

## Side Effects of PCa Radiation

Source: Cancer Research UK

### Short term side effects

The main short term side effects from external radiotherapy to the prostate are:

- Bladder inflammation
- Diarrhea
- Sore skin in the genital area
- Loss of pubic hair

### Bladder inflammation

You may find that you have to pass urine more often than usual. And you may have a burning feeling when you

do. This is called radiation cystitis. The radiation has inflamed the lining of your bladder. This may get worse as you go through your course of treatment. But it should get better within a few weeks of finishing. It will help if you drink plenty of fluids. Some people think particular drinks can help, such as cranberry juice. Cranberry juice can increase the effects of warfarin (a blood thinner or anticoagulant). So don't drink cranberry juice if you are taking warfarin.

You may find that some drinks can make the bladder inflammation worse, such as tea and coffee. You can experiment for yourself and see what works for you. These effects usually disappear within a few weeks of finishing your treatment.

### Diarrhea

Diarrhea is a common side effect of external radiotherapy. It is caused by radiation irritating the lining of your bowel. Your doctor can prescribe

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### Medical Advisors

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*Thanks!*

**Next meeting:** February 20, 2014

Dr. Harvey Quon –

Radiation Oncologist, CCMB

**Topic:** Radiation Options & Fractionation  
in Winnipeg.

**Location:** Main Floor Auditorium

Seven Oaks General Hospital

Leila and McPhillips

**Time:** 7 to 9 p.m.



*The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.*

Thought of The Day

Why is there an expiration date on sour cream?

*(Continued from page 1)*

tablets to help slow down your bowel. This should help reduce the number of times you have diarrhea. During the few weeks following your treatment, the diarrhea should gradually get better.

### **Sore skin in the genital area**

Sore skin in the treatment area is not as common as it was because radiotherapy techniques have improved. But the skin between the legs is delicate and can get very sore towards the end of your treatment. You must tell the nurse or radiographer at your treatment centre if you notice reddening or soreness. If your skin becomes very sore, they may need to stop your treatment for a short time.

### **Loss of pubic hair**

Radiotherapy causes hair loss in the treatment area. Sometimes this is patchy, rather than complete hair loss. Hair can grow back, but not always completely. It may take several months for hair to grow back.

### **Long term side effects**

There are some possible long term side effects from radiotherapy to the prostate. These are:

- Inflammation of the back passage (proctitis)
- Frequent, loose bowel movements
- Problems passing urine
- Erection problems (impotence)

Your doctor will not be able to tell you before you are treated whether any of the permanent side effects will happen to you. But some side effects are more likely in some people. The likelihood of long term side effects will also vary depending on the type of radiotherapy you have. Generally speaking, side effects are less likely with internal radiotherapy (brachytherapy). But it is difficult to be definite about this, because many men have a course of external radiotherapy as well as brachytherapy.

### **Inflammation of the back passage (proctitis)**

Inflammation of the back passage (rectum) is the most common long term side effect. Proctitis can cause a feeling of wanting to strain (whether or not you actually need to pass a bowel movement) and bleeding from your back passage. You may also have a slimy mucous discharge from your rectum. Some men only have the straining feeling. Some only have bleeding. Bleeding is usually slight, but can be more severe for some men. Talk to your cancer specialist if you have proctitis. Treatments such as steroid suppositories may be able to reduce the inflammation.

Frequent or loose bowel movements  
Your bowel movements may continue to be looser or more frequent than they were before your treatment. This can come and go for some men. You may need to take anti diarrhea medicines at times. Bulking agents, such as Fybogel may also help. You may find that you have to avoid high fibre foods. Although we think a high fibre diet is the most healthy, it may not be good for you if you have chronic diarrhea. Some men find it best to avoid high fibre vegetables, beans and pulses (lentils for example).

### **Problems passing urine**

Radiotherapy can cause difficulty passing urine. This can happen with internal or external treatment. The treatment causes a narrowing of the tube from the bladder to the penis. The narrowing is called a stricture. It can make it difficult for you to pass urine and in an extreme case, you may not be able to pass urine at all. You can have treatment for this. The stricture is stretched under anesthetic during a short operation. Between 5 and 8 out of every 100 men need this operation. Some men may need more than one operation. Leakage of urine (urinary incontinence) is rare nowadays. But it is more likely if you have previously had a TURP

operation. Radiation damage can cause slight leaking, or a more severe problem, with complete lack of control of urine. But this is very rare. If you have any incontinence, your doctor should be able to try medicines to see if they help and they can refer you to a specialist incontinence service.

With high dose rate internal radiotherapy (brachytherapy) research studies have reported that between 1 and 14 men out of every 100 treated have some problem with leaking urine within 3 to 5 years of the treatment. Erection problems (impotence)  
Radiotherapy can damage the nerves that control getting an erection. Up to 7 out of every 10 men (70%) will no longer be able to get or keep an erection after external radiotherapy treatment for prostate cancer. If you have hormone therapy either before or after your radiotherapy, this further increases the risk of impotence. Whether you have problems getting and keeping an erection after internal radiotherapy (brachytherapy) depends on your age and whether you have other health conditions. If you are under 65 when you are treated, impotence is less likely than if you are over 70.

With low dose rate brachytherapy, research studies have shown that in men who could have erections before treatment, between 15 and 40 out of 100 have erection problems after treatment. The studies showing the higher levels of erection problems probably included a higher proportion of older men.

For combined high dose rate brachytherapy and external beam radiotherapy, the statistics on erection problems vary a great deal. One difficulty is that the studies don't all use the same definition of erectile difficulty or impotence. Studies report that between 14 and 45 men in every

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100 treated have some degree of problem. In older men, up to 76 out of every 100 had erection problems 7 years after treatment.

If you have problems with getting an erection after treatment you should tell your doctor as soon as possible. Early treatment makes it more likely that it will work. Ask your doctor if you can try

drugs such as sildenafil (Viagra). These drugs can help some men if they are started early after radiotherapy.

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## NCCN Risk Classification and Management Options

The National Comprehensive Cancer Network (NCCN), an association of 21 cancer treatment centers, convenes expert panels to make recommendations for diagnosis and treatment of cancers, including prostate cancer. The NCCN recommends that after a diagnosis of prostate cancer is made, the man should be categorized in one of four categories to help determine optimal management. The 4 recognized categories are listed below. The determination is based on PSA level, prostate size, needle biopsy findings and the stage of cancer. The choice of prostate cancer treatment is based in part on the likelihood, or risk, that your tumor will grow and spread to other parts of your body.

**VERY LOW RISK GROUP** – 15% of newly diagnosed cases.

- Stage T1c
- Prostate-specific antigen (PSA) less than 10 ng/mL
- Gleason score 6 or less and not more than two cores with cancer
- Less than 50 percent of core involved

with cancer  
· PSA density less than 0.15

### NCCN management recommendation:

- Active surveillance when life expectancy is less than 20 years.

**LOW RISK GROUP** – 35% of newly diagnosed patients

- Stage T1c or T2a
- PSA less than 10 ng/mL and
- Gleason score less than 6

### NCCN management recommendation:

- Active surveillance when life expectancy is less than 10 years.
- Active surveillance, surgery or radiation when life expectancy is more than 10 years.

**INTERMEDIATE RISK GROUP** – 40% of newly diagnosed patients.

- Stage T2b-T2c or
- PSA 10 to 20 ng/mL or
- Gleason score 7

### NCCN management recommendation:

- Active surveillance or external

radiation with/without hormonal therapy, with/without brachytherapy or surgery if life expectancy is less than 10 years.

- Surgery or external radiation with/without hormonal therapy, with/without brachytherapy if life expectancy is 10 or more years.

**RISK GROUP: HIGH** – 10% of newly diagnosed cases.

- Stage T3a or
- PSA 20 ng/mL or higher or
- Gleason score 8 or higher

### NCCN management recommendation:

- Surgery or radiation plus hormonal therapy.

Adapted from Mohler J, et al. NCCN Clinical Practice Guidelines in Oncology: Prostate Cancer. Journal of the National Comprehensive Cancer Network.

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### Free Book:

## ***Prostate Cancer –Understand the Disease and its Treatment***

by Dr.'s Fred Saad and Michael McCormack

This is a 206 page book, written by 2 Canadian urologists practicing in Montreal. This simple, concise, practical guide helps patients understand PCa. It is a source of information that covers early diagnosis and the treatment options available, including their side effects and complications. Now in its 3<sup>rd</sup> printing, it is an indispensable reference book.

I have 10 books to give away – 5 to rural Manitoba and 5 to Winnipeg. I will accept emails dated on, or after, February 15<sup>th</sup> (Everyone should have received their newsletter copies by this date). The first 10 people to send an email to me with your name, address, and telephone number will receive the book. Please put "To the Editor" in the subject line of your email and send it to: [manpros@mts.net](mailto:manpros@mts.net)



This book is given courtesy of **Sanofi pharmaceuticals** and **The Manitoba Prostate Cancer Support Group**.

June Sprott - Newsletter Editor

*P.S. Watch for "free books" in upcoming newsletters!*

## CANCER FATIGUE: *Why it occurs and how to cope*

By Mayo Clinic staff

Fatigue, usually described as feeling tired, weak or exhausted, affects most people during cancer treatment. Cancer fatigue can result from the side effects of treatment or the cancer itself.

### Causes of cancer fatigue

Cancer fatigue may be caused by many factors, and the factors that contribute to your cancer fatigue may be completely different from those of someone you know. Possible contributing factors include:

=> **Your cancer.** Your cancer can cause changes to your body that can lead to fatigue. For instance, some cancers release proteins called cytokines, which are thought to cause fatigue. Other cancers can increase your body's need for energy, weaken your muscles or alter your body's hormones, all of which may contribute to fatigue.

=> **Cancer treatment.** Chemotherapy, radiation therapy, surgery, bone marrow transplantation and biological therapy may all cause fatigue. You may experience fatigue when chemotherapy or radiation therapy destroys healthy cells in addition to the targeted cancer cells. Fatigue may occur as your body tries to repair the damage to healthy cells and tissue. Some treatment side effects — such as anemia, nausea, vomiting, pain, insomnia and changes in mood — also may cause fatigue.

=> **Anemia.** You might develop anemia if your treatment destroys too many healthy red blood cells. You can also develop anemia if the cancer has spread to your bone marrow and interferes with blood cell production or causes you to lose blood.

=> **Pain.** If you experience chronic pain, you may be less active, eat less, sleep less and become depressed, all of which may add to your fatigue.

=> **Emotions.** Anxiety, stress or depression associated with your cancer diagnosis also may lead to fatigue.



=> **Lack of sleep.** If you're sleeping less at night or if your sleep is frequently interrupted, you may experience fatigue. Poor nutrition. In order to work efficiently, you need the energy that a healthy diet provides. When you have cancer, changes can occur in your need for and ability to process nutrients. These changes can lead to poor nutrition, resulting in fatigue. For example, you may need more nutrients than usual or you may not be able to process nutrients adequately. You may also take in fewer nutrients if your appetite wanes or if treatment side effects, such as nausea and vomiting, make it difficult to eat.

=> **Medications.** Certain medications, such as pain relievers, can cause fatigue. Lack of exercise. If you're used to being on the go, slowing down can make you feel fatigued. Though you will have good days and bad days, try to maintain your normal level of activity if you can.

=> **Hormonal changes.** Many hormonal changes can occur during cancer treatment. Hormonal therapies may modify hormones as a way to treat cancer. Hormonal changes also may occur as side effects of treatments, such as surgery, radiation therapy or chemotherapy. Changes to the thyroid gland, adrenal glands, testes or ovaries can all cause fatigue.

Not everyone who has cancer experiences fatigue. And if you do, the level of cancer fatigue you experience can vary — you may feel a mild lack of energy, or you may feel completely wiped out. Your cancer fatigue may occur episodically and last just a short while, or it may last for several months after you complete treatment.

### When to contact your doctor

Some fatigue during cancer treatment is to be expected. But if you find that cancer fatigue is persistent, lasting weeks, and interferes with your ability to go about your everyday tasks, tell your doctor. Tell your doctor right away if you experience:

- => Confusion
- => Dizziness
- => Loss of balance
- => Inability to get out of bed for more than 24 hours
- => Severe shortness of breath
- => Worsening signs and symptoms

### Coping strategies: Medical treatments and self-care

Because cancer-related fatigue may be caused by many factors, your doctor may suggest more than one method to reduce and cope with your symptoms. These may include self-care methods and, in certain cases, medications or medical procedures.

### Medical interventions

Medications may be available to treat the underlying cause of your fatigue.

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For instance, if your fatigue is the result of anemia, blood transfusions may help. Medications that stimulate your bone marrow to produce more red blood cells might be another option, though, as with any medicine, these medications must be used with appropriate cautions.

If you're depressed, your doctor might suggest medications that can help reduce fatigue, increase appetite and improve your sense of well-being.

### Self-care options

Coping with fatigue might require things you can do on your own. You might try to:

⇒ **Take it easy.** Set aside time in your day to rest. Take short naps — no longer than an hour — throughout

the day rather than resting for one long period.

⇒ **Conserve your energy.** Save your energy for your most important activities. Keep track of the times when you feel your best, and plan to do your important activities during those times. Ask for help when needed.

⇒ **Maintain your energy.** Drinking lots of fluids and eating well can help keep your energy reserves up. Limit or avoid caffeine and alcohol. If nausea and vomiting make it hard to eat, talk to your doctor about these side effects.

⇒ **Get moving.** When you feel up to it, light exercise throughout the week may help you preserve your energy level. But keep in mind that once you start feeling fatigued, it may be too late to start an exercise program because it's

hard to find the energy to get going. Instead, exercise regularly as you start treatment. You'll get in the routine of exercising, and it may even help you prevent fatigue during treatment.

⇒ **Speak up about your fatigue** Don't assume the fatigue you're experiencing is just part of the cancer experience. If it's frustrating you or affecting your ability to go about your day, it's time to talk with your doctor. Though fatigue is a common symptom when you have cancer, there are steps you can take to reduce or cope with your condition. If you're feeling fatigued, talk with your doctor about what factors might be causing your fatigue and what you can do to improve them.

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## Prostate Cancer Specialists

The treatment of prostate cancer often requires the expertise of many medical specialists. Depending on your own case, doctors you may see include:

**Urologist.** A urologist is specially trained to treat problems affecting the urinary tract (kidneys, ureters, bladder, urethra) and disorders of the male reproductive system. Some urologists, called urologic oncologists, are surgeons who further specialize in treating cancer of the urinary tract and male reproductive organs.

**Radiation oncologist.** A radiation oncologist specializes in the use of radiation therapy to treat cancer. He or she develops the radiation treatment plan, monitors patients while they are receiving radiation therapy, and treats any side effects from the radiation.

**Medical oncologist.** A medical

oncologist specializes in treating cancer with medical therapies, such as chemotherapy and hormone therapy. Medical oncologists also handle the general medical problems that may arise during the disease.



Other medical specialists that may be involved in your care include:

**Oncology Nurses.** These are nurses who specialize in caring for patients with cancer.

**Dietitians.** Dietitians assist in managing nutrition related to cancer and treatment.

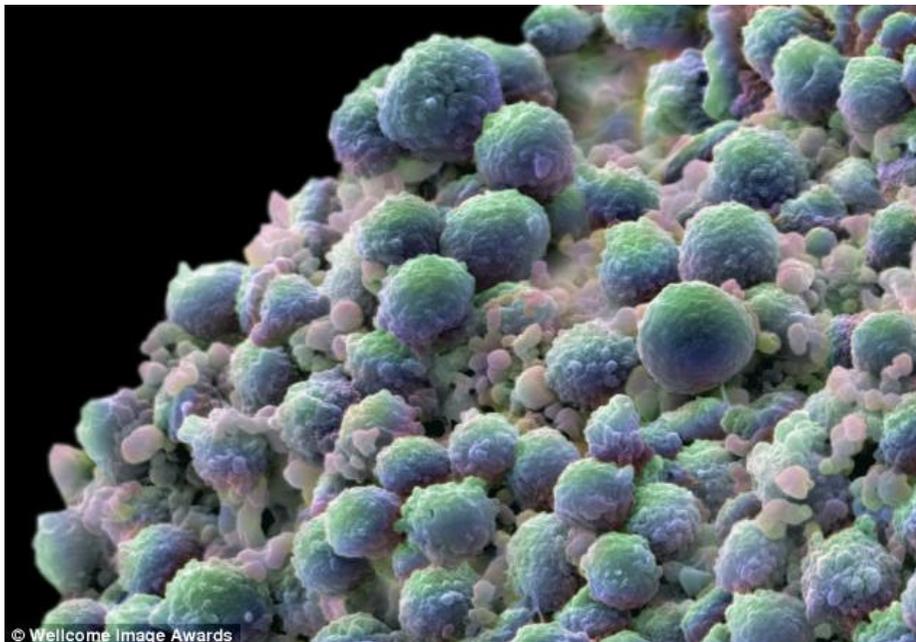
**Physical Therapists.** These health professionals are trained to use rehabilitation treatments to restore function and prevent disability following disease, injury, or loss of a body part.

**Occupational Therapists.** These therapists work with patients to help them improve the activities of daily living.

**Psychologists or counselors.** Both professionals help patients and their families cope with cancer and treatment.

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## Enzalutamide – New PCa drug approved in UK



Prostate cancer, as pictured here under a microscope.

A drug for prostate cancer victims who have run out of other treatment options has been approved for use on the NHS.

Enzalutamide extends life by at least five months for men who have stopped responding to hormone treatments or chemotherapy.

Doctors hope the substance – developed in the UK – will help turn prostate cancer from a killer disease into a chronic illness with much longer survival rates.

Trials show men taking the drug lived for five months longer than they would have done, with almost half having a better quality of life as a result.

The drug was created by British scientists at the Institute of Cancer Research (ICR) and the Royal Marsden Hospital, London.

Professor Alan Ashworth, chief executive of the ICR said: ‘Advanced

prostate cancer is very difficult to treat, and it’s taken a co-ordinated effort to finally bring new drugs into the pipeline, after decades where there were no options once old-style hormone treatment stopped working.

‘What we’re seeing now is an unprecedented period of success for prostate cancer research, with four new drugs shown to extend life in major clinical trials in just two years, and several others showing promise.

‘It truly is a golden age for prostate cancer drug discovery and development.’

Enzalutamide was assessed in 1,199 patients with advanced

prostate cancer who had previously received chemotherapy.

Survival with enzalutamide was 18.4 months on average, compared with 13.6 months for men receiving a placebo.

Around 43 per cent of men taking the pill reported an improved quality of life, compared with 18 per cent of men taking a placebo, says a report in the *New England Journal of Medicine*.

The trial went so well that an independent monitoring committee recommended it be stopped early in November last year so the men who received the placebo could be offered enzalutamide.

Professor Carole Longson, of the Centre for Health Technology Evaluation at Nice, said: ‘There are few treatments available for patients at this stage in their cancer so we are very pleased that we are able to produce draft guidance recommending enzalutamide.’

Source: Health; Daily Mail, Online. UK

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## Dairy and Prostate Cancer

### Does whole milk increase the risk?

“The dairy story can be confusing,” says June Chan, professor of epidemiology & biostatistics and urology at the University of California, San Francisco.

She and others followed nearly 4,000 health professionals with localized prostate cancer for eight years to see which men were more likely to “progress.”

“Men who drank whole milk more than four times a week had about twice the risk of lethal prostate cancer compared to men who rarely or never drank whole milk,” says Chan. “But there was a



suggestion of a reduced risk for low-fat dairy intake.”

Similarly, when researchers tracked

nearly 22,000 physicians—including 2,800 who were diagnosed with prostate cancer—for 28 years, “they saw an elevated risk for prostate cancer death with whole milk intake,” notes Chan.

Although something else about men who drink whole milk may explain the link, there’s good reason to avoid it.

“We don’t recommend whole milk because of the cardiovascular risks associated with a high saturated-fat intake,” says Chan.

Source: *Cancer Epidemiol.* Nov. 20, 2013

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## Cancer Gene Therapy

By Michele Paduano - BBC Midlands health correspondent - 23 October 2013

Doctors in Birmingham have started a trial of a new gene therapy treatment they hope will help fight prostate cancer.

Injected directly into the tumor it is designed to stimulate the body's own immune system. Bernard Ward, 68, from Birmingham was the first patient in the world to receive the new procedure. He is one of 20 patients taking part in the first phase of a trial by University Hospitals Birmingham. The initial trial is designed to establish whether the treatment is safe for clinical use.

Mr. Ward has suffered from prostate cancer for six years and standard treatments are no longer working. "I just hope it works. I don't have any

choice but to try this treatment because I haven't got anything else," he said.

Under general anesthetic, urology specialist Prashant Patel injected Mr. Ward with a virus, engineered from the common cold, directly into the prostate cancer tumor. A gene attached to the virus (GM-CSF) is then released by the virus which activates the body's own immune system attracting white blood cells to attack the cancer.

At the same time the virus carries an enzyme - nitroreductase - which sits inside the cancer cell. Two days after the injection, Mr. Ward will be put on a drip which contains a cancer drug (CB1954), which is initially inactive. However, when the drug comes into contact with the enzyme, it reacts and starts killing the cancer cells.

### 'Like moon landings'

The inactive drug, CB1954, does not

harm healthy cells, which do not have the enzyme inside. It has taken 15 years of work at the University of Birmingham to engineer the project to make the treatment and get approval for the first human trial from the Medicines and Healthcare Products Regulatory Agency. In studies on mice, the treatment, developed by the Cancer Research UK Clinical Trials Unit, managed to completely eradicate the prostate cancer. Mr. Patel is hopeful that it could provide real hope for patients who are running out of treatment options.

"If this works, a few years from now, we could be using the patient's own immune system in this way to fight early onset prostate cancer so that patients won't need painful treatments or even surgery."

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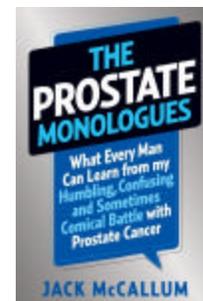
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*Credit card donations can be made by going to our website at [www.manpros.org](http://www.manpros.org) and clicking on the donate tab. Canada Helps will issue a tax receipt.*

## Recommended Reading



Prostate cancer is the second most common cancer among men and the second most fatal. Worse than the obvious commonality and mortality of the disease, though, is the fact that prostate cancer can rob a man of his manhood. Accordingly, McCallum handles the subject not only with care and knowledge, but also with good cheer. Through the honest telling of his own story, and drawing on the latest research, McCallum shares insight into what's worked for him—and what's proven to work—in surviving cancer with your sense of humor intact.

Email - [manpros@mts.net](mailto:manpros@mts.net)

ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

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### MEETINGS

#### February 20, 2014

Dr. Harvey Quon, Radiation Oncologist  
*Intimate Fire-side chat on Radiation Options and Fractionation in Winnipeg*

#### March 20, 2014

Pat Trozzo, Pharmacist, CCMB  
 Topic : TBA

#### April 17, 2014

Dr. Graham Glezerson, Urologist  
 Topic: TBA

All meetings are held at  
 Seven Oaks General Hospital Auditorium  
 7-9 p.m.  
 Everyone welcome

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