancer with physical activity, we found a pretty good link between higher physical activity and less incidence of prostate cancer. Between ten and twenty, and some of the studies showed even forty percent of prostate cancer can be prevented with routine physical activity. Again, I want to emphasize that this is routine physical activity and not necessarily exercise because these studies included individuals who are undergoing heavy physical activity jobs. If they're construction workers or they are work-

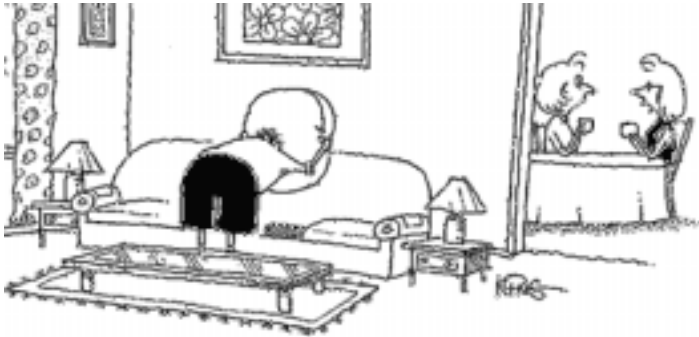
ing in some sort of vigorous environment, they would actually benefit from some of the activity in terms of prostate cancer risk reduction. Some of the more recent literature shows that vigorous physical activity is a little bit better in terms of preventing prostate cancer than some of the others and certainly it prevents aggressive cancer. Obesity might be associated with a decreased risk of low grade prostate cancer but it increases your risk for aggressive prostate cancer. That's a bit of a quirk in the studies that really requires some confirmation but, again, obesity in advanced prostate cancer or aggressive prostate cancer is particularly concerning.

What are the mechanisms that are going to work here when we are regularly active? How do we actually prevent cancer from occurring in our bodies with physical activity? Essentially, physical activity can directly reduce the way that prostate cancer cells proliferate through adjusting hormones. We can adjust the way testosterone works in our body, we can adjust the way insulin and other growth factors work in our body, so that they don't facilitate prostate cancer growth. That is one hypothesis that is frequently shown to be proven in literature. The other way that physical activity can help us is by reducing our fat and fat secretes hormones again that can actually facilitate prostate cancer growth. So we can reduce the hormones or augment them in a beneficial way directly through physical activity; we can also do it indirectly by reducing the amount of fat we have. The third mechanism is simply improving our immune system. When we are routinely physically active, our immune system functions better and when our immune system functions better, it can pick up changes in cells and discard those bad cells more quickly. It is able to identify bad cells better. So our immune system is better, we have less fat and more activity, all conferring a protective affect against prostate cancer and this is pretty consistent across various kinds of cancers. It can also, in this prediagnosis stage, have some affect on detection. Detection in this particular area is not all that understood but we do find that men who are regularly physically active are more engaged in their health overall. When they are more interested in their health and well being they are more likely to eat better diets and probably go to health screening measures a little more frequently, being on top of different tests, such as the PSA test. We find that there's a bit of an association between these health behaviours.

A question that I frequently get when I give these talks is. "Will riding a bicycle change my PSA and will it put me at a higher risk of prostate cancer?" There's no evidence to suggest that. Prostate cancer and bike riding really don't relate too much. In fact, the bike riding probably protects you over the long term. Even after a long bike ride, it really doesn't change your PSA following that ride. However, you can irritate the prostate given those very narrow seats and if you irri-

tate it, take a bump the wrong way, or something like that, you might cause some PSA changes to be observed in a test right after. So the general recommendation is that you not do a PSA test right after a 200 km ride. Whatever ride you are doing, give yourself some time to recover but it's really not related to the cancer. What about sexual activity? Does that have any association between prostate cancer. There's really no relationship between physical or sexual activity and the risk of prostate cancer, when you discard the effects of urologic disease or infections.

Your Exercise Program



The doctor said he needed more activity. So I hide his T.V. remote three times a week.

Moving on to exercise during the pre-treatment phase. Diagnosis has occurred and now we're waiting for or choosing our treatment options. Is there any benefit of exercise during this particular period? What I want to talk about regarding this particular time is prehabilitation. We understand that rehabilitation is after we've gone through some sort of surgery or some sort of event where we need to get back our levels of fitness, our independence or what have you. We can actually boost our pre-operative, pre-treatment levels of fitness, so that when we have to go through treatment, we don't fall to the same levels. We don't just take a nose dive into areas where we can't get up, we can't move. We stay a little bit above that because we've given ourselves that buffer. The idea of getting prepared for surgery is not necessarily just going through the web sight to read up on what's going to happen afterwards, what to do, what is all the terminology. All that is very useful but there is something to be said for getting up out of that computer chair and walking around and preparing your body for whatever treatment you're going to have. You can actually improve treatment tolerance; you have an improved sense of coping with your disease; you have the sense of I've prepared for this, I know what's coming, I've got my body in the best shape that I can, let's deal with it. There's an element of confidence when we're going into these treatments and it may allow difficult treatments to proceed. Recovery time is better and post-operative side effects are improved when you exercise and are more fit prior to surgery. Pre-operative pelvic floor muscle exercise is very important for early continence after radical prostatectomy. 120 patients were randomized in a recent study to pre-operative kegel ex-

ercises or post operative kegel exercises. They found that those that did it before surgery actually had better urinary continence than those who only exercised afterwards. Their urinary control was better because they started it before. It's a good idea to know what a good contraction feels like before they start messing around down there. If you don't know what a good contraction feels like, then you have difficult time shooting for that same contraction after the fact. Not to say that it can't be done but once you know what a good Kegel contraction feels like beforehand, it's a good goal when you're coming out of surgery or radiation therapy.

Pelvic floor exercises. You have a set of muscles that sit right underneath the bladder. When they are nice and strong, they can pinch on the urethra to prevent urine from leaking. After you have a radical prostatectomy or radiation, you can have damage to the muscles of the pelvic floor. They become weak and they don't pinch as well. The idea behind Kegel exercises or pelvic floor exercises, is to make that little group of muscles very strong so that they can squeeze for long periods of time, hopefully to the point where you don't have to think about squeezing them anymore, they just squeeze automatically and maintain urinary control. Those are the principles behind Kegel exercises. Regular strengthening exercises can improve them and pre and post treatment is important. How do you do them? First and foremost, you need to be able to identify the correct muscle group. It's a very internal muscle group. It's not like the bicep where, if you bend your arm, you can see it flex. It's inside and the way that we know it's being worked is, when we're standing at the urinal and we're peeing, if we squeeze that muscle group, the flow of urine stops. That's when you know you've got the right muscle group. You don't necessarily have to do it when you're at the washroom every time. Once you know which muscles to squeeze, then you can do them routinely. The harder you squeeze that muscle group, the better response to training over time. You should do a lot of these, about 100 per day. It's not that much to ask and the benefits are pretty well documented. Because it's hard to remember to do it, you need to develop a routine: before you eat, do a bunch; during commercials; when you're stopped at a red light; think of things that will remind you to do them and then you'll do them.

You've made your decision, you've chosen your treatments, can you actually do activity while you are undergoing treatment? There's a good and growing body of literature to suggest that, for radiation and hormone therapy, exercise is fantastic. It has shown only benefits, no side effects, no adverse events. Unfortunately, there are not too many studies on this compared to other cancers and other diseases, particularly breast cancer where over 100 trials have demonstrated a positive effect. But, we're getting there and I'm proud to say that Canada leads the way in this field. They've looked at aerobics, treadmill, walking and running or stationary cycling or bicycling. They do a lot of resistance training and that's particularly important because, on hormone therapy, you can lose bone mass and muscle mass and gain a bit of weight.

The idea behind resistance training is particularly important to recover those bones, recover those muscles and try to keep our weight down. They've put them together in some trials and a recent trial conducted right now in Australia, they've done some really cool stuff specifically to try to improve bone health. It's not for everybody, these guys were in relatively decent shape but they were jumping off boxes, doing hurdle jumps and skipping. The idea was to give good impact with the floor because that impact on the floor facilitates bone development. Doing some exercises will also help improve your bones but when you work on the floor where there's an impact, you force the bones to be a little bit stiffer. The idea of this trial in Australia was, that if we did high impact exercises, we can actually improve bone development in the hips and the spine, where you typically lose bone when you're on hormone therapies. Preliminary evidence shows that you can actually recover some of the lost bone that occurred during hormone therapy.



To sum up some of the benefits that we've found in our research, cardiovascular, musculo skeletal fitness goes up when you exercise. Physical functioning is improved, side effects like nausea and pain seem to be reduced for those who exercise. Quality of life is improved. Body composition is the reason most of us exercise, to lose some weight, to feel better about ourselves and our clothes. Physical activity volume improves and that's important because while this is unrelated to the actual exercise, studies suggest that men feel better just doing the exercise program. So do more now. An-

other key problem is fatigue. This seems to come down quite a bit when you exercise. That's important because the general tendency is to do less when you're tired and you want to relax. The problem is, if you rest over and over again, for a long period of time, you eventually become deconditioned. If you stop exercising, you become less fit. The more you do, the more you are able to do. If you're walking, keep walking. If you're running, keep running. One of the most important things we've found so far is that exercise does not worsen treatment or disease related symptoms and it doesn't undermine treatment success.

Studies in rats have shown that we can actually reduce the cell growth of prostate cancer cells in active rats. Sedentary rats or physically inactive rats that have prostate cancer versus active rats, show that the active prostate cancer cells don't grow as fast in an active rat. We have yet to show this in humans but I think it's only a matter of time before we have those biological mechanisms that describe how prostate cancer can actually be prevented and slowed during a course of treatment and after diagnosis. Some of the other potential benefits that we are currently working on is to see whether or not we have increased completion rates of treatment. We have some idea that this is possible but the research continues. I think reduced hospitalization is actually going to be the key to integrating exercise into cancer care in general. If we can show that for those who are routinely active after diagnosis, maybe this becomes a part of standard care. That's my objective, to make sure that like patients who go through cardiac interventions, with cardiac surgery, they have to go to cardiac rehabilitation. Prostate cancer has to undergo surgery or hormone treatment or radiation therapy, which makes you less fit. We should be able to provide you with a means of becoming fit again, so that I hope that over time we are able to integrate exercise into the treatment program for cancer patients. Obviously, there are a number of different areas where we are going to do more research.

Post-Treatment Benefits: You've had your treatment, now what? There was a study of about 3,000 men over twenty years and they looked at physical activity volume every two years for those twenty years. For everybody who survived for years they we're going to see exactly how long they survived and see whether or not there was a relationship between the amount of activity they did and their survival time. They found that non-vigorous activity was associated with a decreased risk of all causes of mortality. That is, if you're doing some sort of activity greater than ten hours per week, you are going to reduce your risk of dying in that twenty years by 50%. That's all causes of mortality, not specific to prostate cancer as yet. They found that walking specifically conferred a 37% reduction of mortality as well. We're not talking about heavy duty activity at the gym, sweating it out, turning blue in the face. This is routine physical activity that you can do in your neighbourhood.

Vigorous activity, this is the part that really excites me. About 50% reduction in all causes of mortality for men who

did more than three hours per week, compared to those who did less than one hour per week. The biggest step they found was that for those men who were rigorously active three or four hours per week compared to those men who were not active, they found a 61% improvement of survival for prostate cancer specific survival. So this really shows that, after prostate cancer diagnosis, if you are routinely active, you have a 60% chance of living longer than someone who is less active. I think this is probably one of the most compelling arguments for including exercise into standard care and at least into education of prostate cancer patients following treatment. The other key point that I want to leave with you is, it's not too late to start. If you weren't necessarily an athlete or a physically fit guy who likes going to the gym for a long period of time beforehand, if you were just an occasional exerciser or if you never exercised before in your life, if you start now, you will still get the same benefits. I think this study is one of the most important we have had to date.

So let's talk about your exercise program specifically. I don't want to trivialize this but, if you will just get up and work up a bit of a sweat, you are doing a moderately intensive physical activity. If you're going for a walk, just that little sweat over your brow, for thirty minutes then you've achieved it. Every exercise program is individualized and has to take into consideration a variety of different individual factors: injuries in the past, other medical conditions and particularly, I think, your preference. I hate when other exercise or personal trainers say that you really should ride the bike but, if you hate riding the bike, you will not ride the bike. So try to figure out what you would enjoy doing and hopefully we can fit what you enjoy into some of the parameters we're going to describe now. We always have to consider a few things: the stage and grade of cancer and the various treatments that you've had will play a role in what you are able and not able to do; physical and functional limitations; activity preference; the availability of exercise equipment and the facilities nearby; and your goals. What should your goals be when you're actually undergoing treatment? I'd like to encourage you to do what you were doing before starting treatment. Do your best to maintain a physical activity level that you had before treatment. The tendency sometimes is to kind of slouch down and do a lot of research but we need to keep our bodies active, to keep our bodies fit. The encouragement would be to maintain your strength. After treatment your goal is still to get back to what you were before. Safety is always a primary issue so, if you have some concerns about other issues or about prostate cancer, you might want to consult with your doctor or exercise specialist to figure out what you should or should not be doing and figure out an exercise program.

Here are some of the patient specific exercise programs that we have prepared. What we use is called the FITT Principle. This stands for Frequency, Intensity, Time and Type. Frequency is the number of days per week that you exercise; Intensity is how vigorous your exercise session is; Time is

how long you actually do your activity; and Type is the actual activity you do. So let's talk about frequency first. Three to five days per week seems to be effective at improving a number of outcomes. However, there's nothing to say that six or seven days a week is any worse or better. I would say, try to be active on most days but you want to give certain muscles a day off, particularly if you are doing some heavy resistance training. If you like lifting weights or you like doing some of the weight training, give that muscle that you've worked out a day of rest. Aerobic exercise can be done every day. Your heart likes the work out. The limiting factor of doing aerobic exercise is not your cardiovascular work out but your joint tolerance. Your joints sometimes need a day to recover.

In terms of Intensity, how hard you have to work, what's been recommended so far is primarily moderate intensity. There are a few different ways that you can measure intensity. Percentage of your maximum heart rate is a very common way but not always convenient. That would entail taking your pulse in the middle of an activity. An easy way of measuring your intensity during the course of your activity is on a scale of one to ten, ten being the hardest you've ever worked out in your life, nearly ready to fall flat on your face and zero being lying in bed dozing off. That's the spectrum. We want you to be working before four and seven, you're doing something. You're not simply meandering around the kitchen, you've actually got a purpose to your walk. My favourite intensity test is the talk test. When you are walking, exercising, lifting weights, if you are so winded that you can't talk, you're working in that vigorous zone. You should be able to more or less keep up a conversation with your exercise partner, you should be able to sing along with the songs in your ear phones, or whatever.

Now Time: 20 - 60 minutes is the general guideline. The good news is you can combine several bouts of physical activity within the course of the day. If you do 10 minutes in the morning and 10 minutes later in the day, you've got your 20 minutes. If you do that four or five times a week, a walk before breakfast, a walk after dinner, you're hitting that greater than three hours per week That's has been recommended and shown to increase survival.

What types of exercise should you be doing? The recommendation is large muscle groups, your legs, your butt, your back, chest, shoulders, those muscle groups that do large movements. As long as you're doing it in a safe manner at the appropriate intensity and it's getting some cardiovascular response, you're doing the right exercise. Obviously, if you want to consider limitations due to cancer or treatment-related side effects, do what you enjoy, because then you will continue doing it. Your posture is always important. Over time our spine takes a beating from all the years of sitting at a desk or hunched over, so we really want to focus on being nice and proud, sitting up a little taller on our chairs, sitting straight, all those things that we're told to do over time but kind of forget about. It's important, because over time, our spines will tend to curve if we don't work on keeping them straight. We

need to actually focus on keeping our back muscles nice and strong so they keep our spine nice and straight. That's particularly important for men who might be having problems with bone health (a lot of treatments for prostate cancer can affect bone health, like hormone therapy) and when bone becomes a little brittle, becomes softer and when you lean over for a long period of time, I'm talking about years, you can actually do some damage to your spine and end up in a permanent hunched state. To facilitate good posture, it's good to work on your back muscles, your tummy muscles, shoulder muscles in the back, and always try to stay nice and limber through the mid-section. Large muscle groups that will elicit that response that we're shooting for, are things like seated rowing, pulling down on weights, using bicep curls. These are all the beach muscles, the ones that show up on the beach - big chest, big back, big thighs, big biceps, all those things. All those things you tried to do in front of the mirror as you tried to attain a Charles Atlas body.

What kind of considerations do we have to make for the treatments we undergo? Some patients may experience some swelling in the lower extremities, so you might have to do an exercise that keeps your legs up. If you like cycling and you're typically on a regular bike, you might want to try one of those recumbent bikes that kind of keep you in a reclined state and you pedal in front of you. Things like that will help. Being in a pool definitely helps for swelling and keeping your extremities up helps with exercise. If you're doing a lot of standing or walking, that might make the swelling worse. Suppressed immune system or a low white blood cell count, also known as leukopenia, basically means that you might be in a higher risk of infection. If this is a condition you have, make sure when you exercise, you are in a clean environment. If you are going to a gym, make sure you wipe off the equipment before touching it with your hands. If you have this condition, keep your intensity at a moderate level, don't push yourself too hard. If you have low platelets, (impaired clotting) Thrombocytopenia, where you bruise fairly easily, you might want to refrain from doing any heavy, high impact exercises or anything that might result in a fall. Anaemia is quite common, especially on hormone therapy, so that might affect your fatigue levels and the amount of activity that you're able to comfortably do. Bone density and muscle loss with hormone therapy is very common and is one of the biggest areas for research in prostate cancer exercise. The idea behind exercise for those who are on hormone therapy really is to keep those muscles strong in the absence of testosterone. We can still keep our muscles strong when we don't have testosterone and we're not building more muscle. If we do activity while we're on hormone therapy, we can prevent and slow the rate at which we lose bone. It's very important to do resistance training and weight bearing exercises if you're on hormone therapy.

Dehydration through nausea and diarrhea are very common as well. I want you to stay hydrated through your activity, drink water before you're thirsty. In fact, I encourage pa-

tients to drink 250 to 500 mls of water before they go out to exercise and then drink about 250 mls every half hour during their exercise. One thing that often comes up when I'm talking about drinking is urinary incontinence, urinary control, where am I supposed to exercise and drink water when I have to go to the washroom every 15 or 20 minutes? If you like to walk, then go into a mall for a good brisk walk, it will give you a lot of access to washrooms, a lot of access to convenience stores where you can get some water and, as long as you don't bring your wallet and your wives, it's not too expensive. The key here again is to choose the environment that will accommodate your situation. I don't want urinary control to slow anybody down with their physical activity, because in the end you're putting yourself back.

Listen to your body, if it hurts, you shouldn't do it. The general idea of no pain, no gain, really doesn't work in most cases. If you have joint pain or you have done an activity that results in swelling and discomfort for prolonged periods, that's an activity you should not be doing. What I would say about pain is that there is a type of discomfort that accompanies a good work out. We remember it from the days that we'd just started a new job or we worked in the garden or did something around the house or some exercise for the first time in a long time and the next day we were really stiff, muscles sore, tough to move, tough to walk, that's post exercise muscular discomfort or soreness. This just means that your muscles have been worked out and that they are adapting. That's different from joint pain that's in your knees or in your hips and probably is accompanied by some swelling.

Where should you exercise? It can be home-based; a Hospital-based program such as our Survivorship Exercise Program at PMH where patients come in once a week to review their program and maybe adjust it and make changes and sort out any kinks in their program; a community gym; or as part of a Wellspring Cancer Exercise Program. Wellspring is a cancer survivorship community centre and all of their programming is free and is for cancer survivor patients and their families and partners. You can go to www.wellspring.ca and see all of the programs they have. Over the last two years they have started an exercise program, which is pretty good because they give you 30 weeks of exercise on sight, with trained staff, for free. There are a few caveats, the first ten weeks is two days a week, the next 20 weeks is one day a week. The idea of this is to build up a level of confidence in exercise competence, so that after you have finished that 30 week block, you can go off to somewhere else and exercise. Basically for that half a year or more, we're going to get you to a level that you feel confident to leave and exercise routinely on your own.

In closing, Daniel offered that if anyone had questions they thought about later, they could contact him at:

Daniel Santa Mina
email daniel.sta.mina@uhn.ca
or at PMH 416-340-4800 x 3957

U.S. Panel Says No to Prostate Screening for Healthy Men

Healthy men should no longer receive a PSA blood test to screen for prostate cancer because the test does not save lives over all and often leads to more tests and treatments that needlessly cause pain, impotence and incontinence in many, a key government health panel has decided.

This draft recommendation, by the United States Preventive Services Task Force is based on the results of five well-controlled clinical trials and could substantially change the care given to men 50 and older. There are 44 million such men in the United States, and 33 million of them have already had a PSA test, sometimes without their knowledge during routine physicals. “Unfortunately, the evidence now shows that this test does not save men’s lives,” said Dr. Virginia Moyer, a professor of pediatrics at Baylor College of Medicine and chairwoman of the task force. “This test cannot tell the difference between cancers that will and will not affect a man during his natural lifetime. We need to find one that does.”

“There is no evidence that a digital rectal exam or ultrasound are effective, either. “There are no reliable signs or symptoms of prostate cancer,” said Dr. Timothy J. Wilt, a member of the task force and a professor of medicine at the University of Minnesota. Frequency and urgency of urinating are poor indicators of disease, since the cause is often benign.

As the PSA test has grown in popularity, the devastating consequences of the biopsies and treatments that often flow from the test have become increasingly apparent. From 1986 through 2005, one million men received surgery, radiation therapy or both who would not have been treated without a PSA test, according to the task force. Among them, at least 5,000 died soon after surgery and 10,000 to 70,000 suffered serious complications. Half had persistent blood in their semen, and 200,000 to 300,000 suffered impotence, incontinence or both. As a result of these complications, the man who developed the test, Dr. Richard J. Ablin, has called its widespread use a “public health disaster.”

Not knowing what is going on with one’s prostate may be the best course, since few men live happily with the knowledge that one of their organs is cancerous. Autopsy studies show that a third of men ages 40 to 60 have prostate cancer, a share that grows to three-fourths after age 85.

The European trial had 182,000 men from seven countries who either got PSA testing or did not. When measured across all of the men in the study, PSA testing did not cut death rates in nine years of follow-up. But in men ages 55 to 69, there was a very slight improvement in mortality. The American trial, with 76,693 men, found that PSA testing did not cut death rates after 10 years.

Should You Have a PSA Screening Test?

Johns Hopkins Response to Recent USPSTF Recommendations

By now, you’ve probably heard that prostate-specific antigen (PSA) screening is no longer recommended for healthy men under age 75. This controversial draft recommendation was issued by the United States Preventive Services Task Force (USPSTF).

What is the USPSTF? The USPSTF is an independent group of 16 medical experts whose recommendations serve as guidelines for doctors throughout the country. In addition, the group’s recommendations ultimately impact what tests Medicare and private insurers will pay for.

Why did they make this recommendation? According to the USPSTF, the potential harms caused by prostate-specific antigen (PSA) screening of healthy men as a means of identifying prostate cancer far outweigh its potential to save lives. The group discourages the use of any screening test for which the benefits do not outweigh the harms to the target population.

Given previous recommendations from the medical community encouraging PSA screening, many men are confused. Following are answers to some questions you may have about this recommendation — and our advice on whether

you should follow it.

Do these recommendations apply to all men? These recommendations apply to all men regardless of age, race or family history as long as they do not have symptoms of prostate cancer.

Our advice. Many leading cancer and patient groups and doctors agree that there is harm with PSA screening and the treatment that follows diagnosis. But a more targeted screening approach focusing on those at greatest risk of developing prostate cancer, and active surveillance for those who don’t need immediate treatment, could shift the balance of benefit and harm towards benefit.

PSA screening is the best test available for the detection of cancer cells in the prostate. Rather than discontinuing use of the only test available to detect the disease early and treat it successfully, efforts should focus on reducing harm.

Therefore, every man should discuss the benefits and risks of PSA screening with his physician. If you choose to be screened and the result is positive, you and your doctor should discuss whether any further intervention is appropriate or necessary.



This Movember, the month formerly known as November, we have again decided to help raise awareness about Prostate Cancer. Our group, Prostate Cancer Canada – Newmarket, is forming a team. Several of us will have a mustache growing competition and raise funds. Our donations and commitment is to relate men's health issues to as many men and their supporters as we can. Movember originated in Australia six years ago with this mustache growing theme and is now world-wide and is the largest and most successful fund raiser for prostate cancer.

We are doing this because over 4,400 men die of Prostate Cancer in Canada each year and one in six men will be diagnosed during his lifetime. This is a cause that we feel passionately about and we're asking you to support these efforts by making a donation to **Prostate Cancer Canada**.

To help you can either:

* **Go to this link** : <http://ca.movember.com/mospace/737216> **and donate** online using your Credit Card. Donate any amount under the heading of **“Donate to Me”** or **become part of the Team, grow your own mustache and raise funds under your name using this same link.**

OR

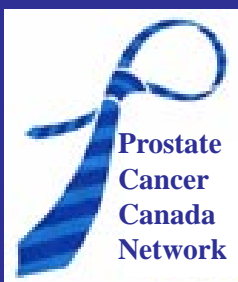
* **Write a Cheque** payable to Prostate Cancer Canada referencing **the team** and/or **Registration Number 737216** and mailing the cheque to: Prostate Cancer Canada, 2 Lombard Street, 3rd floor, Toronto, ON, M5C 1M1, Canada.

All donations are tax deductible to the extent permitted by law.

Thank you in advance for helping us support men's health.

Let's win the fight to eliminate this men's disease.

Frank  Kennedy



IT'S OUR TIME.

To defeat the most common cancer to afflict Canadian men.