

CANADIAN PROSTATE CANCER SUPPORT GROUP

Newmarket, Ontario

Volume 12, Issue 1, September 15th, 2007

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

Well we're back again. This September 20th meeting marks the beginning of our twelfth year as a support group in Newmarket. We're also celebrating the twelfth year for this newsletter. We've invited Monique Patenaude, the Director of the new Southlake Regional Cancer Centre Program, to this meeting. Monique will give us an update on all the services the new centre will provide and she will also give us a preview glimpse of the state of the art new equipment they are installing there. On page two of this newsletter we have the notes from Jaqueline Hornick, the Dietician Specialist for the cancer wing of South Lake Hospital. Here's you a chance to compare your lifestyle changes through the summer with her June message to you.

Meeting Date: September 20th, 2007

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

Time: 7:00 to 9:00 pm

**Speaker: Monique Patenaude,
Director of Southlake Regional Cancer Program**

Subject: The New Southlake Cancer Centre

Canadian Prostate Cancer Support Group,
Newmarket, Ontario. 905-830-0447

a member of the



Canadian Prostate Cancer Network

Assisted by the Canadian Cancer Society
Holland River Unit
Cancer Information Service
1 - 888 - 939 - 3333

Your Executive

Ron Stevenson, <i>Chairman,</i>	905-836-1701
Dennis Allibon <i>V/C and Publicity,</i>	905-722-6392
Phil Harrison, <i>Secretary,</i>	905-895-1407
Derek Lawrence, <i>Treasurer, Exec. Consultant</i>	905-853-2665
Doug Bowers, <i>Speakers,</i>	905-841-2759
Bill Tuplin, <i>Speakers,</i>	705-458-4881
Frank Kennedy, <i>Newsletter,</i>	905-895-2263
Thomas McCammon, <i>Greeter,</i>	905-478-4012
Ulli Baumhard, <i>Member at large,</i>	905-478-8843
Dan Ho, <i>Member at large,</i>	

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

June notes: **Jaqueline Hornick, Dietician Cancer Specialist**

Subject: Your Prostate Cancer Diet

At our June meeting Jaqueline Hornick, the Dietician Specialist for the cancer wing of South Lake Hospital, spoke on how our diets really have a lot to do with our overall health and for certain our prostate cancer health. Here is what she had to say, does it match up with your eating habits this summer? .

I thought I'd concentrate on what I've found new in the literature and the research in the last two years. I'll review healthy eating and healthy living guidelines and I'll flip it back into practical terms so that you can hopefully walk away tonight with some changes that you might want to consider making in your own lifestyle and your own diet, to your benefit.

Can diet make a difference? The short answer is: Yes! You can actually do something to have an impact on this journey through cancer treatment and cancer survivorship. You can change your diet and lifestyle to hopefully make an impact on this journey.

What's new in research? There's increasing evidence that diet may not only be useful in cancer prevention but also in slowing its progress. There's some preliminary evidence that came out in the Journal of Urology in 2006 that suggested that diet and lifestyle changes can actually lower the PSA level by 4%. They had a group of men who followed diet and lifestyle interventions and a control group, that did nothing different than usual. The intervention group had a 4% decrease in their PSA level and the control group actually increased their PSA level by 6%.

One other thing that really caught my attention of what's new in the last few years is that more and more evidence is pointing to the fact that for all the men who have been diagnosed with prostate cancer, it's likely that prostate cancer is not going to be the cause of their death. It's probably going to be heart disease. So, if I can stress anything tonight, walk away with the message that heart healthy for this group of gentlemen is also prostate healthy. Whatever you can do to take care of your heart is also going to help you throughout your entire journey because chances are that high cholesterol or high blood pressure or the lower HDL levels are going to cause you more problems than the recurrence of your prostate cancer.

Let's review the guidelines for healthy eating. Choose most of the foods you eat from plant sources; lower your intake of high fat foods; limit your intake of salt, alcohol and caffeine; and drink a lot of fluids. I'm sure all of you have heard this before. What is new is the evidence that backs it up and supports it — that gives it more credence, more credibility.

Choose most of what you eat from plant sources: in other words, eat more fruits and veggies, more grains and less meat. I'm not necessarily saying that you have to become a vegetarian but choosing vegetarian options more often would be a wise choice. Why are foods from plant sources more important? First, they're lower in fat. They are also much higher in vitamins, minerals, fibre and anti-oxidants. If you remember, the last time I was here we talked a lot about anti-oxidants. To mention a few: carotenoids, such as lycopene found in

cooked tomato products, has definite positive impact on prostate cancer, it reduces tumour progression and is beneficial in terms of prevention. In response to a question referring to recent articles which cast doubt on the value of lycopene in fighting prostate cancer, Jackie had this to say: Overall, at this point of time from the reading I've done, it's probably still good to recommend lycopene for prostate health.

Isoflavones are also another class of anti-oxidants. The key one that you might be familiar with is Genistein from soy beans. Soy products such as soy milk, tofu, or tempeh are a good food group that prostate cancer survivors should have as part of their diet.

The cruciferous vegetables such as broccoli, cauliflower, Brussels sprouts are a good group to include in your diet.

One of the other classes I'd like to talk about is flavonoids, the main one being catechins which are found in green tea.

The other important anti-oxidant is Selenium which is found in onions, garlic, chives. Any time you can add garlic into a dish, I suggest that you do it as a couple so that one isn't offensive to the other. It's definitely a good source of anti-oxidants.

Fruit and vegetables are also high in fibre and reduce the need for fibre supplements such as Metamucil. Why is it necessary to have a high fibre diet when you're suffering from prostate cancer? We know that fibre actually binds carcinogens in the gut and gets them ready for elimination. So, if a carcinogen is bound to fibre it's not going to be absorbed and not able to do the dirty job it wants to do. You're going to naturally get rid of it. Increased fibre, we know, actually lowers hormone levels that will slow cancer progression. In other words, they turn off the hormones that can cause cancer to spread or progress more quickly. We also know that high fibre diets go a long way to make us feel full longer so we tend to eat fewer calories, which helps our waist line. Anything that helps our waist line has a positive impact on our cardiovascular, in other words, heart healthy. It also has a positive impact on diabetes. If we keep the weight down it's much easier to manage the blood sugar levels. Fibre, particularly soluble fibre, also helps with reducing insulin production and improves blood sugar control. Importantly, soluble fibre also reduces your cholesterol and your blood pressure.

The other thing you're going to get from plant sources is dietary soy. I alluded to it briefly, tofu, tempeh, soy milk, miso. The benefits of this is it's very rich in the anti-oxidants. They will lower your cholesterol and the HDL levels. The anti-oxidants actually inhibit cancer cell growth. So the suggestion is that we should consume one soy product per day. Limit your intake of high fat foods. I'm talking saturated fat, trans fat and total fat. Why are we limiting our intake of high

fat foods? Because fat is the building block for androgens and androgens is another name for hormones and here we're particularly looking at the male hormone, testosterone. So, if we have significantly less fat in our diet, they have done blood tests to show that men will have less circulating testosterone, which is going to reduce the likelihood that your prostate cancer will progress. We know most of these cancers are hormone sensitive.

Fat is also involved in an eicosanoid production, which can actually lead to faster cancer growth. So, if we reduce our fat intake, we could slow down how quickly our cancer will progress.

Practically speaking, telling you to cut down on your fat intake is about as useful as telling me to drive a transport truck. I can't do it but you can reduce your fat intake. Most men in this room are probably eating 1,800 to 2000 calories a day. If the recommendation is to eat less than 30% of your calories from fat, in an 1,800 calorie diet, that translates into 60 grams of fat per day. So, if you start looking at the labels of the products you buy at your store, it should be much easier to figure out how much fat you're getting from actual foods you're eating. If you keep an eye on it, you should be able to hit the target of 60 grams a day or less. When we start breaking it down even more, we're looking at saturated fat being less than 8% of the 1800 calorie diet, or 20 grams of saturated fat a day. The important point to keep in mind is, as you're limiting your saturated fats, it's important to replace them with carbohydrates, especially refined sugars. Some people may say, "I've chosen a cookie that doesn't have a lot of fat in it", but it still has a lot of sugar in it to make it taste good. If we do that and eat a lot of more simple sugars to replace that fat that we're not eating, it can ultimately wind up increasing triglyceride levels. So be cautious when you start limiting your saturated fats, you should replace that fat with another. So look at replacing the fat with omega-3s or omega-9s because we know that the fatty acids in them slow the tumour growth, they also enhance our immune system and they are protective against heart disease. Where do we get these from? From cold water fish, especially salmon, which we suggest a couple of times a week. Another thing is ground flax. It's a wise idea to add one or two tablespoons a day to our diet but make sure you drink a lot of water after to avoid constipation.

Trans fats have been in the news a lot lately. The government is talking about banning them in all commercial products. Just keep watching the labels to control your intake of them. We also want to reduce salt, alcohol and caffeine. The latest recommendations out for heart health is to reduce our sodium intake to 2,000 to 2,500 mg. a day or less. For most of us that means taking the salt shaker off the table, watching the sodium in preprocessed, prepackaged food that we buy, such as those Lipton Sidekicks or any "make-it-easy" pasta dishes, they tend to have a lot of sodium in them. The other one I'm going to pick on is any canned soups. Look for a sodium reduced version. Most of them that aren't reduced have close to 1,000 mg. per serving. There's half your day's

allotment of sodium in one bowl of soup! Let alone if you crunch up six or eight salted crackers with it or have it with a salmon salad sandwich. That's close to your day's allowance in one meal.

Alcohol: one drink a day for men and they're suggesting that, if you are going to consume alcohol at that level, you might want to consider red wine because of the anti-oxidants in it. Limit caffeine to 500 mg. per day. That roughly translates into 2 to 3 cups of home brewed a day. Why are we suggesting limiting caffeine, because it doesn't have a huge impact directly? What they've found is that caffeine acts to enhance cancer formation when its combined with food that's cooked at a high temperature, such as grilled on the BBQ, producing that charred effect. If you need a bit of a jump start in the morning, I would suggest green tea. It has some caffeine but not at the same level as coffee and you do get the benefit of its anti-oxidant properties.

In response to a question on green tea versus black tea, Jackie advised that there are more anti-oxidants in green tea and probably a little more caffeine in the black tea. Overall, probably better than coffee. She recommended taking the tea bag out once the tea is steeped and, if you squeeze the bag, you'll get more caffeine.

Q. What are the best sources for omega-3s and 9s?

A. Omega-3s you'll find in cold water fish and omega-9s in olive oil, walnuts, almonds, and canola oil. Omega-6s are poly-unsaturated but those are the ones we're suggesting are better than saturated fats but, if you can exchange them for omega-3s and 9s, that's probably a healthier option.

Q. When using flax seed, is it better to use the whole seed or the ground flax?

A. To be perfectly honest, I'm not 100% certain. I can tell you that ground flax is much more bio-available, which means it's much more usable by our body than using the whole seed. The whole seed does a good job in terms of keeping our colons clean but, for getting the omega-3s into our body, the ground is the better source.

Q. How do you keep it fresh over a period of time?

A. If you are going to store it, you will keep the oils from breaking down if you freeze it. If you leave it sitting at room temperature the oils will break down faster. The other thing is, don't freeze it in a transparent plastic bag. It's also light sensitive. When you open the freezer, the light comes on so it's better to store it in an opaque bag.

Q. How much is enough fluids per day?

A. 8 to 10 eight ounce glasses a day is enough for optimum health and you're thinking: WOW, that's a lot. A bigger person might want to go even more than that, especially if it's a 35° day and you're outside. That is the general recommendation. This may sound like a lot but, if you follow my other recommendations and eat a lot of fibre, you'll need it. The other reason why it's really important to get enough fluid, is it's not only important to colon health but it also carries nutrients throughout our body and it helps our body eliminate waste. Our kidneys eliminate a lot of waste and process a lot of products in our body which we eliminate through our urine

so, if we're keeping our kidneys well flushed, we're eliminating more waste. Getting enough fluid also helps us regulate our body temperature. In the hot weather, if you haven't had enough fluid, you're going to feel the heat much more. When I'm saying fluid, I'm referring to water, fruit juices — look for juices that have anti-oxidants in them, grape, cranberry, tomato juice (look for the lower sodium version), pomegranate is very rich in anti-oxidants — anything without caffeine. I would also include milk, which contains a lot of vitamin D. However, you need to be careful. Cow's milk has a lot of calcium in it and research is suggesting that men who take in considerable amounts of calcium, greater than what is cur-

rently recommended, it can speed up cancer progression. You can get an adequate amount of vitamin D by spending 10 to 15 minutes out in the sun every day, without sun screen. If you're going to spend longer time in the sun, make sure you protect your body from skin cancer by wearing a sun screen. If you're concerned in the wintertime about vitamin D, you could consider a good vitamin supplement. Jackie closed with these simple Guidelines for healthy living: *Achieve and maintain a healthy weight, be physically active and reduce stress. Most important, watch what you eat. Make sure your diet includes lots of fruit and vegetables and just a little red meat and very little salt, sugar and caffeine*

Questions you should ask your Doctor

- What kind of cancer do I have?
- Is it confined to the prostate or has it started to metastasize?
- Is the tumour aggressive?
- Should I take any other tests?
- What are the treatment options?
- What factors is the doctor considering?
- Which treatment does the doctor recommend?
- What are the advantages and drawbacks of each treatment?
- Do the treatments have long-term consequences and, if so, what are they?
- How likely am I to suffer from these consequences? Can they be prevented or treated?
- What are the chances of curing the cancer?
- Does the doctor have the necessary skills to treat it, or should I consult another expert?
- Do I have to stop working during treatment?
- Do I have to change my life-style during treatment?
- Which practices should I change and why?
- Can I still have a sex life during and after treatment?

Speakers for our 07/08 meetings. Mark these dates on your calendar

- September 20th, Monique Patenaude, Director of Regional Cancer Program, Southlake ,
- October 18th, Dr. Charles Catton PMH, (Post Opr. Radio.Therapy for P.C.)
- November 15th, Dr. Cynthia Maynard, Princess Margaret Hospital
- December 20th, meeting to be announced
- January 17th, to beconfirmed
- February 21st Dr. David Casey, Urologist,
- March 20th Dr. Juanita Crook, Princess Margaret Hospital
- April 17th Durhane Wong-Reiger, Pres. and CEO. Optimizing Health Org.
- May 15th to be confirmed
- June 19th to be confirmed

**The following is a chart that contrasts the differences between
Active Surveillance (AS) and Watchful Waiting (WW)**

	Active Surveillance	Watchful Waiting
Overview	<p>AS is recommended for minimal risk patients, including younger men who wish to postpone or avoid treatment or older men for whom the cancer may never cause problems.</p> <p>AS follows the disease carefully and intervenes with curative therapy (e.g. Surgery, Radiation, Brachytherapy) if cancer shows significant signs of growth.</p> <p>AS may involve lifestyle and dietary interventions to minimize the growth rate of the cancer.</p>	<p>WW is aimed at older men with other health problems that might make some treatments risky.</p> <p>Hormone therapy or transurethral resection of the prostate (TURP) recommended only if cancer starts to spread or cancer starts to obstruct the bladder outlet.</p> <p>Noncurative approach. (Treatments aim to control symptoms, not cure the cancer).</p>
Aim of AS and WW	To individualize treatment	To avoid treatment
Patient Characteristics	Is fit for curative treatment Age 50-80 years	Age 70 years or life expectancy 15 years
Tumor Characteristics	T1c-T2a Gleason Score 6 with no component of 4. Initial PSA 15 ng/ml. Only small amount of cancer should be present.	Any T stage, Gleason Score 7 Any PSA
Monitoring	Frequent PSA testing and Repeat biopsies. 1 year then every 3 years or as deemed necessary	PSA testing unimportant No repeat biopsies.
Indications for traditional treatment	Short PSA doubling time, less than two years or upgrading on biopsy.	Symptomatic progression
Treatment timing	Early	Delayed
Treatment intent	Surgery, Radiation, Brachytherapy, and other treatments for curative intent.	Palliative treatments aimed to control symptoms, not cure the cancer.

Here are three events coming up in October that you might be interested in. These presentations have been going on for seventeen years and usually draw a full house so if you go you need to go early

Dimensions of Cancer

The Toronto Botanical Gardens at Edwards Gardens
777 Lawrence Avenue East at Leslie Street
Presentations begin at 7:30 pm PLEASE NOTE THAT SEATING IS LIMITED

Thursday, October 11, 2007

Imperfect Balance *Beverly Thomson*

Beverly Thomson is the co-host of Canada's most-watched national morning show, CTVs Canada AM. With almost twenty years of news experience as a broadcast journalist in radio and television, Ms. Thomson is passionate about the media's role in society. She believes that her role as a broadcaster carries with it a responsibility to give back to the community. Ms. Thomson will speak about her battle with breast cancer and how she balances work, parenting and other commitments.

Dealing with the Unexpected *Isa Nevsky*

Isa Nevsky is a 13 year survivor of colorectal cancer. Isa will discuss her cancer journey and how, with the help of family, doctors and friends, she survived and healed.

Thursday, October 25, 2007

The Body-Mind-Spirit Connection: Making a Difference on the Cancer Journey

*Rob Rutledge, MD, FRCPC

Dr. Rutledge, a radiation oncologist at the Nova Scotia Cancer Centre and Associate Professor in the Faculty of Medicine at Dalhousie University draws on scientific literature and his clinical experience to show how people facing a cancer diagnosis can empower themselves at levels of body, mind and spirit. Learn about the mind-body connection and practical ways to improve your health and well being. Dr. Rutledge will be selling individual DVD's and DVD sets to help fund the "Skills for Healing" program for cancer patients and family members. (\$20 for individual CDs and \$60 for the set, taxes included. Cash or cheque only)

There's also a meeting on October 18th, titled *Ultimate Foods for Ultimate Health and Don't Forget the Chocolate* but I didn't include it as that is our regular meeting night. If you would like more information about it, just ask.

