



September is Prostate Cancer Awareness Month

Monthly Meetings

We meet the fourth Thursday of the month,

 at the Sarto Desnoyers Community Centre,

 1335 Lakeshore Drive, Dorval. ~ 7:30p.m.

 Open to all ~ ~ Parking is free.

September 27th Kimberley Thibodeau

Caring for the Caregiver

October 25th TBD

November 22nd TBD

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*"Being deeply loved

 by someone

 gives you

 strength,

 while loving

 someone deeply

 gives you

 courage."

 ~Lao Tzu*



Wife, mother, daughter, sister, girlfriend, best friend; caregivers all. We salute the women in our lives, who give us the strength to continue, sometimes at great personal cost to themselves.

Accordingly, the Board of Directors would like to request the honour of your caregivers' company at our meeting, September 27th..

It's Ladies Night: RSVP not required.

STEERING COMMITTEE

Bob Johannson	President
Wayne Hemsworth	Treasurer
Allen Lehrer	Vice President
Allan Moore	Library
Ron Sawatzky	Speakers & Outreach
Paul Wilkinson	Newsletter Editor and Photography
Owen Condon	Data Base Manager
Fred Crombie	Email Contact
Frank Scully	Member at large
Neil Glazer	Member at large
Sylvain Cote	Member at large

Senior Advisors:

Charles & Lorna Curtis, Tom Grant and Francesco Moranelli

Hospitality	Open
Fundraising -	Open
Secretary	Open

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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.



Kimberley Thibodeau, MSW, CFT, works as a couple and family therapist at the McGill University Health Center in Montreal (MUHC). She joined the Psychosocial Oncology Program when it was founded in 2008.

Ms. Thibodeau is a McGill University graduate with a master of social work. She is a certified couple and family therapist trained at the Jewish General Hospital in Montreal and is a registered psychotherapist.

As a clinician, she provides psychosocial services to cancer patients and their family members across the illness trajectory through individual, couple and family interventions. She is a recognized expert on the impact of cancer on patients and their family members.

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Editor's Notes:

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“Caring for the Caregiver” is the subject matter for Kimberley Thibodeau’s pertinent presentation as our featured speaker in this highly significant month for Prostate Cancer Awareness in Canada.

Cover: A special “Thank you” to cover-girl, wife and caregiver, Sofía Suárez (pictured with her mother), for her love and courage, amply demonstrated during my own life-threatening challenge with lymphoma. She lost her father, brother and brother-in-law to cancer. Despite having her own very serious health issues, she was there for me every day.

Is there anything more important than our life partner and recognizing and appreciating the impact that hearing the news, **“YOU HAVE CANCER”**, will have on your wife and your relationship? A Danish study takes a peak (see pages 4 & 5).

“You never know how strong you are until being strong is your only choice.” Bob Marley

We encourage you to consider helping our group as a volunteer, perhaps as Secretary? Hospitality your thing? Perhaps in Fundraising? Actually, there are several reasons why you should volunteer, somewhere, anywhere actually, and for your own benefit. It’s all nicely outlined for you on page 6.

We’ve also just heard from Allison MacAlister, the Communications Coordinator for the **Canadian Cancer Survivor Network**, about a survey they’re conducting to complete an informed patient evidence submission for a new prostate cancer medication. The survey is intended for patients with either metastatic or non-metastatic castration-resistant prostate cancer (CRPC) and their caregivers.

“The pan-Canadian Oncology Drug Review invites patient groups like CCSN to prepare and send in submissions so that patients and caregivers like you can be heard. Please join us and have your voice included in this important submission process.”

(See page 5) **The survey is open until October 3rd**

Visit this website to take the survey:
<https://www.surveymonkey.com/r/72VYGWC>

Adam’s Gland Summer 2018



The **CanDirect** team would like to thank all members of the **PCCN-MWI support group** and readers of **ADAM’S GLAND** for helping them spread the word about depression in cancer survivors. With our support, the McGill research team has successfully recruited over 200 volunteers to test a self-care toolkit for people who have completed cancer treatments. Follow-up of study participants will wrap up in February 2019 and we can expect to receive study results in the summer of 2019. The goal is to make these types of tools more widely available so they can be used by anyone who may need them. You can keep up to date with this work via the group’s Facebook page www.facebook.com/CanDirectstudy.

Heartfelt congratulations go out to Manon De Raad and Cindy Ibberson and their marvellous CanDirect team for their tenacious work in compiling an important non-pharmaceutical study on depression in cancer survivors. We look forward to their results.

Wives of Many Advanced PC Sufferers have expressed that their own lives are being undermined by their husband's illness and that their own health has suffered.

In addition, a focus subgroup has revealed that many feel isolated and fearful, and worry about the role change in their lives as their husband's cancer advances. This study, developed with the wives of men with metastatic prostate cancer who were being treated with hormone therapy, is amongst the first carried out on how prostate cancer affects the partners of sufferers. It was presented in March 2018, at the EAU Conference in Copenhagen.

Prostate cancer is the most common male cancer. Prostate cancer which metastasizes to other parts of the body is often difficult or impossible to cure, and so is often treated with androgen deprivation therapy (ADT), which slows down the tumour growth. ADT shuts down production of the hormone testosterone, but that leads to fatigue, frailty, and loss of sexual drive. The effects of prostate cancer and its treatment have been extensively studied in men, but there is almost no work on how this affects their partners.

A team of Danish researchers from Herlev and Gentofte University Hospital, led by registered nurse Jeanne Avlastenok and Dr. Peter Østergren, have been working with the wives and partners of men who had been undergoing exercise therapy to maintain body strength and resilience during prostate cancer treatment. They questioned 56 women on how the cancers were affecting the lives of their husbands. Nearly half of these women (26 women, i.e. 46%) reported that their partner's health problem had affected their own health.

The researchers randomly selected 8 women for in-depth, focus-group style interviews – aimed at encouraging the women to express how they are being affected by their partner's illness.

“We worked with the women as a group, encouraging them to be open about what they felt in a supportive group environment,” said Jeanne Avlastenok.

“Three of the women, – those with early stage disease, – were less burdened than the others, but the remaining five expressed some significant concerns.

Many felt increasingly socially isolated. Their husbands were fatigued both by the illness and by the treatment, which meant that they couldn't socialize as a

which meant that they couldn't socialize as a couple, which made the women feel cut off from social support”

Sample Comment: "Because he sleeps so much we do not visit the family or our friends and do not have many guests" said one.

RN Jeanne Avlastenok continued, “They also gradually developed a real fear of being alone, even within the relationship. They felt that they had to be strong, which meant that they couldn't share the burden of the illness.

The last theme which worried the women was over the role change in their relationship. As their men became less able to fulfil their usual roles, the women had to undertake tasks which had previously fallen to the men. Many of these are simple tasks but for the women they represented a sea change in the way their lives were structured”.



Wives continued...

Sample Comment: "We have 22 windows and my husband thinks that he still can polish them and also do all the gardening. But nothing happens and he doesn't want me to arrange professional help".

All of the women were worried that their husbands would develop significant pain as the disease progressed.

The team stresses that the focus group findings is very much qualitative work on a small sample. "But in any study, you need to do the qualitative work before moving to any larger sample," said Dr. Peter Østergren, "We needed to let the women express their concerns first, so we can understand which questions to ask."

Commenting, Professor Hein van Poppel (Leuven, Belgium), EAU Adjunct Secretary General for Education, said:

"Many prostate cancer patients have a hard time, both physically and emotionally, and this work shows that this stress can spill over and affect wives and partners. This is good for neither of them. Good mental and emotional health needs to be part of how we judge a treatment, and we need to try to ensure that both patients and their partners get the support they both need".

European Association of Urology.

ScienceDaily; 19 March 2018.



**ARE YOU A CANADIAN PROSTATE
CANCER PATIENT OR CAREGIVER?**

CCSN is seeking insight to complete a patient evidence submission for Enzalutamide (Xtandi), a new medication for non-metastatic castration-resistant prostate cancer.

Please join us and have your voice included in this important submission process.



The purpose of the survey is to provide the **Canadian Cancer Survivor Network (CCSN)** with insights and perspectives about living with and managing **castrate resistant prostate cancer (CRPC)** from patients and caregivers in order to complete a patient evidence submission for a new medication for non-metastatic castration-resistant prostate cancer called **Enzalutamide (Xtandi)**.

We are looking for input from patients with both metastatic or non-metastatic castration-resistant prostate cancer (mCRPC) and their caregivers. The purpose of this survey is to understand the experience with Enzalutamide (Xtandi) or the need for Enzalutamide to prolong progression from non-metastatic to metastatic disease. If you are a patient outside of this specification and feel you may also benefit from this treatment, we would like to hear from you as well.



On June 28th, a record-setting crowd of 123 men and women packed "Salon A" at Dorval's Sarto Desnoyers Community Centre to hear Dr Joe Schwarcz speak about "Food Confusion".

It seems that the experts have been giving us bad advice and well, butter isn't so bad after all and snack less, nap more; sugar is the real enemy; walk more; vacation more; eat more veggies; and dairy is not good for you.

Volunteer work

is unique in that it often involves social, physical and cognitive dimensions, and research has shown that retired seniors who engage in activities that require moderate effort in two or more of these dimensions slash their risk of dementia by 47 percent. In individuals aged 60 and over, volunteering regularly decreased the risk of cognitive impairment over a 14-year period.

Ergo, taking part in volunteer work “significantly forestalls” the progress of cognitive decline in people aged 60 years and older.

Volunteering may lead to increases in volume in brain regions such as the hippocampus, which is involved in memory, as opposed to the declines in volume typically seen with age.

Doing good for others stands to benefit everyone involved. Volunteer work is unique in that it often involves social, physical and cognitive dimensions, and research has shown that retired seniors who engage in activities that require moderate effort in two or more of these dimensions slash their risk of [dementia](#) by 47 percent.

“An active and socially integrated lifestyle in late life protects against dementia and AD [[Alzheimer’s disease](#)],” the researchers wrote, and volunteering is one way to achieve this. Since volunteers are needed in a seemingly endless variety of organizations, from animal shelters and schools to food pantries and youth services, there’s a volunteer opportunity to appeal to virtually everyone. It costs you nothing, save for some time, and while giving back to those around you you’ll reap impressive benefits to your brain.

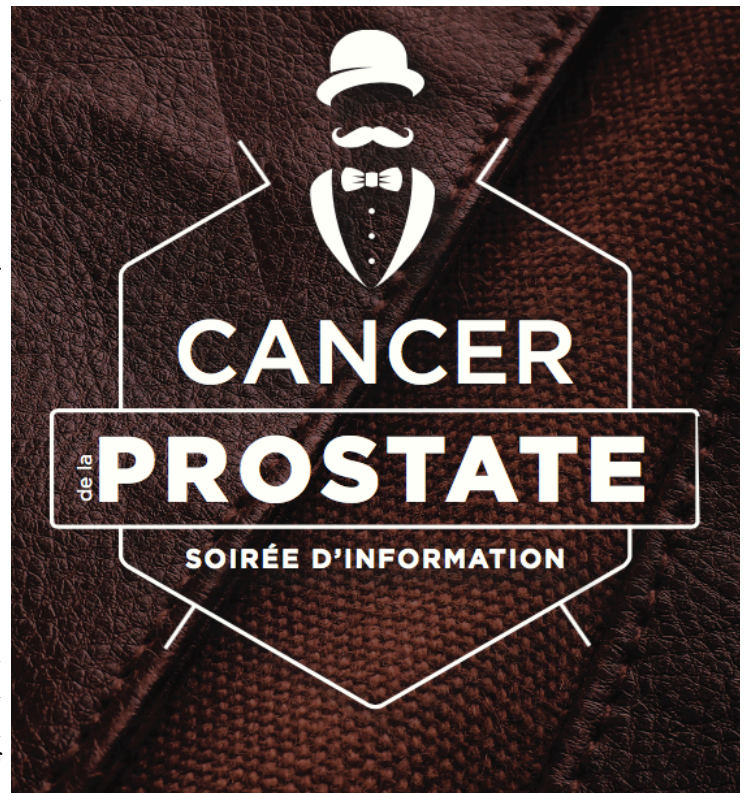
Volunteering’s many benefits are not limited to one area of the body like your brain or your heart but rather appear to extend body-wide. Volunteerism is linked to lower all-cause mortality in older adults, for instance, and additional benefits such as the following have also been noted:

- Greater life satisfaction
- Greater self-esteem
- Increased personal control
- Fewer depressive symptoms
- Delaying the onset of functional limitations that predict psychological distress among older adults

So, it’s your move.

Courtesy of Dr. Mercola at mercola.com

Adam’s Gland Summer 2018



Le jeudi 20 septembre 2018 17h à 20h

**Amphithéâtre
Centre de recherche du CHUM (CRCHUM)**

900, rue Saint-Denis, Montréal Pavillon R, 5^e étage
(angle Viger) Métro Champ-de-Mars

Registration

Tél. : 514 890-8000 poste 28139

Courriel : virage@viragecancer.org

PROGRAMMATION

Introduction sur la maladie et la chirurgie

Dr Fred Saad

Radiothérapie et nouveautés en imagerie

Dre Guila Delouya

Dysfonction érectile et incontinence urinaire

Dr Luc Valiquette

Options de traitement pour les cancers avancés

Dr Fred Saad

Got milk?

Sooner or later **Health Canada** will have to update its information on what constitutes the “Four Health Groups,” because dairy should not be there.

Here’s Dr Mark Harmon, from his 2018 book, **FOOD WHAT THE HECK SHOULD I EAT?** *“About 70% of the world’s population suffers from milk-induced digestive distress because of lactose intolerance. One of milk’s main proteins has been linked to cancer of the prostate. Dairy causes problems in people who have irritable bowel syndrome and leaky gut. Milk allergies are common, especially among children.*

In a report published in 2014, the **World Cancer Research Fund** compiled numerous studies indicating that men who consume a lot of dairy products have higher rates of cancer. A large study in the *Journal of Nutrition*, for example, linked milk consumption—including skim and low-fat milk—to a higher risk of prostate cancer diagnoses and a greater risk of progression. It’s possible that men who consume a lot of dairy share other habits that might explain their increased cancer rates. Perhaps they eat a lot of sugar or drink more alcohol. They may also exercise less. But considering what we know about all the cancer-promoting hormones in milk and the dairy proteins that cause allergies and inflammation, why risk it?

Pictured below are three of the foursomes from Royal Montreal who travelled up the road to Elmridge to participate in the 2nd Annual Prostate Cancer Canada Golf Tournament, held in mid-July.



Adam’s Gland Summer 2018

Green Tea and Cancer

While both green and black tea contain compounds that beneficial in the fight against cancer, green tea contains more of the compounds that have the **most significant effects against cancer cells**.

Some of those polyphenols include the well-studied epigallocatechin-3-gallate (EGCG), along with several other standout antioxidants, including epicatechin-3-gallate (ECG), and epicatechin (EC). These antioxidants in green tea are pretty amazing, but the primary antioxidant, EGCG has an antioxidant power 25–100 times more effective than that of vitamins C and E and is definitely the most potent of this bunch.

Metastasis is the spread of cancer to other healthy cells and organs, and is the primary cause of death from cancer. Stopping and containing cancer cells’ spread is key to fighting off cancer and regaining health.

The anti-cancer effects of EGCG have been shown to actually block some of the steps in the process that allows the cancer cells to invade other healthy cells.

In a large scientific review, an article published in the Journal, *Cancer Metastasis Review* shows the antioxidants in green tea to be especially effective against skin cancer, **prostate**, breast, lung, liver, and gastrointestinal cancer.

Prostate cancer treatment inconsistencies found in Canada | CBC News

Some men with low-risk prostate cancer in Canada may be opting for surgery with life-changing side-effects without fully understanding their options, says a new report.

When prostate cancer is diagnosed while it is confined to the prostate, it is [often treatable](#), but it can be aggressive in a subset of men, urologists say.

In Canada, active surveillance is the preferred approach to manage low-risk prostate cancers. It involves monitoring levels of prostate-specific antigen or PSA in the blood every few months, along with regular prostate biopsies and rectal exams to watch for signs of cancer progression, the Canadian Partnership Against Cancer says.

In Monday's [report on prostate cancer control](#), the group said data suggests three-quarters of men with low-risk prostate cancer in Manitoba and Prince Edward Island opted for active surveillance.

In contrast, more than half of low-risk prostate cancer patients in British Columbia, Alberta, Saskatchewan and Nova Scotia were treated with surgery, radiation, or a combination, treatments with possible side-effects that include erectile dysfunction and incontinence.

The group said it's the first time they've been able to investigate the variations in treatment across Canada. "What we found was there was a lot of inconsistency," said Rami Rahal, director of system performance and surveillance at the Canadian Partnership Against Cancer in Toronto.

Clinical trial results point to the same survival benefits from active surveillance as treatment with surgery and radiation for cancers that haven't spread beyond the prostate.

But each patient has their own individual preferences and quality of life considerations given their personal circumstances, said Rahal.

"In some cases they might feel, you know what, I just don't want this tumour inside of me, even though it may not grow, I want it out and I'm willing to wear a diaper for the rest of my life. That's fine, I just don't want that tumour. And in other cases, patients might say, my quality of life needs to be taken into account, I want it to be monitored and avoid the surgery as much as possible."

Adam's Gland Summer 2018

The report also included:

*Data suggesting less than 40 per cent of men who go on to die of prostate cancer receive radiation therapy for pain management in their last year of life, despite evidence of its effectiveness in providing relief.

*Prostate cancer patients also tend to wait longer for radiation therapy than patients with breast, colorectal or lung cancers.

*Prostate cancer patient satisfaction surveys point to a greater need for emotional support.

Ron Telpner, 65, of Toronto, was diagnosed with low-risk prostate cancer five years ago. Telpner originally thought the idea of watch and wait was "ridiculous," but after doing his homework, he chose 22 months of active surveillance and changed his diet and lifestyle before having surgery.

"Men are at that vulnerable stage where you do need that coaching, therapy, or reassurance," Telpner said.

He urges other men to weigh their options carefully.

