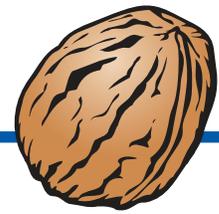


The Walnut



NEWSLETTER OF PROSTATE CANCER CANADA NETWORK OTTAWA
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WINTER, 2019

How at Risk are You?



A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

– World Health Organization

In this issue, we explore the risk factors for developing prostate cancer: age, race, family history, genetics, as well as social and environmental factors such as lifestyle, dietary habits. We also take a look at some common myths about risk factors. ■

The content in The Walnut is taken from reputable sources. However, it is not intended nor recommended as a substitute for medical advice, diagnosis, or treatment. Always seek the advice of your own physician or other qualified health care professional regarding any medical questions or conditions.

Monthly Meetings

We meet the 3rd Thursday of each month (except July and August) at St. Stephen's Anglican Church, 930 Watson Street, off Pinecrest, north of the Queensway. Parking is at the rear. A contribution for the St. Stephen's food bank is always appreciated. Meetings open at 6:30 and run from 7:00 pm to 9:00 pm. Free parking is available at the rear of the church.

Our monthly meetings are dedicated to providing information, fellowship and support to all who have been touched by prostate cancer. Come join us anytime—we hope to see you soon!

MARK YOUR CALENDAR! • 21 February 2019 •
• 21 March 2019 • 17 January 2019 •

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PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

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 Vice-Chair Doug Nugent
 Treasurer Jim Thomson
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PCCN Ottawa does not assume responsibility or liability for the contents or opinions expressed in this newsletter. The views or opinions expressed are solely for the information of our members and are not intended for self-diagnosis or as an alternative to medical advice and care.

As a registered charity, we rely on the generosity of donors and volunteers to support our mission. Your donation helps protect men and their families from prostate cancer. You'll be supporting the most promising research projects and providing men with care and support when they need it most. Thank you for your generosity!

PCCN Ottawa Mission Statement

The mission of Prostate Cancer Canada Network Ottawa (hereafter PCCNO), both for individuals and in the interests of the wider community, is to promote and deliver personal support, education, awareness and health advocacy on behalf of all men and their families that are affected by prostate cancer and to better prepare them to deal with their diagnosis and treatment in a positive and effective manner.



Myths and Misconceptions

Even though over the past 25 years more than 29 types of prostate cancer have been identified, the fact remains that prostate cancer is one of the least talked about cancers. This can lead to a great deal of confusion. Let's take a look at some of those myths and misconceptions.

Myth #1: Prostate cancer is an old man's disease

Your race, family history, physical health and lifestyle—even geographic location—are all factors that can increase your likelihood of developing prostate cancer. And it's true: the older you are, the more likely you are to be diagnosed with prostate cancer. While 65% of the 165,000 cases are diagnosed in men who are 65 or older, the fact remains that 35% of those are diagnosed at an earlier age.

Myth #2: If you don't have any symptoms, you don't have prostate cancer

WRONG. Not all men experience symptoms and many times these symptoms can be mistaken or attributed to something else. Often, signs of prostate cancer are first detected by a doctor during a routine check-up. Common symptoms include: a need to urinate frequently, difficulty starting or stopping urination, weak or interrupted flow of urination, painful or burning urination, difficulty having an erection, painful ejaculation, blood in the urine or semen, or frequent pain and stiffness in the lower back, hips or upper thighs. Urinary symptoms don't necessarily mean prostate cancer. If you experience any of these symptoms, be sure to tell your doctor.

Myth #3: Prostate cancer is a slow growing cancer I don't need to worry about

Yes. And no. With the 29 types of prostate cancer, there are those prostate cancers a man may die with and not of, while others are very aggressive. Once a biopsy confirms the presence of cancer in the prostate, a physician uses the data contained in the pathologist's report to characterize the potential aggressiveness of the cancer and make recommendations for treatment based on many factors, including age and health status. Men need to understand the complexity of this disease and make treatment decisions that are right for them in consultation with a trusted medical professional.

Myth #4: Prostate cancer doesn't run in my family, so the odds aren't great that I will get it

Wrong. While a family history of prostate cancer raises a man's odds of being diagnosed to 1 in 3, the fact remains that 1 out of every 9 men will be diagnosed with prostate cancer in their lifetime. And men with an African heritage are 74% more likely to be diagnosed with prostate cancer and 2.4 times more likely to die as a result.

Family history and genetics do, however, play a role in a man's chances for developing prostate cancer. A man whose father or brother had prostate cancer is twice as likely to develop the disease. The risk is further increased if the cancer was diagnosed in a family member at a younger age (less than 55 years old), or if it affected three or more family members.

Myth #5: The PSA test is a cancer test

Incorrect. The PSA test measures levels of prostate-specific antigen in the prostate, not cancer. Think of it as a first alert smoke alarm, instead of a fire alarm. The PSA test is the first step in the diagnostic process for cancer. It has made detection of cancer in its early stages, when it is best treated, possible.

Myth #6: A high PSA level means that you have prostate cancer and a low PSA means you do not have prostate cancer

When there is a problem with the prostate, more PSA is released in the body, and a PSA test is used to detect PSA levels in the bloodstream. Although prostate cancer is a common cause of elevated PSA levels, it's not the only cause. Elevated levels can be an indication of other

medical conditions, such as BPH (benign prostatic hyperplasia – enlarged prostate) or prostatitis (an infection in the prostate). Conversely, a low PSA may be deceptive; for example, PSA can also be diluted in men who are overweight or obese, due to a larger blood volume, and a biopsy should be considered at a relatively lower number (i.e. 3.5 instead of 4).

Myth #7: Vasectomies cause prostate cancer

Having a vasectomy was once thought to increase a man's risk. This issue has since been carefully researched by epidemiologists and it has been determined that a vasectomy has not been linked to increasing a man's chance of getting prostate cancer.

Myth #8: You can't have a baby after prostate cancer

Reproductive issues are a major concern for men who have prostate cancer, since the prostate is essential for reproduction by producing prostatic fluid, which nourishes and protects the sperm. Prostate cancer surgery, if it's the proper course for your care, will remove the prostate gland. Chemo and radiation therapy could also cause infertility based on some factors, including age, drugs and the doses used.

Myth #9: Sexual activity increases the risk of developing prostate cancer

High levels of sexual activity or frequent ejaculation were once rumored to increase prostate cancer risk. In fact, some studies show that men who reported more frequent ejaculations had a lower risk of developing prostate cancer. Ejaculation itself has not been linked to prostate cancer.

Myth #10: Surgery and radiation are the best way to treat prostate cancer

Prostate cancer comes in many forms – some are aggressive, some are slow-growing, so treatment decisions include many factors, including: need for treatment, family genetics, personal circumstances, level of risk. Men with "low-risk" tumors (which are the most common type), can safely undergo something called "Active Surveillance," where they are monitored without immediate treatment while preserving their changes at long-term survival. ■

Source: <https://www.pcf.org/five-myths-misconceptions-prostate-cancer/>

Events

Christmas Party 2018

This year's Christmas party was a big success; approximately 80 people turned out. Many thanks and appreciation to those who took the lead on what was a great event: Jim and Denise Davidson, the two David's (Cook and Brittain), Phil and Diane Bent. They, along with others who lent a hand and made a wonderful evening for all of us. The band was in its usual fine form and the St. Stephen's choir kicked things off nicely. For those that have Facebook there were some video and photos shared by Doug Nugent.



Donation to The Ottawa Hospital

PCCNO donated in October 2018 to support two research projects at The Ottawa Hospital at a value of \$25k each for a total of \$50k. Jennifer Van Noort, Vice-President, Philanthropy and Leadership Giving at The Ottawa Hospital Foundation expressed her appreciation on behalf of the hospital: "We are so deeply grateful to you and your members for being so generous and caring so much about patients in our community."

Dr. Rodney Breau of the Ottawa Hospital said: "Please extend our gratitude toward your group. We are very excited and honoured to receive this gift. Your support will help us as we move toward a clinical trial for patients post-prostatectomy." The two projects are:

- ▶ Investing in an Advanced Prostate Cancer Research Project focused on patients with advanced prostate cancer being led by Dr Breau.
- ▶ Investing in the Robotics Program to ensure we can continue to care for patients with the robot and invest in key robotics research.

Donation to ORCF

PCCNO donated \$1,000 to the Ottawa Regional Cancer Foundation (ORCF) in November, which generated a matching amount in their fundraising campaign. This contribution also recognized the use we make of their facility the Maplesoft Centre, for our annual BBQ.

Coffee and conversation

PCCNO member Bill Lee coordinates regular informal get-togethers to share in conversation and make new connections.

One is held at 10:00 am the first Monday of each month at the McDonalds restaurant at Billings Bridge, and the other in the Food Court at Carlingwood Mall on the second Monday of each month, also at 10:00 am. If a Monday is a holiday, then they meet on Tuesdays. Anyone interested can contact Bill at 613-835-1186 or leewillum@rogers.com ■

Share Your Story

Knowing about other people's personal experience of prostate cancer can be a source of support and inspiration when you or someone you love is going through cancer treatment.

What is your experience in dealing with prostate cancer? What has this journey been like?

What insights can you share with those about to make, or in the middle of making, important decisions and choices?

If you are the spouse, partner or family member of a prostate cancer patient what experiences can you share to benefit others?

Your stories can support the work of PCCN Ottawa to promote and deliver personal support, education, awareness and health advocacy on behalf of all men and their families that are affected by prostate cancer.

Write us, and we will include your stories in the next issue of The Walnut! We cannot promise we will publish every story we receive, but we will share as many as we can.

Risk Calculators



Every year, 24,000 Canadian men are diagnosed with prostate cancer. How can we better identify which men are at higher risk for the disease and which men will develop more aggressive forms. How can we be more proactive in our treatment? Is it necessary to treat all forms of prostate cancer? Or is it best to employ an active monitoring strategy? There are no easy answers.

We outline here two examples of well researched risk calculators for prostate cancer: one in Canada, the second in the Netherlands.

Sunnybrook Prostate Cancer Risk Calculator

The tool developed at Sunnybrook to predict which men are at risk of prostate cancer, and calculate whether that cancer is likely to be slow-growing or aggressive, has been shown to be remarkably effective. In fact, the Sunnybrook Prostate Risk Calculator, borne out of basic science and biomarker research, has greater accuracy than a similar tool used widely in the U.S.

Dr. Robert Nam, head of genitourinary cancer care at the Odette Cancer Centre in the Sunnybrook Health Sciences Centre in Toronto and his team have been recognized as a world leader in this area.

In 2017 Prostate Cancer UK awarded Dr. Nam a large grant to research and build on the existing screening tool. He heads an international consortium to develop the new iteration.

A risk calculator uses a statistical model called a nomogram. “This nomogram not only predicts an individual patient’s risk for prostate cancer, but it also gives his risk for the most aggressive forms of the

disease,” he explains. “It’s going to say, ‘This patient needs a biopsy,’ meaning his calculated risk warrants further tests. Or it tells us that he doesn’t need any intervention at the moment, and careful monitoring through our Active Surveillance with Select Delayed Intervention program would be the best course of action.”

This program aims to reduce overtreatment of clinically insignificant prostate cancer while providing the option of treatment if, over time, the patient becomes higher risk.

Among the data being used in the current version are the patient’s age, digital examination results, family history, ethnicity and PSA-based results. The next-generation version could include results of a test for microRNAs, a new genetic marker for prostate cancer now under investigation by Dr. Nam and Sunnybrook Research Institute colleague Dr. Arun Seth.

In the first study to compare prostate cancer risk calculators most widely used in North America, the Sunnybrook Prostate Cancer Risk calculator showed greater accuracy in predicting individual risk for any and aggressive prostate cancer.

The Sunnybrook Prostate Cancer Risk Calculator uses all seven known risk factors and tumour markers for prostate cancer including free: total PSA ratio.

To see the calculator: <https://www.prostaterisk.ca/>

Details about the research study that led to its development can be found here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5937391/>

Source: <https://sunnybrook.ca/uploads/N110628.pdf>

The Netherlands Risk Calculators

In The Netherlands, The Prostate Cancer Research Foundation is an initiative of the Department of Urology of the Erasmus MC, the University and Medical Centre of Rotterdam.

Details about the series of “risk calculators” they developed as guidance for patients and health professionals can be found here: <http://www.prostatecancer-riskcalculator.com/assess-your-risk-of-prostate-cancer>

If you have doubts or questions about your health, always contact your GP or hospital doctor. This is particularly important if you have questions which arise from the use of one or more of the prostate cancer risk calculators. ■

Risk Factors for Prostate Cancer

Source: Canadian Cancer Society: <http://www.cancer.ca/en/cancer-information/cancer-type/prostate/risks/?region=on>

A risk factor is something that increases the risk of developing cancer. It could be a behaviour, substance or condition. Most cancers are the result of many risk factors. But sometimes prostate cancer develops in men who don't have any of the risk factors described below. Risk factors are generally listed in order from most to least important. But in most cases, it is impossible to rank them with absolute certainty.

Known risk factors

Family history

There is convincing evidence that a family history of the disease increases your risk for prostate cancer.

The risk of developing prostate cancer is higher if a first-degree relative (your father, brother or son) has been diagnosed with the disease. The more first-degree relatives with prostate cancer a man has, the greater his risk of developing prostate cancer.

Risk is also influenced by your relative's age at diagnosis. If your relative was diagnosed with prostate cancer before the age of 65, your chance of developing prostate cancer is higher than if your relative was diagnosed at an older age.

A diet high in red meat

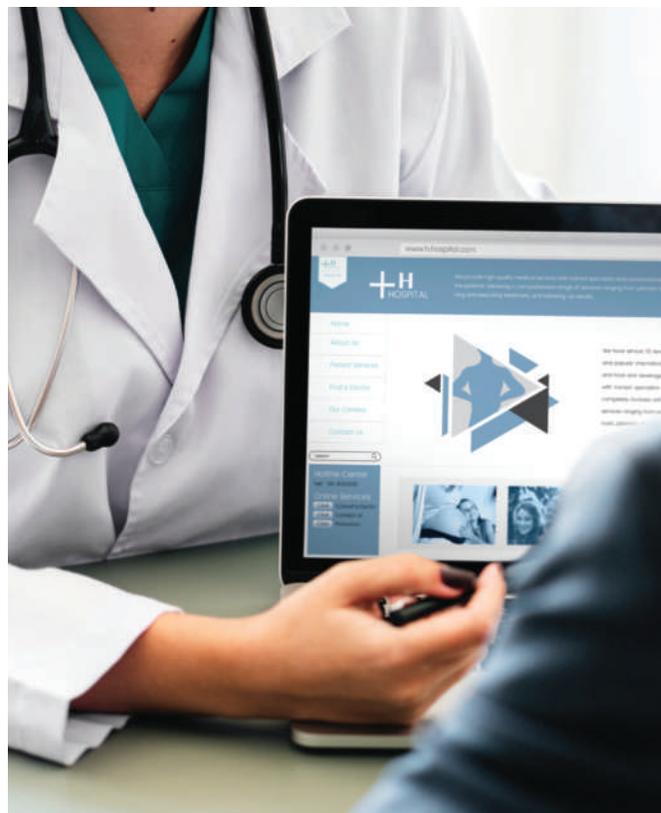
Eating a lot of red meat like beef or pork, especially when it is cooked at a high temperature, increases the risk of developing prostate cancer. Eating white meat doesn't increase your risk for prostate cancer.

Possible risk factors

The following factors have been linked with prostate cancer, but there is not enough evidence to show they are known risk factors. Further study is needed to clarify the role of these factors for prostate cancer.

A diet high in fat and dairy products

A diet high in fat, especially animal fat, may increase the risk of prostate cancer. Some studies suggest that men who eat larger amounts of dairy products may have a higher risk



for prostate cancer. Milk products also have calcium. Some studies suggest that a high calcium intake may increase the risk of developing prostate cancer.

A diet high in processed meats

Eating a lot of processed meat like bacon or hot dogs may also put you at higher risk for prostate cancer.

Being overweight or obese

Studies show that overweight or obese men have a higher risk of being diagnosed with advanced prostate cancer or prostate cancer that has already spread (metastasized) to other parts of the body.

Inherited gene mutations

Studies show that some inherited gene mutations may increase the chance of developing prostate cancer. But only a very small number of cases of prostate cancer are linked with these gene mutations.

Inflammation of the prostate

Inflammation of the prostate is called prostatitis. Many studies show that long-term inflammation of the prostate increases the risk of developing prostate cancer. It also makes prostate cancer grow and spread more quickly.

Exposure to high levels of testosterone

Androgens are a type of male hormone. They are responsible for the growth, development and function of the male reproductive system, including the prostate. Testosterone is the main male hormone. When the body uses, or metabolizes, testosterone, it creates dihydrotestosterone (DHT).

Some evidence suggests that androgens are related to the growth and development of prostate cancer. Long-term exposure to higher levels of testosterone and DHT may increase the chance of developing prostate cancer. Hormonal therapy that blocks the body's production of these hormones is one of the treatments for prostate cancer.

Tall adult height

Studies show that developmental factors that influence growth in the womb, during childhood and in adolescence are linked to a higher risk of prostate cancer. The findings show the taller a man is, the greater his risk of prostate cancer.

Exposure to pesticides

Studies suggest that farmers and workers who spray pesticides on crops have a slightly higher risk of developing prostate cancer. The risk may be even higher for men with a family history of prostate cancer.

Occupational exposures

Some evidence suggests that occupational exposure to the following chemicals may increase the risk for prostate cancer.

Cadmium is a metallic element known to cause cancer. Some studies show that men exposed to cadmium in smelting or battery manufacturing industries have a higher risk of developing prostate cancer.

Chemicals in rubber manufacturing may increase the risk for prostate cancer.

Unknown risk factors

It isn't known whether or not the following factors are linked with prostate cancer. Further study is needed to see if the following are risk factors for prostate cancer:

- ▶ testosterone therapy
- ▶ sexually transmitted infections (STIs)
- ▶ lack of physical activity
- ▶ sedentary behaviour
- ▶ vasectomy
- ▶ low levels of some dietary nutrients, including vitamin D, vitamin E and selenium

In Memoriam

Orville Martin (Mo) ALLER

PCCNO member since 1997. Suddenly at age 88 on October 21, 2018. Squadron Leader Retired, RCAF. Pilot, Piper, Skier, Cyclist, Husband, Father, and Grandfather. An active member of the Highland Mist Pipe Band (Kanata) at the time of his death, he was still practising at home, learning new tunes and looking forward to playing the pipes at his grandchildren's weddings. Mo ran his first marathon at age 50. An enthusiastic triathlon competitor, he never lost his love of cycling and rode his e-bike on the Ottawa Parkway the week before he died.

Harold FRENCH

PCCNO member, Harold passed away on November 25, 2017, at the age of 89, days after the passing of Alice, his beloved wife of 68 years. He will be fondly remembered by family and friends in Calgary, Montreal, Toronto and Ottawa.

Carl KELLY

KELLY, Carl, OMI Died peacefully on Sunday, November 26, 2017 at Springhurst Residence at the age of 86. Over the last 36 years, Fr. Carl thrived in pastoral ministry, working in parishes in Hamilton, Thunder Bay, Springhill (NS), Toronto, Shubenacadie (NS) and finally, Canadian Martyrs Parish. Most recently, Fr. Carl regularly visited and celebrated mass at Madonna della Risurrezione Parish and St. Patrick's Home in Ottawa.

Francois J. MASSON

PCCNO member since 2000, Kanata ON.

Hamish MacLeod STURTON

PCCNO member since 2009. Peacefully on July 7, 2017 at age 73 years. Hamish was born in Glasgow, Scotland and immigrated to Canada in 1969. He worked for Export Development Canada EDC for 35 years, retiring in 2012. Hamish will always be remembered for his warmth, gentle ways, sense of humour and his great love of travel and adventure.

Sleep Habits and Risk of Prostate Cancer

A number of studies have been undertaken to explore whether there is any correlation between sleep patterns and risk of developing prostate cancer.

The American Cancer Society used two long-term studies that tracked the health and sleeping habits of hundreds of thousands of men. Though all were cancer-free to begin with, more than 1,500 men developed the cancer in the first, while over 8,700 did in the second.

Researchers dug into their sleeping habits to discover any patterns. They found that men under 65 who only slept for between three and five hours per night became 55 percent more likely to have prostate cancer than those who slept seven hours per night. For men over 65, sleep made no difference in their chances of eventually dying from the cancer.

A recent study published in the International Journal of Cancer found that eating dinner earlier and going to bed at least 2 hours after eating were associated with decreasing the risk of breast and prostate cancers.

Evidence suggests that long-term disruptions of natural human cycles — such as circadian rhythm due to shift work — may lead to adverse outcomes such as diabetes, obesity, cardiovascular disease, and cancer, particularly of the breast and prostate. The effect of timing of eating on health risks, however, have yet to be fully understood.

The researchers concluded that “adherence to a more diurnal eating pattern and specifically a long interval between last meal and sleep is associated with a lower cancer risk. The hypothesis we tested is supported by experimental evidence and stresses the importance of evaluating circadian rhythms in studies on diet and cancer.” ■

Sources:

<https://www.oncologynurseadvisor.com/general-oncology/dinner-hour-and-sleep-habits-affect-risk-of-breast-prostate-cancers/article/781851/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652595/>

<https://www.menshealth.com/health/a195450177-hours-sleep-reduces-risk-prostate-cancer/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3392423/>

In the Next Issue

Spring 2019 Wellbeing



In this issue, we examine the physical, emotional and social wellbeing needs of men with prostate cancer. We look at a range of issues, including dealing with anxiety, fatigue, side effects of treatment, loss of libido and sexual function, impact on relationships (spouse and/or family) etc.

And because many men do not take a pro-active approach to take responsibility for our health, using self-reflection and reinvention to become more proactive and take on the role of becoming an architect of our health.

Join the Team

For many of us, contributing is part of survival. We learn and find comfort by doing things with other survivors.

Participating in the community helps sustain our quality of life. Your help is needed and you'll find it rewarding.

Contact us at info@pccnottawa.ca or use the form on the website to introduce yourself and let us know how you'd like to help out. <http://pccnottawa.ca/volunteers/join-team> ■