Prostate Cancer Canada Network
Montreal West Island

ADAM'S GLAND

NEWSLETTER OF PROSTATE CANCER CANADA MONTREAL WEST ISLAND

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Monthly Meetings

We meet the fourth Thursday of the month, at the Sarto Desnoyers Community Centre, 1335 Lakeshore Dr. in Dorval. Open to all, Women are welcome Parking is free.

Upcoming:

April 26th Dr Armen Aprikian
Outstanding Achievement Award

May 24th Dr Jacques Lapointe
Assistant Professor, Department of Surgery, McGill University

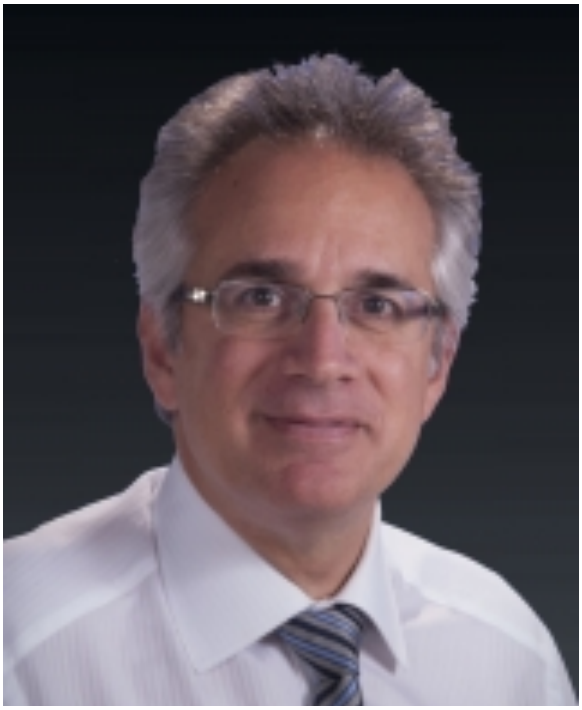
June 28th Dr Joe Schwarcz
Food Confusion

In This Issue

Some people grumble that roses have thorns;
I am grateful that thorns have roses.
Alphonse Karr

"Time management is an oxymoron.
Time is beyond our control, and the clock keeps ticking regardless of how we lead our lives.
Priority management is the answer to maximizing the time we have." John C Maxwell

YOGA is the journey of the self,
through the self, to the self.
Bhagavad Gita



Dr. Armen Aprikian is 2018's recipient of the PCCN Montreal West Island Support Group's Outstanding Contribution Award, "in appreciation of his distinguished career dedicated to the treatment of so many of us, in the Montreal area, so afflicted".

Dr. Aprikian graduated from the University of Sherbrooke Medical School in Quebec in 1985 and completed his urology residency training at McGill University in 1990. He then pursued a 3-year research and clinical fellowship in urologic oncology at Memorial Sloan Kettering Cancer Centre in New York City. In 1993 he was appointed Assistant Professor of Surgery (Urology) at McGill University and began his career in prostate and bladder cancer research and as a clinical urologic oncologist. In 1998 he became the McGill Division of Urology Training Program Director and in 2000 established the Annual Canadian Senior Resident Urologic Oncology Course which runs to this day. In 2004 he became the Head of the Division of Urology at McGill University and the Chief of Urology at the McGill University Health Centre (MUHC). In 2007 he became Full Professor of surgery and in 2009 he was appointed the Medical Director of the MUHC Cancer Care Mission and Department of Oncology.

PCCN Montreal West Island is not responsible or liable for the contents or opinions expressed in this newsletter. The opinions expressed are solely for the information of our membership and are not intended as an alternative to medical advice and care.

PCCN Montreal West Island Mission Statement
We provide information about prostate cancer to those in need, gathered from a variety of sources. We support newly-diagnosed, current, and continuing patients and their caregivers. We participate in events that provide a venue for promoting awareness of prostate cancer through our informed member interaction at public gatherings or as speakers. We collaborate with local organizations such as the MUHC, the CHUM, the Canadian Cancer Society, urologists and oncologists for information and support.

Photography: Paul Wilkinson

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Hopefully, our monthly meetings are offering you the opportunity to interact with your fellows, learn from our knowledgeable speakers and find comfort and fellowship from our group.

At this time, we'd really appreciate your input regarding the contents of our newsletter. Specifically, it's difficult to evaluate the needs of our membership, because we have no way of knowing where you are wrt your individual treatment, and by extension, what might we include that would be of interest to you.

In each issue, we tell "One Man's Story", because they offer hope and inspiration to all. Previously, we've championed new McGill programs, like TEMPO and CanDirect, however, we rarely receive feedback from you. ie Was it helpful or not? Would you recommend it to someone? Please reach out and share your own experiences and what you have learned and tell us what you'd like to read about in ADAM'S GLAND.

We'd also welcome the thoughts and comments of caregivers, most of whom are the women in our lives: the wives, girlfriends, sisters and daughters who share our difficulties each step of the journey. Your issues? questions? insights? Confidential if requested. And please do feel welcome at our meetings.

The Cancer Whisperer, by Sophie Sabbage, profiled in our Winter 2018 AG, is now available in our library. Speak to Allan about borrowing it, or any of the other fine books in our humble collection.

PROSTATE CANCER, Understand the Disease and Its Treatments, *by Dr Fred Saad and Dr Michael McCormack, is available, free, to all members. Just ask Allan for your copy.*

We have received the new **Prostate MRI Educational Pamphlets** for patients and doctors. "MRI is becoming essential for screening men at risk of PC." "Selects patients for biopsy."

A special "Thank You" to ***Elizabeth Segura*** *for her assistance and contributions to AG over the past year, especially for her features on naturopathy and acupuncture. Unfortunately, she will be leaving the Pointe-Claire clinic; however, she will continue to see her patients at clinics in the Plateau and in Brossard.*

Dr Aprikian's main clinical focus is Urologic Oncology, and his research focus is Biology of Prostate Cancer progression Familial and genetic prostate cancer. He has partnered in over 150 published research articles. (p 1)

*We look at the role of nutrition and the relevance of diet to disease. Simply put, people who ate the most animal-based foods got the most chronic disease. People who ate the most plant-based foods were the healthiest and tended to avoid chronic disease. (****The China Study,*** *by T. Colin Campbell)* (p 8)

Recent studies have shown that exercise is beneficial to cancer patients, before, during and after treatment. Energy levels have dropped and depression follows. We look at some age-appropriate, healthy activities, suitable for couples or alone: Yoga, Pilates, Essentrics and Tai Chi. (p 4)

Our ***Steering Committee,*** *in an effort to attract new blood, has changed our meeting time to 7:30pm on the second Tuesday of each month. This has already paid dividends, as Sylvain Cote and Neil Glazer have joined the team, pending approval at the AGM. Welcome aboard. (p 2)*

EXERCISE IS A GOOD INVESTMENT

Feel like a couch potato? No energy? Recent research has shown that prolonged sitting is detrimental to our overall well-being, and it can often lead to severe back pain; however, for most of us (seniors) the damage is the result of serious health issues and injuries of the joints, muscles, bones and discs. Exercise can be a huge help in the case of back pain and perhaps more importantly, getting rid of that general lethargy that seems to seep into our every fibre as we contend with an array of cancer treatments and their unwelcome, often debilitating, side effects.

We recruited three professionals to break down the top four exercise disciplines that are very similar in that their movements and are energizing and comforting. **Anna Barbusci** set forth the advantages of Pilates and Essentrics; **Monique Derix** embraced the merits of Yoga; while **Annie Phan** championed Tai Chi.

PILATES is body conditioning; a unique system which stretches and strengthens the whole body. Joseph Pilates believed in the power of our minds to control our bodies. The principles help you to live in the moment by keeping you focused on moving properly in everyday life. It also allows you to perform daily activities with awareness.
These exercises are associated with increasing survival rates among prostate cancer patients.
They can also help patients recover faster after prostate surgery. For example, with pelvic floor strengthening exercises, one can help to stop or prevent urinary leakage and erectile disjunction, which are common following-prostate surgery. Pilates strengthens your core and the pelvic floor, allowing for better control of the area.

ESSENTRICS is relatively new and like Pilates, utilizes both stretching and strengthening exercises Both forms of exercise can make accommodations for a variety of issues, like mobility or flexibility. Participating in this type of class is guaranteed to make you feel better, both mentally and physically. Both forms of exercise bring more space and length to your muscles, joints and organs, as well as stretching and strengthening your whole body.

Whether participating in a group setting or in the privacy of your own home, practicing Essentrics and Pilates are definitely beneficial for a healthier and stronger body.

Anna Barbusci (left) demonstrating ESSENTRICS, is also a PILATES instructor with the City of DORVAL and MindBodyFlow. She's a Personal Trainer and Fitness Instructor. PTS and FIS annab@ca.inter.net

YOGA has many branches of teachings and movement styles, however, there is a strong emphasis on complete relaxation of the body. A major difference (with Pilates) is that yoga breathing allows for the expansion and relaxation of the abdominal cavity and is often called "belly breathing", whereas Pilates requires that the abdominals remain taut throughout its execution, to support and stabilize the spine.

For **Monique Derix,** YOGA is like a moving meditation, wherein you observe and feel things in the present moment. Her focus is on our breathing and relaxation, while improving our flexibility and strength. It benefits the mind, body and balance. Our breathing patterns are also crucial, as breathing lowers the tension and calms the body. These exercises will soothe back pain, boost your health, and relieve spine issues. She believes that YOGA is accessible to all, regardless of age, ability or mind set, and finds it ideally suited for couples.

Monique Derix (above) in Warrior-2 pose, is a YOGA instructor with the City of Dorval. She also teaches at John Abbott College and Moksha Yoga West Island. Contact moniquederix@gmail.com for private yoga.

TAI CHI is **Annie Phan's** preference**,** as it focuses the mind on slow movement, reduces stress and produces mental calm, while deep breathing and standing meditation focus consciousness and restore energy and physical balance. For Annie, Tai Chi movement respects our anatomy and physiology, by gliding over all of the soft tissue, stimulating our electric selves.

"TAI CHI cannot only reduce stress and depression, but also relieve pain, build strength, and improve cognitive function, perhaps even delaying dementia," says Peter M. Wayne, PhD, Director of Research at the Osher Center for Integrative Medicine, jointly based at the Harvard Medical School and Brigham and Women's Hospital in Boston.

TAI-CHI benefits cancer survivors. "It does not cure cancer, but restores function, strength and energy. It helps people deal with symptoms, and improves resiliency. In addition to reducing pain, it improves sleep", says Dr. Yang, who works with cancer patients at the Integrative Medicine Center of the Memorial Sloan-Kettering Cancer Center.

Annie Phan is a physiotherapist at PHYSIO GLOBALE in Kirkland, QC.

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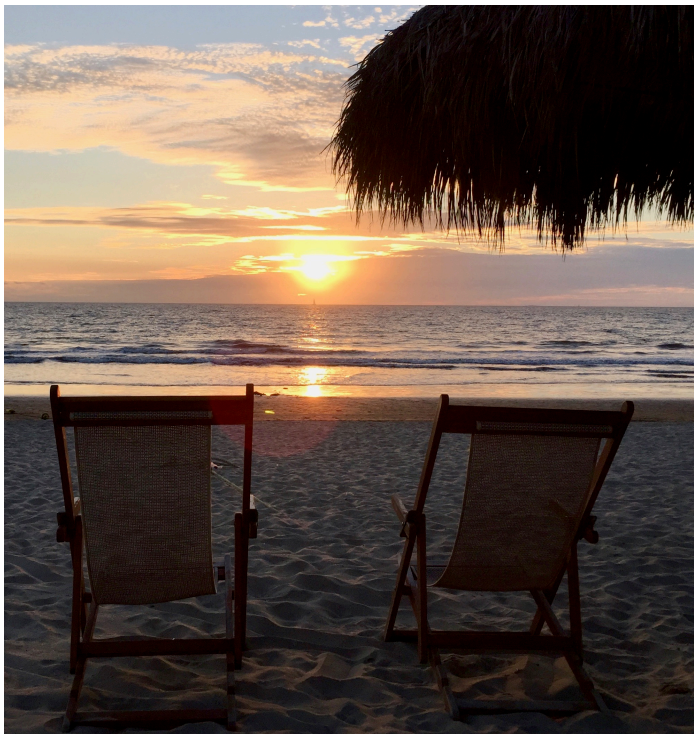
Exercise encourages your brain to work at optimum capacity by causing your nerve cells to multiply, strengthening their interconnections and protecting them from damage. John J. Ratey, a psychiatrist who wrote the book *Spark: The Revolutionary New Science of Exercise and the Brain*, says there is overwhelming evidence that exercise produces large cognitive gains and helps fight dementia.

He claims you can easily "push back cognitive decline by anywhere from 10 to 15 years", by incorporating an exercise regimen three to four times a week – even if you begin during middle age, and exercise at a moderate rate.

Diet & Exercise:

A plant-based diet discharges calories as body heat instead of storing them as body fat, and it doesn't take many calories to make a big difference over the course of a year. Second, a plant based-diet encourages more physical activity. And, as body weight goes down, it becomes easier to be physically active. Diet and exercise work together to decrease body weight and improve overall health.

ONE MAN'S STORY:



My Prostate Cancer story began when I was 42. I was leaving the urology clinic after a vasectomy and I asked the doctor, "At what age are we supposed to check the prostate?" He told me, "Come back when you are 50".

And so, at 49 and 10 months, I did, even though I had absolutely no symptoms at all. After a normal DRE, I was sent for a PSA blood test (at that time my knowledge about PC was near zero). Two weeks later I learned that my PSA was 22.41. It was a bit high but he told me he wanted a more specific test for free PSA and a ratio. So off I went and 3 weeks later, the PSA was at 24.39, free PSA at 2.00 and the ratio 0.08. He explained to me that a biopsy was in order to confirm or rule out PC

I had a 12 cores biopsy and received the results 2 weeks later. One of the 12 cores contained a very aggressive type of cancer cell, at 20% of the core; the Gleason score was 9 (4+5). He gave me a book about PC and told me that it would answer a lot of my questions. He also said that I had to undergo more tests to see if the cancer had spread.

A more comprehensive blood test was needed and I was also booked for a bone scan, X-ray and CT-scan, which were performed two weeks later. My girlfriend and I got those results on my 50th birthday. The X-ray and CT-scan were normal; however, the bone-scan revealed two places where the cancer had metastasized on the upper sternum and a right rib.

My doctor explained that at that level of aggressiveness and at my relatively young age, the only option was hormone therapy. I was referred to a radio-oncologist who explained to us that if the bone mets were going to create pain, it would be possible to irradiate them to reduce or eliminate the pain.

Vacation time, August, when I began my Casodex and calcium and the first injection of Eligard (4 months) was done at the end of the first week of September 2011. That was the beginning of a long ordeal, because my testosterone had fallen to near zero, in order to control the metastatic PC.

It was a lot to digest: a metastatic prostate cancer diagnosis at age 50, with no symptoms and at the same time, being confronted with the dire side effects of hormone therapy*.

(*There is a cruel irony to be calling it such, because this "therapy" suppresses the hormones; removes them from active duty, and does nothing to augment their value or rehabilitate it, as the name implies.)

By the end of November, a CT scan and bone scan confirmed the disease. By Christmas of that year, following four months of hormone therapy, I had gained 30 pounds and was constantly fatigued. I was not feeling very well and just being at my regular work was draining all of my juice. I was doing nothing at night because I was simply exhausted.I didn't want to do anything, which was not like me at all.

I needed to figure out a way to make this new me live again . After another shot of Eligard in early Jan, 2012, I searched for a regular GP and found one. Not long after that, I joined the Hope and Cope Centre to get some exercise and check my food intake with one of their specialists. It helped a lot. I also joined a few support groups and they encouraged me to continue fighting and to not lose hope.

In the first month, the Casodex formed little hard masses inside my breast. Following an echograph, the apparent dangerous mass was ruled non-cancerous and determined to be probably gynecomastia, caused by the Casodex intake.

During that first cycle of hormones and after a lot of reading and questioning knowledgeable sources, I became more aware of my situation. After four shots of Eligard, I tried two shots of

Zoladex, but my gastric-organs didn't like it and I went back to Eligard. All the tests of PSA and testo were around one but after three months of a small increase in PSA in the summer of 2013, my urologist put me on Casodex, which caused a total blockade of the effect of the very small amount of testosterone I had left in my body. It worked because the PSA fell to near zero. At the beginning of 2013, my GP asked my urologist for his long term prognosis and the answer was: "Stay on hormone-therapy for life and when it stops working, then chemo and other drugs. I was quite discouraged to read that .

In early 2014, I changed my urologist for a uro-oncologist in another hospital . After all the usual tests were completed and because there was no evolution of the bone metastasis (and they were very small), the new uro-oncologist and I decided to try to stop the hormone therapy (after 31 months) and monitor closely whatever would happen. I stopped monitoring my PSA numbers from the end of March 2014 to the end of September 2014 .

At the end of 2014, I was referred to an endocrinologist because some of my blood test numbers were too low and my uro-oncologist did not know why. After seeing him, I began Risedronate for bones and vitamin D for calcium absorbtion. The regular tests remained normal: bone scan; osteodensitometry; CT-scan; X-ray; PSA; plus testo each months.

I also began the second cycle of hormones, with a new drug that had recently been approved, called Firmagon. It was injected into my belly every four weeks and was supposed to have less cardio impact. Because the PSA was near one, in January, 2015, I was also given Casodex to reduce the risk of a small mass developing inside my breast. I was also taking a small dose, 20mg, of Tamoxifen every 2 days. It worked well, because there was no mass whatsoever in my breast .

After I changed hospitals, the radiologist could not find any sign of the sternum metastases. It was yet another piece of good news . Because there was no evolution of the bone metastasis, we decided to stop the hormones, for the second time, in May, 2016 .

When I was with my endocrinologist (bone specialist), I asked him if a radiologist was able to determine, on an MRI, whether the metastatic disease on my rib was really a metastasis or something else. The radiologist confirmed that the "metastatic area" on the rib was a fibrous dysplasia, and not dangerous, just an unusual anomaly of bones; however, on a bone scan, it looks the same as a metastasis . That was early September, 2016 .

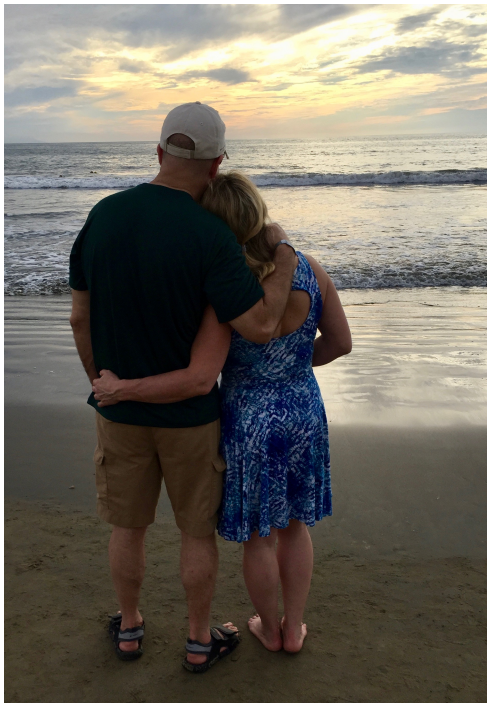
With that piece of good news in mind, we decided to wipe the slate and start over from scratch. Everything! A biopsy, bone scan, CT-scan, prostate MRI and X-ray; all were done again. The biopsy of 18 cores was done at the end of Feb 2017. The MRI was done two months later. The results of all those tests were negative, however, the PSA was still climbing and the calculation of the doubling time was around 8 months. Something was out of whack, but what? What was producing the PSA?

Because the 18 cores were negative, the doctor had the old biopsy from 2011 redone by the pathologist. The result was surprising. The new pathology of the old sample was not a Gleason 9 anymore, but rather a 7.

From my own PC research, I had learned about a new PET-scan that was able to identify and distinguish cancer cells from normal cells. This test is still experimental. It's not for everybody and it's not covered by RAAMQ. In Oct 2017, the results were very good: the cancer was contained within the prostate.

After reviewing all the side effects of the different treatments, I decided to go with the operation. The prostate, tubes, seminal vesicle and lymph nodes were sent to the pathologist mid January, 2018. Everything went well.

Sixteen days after surgery, my catheter was removed and continence practice began. Four weeks later the pathology report showed the PSA test was 0, but Gleason was back at 9 (4+5).



I remain optimistic and I continue doing my Kegel exercises for continence and my convalescence is going very well.

Never lose hope. My case is living proof that it can go well, even after a not-so-great, initial diagnosis.

The Relevance of Diet to Prostate Cancer

As many as half of all men over 70 have latent PC, a silent form of the cancer which is not yet causing discomfort. So, what to do? Will it become life threatening before death comes from other causes? What follows, are excerpts from T. Colin Campbell's, ***The CHINA STUDY.***

Men are diagnosed as having prostate problems when their PSA levels are above four. What must they do to reduce such a number? *"There is no doubt that diet plays a key role in this disease".*

High PC rates primarily exist in societies with "Western" diets and lifestyles. Essentially, "Plant-based foods are good and animal-based foods are bad. Surprisingly, one of the most consistent, specific links between diet and PC has been dairy consumption."

A 2001 Harvard review concluded that "Dairy intake is one of the most consistent predictors for PC", and those who consume the most dairy have double to quadruple the risk. In case control studies, the major contributors of animal protein, meats, dairy products and eggs have frequently been associated with a higher risk of PC…[23 studies cited]. In the case of dairy, the high intake of calcium and phosphorus also could be partly responsible for this effect.

To understand the link we look at the mechanisms: the first concerns a hormone that increases cancer cell growth. Our bodies make this growth hormone, Insuline-like Growth Factor 1 (IGF-1), which is turning out to be a predictor of cancer just as cholesterol is a predictor for heart disease. Under normal conditions, this hormone efficiently manages the rates at which cells "grow"—that is, how they reproduce themselves and how they discard old cells, in the name of good health.

Under unhealthy conditions, however, IGF-1 becomes more active, increasing the birth and growth of new cells while simultaneously inhibiting the removal of old cells, both of which favour the development of cancer.
[7 studies cited] So, what does this have to do with the food we eat? It turns out that consuming animal-based foods increases the blood levels of this growth hormone, IGF-1.

With regard to PC, people with higher than normal blood levels of IGF-1 have been shown to have 5.1 times the risk of advanced stage PC. When men also have low blood levels of a protein that binds and inactivates IGF-1, they *will have 9.5 times the risk of advanced-stage prostate cancer,* and fundamental to this finding is the fact that we make more IGF-1 when we consume animal-based foods like meat and dairy.

The second mechanism relates to vitamin D metabolism. Vitamin D is not a nutrient that we need to consume. Vitamin D production is affected by sunlight and the food that we eat, a process that is closely monitored and controlled by our bodies. It's a balancing act, affecting not only PC, but breast cancer, colon cancer, osteoporosis and autoimmune diseases like Type 1 diabetes.

The process produces an active or "supercharged" form of vitamin D which can prevent cancer, autoimmune diseases and diseases like osteoporosis. If low levels persist, PC can result. So, what food substance has both animal protein and large amounts of calcium? *Milk and other dairy foods*.

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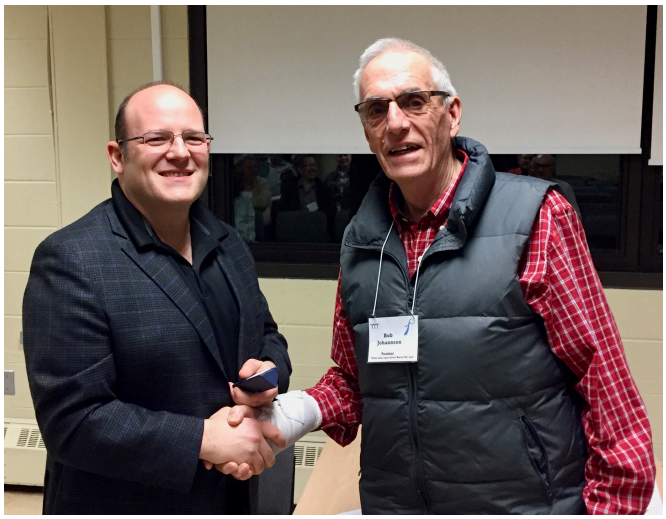

DR AVRUM JACOBSON receives a pen in appreciation from president Bob Johannson, following his Q & A, at our information meeting on March 22nd. It was an evening particularly appreciated by our newcomers, with Q's ranging from incontinence to erectile disfunction, to radiation side-effects and robotic surgery.