

1.5 million Canadian Men Over 50 at Unnecessary Risk for Prostate Cancer

Prostate Cancer Canada recently asked Canadians about their knowledge of prostate cancer. The results were staggering, suggesting 1.5 million Canadian men 50+ are not seeking early prostate cancer testing through the PSA blood test. The survey*, Men At Risk: The Prostate Cancer Testing Gap, shows that while awareness about the importance of early detection is high, Canadian men 50+ are not being tested.

“The gap between awareness and

action means many Canadian men are putting themselves at risk for late prostate cancer detection – when the chance of survival decreases,” says Dr. Rob Hamilton, Prostate Cancer Canada spokesperson and Urologic Oncologist, Princess Margaret Cancer Centre.

“What’s even more troubling is almost one-third of men who know their risk is higher because of their age are not taking the initiative to see their doctors and get tested.”

Prostate Cancer Canada recommends starting PSA testing at age 50 for most men and at age 45 for men who are at an increased risk. When detected early, the survival rate for prostate cancer is close to 100%; detected late, three of four men will be lost.

Key survey findings

Canadian men aged 50+ are in denial

- An estimated 1 in 4 (1.5 million) Canadian men over 50 are not

(Continued on page 2)

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Thanks!

Next Meeting:

Date: Wednesday, January 15, 2020

Speaker: Dr. Premal Patel

Topic: “Dealing with sexual dysfunction and urinary incontinence after prostate cancer treatment”

Location: The First Unitarian Universalist Church of Winnipeg,
603 Wellington Crescent

Time: 7 – 9 pm.

(First hour for general discussion; second hour for expert guest speaker)

*Free Admission Everyone Welcome
Plenty of free parking ☆ Door prizes ☆*



The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

MPCSG – active since 1992.

Thought of The Day

You are so much more than what you are going through.

– John Tew

(Continued from page 1)

seeking early prostate cancer testing through the PSA blood test even though:

- 75% know that prostate cancer is the most common cancer in men
- 72% know that survival is close to 100 per cent when detected early

Canadian men and women are well aware of prostate cancer and its health effects

- Almost one in two know someone who has been diagnosed with prostate cancer: a family member, friend or colleague
 - One in five have been closely affected by prostate cancer, meaning they have been diagnosed or have a father or brother who has been diagnosed
 - 72% know that prostate cancer is the most common cancer among Canadian men
 - 68% know that survival is close to 100% if diagnosed early
- One-third know that 50-59 years old is

the recommended age for a first PSA test for most men

The patient perspective

Chris Watson could have benefited from early prostate cancer testing. When the Oakville, ON native turned 50 in 2010, he asked his family doctor for a PSA test; however, the doctor did not feel it was necessary. Two years later, Chris had the PSA test as part of an insurance exam. His PSA levels were high and a biopsy came back positive for prostate cancer. After following a course of treatment, which included surgery, Mr. Watson is now leading a full life.

Unfortunately, there are many Canadian men whose disease is caught too late. Kate Black's father was one of them – after delaying because his overall health was good, he was diagnosed with late-stage prostate cancer and Kate lost her dad soon after. She is now determined that no other daughter lose their dad to this disease, and encourages men to speak

with their doctor about whether the PSA test is right for them.

“This gap between knowledge and action is why Prostate Cancer Canada continues to push for men and their families to talk about the risks of prostate cancer and the importance of early detection with their health care professional,” says Peter Coleridge, President and CEO, Prostate Cancer Canada.

“Men need to take action to prevent them from dying of a largely treatable cancer.”

**This survey was developed and conducted by Prostate Cancer Canada from May – July 2019. The survey is consistent with a margin of error of plus or minus 1.37%, 19 times out of 20.*

2019-09-26

Source: <https://www.prostatecancer.ca/Prostate-Cancer-Canada-Blog/September-2019/1-5-million-Canadian-men-over-50-at-unnecessary-ri>

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Screening Men With High Genetic Risk of Prostate Cancer Could Prevent Up to One in Six Deaths

SCREENING men with a high genetic risk of prostate cancer will prevent up to one in six deaths, researchers claim.

The process would involve a one-off DNA test used to estimate the chances of contracting the disease at different ages, they say.

Men at a certain level of risk would have a blood test every four years to detect signs of cancer.

It would be the most efficient way of catching patients early, with the fewest false diagnoses, say University College London researchers.

Their analysis shows it would prevent 1,800 deaths — about 15 per cent of the total — a year.

The researchers say a national screening programme like those for breast and cervical cancer would be too expensive and may result in unnecessary treatment.

They suggest screening men whose risk of prostate cancer within the next decade is above four per cent.

It is likely to capture up half of men aged 55 to 69.

Researchers claim that screening men with a high genetic risk of prostate cancer could prevent 1,800 deaths a year

High-risk patients should be blood-tested every four years to detect the signs of prostate cancer

“Our study shows that targeted screening can reduce unnecessary diagnoses while helping to prevent people dying from the disease by enabling earlier detection.”

But Dr David Montgomery, of Prostate Cancer UK, said current diagnostic tests are not reliable enough.

Shaun Wooller 20 Dec 2019

Source: www.thesun.co.uk/news/10599096/dna-test-prostate-cancer-lifesaver-deaths-men/

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Notice to recipients of the printed version of this newsletter:

We are exploring ways to reduce costs while continuing to meet the information needs of our readership. To do this we are testing the effectiveness of providing meeting information for two months in one printed issue. That's why there are two meetings listed on the front page of this issue. There will not be a printed version of our newsletter in the months of February, April and June.

Information about our speakers for these months will be published in the previous month's issue (Jan, Mar and May).

We welcome feedback from our readers and anticipate getting back to our regular monthly print schedule beginning in July. The electronic version will still be available each month and can easily be accessed on our website (manpros.org). We urge you to convert to email receipt of our newsletter if at all possible.

Thank you.

The Board

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2019 Wind-up Potluck Xmas Party

It was a wonderful wind-up to a successful year. On Wed November 20th we held our annual Christmas party. There was no expert speaker, no serious thinking about weighty medical matters, only fun stuff. Lots of good food, a lively musical group singing song after song that took the audience down memory lane, along with an extended opportunity for good fellowship made it a most pleasant evening.

A surprise feature was that some members of the musical group brought their delightful children dressed as elves who mingled freely through the crowd, hopping, skipping, and dancing amidst the "older folk" sitting around the tables, enjoying it all. Two hours flew by and then it was over, but the warm feelings lingered on.

That's it for 2019. Next year's program begins on 15 January. *Don't miss it :-)*



Photo legend: *Campfire Junkies musical group complete with Santa's elves who delighted the audience with their enthusiastic performance antics.*

'Cancer Isn't Allowed in The Weight Room' : *Power lifter powers through prostate cancer*

This is where his 22 years of battling prostate cancer disappear by sheer iron will.

It happens beneath the plated metal poised on the bench press in the bowels of Harrisburg's century-old YMCA. The basement weight room is appropriately dubbed the dungeon.

There, power lifter Gerald "Jake" Burke, age 75, takes position underneath 260-plus pounds. He wraps his hands tightly around the bar. His eyes narrow, focusing on the weight. He sucks in a deep breath and his whole body tenses as he jerks the weight from bench's rack.

Metal clangs. The heavy load now dangles directly above his broad chest.

His muscles quiver slightly as if in anticipation.

After a single frozen moment holding the weight, he lowers it all the way down to his fully flexed pecs.

Then, all the strength coiled up in his entire torso surges into his hands, pushing the load back into the air.

Voices from all around bark into his ear. "It's you! Up, up, up! You got this, Jake!"

Everything is in the lift now. There are growls and grimaces. His face contorts and reddens. His mouth disappears into a tightly clenched line.

The bar rises until it reaches the height of his fully-locked arms. He releases a relieved, exhausted exhale as a spotter grabs for the bar, guiding it back to the rack.

Jake's prostate cancer, which has

roared back following a long remission, is completely gone, if only for the moment.

"Cancer isn't allowed in the weight room," Jake explains later in a PennLive interview. "If it's not in my mind, it's not there. I'm not thinking about it."

This has been his secret weapon for beating cancer for 22 years now. In fact, Jake took up power lifting when he was first diagnosed in his early 50s. He was reluctant, but Long-time YMCA power lifter Steve Fink convinced him to give weight training a chance.

"Steve said, 'do you want to try this?'" recalled Jake, who resides in Harrisburg. "I said, 'you're crazy. I can't do that'."

Turns out, he could.

WATCH: Jake works out the dungeon's newest member, Brent Stine, 70

The first time Jake wrapped his hands around a bar, the number on the weights was about 95 pounds.

But he kept at it, eventually competing in 60- and 70-year-old categories in regional, national and international power lifting competitions. This culminated in a second place in the bench press at an international event in South Africa in 2014. There were 304 pounds on the bar.

Jake's personal best bench press in competition is 330 pounds. In the gym, it's 350. Steve, who was spotting him at the time, confirms this.

Power lifting not only changed Jake's life -- it saved it.

"I thought this was going to be a good way to build up my immune system," Jake said of his initial decision to begin lifting.

Over the years, it has built much more.

The YMCA's basement weight room became Jake's cancer-free refuge. A close-knit group of power lifters who call themselves "the beasts of the dungeon" form Jake's support system -- and he, theirs. Most are in their 50s, 60s and 70s -- a band of brothers battling age.

"What we do is something not a lot of people do at our age,"

Jake said. "We're down here getting it in and living our lives. We're living as strong as we can."

The newest member of those dungeon beasts is Brent Stine of Harrisburg. At 69, he was fresh off a hip replacement that put an end to his running career.

"I thought, 'Geez, is this the end of what I can accomplish?'" said Stine, now 70. "Even though I was not a class runner, it was important for me to go out once in a while and compete in a 5K and go out every day and run."

So as Steve had done for him, Jake brought Brent to the dungeon.

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“We started him out on tens on each side of the bar,” Jake recalled. “We worked our way up. Now, he’s a 235- to 245-pound bencher.”

In fact, Stine just won his age division in the bench press at a power lifting competition in York. He has the medal to prove it.

“He’s my champion,” said Jake, who seems to draw as much satisfaction from other’s success as his own.

“It makes me proud to know maybe I have done something to help somebody accomplish a goal,” Jake said. “It’s about making each and every individual do their best with what they have available to them.”

Age is just another number in the weight room. So is the weight a new lifter starts at. Instead, it’s all about personal progression. The only way to achieve it is to push.

The dozen or so dungeon beasts love to push one another. But Jake, with his baritone voice and drill sergeant staccato, is the best at this, bar none. As such, he’s been dubbed “dungeon master.”

“Sometimes we will be dragging emotionally, and Jake will give us a boost,” said dungeon member David Ellis of Susquehanna Township. At 64, he’s been lifting about five years – another in the AARP demographic brought to the weight room by Jake.

Sure, there are aches and pains, Ellis said. But in one’s 50s, 60s and 70s, this comes with the territory. So why not make it count?

“You’re going to get aches and pains if you sit on the sofa,” Ellis said. “We get a different set of aches and pains. A power lifter’s body hurts. But we’re vital. We’re alive. We’re going after life.”

There’s something truly transformative about one’s body breaking through barriers and gaining strength at any age.

“Something happens inside the body,” Ellis explained. “Something gets released. These feel-good chemicals pulse through the body. You feel good emotionally and you feel good physically. We have a philosophy: Don’t you dare stop pushing.”

This applies to Jake and his ongoing battle against prostate.

Recently, a different set of numbers have dominated Jake’s life. He went from happily charting his ever-heavier lifts to soberly realizing his PSA scores were climbing uncomfortably high yet again.

The chemical cocktails of his cancer treatments have drained Jake’s testosterone and sapped his strength of late.

“When you have prostate cancer, you cannot have any testosterone,” Jake said. “The meds I take take away all my testosterone. Your testosterone may be at 300; mine’s at 12.”

Predictably, the weight Jake can bench press has plunged. His weightlifting goals have changed, accordingly.

Piling on ever-heavier loads in preparation for the next power lifting competition has given way to a more fundamental goal: Beating prostate cancer once and for all.

Simply, staying alive.

It’s a daily war Jake wages in the YMCA weight room, where his fellow dungeon beasts have his back.

“It’s the environment,” Jake said. “It’s the people around you that make you

feel so good. They don’t allow you to feel pity for yourself.”

This is why cancer doesn’t exist in the dungeon. Jake and his fellow beasts won’t allow it.

“I kind of told them about my prostate cancer,” Jake said of his dungeon mates. “But I never let that define my lifting down here.”

This is how he stays strong. It’s why he keeps lifting – and fighting.

His secret weapon is not the dungeon, itself. In the end, it’s just a mirror-walled room filled with iron.

Jake’s true strength is drawn from his beloved beasts, who’ve surrounded and supported him every step of the way.

“It’s the energy they give me,” Jake said. “They possess a lot of energy, and I feed off that energy.”

Then this strong, proud man’s voice cracks with uncharacteristic emotion.

“The main thing is, if I didn’t have these guys and all the support, I probably wouldn’t be here,” Jake said. “Each one of these guys here, without them, I wouldn’t be lifting, and I probably wouldn’t be here.”

But he is here, and Jake says his spirit is stronger than ever.

“I’m still alive after 22 years,” he said. “I’m thankful.”

By John Luciew,
The Patriot-News, Harrisburg, Pa.

Source: <https://www.msn.com/en-us/health/wellness/cancer-isnt-allowed-in-the-weight-room-powerlifter-powers-through-prostate-cancer/ar-BBYhnPZ>

www.pennlive.com

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Prostate Cancer Screening Test 'In Sight'

A large new trial is testing whether MRI scans could be an effective way to screen men for prostate cancer, in a similar way to mammograms offered to women to check for breast cancer.

In this article for the BBC, leading expert Prof Mark Emberton explains why finding a suitable screening method for this common male cancer is vital but has proved difficult so far.

"Prostate cancer is the most common form of cancer in men, with around 130 new cases diagnosed in the UK every day and more than 10,000 men a year dying from the disease.

"Unfortunately, the way we currently spot the disease is not very precise.

"Traditionally, we have used a blood test looking for raised levels of prostate-specific antigen (PSA) and then carried out a biopsy which means taking some tissue from the prostate gland to examine under the microscope.

"But PSA levels are not a reliable indicator of prostate cancer - about 75% of men who get a positive result are not found to have cancer, while it misses the cancer in about 15% of men with prostate cancer.

"So we currently diagnose cancers that are harmless, leading to unnecessary investigations and operations, and we miss cancers that are harmful, leaving the disease to multiply and move around the body unchecked."

Is imaging the answer?

The ReIMAGINE project, which Prof Emberton is part of, is being led by University College London and includes researchers at Imperial College, Kings College London and clinicians at UCLH.

Prof Emberton says: "By using magnetic resonance imaging (MRI), we

hope to change how prostate cancer is diagnosed and then treated.

"We know from international research that MRI can markedly and safely reduce the numbers of men needing an invasive biopsy.

"This research recently led to changes in official health guidelines, with MRI now recommended as the first test for men referred to hospital by their GP with suspected prostate cancer.

"As part of the project, we want to see if MRI could also be an effective tool for screening healthy men, in the same way there are national NHS screening programmes to detect signs of breast or cervical cancer."

How is it being trialled?

From this month, 300 men, aged between 50 to 75 years old, will be randomly selected from London GPs and sent a letter explaining that they can join the trial.

Each patient will be given a PSA blood test and a 10-minute MRI scan.

By combining the results of the PSA test and analysing the MRI images, radiologists and urologists will work together to more accurately diagnose whether a man has signs of prostate cancer or not.

Why is this important?

Prof Emberton explains: "Capturing harmful cancer at the earliest opportunity will lead to quicker treatments, significantly better outcomes for those men affected and ultimately save lives.

"It will also reduce the numbers of men undergoing biopsy, which in turn will reduce NHS costs and free up staff time.

"The other important aspect of the

study will be to examine whether, combined with cutting-edge techniques such as genomics and machine learning, MRI scans can replace prostate biopsies.

"Prostate cancer patient groups are a hugely important part of the study, and the prospect of achieving a large reduction in biopsies is a significant wish - as they can have serious side effects in patients, including pain, bleeding and infections.

"Our team aims to recruit 1,000 men with medium to high risk cancers to find out if MRI can be combined with other high-tech diagnostic tests to predict cancer progression.

"The ultimate aim is to develop tests that are better than biopsies for targeting the right cancer treatment to the right person - including determining if they don't need treatment.

"We are hopeful that, as a result of our study, we might be in a position to get rid of the biopsy and advise men on their risk based on an MRI and a blood test alone.

"Targeting and treating prostate cancer using advanced imaging is one of the most disruptive discoveries I can recall in men's health and draws on multi-disciplinary expertise from university researchers and clinicians across the globe.

"By working together, we can and will continue to make significant breakthroughs in tackling cancer."

By Prof Mark Emberton
Professor of Interventional Oncology, UCL
17 December 2019

Source: www.bbc.com/news/health-50249857

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Complementary Cancer Therapies 'Do More Harm Than Good'

Cancer patients should tell their doctors if they are taking herbal products because some of the ingredients could stop their treatment working, a cancer conference has heard.

Garlic, ginger and ginkgo pills, for example, can delay the healing of skin wounds when breast cancer spreads.

Surgeon Prof Maria Joao Cardoso, said there was no evidence that herbal therapies or creams worked.

If in doubt, it was best not to take anything, she said.

"Doctors need to be more proactive about asking their patients what else they are taking when they are being treated for cancer," Prof Cardoso, head breast surgeon at the Champalimaud Cancer Centre in Lisbon, Portugal, told the BBC.

She said it was particularly important that patients always checked with their doctors first before trying complementary therapies for cancer that had spread to the skin.

This happens in one in five cases of breast cancer - and less in other cancers.

The danger is that many products can interfere with hormone therapy or chemotherapy treatments, and certain ones prolong the blood clotting

process - which can lead to wounds taking longer to heal and more scarring.



She highlighted the following herbal products as examples of those which slow down clotting:

- green chiretta
- feverfew
- garlic
- ginkgo
- ginseng
- hawthorn
- horse chestnut
- Turmeric

'Do no harm'

Prof Cardoso said it was not surprising that patients and their carers went searching for complementary or alternative treatments that might make a difference.

But she said people should know "they could end up doing more harm than good".

"The highest goal in medicine is important to remember: do no harm," she said.

On its website, Cancer Research UK says some complementary therapies might stop conventional treatments working as well as they should.

It also says it is important to avoid some food and drinks such as grapefruit and oranges during cancer treatment, because they can affect how well cancer drugs are broken down in the body.

The charity says: "Talk to your doctor about any complementary therapies you're thinking of using. Tell them before you start having complementary therapy, especially if you're in the middle of a course of cancer treatment."

Grete Brauten-Smith, clinical nurse specialist at charity Breast Cancer Now said: "With a lot of unproven information available online and little reliable research into these products, a discussion with a healthcare professional can ensure a patient has the accurate information they need to make an informed choice."

Speaking at the Advanced Breast Cancer Fifth International Consensus Conference, Prof Cardoso said therapies like yoga, mindfulness, reiki and acupuncture could have a positive impact on patients' quality of life.

14 November 2019

Source: www.bbc.com/news/health-50409431

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Note to readers:

The Prostate Cancer Foundation (PCF) site offers the following interesting and potentially useful material.

You might want to check these out.....

(i) "The Science of Living Well, Beyond Cancer"

Get electronic version (pdf) from
<https://www.pcf.org/guide/wellness-guide/>

(ii) Tool for finding clinical trials

<https://www.pcf.org/patient-resources/patient-navigation/prostate-cancer-clinical-trials/tool/>

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Make payment to: Manitoba Prostate Cancer Support Group;
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FUTURE MEETINGS 2020

19 Feb.
Speakers and topic: Dr. Jeff Saranchuk along with a representative from the Health Science Centre Foundation will talk about **"A Vision for a Manitoba Urologic Centre"**

18 Mar.
 To be confirmed. Watch for it.

All meetings (except September) will be held at :
 The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent

All meetings are 7 – 9 pm.
 (First hour for general discussion;
 second hour for expert guest speaker)

Everyone Welcome Plenty of free parking

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For general information please contact Jos Borsa at number listed above



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