

# PROSTATE CANCER CANADA - NEWMARKET

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



Tanya Giaquinto our speaker for the June 16th meeting is very familiar to our members. Back in April 2009 she gave a talk here and she was so well received that she was invited back in November that same year. Well, Tanya is returning again by popular demand for next week's meeting. Tanya brings to us a wealth of knowledge on proper nutrition. She has worked in different clinical settings at the Sunnybrook Health Sciences Centre. She has also worked with clients at Odette Cancer Centre providing nutrition support during their treatment and after treatment is completed. Her interest lies in nutrition and prevention and she has been presenting in this area for approximately 10 years. Tanya has a keen interest in providing nutrition education to community groups and has done numerous presentations in a variety of settings over the years. She is a member of the Ontario College of Dietitians and Dietitians of Canada.

Come to the meeting and get your nutrition questions answered. If reading this looks like *deja vu*, Tanya was scheduled for our May meeting but because of an emergency she had to be rescheduled for the June 16 meeting.

**Meeting Date: June 16th, 2011**

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

**Time: 7:00 pm to 9:00 pm**

**Speaker Tanya Giaquinto, Sunnybrook Hospital -**

**Subject: Diet and your Cancer . . .**

**Prostate Cancer Canada - Newmarket**  
Newmarket, Ontario. 905-830-0447  
[www.newmarketprostatecancer.com](http://www.newmarketprostatecancer.com)

a member of the



Assisted by the Canadian Cancer Society  
Holland River Unit  
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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.*

# 10 Myths and Misconceptions About Prostate Cancer

By Dan Zenka, Senior Vice President, Communications, Prostate Cancer Foundation

With the identification of more than 25 types of prostate cancer by PCF-funded scientists in the past 24 months, and the fact that it remains one of the least talked about cancers, it's no wonder there remains a great deal of confusion surrounding this disease.

Ask any group of men about prostate cancer. If they don't abruptly change the subject or take the opportunity to crack a few wise remarks, chances are you will get a wide variety of answers when it comes to what it is, how it should be treated and whether or not (and when) one should be screened for this disease. Against this reality, it is always a good idea to review some of the more popular myths and misconceptions about this disease that claims the lives of more than 32,000 men in the U.S. each year.

## **Myth #1: Prostate cancer is an old man's disease.**

While it may be true that the older you are, the more likely you are to be diagnosed with prostate cancer (65% of cases are diagnosed in men who are 65 or older), the fact remains that 35% of those diagnosed, or more than 76,000 each year, are diagnosed at an earlier age. I was diagnosed at age 51 and I have met many men who were diagnosed in their early 40s. Although only 1 in 10,000 men under age 40 will be diagnosed, the rate skyrockets up to 1 in 38 for ages 40 to 59, and 1 in 15 for ages 60 to 69.

There are many risk factors to consider. Your race, family history, physical health and lifestyle—even geographic location—are all factors that can increase your likelihood of developing prostate cancer.

## **Myth #2: If you don't have any symptoms, you don't have prostate cancer.**

Wrong. Prostate cancer is one of the most asymptomatic cancers in oncology, meaning not all men experience symptoms. Many times symptoms can be mistaken or attributed to something else. Signs of prostate cancer are often first detected by a doctor during a routine check-up. Common symptoms include a need to urinate frequently, difficulty starting or stopping urination, weak or interrupted flow of urination, painful or burning urination, difficulty having an erection, painful ejaculation, blood in the urine or semen, or frequent pain and stiffness in the lower back, hips or upper thighs. If you experience any of these symptoms, be sure to tell your doctor.

## **Myth #3: Prostate cancer is a slow growing cancer I don't need to worry about.**

The answer to this one is sometimes, yes. Sometimes, no. With the 25 types of prostate cancer discovered by PCF-supported researchers, we can confirm that there are those prostate cancers a man may die with and not of, while others are very aggressive. Once a biopsy confirms the presence of cancer in the prostate, a physician uses the data contained in the pathologist's report to characterize the potential aggressiveness of the cancer and make recommendations for treat-

ment based on many factors, including a patient's age and health status. There are many treatments available for patients and one approach does not fit all cases. Patients need to understand the complexity of this disease and make treatment decisions that are right for them in consultation with a trusted medical professional.

The good news is that we believe, with the accelerated pace of scientific discovery, we will soon be able to identify the specific cancer a patient has at time of their diagnosis and match the most effective treatments for their prostate cancer and their biological makeup. This will enable us to cure more and overtreat less.

## **Myth #4: Prostate cancer doesn't run in my family, so the odds aren't great that I will get it.**

Wrong. While a family history of prostate cancer doubles a man's odds of being diagnosed to 1 in 3, the fact remains that 1 out of 6 North American men will be diagnosed with prostate cancer in their lifetime. This compares to 1 in 8 women who will be diagnosed with breast cancer. African-American men are 60% more likely to be diagnosed with prostate cancer and 2.4 times more likely to die as a result.

Family history and genetics do, however, play a role in a man's chances for developing prostate cancer. A man whose father or brother had prostate cancer is twice as likely to develop the disease. The risk is further increased if the cancer was diagnosed in a family member at a younger age (less than 55 years old), or if it affected three or more family members.

In 2010, approximately 218,000 new cases were diagnosed in the U.S. and more than 32,000 men died as a result of this cancer. The number of new U.S. cases could exceed 300,000 per year by 2015.

## **Myth #5: The PSA test is cancer test.**

Incorrect. The PSA tests measures levels of prostate-specific antigen in the prostate, not cancer. PSA is produced by the prostate in response to a number of problems that could be present in the prostate including an inflammation or in-

fection (prostatitis), enlargement of the prostate gland (benign prostatic hyperplasia) or, possibly, cancer. Think of it as a first alert smoke alarm, instead of a fire alarm. The PSA test is the first step in the diagnostic process for cancer. It has made detection of cancer in its early stages, when it is best treated, possible. Experts believe the PSA test saves the life of approximately 1 in 39 men who are tested. Personally, I believe the PSA test saved my life and will continue to save it as we track my response to treatment.

### **Myth #6: A high PSA level means that you have prostate cancer and a low PSA means you do not have prostate cancer.**

Although prostate cancer is a common cause of elevated PSA levels, some men with prostate cancer may even have low levels of PSA. PSA can also be diluted in men who are overweight or obese, due to a larger blood volume, and a biopsy should be considered at a relatively lower number (i.e. 3.5 instead of 4). Again, elevated levels can be an indication of other medical conditions.

### **Myth #7: Vasectomies cause prostate cancer.**

Having a vasectomy was once thought to increase a man's risk. This issue has since been carefully researched by epidemiologists. Vasectomy has not been linked to increasing a man's chance of getting prostate cancer but has led to the prostate being checked by the urologist more often and prostate cancer consequently being detected in the clinic.

### **Myth #8: Treatment for prostate cancer always causes impotence or incontinence.**

While erectile dysfunction (ED) and urinary incontinence are possibilities following surgery or radiation therapy

for prostate cancer, it is not true that all men experience complications. These side effects can also be highly dependent on age and physical condition. Numerous therapies and aids can improve erectile function and limit incontinence following treatment and nerve sparing surgical procedures have improved outcomes for patients as well. When selecting a surgeon, patients should inquire about the surgeon's outcomes for ED and incontinence as well as the number of surgical procedures (open or robotic) performed.

### **Myth #9: Sexual activity increases the risk of developing prostate cancer.**

High levels of sexual activity or frequent ejaculation were once rumored to increase prostate cancer risk. In fact, some studies show that men who reported more frequent ejaculations had a lower risk of developing prostate cancer. Ejaculation itself has not been linked to prostate cancer.

### **Myth #10: You can pass your cancer to others.**

Prostate cancer is not infectious or communicable. This means that there is no way for you to "pass it on" to someone else.

### **What men can do about prostate cancer.**

The first step in dealing effectively with prostate cancer is knowing the facts and eliminating confusion. Recent studies have shown that lifestyle decisions such as maintaining a healthy diet and regular exercise, such as walking 30 minutes a day, may also play a pivotal role in reducing the risk of getting prostate cancer and surviving it if you get the disease. Talk to your family and friends about prostate cancer and, if you are over 40, talk to your physician to develop a prostate health and screening plan that is right for you.

## **Testosterone Replacement: Yea or Nay? - Thinking outside the box . . .**

**A reader asks: *Is it true that testosterone replacement therapy can increase the risk of prostate cancer? Here's what the research suggests.***

A study from Johns Hopkins published in BJU International found that older men with high levels of free testosterone in their bloodstream were more likely to develop aggressive prostate cancer. This supports the idea that supplemental testosterone might be harmful.

But other studies have linked low testosterone levels to an increased risk of prostate cancer, worse five-year survival rates, higher Gleason scores and more cancerous samples on biopsy — as well as worse pathological stage.

*How can this be?* It's well known that men with higher testosterone levels are more likely to develop prostate cancer. The question is whether this truly implicates testosterone.

For example, it's possible that prostate cancer cells secrete an androgen inhibitor that lowers levels of testosterone in the bloodstream. Or testosterone therapy might influence the body differently over time. For instance, testosterone might offer some protection against prostate cancer in younger men without cancer cells, and promote its progression in older men who already have cancerous cells.

Until more is known, we recommend avoiding testosterone therapy unless it's essential to your well-being. A recent study in the Journal of the American Medical Association found that testosterone therapy failed to improve quality of life, so there seems to be no reason for most men to use it.

## Relieving Prostate-treatment Side Effects in a Flash

If you think that hot flashes are solely the domain of women going through menopause, a conversation with a man undergoing prostate-cancer treatment will quickly change your mind.

In fact, the treatment for prostate cancer—which is designed to keep the cancer in check by overriding the hormone testosterone—can lead not only to hot flashes but also to heart palpitations and anxiety.

And, of course, to make matters worse, the usual treatment for the hot flashes and other side effects is to dose the already-suffering guy up on antidepressants that come with a slew of their *own* side effects, including sleeplessness, dry mouth, nausea, appetite problems, and impotence.

Talk about adding insult to injury!

But I'm excited to report that there's some new hope for natural relief from the hot flashes and that surprisingly that hope comes in the form of a very old practice.

A study published in the April issue of the *International Journal of Radiation Oncology, Biology, and Physics* concluded that *acupuncture* not only is a very effective way to combat the side effects of prostate-cancer treatment...especially hot flashes...but also provides *long-lasting* relief.

Researchers gave a small group of men, who were experiencing hot flashes as a result of hormone therapy for prostate cancer, 30-minute acupuncture sessions twice a week for four weeks. In just two weeks after receiving treatment, the men's average hot-flash score (HFS) was slashed by more than 50%...dropping from 28.3 down to 10.3.

By six weeks after the treatment had concluded, the group's average HFS had plummeted to 7.5! And the drop didn't even stop there. Eight months post-treatment, the average HFS not only hadn't started to rise again but also had actually dropped another half of a point down to 7.

Those numbers sounds like blessed relief to me. In light of the alternative...a side-effect-riddled antidepressant path...it looks like acupuncture is definitely worth considering. Besides, with its long track record of successful stress and pain relief, you'll likely receive benefits that go well beyond hot-flash help.

On and don't forget that many insurance programs now cover acupuncture treatments, so be sure to check your plan to see if all or some of your treatment costs may be covered.

In the meantime, encouraging you to think of them *not* as hot flashes but rather as your inner child playing with matches,

Alice Wessendorf

## ***There's Still Time To Register For Your Relay For Life Survivors' Victory Lap***

Cancer survivors and caregivers are also invited to a special Survivors' Reception.

Event Location: Pickering College, 16945 Bayview Ave., Newmarket

Date & Time: June 24-25, 2011, 7:00 pm-7:00 am.

Reception at 5:00 pm

Opening ceremonies begin at 7:00 pm

For more information, contact Karen at Holland River Unit, 30 Prospect St., Suite. 101, Newmarket, Tel. (905)830-0477 or register on line at [www.relayforlife.ca](http://www.relayforlife.ca)

**Derek Lawrence , one of our founding members tells everybody in the May 26th Era Banner "listen to your body, talk to your doctors about bone pain. If it's not right you need to get to the bottom of it." If you didn't see his article, there will be a copy on the table at the next meeting.**