

Medical Advisors

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Thanks!

Thought of The Day

“Courage is not the absence of fear, but rather the judgment that something else is more important than fear.”

– Ambrose Redmoon

Public meetings cancelled until further notice

Covid-19 Update April 2022

Patience is a virtue. Another month has flown by and here we are, still waiting with fingers crossed, hoping that another variant (BA.2 or ???) won't further de-rail resumption of our activities. With luck we can hold a board meeting no later than May followed by a public meeting the month following. Without luck we'll have to hunker down and wait some more. At least we're all becoming increasingly virtuous....

Please watch this space for further developments.

The Board

Some Older Men With Prostate Cancer Do Not Benefit From Surgery Or Radiation

A new UCLA study has found that treating older men with early-stage prostate cancer who also have other major health problems with aggressive therapies such as surgery or radiation therapy does not help them live longer; in fact, it may actually worsen their health status.

The study group comprised more than 140,500 men aged 66 and older who were diagnosed with early-stage prostate cancer from the

Surveillance, Epidemiology and End Results (SEER) Medicare database. The subjects also suffered from multiple major medical conditions such as a history of heart attack, chronic obstructive pulmonary disease (COPD), and diabetes these men did not live any longer after receiving aggressive therapy compared with men receiving no treatment. In addition, they were at risk for side effects such as impotence, urinary incontinence, and bowel

problems secondary to surgery and radiation treatments.

Aside from skin cancer, prostate cancer is the most frequently diagnosed cancer in men. Approximately 233,000 new cases of prostate cancer will arise in the United States in 2014. Among these men, almost 30,000 deaths will occur. For reasons that remain unclear, incidence rates are about 60% higher in African Americans. To

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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.

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evaluate the men, the investigators used the Charlson index, which can be used to predict the 10-year mortality for a patient who may have a variety of other health problems, known as comorbid conditions. For example, a cancer patient with diabetes may score a 1 on the index, while a man with multiple or more severe health conditions might score a 3 or higher.

The men were followed for 15 years after their diagnosis; the study found that prostate cancer patients with Charlson scores of 0, 1 or 2 who were treated with surgery or radiation therapy had a lower risk of dying of prostate cancer compared to men who received no treatment. Study first author Timothy Daskivich, a UCLA Robert Wood Johnson fellow, explained that men with scores of 3 or higher did not have a reduction in risk of death from cancer with aggressive treatment because they did not live long enough to benefit from it and were

more likely to die from something else.

Dr. Daskivich noted, “In the past, we’ve relied on the basic argument that older and sicker men are much more likely to die of other things besides their prostate cancer that exposing them to aggressive treatment and its debilitating side effects is a poor gamble. Now we’ve shown that aggressive treatment of these men is ineffective. This information will help these men better maximize the quality of their remaining years.” He added that prostate cancer patients who have several comorbid conditions could use these findings to decide whether or not to treat their disease.

Dr. Daskivich said, “These findings will also benefit the doctors who are trying to counsel these men on whether or not they should receive treatment,” he said. “The guidelines suggest the men with life expectancies of less than 10 years shouldn’t be treated aggressively, but life expectancy is

difficult to measure accurately. This data clearly defines a subset of patients who should avoid therapies that will only cause them problems they don’t already have.”

The study states: “Aggressive treatment of men with multiple major comorbidities poses both an unnecessary health hazard to these men and an undue burden on our overtaxed healthcare system. Because all aggressive local treatments for prostate cancer may confer side effects that can substantially affect quality of life, aggressive treatment of men who are unlikely to benefit often creates new health problems—impotence, urinary incontinence, bowel dysfunction—while not achieving the primary objective of increasing cancer-specific survival.”

source: www.tunisie-soir.com/health/some-older-men-with-prostate-cancer-do-not-benefit-from-surgery-or-radiation-28337-2022/

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Can a Plant-Based Diet Help Prostate Cancer?

Some research suggests that people with early stage prostate cancer who switch to a plant-based diet can reduce their risk of advanced prostate cancer. Research also shows that a plant-based diet may reduce the risk of a prostate cancer diagnosis overall.

One in 8 men are diagnosed with prostate cancer throughout their life.

Though prostate cancer is a serious disease, some lifestyle changes, like switching to a plant-based diet, may improve outcomes and disease progression.

Here’s everything there is to know about plant-based diets, including how they can impact early stage prostate cancer and how they may be used alongside mainstream treatments for the disease.

What is a plant-based diet?

A plant-based diet revolves around eating foods that come from plants. This includes fruits, vegetables, nuts, seeds, oils, whole grains, legumes, and beans.

Some people who follow a plant-based diet abstain completely from eating animal products, like meat, eggs, honey, and dairy. This is known as a vegan diet.

Others choose to do a mostly plant-based diet, still consuming small amounts of animal products. For example, vegetarians may choose to eat eggs and dairy but not meat or seafood. Others elect to incorporate seafood into their diet plant-based diet.

How can a plant-based diet impact prostate cancer?

Research suggests that healthy plant-based diets may be associated with some benefits for men with prostate cancer.

A Source that included data on more than 47,000 men found that those under the age of 65 who had greater overall plant-based consumption had a significantly lower risk of fatal prostate cancer.

Some research shows plant-based diets may improve disease development risk as well. According to the American Institute for Cancer Research, a large U.S. study found that men following a vegan or strictly plant-based diet were 35 percent less likely to develop

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prostate cancer. However, only men who followed a strict vegan diet experienced these improved outcomes.

By lowering the PSA level, men diagnosed with low risk or early stage prostate cancer can decrease their need for more aggressive treatment.

Plant-based diets with certain foods and beverages that contain compounds that have anticarcinogenic properties include:

- ◇ cruciferous vegetables such as broccoli and cauliflower
- ◇ allium vegetables such as onions and garlic
- ◇ tomatoes
- ◇ whole grains
- ◇ green tea

Plant-based foods also have anti-inflammatory and anti-oxidative effects, which may be helpful in supporting the overall health of people with prostate cancer.

Eating an animal-based diet that includes a significant amount of red meat or processed meat and little poultry either before or after a prostate cancer diagnosis are associated with a higher risk of all-cause mortality, according to a 2020.

Plant-based diets were found to be cost-effective and also had the potential to treat comorbidities, like diabetes, coronary artery disease, and hypertension.

When a plant-based diet may not be appropriate

So far, studies specific to prostate cancer research show no serious health risk for consuming plant-based diets, regardless of age group. However, if you have difficulty putting on weight, a plant-based diet may not provide enough substantial calories. Unintentional weight loss, as sometimes results from cancer

treatment, can make recovery more challenging. Significant weight loss may lead to fatigue, weakness, and lowered immunity. It's important to speak to your doctor before making any major dietary or lifestyle changes.

Treatment options for prostate cancer Prostate cancer can be treated through a number of mainstream approaches. The type of treatment your doctor recommends will ultimately depend on your health and disease progression.

Prostate cancer that hasn't spread outside of the prostate gland can be removed by surgery. This is a common choice if your doctor determines you have a more serious form of the disease.

Radiation therapy, chemotherapy, targeted therapy, hormone therapy, cryotherapy, and immunotherapy can also be used to slow, extinguish, or treat prostate cancer .

For prostate cancer that has spread to the bones or more serious forms of the disease, the main goal then becomes controlling pain and complications. Drugs that relieve bone pain, such as bisphosphonates or corticosteroids, may be considered.

Is more research needed?

While several studies have suggested that plant-based diets may be beneficial for those who have prostate cancer, more research is needed, particularly for older men.

Favorable outcomes have been identified for men under the age of 65 who consume plant-based diets. For men ages 65 and up, studies on the impact of plant-based eating on prostate cancer risk, progression, and outcome have been mostly inconclusive.

Takeaway

Consuming a plant-based diet, whether

entirely vegan or vegetarian, may have some health benefits for people with prostate cancer.

While a healthy diet paired with exercise, stress reduction, and other positive lifestyle changes can be beneficial for your overall health, plant-based diets in particular may help reduce prostate cancer progression and create more favorable outcomes.

On the other hand, plant-based diets, especially restrictive ones like a vegan diet, aren't appropriate for all people with prostate cancer or for all people trying to reduce their risk of prostate cancer.

If you or a loved one is diagnosed with early stage prostate cancer, talk with your doctor about plant-based diets and whether they can be a helpful part of your overall care plan.

Last medically reviewed on March 18, 2022

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source: www.healthline.com/health/advanced-prostate-cancer/prostate-cancer-plant-based-diet

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Reduced Prostate Screenings May Have Led To More Advanced Cancer, Study Suggests

Many men stopped getting screened for prostate cancer after a federal advisory committee said in 2008 that the tests weren't helpful for those over 74. Then in 2012, it said the evidence supporting tests for younger men was weak too.

But new data suggests that guidance may have been a mistake.

The number of men diagnosed with advanced prostate cancer has risen by more than 40% over the last decade, potentially because those cancers weren't caught earlier with prostate-specific antigen, or PSA, screens.

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It's too soon to know whether those advanced tumors will be lethal, but early indications suggest they may be cutting lives short, said Dr. Richard Hoffman, who wrote a commentary accompanying the new research.

"What we learned is there's a consequence" to reducing screening, said Hoffman, a professor of medicine at the University of Iowa Carver College of Medicine in Iowa City.

The panel that writes guidelines for cancer screening, the U.S. Preventive Services Task Force, changed course again in 2018, recommending that men discuss prostate screening with their doctor and make an individual decision based on their risks and fears. Hoffman said he supports that guidance.

PSA tests faced criticism because they

identified a lot of cancers that were never going to cause harm, leading to treatments that did. Therapies routinely left men leaking urine and unable to get an erection.



"There are definite benefits and harms from screening. Men should be offered a chance to make a decision," Hoffman said.

The most recent change in federal recommendations did a good job of reducing overtreatment, said Dr. Inderbir Gill, senior author on the new study. Today, the determination of who should get a PSA test is "far more nuanced," said Gill, executive director at the University of South California Institute of Urology.

To avoid overtreatment today, men are categorized as low-, medium- or high-risk, using a PSA score, along with age, family history and other data.

The roughly 10% diagnosed at high risk are counseled to get immediate treatment, Hoffman said, while about half are offered what's called "active surveillance," which means continuing

to track PSA levels and other measures to catch cancer if it starts to turn dangerous.

Active surveillance, Gill said, gives patients and doctors time to observe any cancer over time, consider options and come to a shared decision about treatment.

"Patients should not be scared that, 'Oh my God, if I start this, I'll end up on the operating table.' Anything but," he said.

H. Gilbert Welch, senior investigator in the Center for Surgery and Public Health at Brigham and Women's Hospital in Boston, said the urology community has done a good job acknowledging the flaws with PSA

screening and addressing them.

"Overdiagnosis was such a huge problem for prostate cancer," said Welch, who studies unnecessary treatments and diagnoses. "Screening always comes with harms."

Some prostate cancers will never do harm while others are so aggressive that even early diagnosis will not prevent them from killing. Screening is intended to catch those tumors in the middle – where early diagnosis will make a life-saving difference – but it can be hard to reach such precision, Welch said.

Prostate cancer causes no symptoms until it has spread beyond the prostate.

Because prostate cancer is so slow-going, Welch said it's still too soon to

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know whether the increase in advanced cancers referenced in the new study will eventually lead to additional deaths.

But reductions in screening occurred shortly before increases in diagnosing later-stage prostate cancer, which is harder to treat and more life-threatening, according to the new study, as well as other research from Europe.

In men 45 to 75 years old, the rate of advanced prostate cancer jumped 41% between 2010 and 2018, the last year data is available. For men 75 and up, the increase was

43%, according to the analysis of data from the annual Surveillance Epidemiology and End Result, which tracks more than a quarter of cancer cases nationwide.

The data included more than 800,000 patients with prostate cancer, 69% of whom were identified as non-Hispanic white men, 15% were non-Hispanic Black men and 9% were Hispanic men.

Diagnoses of advanced cancer had been falling in the early 2000s, particularly among older men. That trend reversed shortly after the recommendations for PSA screening were dropped or limited, according to the study.

The increase was most pronounced among white men, where diagnoses of advanced cancer increased from about 10 to 16 out of every 100,000 younger

men over the study period and from 58 to 93 per 100,000 older men.

Among Black men, the rates jumped from about 29 to 40 per 100,000 younger men, and 97 to 126 in older men. Among younger Hispanic men, rates rose from 14 to 16 per 100,000 and among older Hispanic men from 62 to 90 per 100,000, the study found.



The database does not include information about which men received PSA screens and which didn't, so it cannot determine that the lack of a PSA led to metastatic disease. But the timing of the rise suggests that the reduction in timing led to more advanced disease, said Dr. Mihir Desai, who helped lead the research.

"The rationale for screening is much more sophisticated" than it was a decade ago, wit Desai said. "That's where the shared decision-making comes in."

MRI, which is now available, can help decide which men should undergo biopsies to look for aggressive cancer, leading to less overtreatment, Desai said.

And recent treatment advances mean fewer men will suffer long-term consequences when they are treated, said another co-author, Dr. Giovanni Cacciamani.

Instead of removing the entire prostate every time cancer is detected, oftentimes, only one side of the prostate needs to come out, leaving most of the nerves and the sphincter untouched. In the fraction of men whose cancer recurs after focal treatment, the remainder of their prostate can still be targeted, Gill said.

The researchers said they hope the U.S. Preventive Services Task

Force takes studies such as theirs into account when making recommendations.

"Most men who die of prostate cancer should have the opportunity of being detected and screened when they were potentially curable," Desai said. "Given its slow biological progression, we feel many metastatic cancers could have been caught in a potentially curable stage."

This article originally appeared on USA TODAY: Reduced prostate screenings may have led to more advanced cancer, study suggests

Karen Weintraub, USA TODAY

source: www.msn.com/en-us/health/medical/reduced-prostate-screenings-may-have-led-to-more-advanced-cancer-study-suggests/ar-AAVfNwc

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Mental Health Spotlight: Facing the Stigma of Prostate Cancer

Prostate cancer's impact can run deep and go well beyond the physical challenges associated with this cancer.

Research from 2020 shows that many people with prostate cancer experience stigma and shame.

Some view the disease as "an emasculating journey," while others are reluctant to speak about their concerns or a diagnosis in their homes and communities. This may be due to cultural or religious expectations around keeping such matters private.

Erasing the stigma and shame surrounding prostate cancer is crucial, though. Here's how experts recommend dealing with stigma and where to go for support.

Stigma of prostate cancer

Prostate cancer stigma can come in many forms. It can also lead to a barrier to self-disclosure.

"The biggest stigma I believe men have when diagnosed with prostate cancer is the perception of diminished or damaged masculinity," says Russel Z. Szmulewitz, MD, associate professor of medicine and director of the genitourinary oncology program at the University of Chicago.

"Men don't know much about prostate health, but the association is that it is linked to sexual health. The diagnosis, therefore, comes with the stigma of impaired sexual health," says Szmulewitz.

The stigma of impaired sexual health, in particular, can lead men to avoid

screening for prostate cancer, Szmulewitz explains. Some even refuse lifesaving or life-prolonging treatment due to sexual health implications, which can potentially include blood in semen and penile shortening.

Others may seek suboptimal, less-effective treatment options with the hope of preserving sexual function.

Dr. Murugesan Manoharan, chief of urologic oncologic surgery at the Miami Cancer Institute, says prostate cancer stigma can affect all corners of one's life.



"This results in internalization of stigma that negatively affects self-esteem, self-image, and personal relationships with others," he says.

It can also increase social isolation or spark feelings of self-blame and depression, Manoharan adds.

Many men face stigma and shame over prostate cancer's effects on urinary function as well, as some treatments result in urinary problems such as incontinence. There is additional stigma surrounding medical examinations, too.

"There is a stigma associated with the digital rectal examination that is per-

formed to feel the prostate," says Kelvin A. Moses, PhD, FACS, associate professor and fellow director of urologic oncology at Vanderbilt University Medical Center. "Men don't like the idea of this, and may feel that this is a threat to their masculinity or sexuality."

Moses adds that stigma can occur "when men get a biopsy, which is frequently performed through the rectum, but is increasingly done through the skin between the anus and scrotum."

How to overcome stigma

The mental health implications of prostate cancer stigma can be serious.

Moses says these feelings can come with a risk of depression or suicide, so it's essential for people to speak up to their healthcare professionals if they experience them. "Treatments for prostate cancer can be devastating men-

tally and functionally for some men," he explains.

The solution, Moses believes, is building awareness.

"The key to reducing the stigma around prostate cancer is education for patients and physicians, setting reasonable expectations, and understanding the options of management for side effects and complications," he says.

Szmulewitz agrees that overcoming stigma starts with education and open dialogue.

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“As a community, we need wives, sisters, and daughters to encourage the men in their lives to talk more regularly about prostate health and prostate cancer,” he says, “specifically with their doctors and with their immediate support communities.”

Yet the biggest impact, Szmulewitz says, can stem from men talking with other men, which can help destigmatize prostate cancer.

“Men who have had prostate exams need to tell their sons, brothers, friends, and cousins about it and why, despite the stigma, they felt compelled to do so,” he says.

Where to get support

Support groups and the opportunity to talk with others with prostate cancer can be an effective way to cope with stigma or the overall treatment journey, Manoharan says.

You can check with your local hospital for prostate cancer support groups. There may also be support groups on Facebook.

The Prostate Cancer Foundation has an extensive list of support group resources as well.

To get support privately, you can also consider working with a licensed mental health therapist to address any depression, anxiety, or feelings of shame that

occur as a result of prostate cancer. Many mental health professionals now offer virtual appointments, which may appeal to some people.

It’s important to maintain or build a social network as well during this time. Maintaining positive relationships with friends, family, partners, or neighbors can help alleviate any feelings of social or self-isolation. Lastly, don’t forget to support yourself.



It’s OK to take time as needed to take care of you and your needs, whether that means doing something you love, taking a break from social media, or resting.

Why destigmatizing prostate cancer is important

Bringing down barriers can encourage more people to do preventive screening, get treatment, and even build awareness about prostate cancer, particularly within marginalized communities at a higher risk of developing the disease.

Recognizing the stigma surrounding prostate cancer is the first step. Finding

ways to overcome it is next in line. Keeping an open line of communication is necessary for fighting back against the unfair stigma.

Of course, this isn’t to say you need to speak openly about your diagnosis with every person in your life.

But the more you talk about your experience — whether with trusted family and friends or others who’ve been diagnosed with prostate cancer — the less chance the stigma will persist.

The takeaway

With open dialogue, communication, and support, the stigma surrounding prostate cancer can be erased. Building communities and fostering connections are also key to reducing shame.

If you or someone you love is facing the stigma of prostate cancer, consider joining a support group, speaking with a medical professional, or simply encouraging conversations about your diagnosis in your own home.

Medically reviewed by Tiffany Taft, PsyD

Written by Ashley Zlatopolsky
March 25, 2022

source: www.healthline.com/health/advanced-prostate-cancer/facing-the-stigma-of-prostate-cancer

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Manitoba Suicide Prevention & Support Line

The Manitoba Suicide Prevention & Support Line is for people who are struggling with suicidal thoughts or feelings, concerned about a friend, family or co-worker, impacted by a suicide loss or suicide attempt.
1-877-435-7170 (1-877-HELP170)

Klinik Crisis Line

The Klinik Crisis Line provides free and confidential counselling, support and referrals for people who are suicidal, in crisis or struggling to cope.
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FUTURE MEETINGS 2021

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 for information
 on the latest status.

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