

### Prostate Cancer Tests Are Now OK With US panel, *With Caveats*

*Why government-recommended PSA screening for prostate cancer may be bad advice*

*What to know about new advice on prostate cancer test*

They propose shifting from task force's recommendation against routine prostate cancer screening to a recommendation for informed and shared decision-making in which the physician and patient discuss the real risks of harm and the potential for life saving benefit before deciding on

screening. Now, the U.S. Preventative Services task Force is telling men the screening could save their lives.

The panel said the PSA test has a small chance of detecting a deadly cancer and a larger chance of triggering unneeded worry and treatment with serious side effects. It involves a simple blood test for elevated levels of a protein that may signal cancer but also can be caused by less serious prostate problems. Those 70 and older shouldn't get screened. He said PSA tests make sense if they do not lead to

overly aggressive treatment.

"The main point", adds Stone, "is that men who are candidates for testing (ages 55 to 69) should discuss the benefits and harms of the test with their doctors and make a personal decision about whether to take it".

Prostate cancer: screening [draft recommendation statement]. New evidence "increases confidence" that the PSA test reduces the risk of dying of prostate cancer or developing

*(Continued on page 2)*

#### Medical Advisors

Paul Daeninck M.D.  
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*Thanks!*

**May 18** Dr. Kevin Saunders

**Topic:** "Managing Prostate Cancer Along With Other Health Issues in Elderly Males"

**Location:** Cindy Klassen Recreation Complex  
at 999 Sargent Avenue

**Time:** 7 – 9 pm.

*Free Admission Everyone Welcome*



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*

"Hospitality is the art of making guests feel like they're at home when you wish they were."

(Continued from page 1)

advanced cancer that spreads beyond the prostate.

The panel's shift is the latest chapter in a long saga over prostate-cancer screening. The task force draft says screening conversations should begin at age 55.

Dr. Petruzzelli says African-American men and men who have a family history of prostate cancer are the most at risk. Studies published last fall concluded that the survival rate for early-stage prostate cancer

is 99 percent after 10 years, regardless of whether a man opted for surgery, radiation or active monitoring.

The task force's 2012 advice against screening said there was little evidence that PSA screening was

reducing deaths.

In addition, she said, active surveillance "appears to be effective; it is gaining increased use in the US, from 10% to now 40% among low-risk men, and this strategy means that some men with low-



risk prostate cancer can avoid treatment altogether, and other men at least will be able to delay treatment". Since then, PSA screening rates have declined by as much as 10 percent, and now fewer than one-third of US men get the tests. Their recommendations influence USA

government policy, primary care physicians and private insurers' coverage decisions.

The European Association of Urology says screening should be offered to well-informed men over 50 or over 45 for blacks and those with a family history.

But while some groups still recommend regular PSA tests, many have tempered their views. Many organizations, including the American Urologic Association and the St. Louis Prostate Cancer Coalition, opposed that position and

feared an increase in prostate cancer morbidity and mortality.

Melissa Porter 15 April 2017

<http://ibusinesslines.com/2017/04/15/prostate-cancer-tests-are-now-ok-with-us-panel-with-caveats/>

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*" To our online donors from Canada Helps.....thank you for your donations to the Manitoba Prostate Cancer Support Group. It's not possible for us to thank each of you personally, but rest assured that we truly appreciate your generosity. Your contribution makes a difference and helps us provide free support to those prostate cancer patients who want and need it. Every bit helps us to better serve our prostate cancer patient community. Thanks again."*

*The Board,  
Manitoba Prostate Cancer Support Group*

## 2017 Manitoba Ride-For-Dad

### **Raising Awareness.....Raising Money.....Raising Hope**

MPCSG presentation at RFD launch of fundraising drive

Winnipeg, April 7, 2017

*Joseph Borsa,  
Chairperson of the  
Manitoba Prostate  
Cancer Support  
Group*

“Good morning. It is a pleasure to be here this morning to acknowledge the great contribution that the "Ride For Dad" makes towards helping the cause of prostate cancer in this province. They do this in a couple of major ways.

First, their fantastic big ride does a lot to raise awareness about prostate cancer and reminds men to check the health of their prostate. Such raised

awareness helps to discover the disease in its' early, more curable stage. The importance of this raised awareness leading to earlier diagnosis cannot be overemphasized as it directly affects individual lives.



Second, the RFD raises a significant amount of money which is used, first and foremost, to help maintain an active cancer research program here in this province. This research leads to improvements in therapeutic practice

and moves us closer to the day when prostate cancer is finally conquered for good.

In addition, every year the Ride For Dad folks are very generous in their financial contribution to our support group. This allows us to provide our support without charge to all those prostate cancer patients who need or want it.

So, on behalf of our group, and especially on behalf of all the prostate cancer patients in this province, I want to express our heartfelt thanks to the RFD for

their great work.

Thank you again and "HAPPY RIDING!"

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### **Feedback from a recent seminar presented to City of Winnipeg Retirees Association.....**

Dear Board Members.....

I take this opportunity to inform you of the outstanding job done by your group's representatives.....

..... the 48 members in attendance now have a much greater understanding of how prostate cancer works. The speakers did an excellent job of explaining all aspects of this disease .....

The feedback from attendees has all been very positive.....

*Jack Robson, Special Projects Committee, CWRA*

## Are Prostate Nodules A Sign Of Cancer?

### OVERVIEW

#### Key points

1. A prostate nodule may be a sign of cancer. It can also be caused by an infection or benign prostatic hyperplasia (BPH).
2. Prostate nodules can be identified during a digital rectal exam.
3. If you have a prostate nodule, you'll likely need additional tests to rule out prostate cancer.

If your doctor tells you that your prostate exam revealed a nodule on your prostate, your first thought may be that it's a sign of cancer. But a nodule or other changes to your prostate don't necessarily mean you have cancer. Keep reading to learn more about prostate nodules.

### CAUSES

#### What causes a prostate nodule?

A nodule is a lump or area of hardness under the surface of the prostate. In some cases, a prostate stone, which is similar to a kidney stone, can be felt under the surface. It may seem like a nodule, but it's really a tiny formation of calcified minerals. A stone is usually harmless. A true prostate nodule is an abnormal growth of cells that may or may not be cancerous.

#### Nodule vs. tumor

You may hear the terms "nodules" and "tumors" used interchangeably. For the

most part, they mean the same thing: an abnormal growth of cells.

A "nodule" is typically used to describe a very small mass of cells, while "tumor" generally refers to a larger growth. Doctors also tend to use tumor when describing a cancerous growth, though the phrase "benign tumor" is also used sometimes. If you're ever unsure about a phrase your doctor uses, stop and ask for clarification.

hyperplasia (BPH), which is an enlarged prostate. BPH does not increase your risk of cancer. A malignant or cancerous nodule is a sign of prostate cancer.

### SYMPTOMS

#### Will a prostate nodule cause symptoms?

A prostate nodule isn't likely to cause you any symptoms at first. If you develop BPH, you may have difficulty urinating or ejaculating. Cancer can be present without symptoms, so regular prostate exams are important.

### TESTS

#### PSA test

If your doctor finds a nodule, they will probably order a prostate-specific antigen (PSA) test. PSA is

a type of protein made by prostate cells. A simple blood test can measure the PSA in your bloodstream. High levels suggest cancer may be present, but PSA levels may be elevated for many reasons. You may have a condition known as benign prostatic hyperplasia (BPH), which simply means you have an enlarged prostate. Also, some people's prostates tend to produce more PSA than others'.

If your levels are higher than normal, your doctor may schedule another test to compare the results. A rapid

*(Continued on page 5)*



#### Benign vs. malignant

*A malignant prostate nodule is cancerous. That means that cells in a malignant nodule or tumor can spread into nearby tissue and organs.*

*A benign nodule is noncancerous, meaning the cells don't spread.*

It's not always clear why abnormal cells multiply and form nodules and tumors. A benign or noncancerous prostate nodule could form because of an infection or as a reaction to inflammation in the body. It may also be a sign of benign prostatic

*(Continued from page 4)*

increase in PSA levels suggests cancer. If the levels remain about the same, you may be advised to go through a “watchful waiting” period. During that period, your doctor will check your prostate annually and look out for any symptoms or changes in your health.

## Biopsy

If a nodule or enlargement of your prostate seems suspicious to your doctor, they may advise a prostate biopsy. During a biopsy, the doctor removes several tiny samples of prostate tissue, which are studied in a lab for signs of cancer cells.

## Second opinion

Doctors often grapple with false positives when screening for prostate cancer. It’s important to ask your doctor about the possibility of a false positive result. Prostate cancer treatments can cause incontinence and impotence. If necessary, seek a second opinion. Do not rush into a battery of tests or treatments until you feel you have the best medical advice possible.

## Outlook

A nodule or enlargement of the prostate is usually not a sign of cancer. If the nodule turns out to be cancer, know that prostate cancer is very treatable,

especially if caught early. There are about 180,000 new cases of prostate cancer reported in the United States each year, according to the National Cancer Institute, with about 26,000 deaths annually. Survival rates are also quite high with prostate cancer.

Prostate cancer tends to be a slow-growing cancer, so even if you are diagnosed, a period of watchful waiting may be your best bet.

Written by James Roland

Medically Reviewed by Ricky Chen, MD  
on 13 April 2017

<http://www.healthline.com/health/mens-health/prostate-nodule>

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## Shorter Length of Sleep Associated With Increased Risk of Death from Prostate Cancer

Men under the age of 65 who get fewer than seven hours of sleep each night have a greater risk of dying of prostate cancer, according to a new study presented April 3 at the American Association for Cancer Research Annual Meeting, taking place April 1-5 in Washington, D.C.

Researchers from the American Cancer Society in Atlanta examined data from two large, long-term cohort studies, Cancer Prevention Study-I (CPS-I) and Cancer Prevention Study-II (CPS-II), and determined that shorter sleep duration was associated with an increased risk of death from the disease in men under age 65 years.

In the CPS-I study, 407,649 men were followed from 1950 through 1972 and 416,040 men from the CPS-II study were followed from 1982 through 2012. All men were cancer-free when the studies began. However, 1,546 men in CPS-I and 8,704 men in CPS-II died of prostate cancer during the follow-up periods.

Sleep-related behaviors such as sleep duration, shift work and insomnia were self-reported by study participants.

Examining the deaths from prostate cancer more closely, researchers found that during the first eight years of follow-up, men younger than 65 who got three to five hours of sleep a night had a 55 percent greater risk of dying of prostate cancer than men who got seven hours. In addition, men who got six hours of sleep a night had a 29 percent higher risk than those who got seven hours. Men who were 65 or older showed no difference in the risk of death from prostate cancer, no matter how much sleep they got.

“While these results are intriguing, and contribute to a growing body of evidence that circadian rhythm-related factors might play a role in prostate carcinogenesis, more research is needed to better understand the biologic mechanisms,” Susan M. Gapstur, Ph.D., M.P.H., vice president of epidemiology at the American Cancer Society and lead author on the study, said in a statement. “If confirmed in other studies, these findings would contribute to evidence suggesting the importance of obtaining adequate sleep for better health.”

Gapstur explained that sleep deprivation and the associated presence of light at night, such as the use of electronics like

cell phones and televisions, can inhibit the production of melatonin — a hormone that affects sleep cycles. She added that producing low amounts of melatonin can cause increased genetic mutations, greater oxidative damage, reduced DNA repair and immune suppression. Also, less sleep may contribute to the dysregulation of genes involved in tumor suppression.

Regarding sleep duration and death from prostate cancer in older men, Gapstur said the reasons remain unclear. However, she feels it may be related to the natural decline in nocturnal melatonin levels with age, possibly reducing the relative impact of sleep deprivation.

The authors noted two limitations of the study: self-reporting of data and the fact that data were collected only once, at the start of the study.

Written by Katie Kosko

<http://www.curetoday.com/articles/shorter-length-of-sleep-associated-with-increased-risk-of-death-from-prostate-cancer>

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## Yoga to the Rescue for Prostate Cancer Patients

### Study suggests the ancient practice might ease side effects of therapy

*Hold that pose:* New research suggests yoga may help men deal with the side effects of prostate cancer therapy.

Novice yoga practitioners had renewed energy and fewer of the sexual and urinary symptoms tied to radiation treatment, compared with men who didn't use the technique, the study found.

"Levels of patient-reported fatigue are expected to increase by around the fourth or fifth week of a typical treatment course, but that did not happen in the yoga group," said lead researcher Dr. Neha Vapiwala. She's an associate professor of radiation oncology at the University of Pennsylvania.

According to the researchers, up to 85 percent of men who undergo radiation therapy for prostate cancer experience erectile dysfunction, often because they are also taking testosterone-depleting treatments. Many men also report great fatigue after radiation therapy.

Would the age-old practice of yoga help ease that burden?

Patients in the study underwent six to nine weeks of external beam radiation therapy. Those who already did yoga, those with advanced cancer, and those who'd previously undergone radiation therapy were not included in the study.

Twenty-two of the patients attended a structured yoga class two times a week while undergoing radiation therapy,

while 28 others did not do yoga and served as a comparison group.

Each yoga session lasted 75 minutes and included sitting, standing and reclining positions that were modified to suit each patient's needs and restrictions.



Vapiwala's group reported that men who attended yoga classes had less fatigue and better sexual and urinary function than those in the other group, based on self-reported questionnaires.

Overall, fatigue levels for men taking yoga fell as the classes went on, while they rose for men not in the classes, the research showed.

And while sexual functioning scores dropped for men in the non-yoga group, there was no change noted for those taking the yoga classes.

"Yoga is known to strengthen pelvic floor muscles, which is one of several postulated theories that may explain why this group did not demonstrate declining scores, as seen in the control group," Vapiwala reasoned in a university news release. "That may also explain the yoga patients' improved urinary function scores, another finding of this trial," she said.

As for feeling tired, "both the severity of the fatigue as well as the patients' ability to go about their normal lives appeared to be positively impacted in the yoga group," Vapiwala said.

The study was funded by grants from the American Cancer Society and the Prostate Cancer Foundation, and was published recently in the *International Journal of Radiation Oncology, Biology, and Physics*.

*By Robert Preidt*

*HealthDay Reporter*

*Thursday, April 13, 2017*

Sources :

University of Pennsylvania, news release, April 6, 2017

<http://www.webmd.com/prostate-cancer/news/20170413/its-yoga-to-the-rescue-for-prostate-cancer-patients>

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## Examining the Link Between Prostate Cancer Treatment and Dementia

Androgen deprivation therapy, a popular treatment for prostate cancer, may have a link to dementia, according to a recent analysis.

A recent analysis discovered a possible line between androgen deprivation therapy (ADT) – a common treatment for prostate cancer – and dementia.

A previous study done by researchers at the Perelman School of Medicine at the University of Pennsylvania found that men who received ADT may be at an increased risk for dementia, including Alzheimer's disease, compared with men who were not treated with the therapy. The absolute increased risk of developing dementia, they determined, was 4.4 percent at five years.

Since that study was published in October 2016, researchers have looked into it further. This analysis, published in *Prostate Cancer and Prostatic Diseases*, looked at data from four different, global databases (PubMed, Web of Science, Embase, PsycINFO), comparing studies on ADT patients and dementia and Alzheimer's. All the existing studies together, researchers

said, support the link to dementia, and show a possible link to Alzheimer's.

"This analysis tells us that the composite message of existing studies is that androgen deprivation therapy is associated with dementia," according to Kevin Nead, M.D., MPhil, a radiation oncology resident with the Perelman School of Medicine at the University of Pennsylvania and an author on both studies.

From the four databases, there were nine studies on the outcome of dementia among patients exposed to ADT versus a lesser-exposed comparison group (eg, ADT vs no ADT or continuous ADT vs intermittent). An analysis of 50,541 patients showed an increased risk of dementia among those who had undergone ADT. Nead clarified that this analysis shows correlation, although not causation at this point.

"Research shows androgens play a key role in neuron maintenance and growth, so the longer you undergo this therapy to decrease androgens, the more it may impact the brain's normal functions,"

Nead said.

A link between ADT and Alzheimer's was found as well, but it was not as clearly defined as the link to dementia.

When the earlier study was published, Nead stated, "It would be really hard to justify not using a medication that we know extends life for a possible negative consequence that at this point is potential, probably at best, but not proven."

The more recent analysis suggests that the evidence between ADT and neurocognitive dysfunction continues to grow, said Nead, and should be a part of the conversations between doctors and patients: "There's enough evidence of these links that patients should know about them when considering their options."

ALLIE CASEY    APRIL 12, 2017

<http://www.curetoday.com/articles/examining-the-link-between-prostate-cancer-treatment-and-dementia>

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### "Raising Awareness.....Spreading the Word"

**The Manitoba Prostate Cancer Support Group works to increase education, awareness and support for the prostate cancer community. These services are provided through a variety of activities and are available without cost to the existing patient population as well as to the public at large.**

**Raising awareness is especially important to encourage more men, who may already have prostate cancer but don't yet know about it, to get checked.**

**Early detection makes all the difference in effecting a cure. As part of our efforts to raise awareness our group provides speakers to community groups, as well as attending "health fairs" in shopping malls and the like.**

**If your group would like to have a speaker talk about prostate cancer contact board member Pat Feschuk (Special Events organizer; telephone 204-654-3898; or email at [lizpat@shaw.ca](mailto:lizpat@shaw.ca)) to make arrangements.**

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**2017 MEETINGS**

**May 18** Dr. Kevin Saunders  
*"Managing Prostate Cancer Along With Other Health Issues in Elderly Males"*

**June 15** Linda Montford MSW,RSW  
 CancerCare Manitoba;  
*"Psychosocial Aspects of Dealing with Prostate Cancer"*

All meetings (except September)  
 will be held at :  
 Cindy Klassen Recreation Complex  
 at 999 Sargent Avenue

All meetings are 7 – 9 pm.  
*Everyone Welcome*

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