

Moving on After Treatment

Source: American Cancer Society

The end of treatment can be both stressful and exciting. You will be relieved to finish treatment, yet it is hard not to worry about cancer coming back. This is very common among people who have had cancer.

For years after treatment ends, you will need to see your doctor for follow-up. These visits may include physical exams and blood tests, which can help to tell if the cancer has come back.

Other tests, like chest x-rays, CT scans, or MRIs, may also be needed. Almost any cancer treatment can have side effects. Some may last for a few weeks to months, but others can last longer. Be sure to tell your doctor about any problems you are having so he can help you with them.

Seeing a new doctor

At some point after cancer, you may find yourself seeing a new doctor. You will want to give your new doctor all the details of your cancer and

treatment. Make sure you have this information handy, and keep copies of all your medical records for yourself:

- A copy of your "path report" from any biopsy or surgery
- If you had surgery, a copy of your operative report
- If you were in the hospital, a copy of the discharge summary that every doctor must prepare when patients are sent home
- If you had radiation, a final summary of the dose and field

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Medical Advisors

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Pain Management

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Family Practitioner

Thanks!

Next meeting: April 17, 2014
Dr. Graham Glezerson, Urologist

Topic: Hormone Therapy
and the Side Effects

Location: Main Floor Auditorium
Seven Oaks General Hospital
Leila and McPhillips

Time: 7 to 9 p.m.



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

Thought of The Day

When a clock is hungry.....it goes back four seconds!

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- If you had chemo, a list of your drugs, drug doses, and when you took them

Lifestyle changes during and after treatment

Having cancer and dealing with treatment can take a lot of your time. But now you may have time to look at your life in new ways. Maybe you are thinking about how to improve your health. Some people even work on this during cancer treatment.

Make healthy choices.

Think about your life before cancer. Were there things you did that might have made you less healthy? Maybe you drank too much, ate more than you needed, smoked, or didn't exercise very often. Maybe you kept your feelings bottled up, or maybe you let stressful things go on too long.

Now is not the time to feel guilty or to blame yourself. You can start making changes today that can have good effects for the rest of your life. You'll feel better and be healthier, too. You can start by working on those things that bother you most. Get help with the changes that are harder for you.

Eating healthy

Eating right can be hard to do during and after cancer treatment. Treatment may change your sense of taste. You may have a sick stomach. You may not feel like eating. You may even lose weight when you don't want to. On the other hand, some people gain weight even without eating more. This can be upsetting, too.

If you are losing weight or have taste problems, do the best you can with eating and know that these problems

will get better. You may want to ask your doctor or nurse to see a dietitian who can give you ideas on how to deal with some of these side effects. You may also find it helps to eat small meals every 2 to 3 hours until you feel better.

One of the best things you can do after treatment is put healthy eating habits into place. Try to eat 5 or more servings of vegetables and fruits each day.

Choose whole-grain foods instead of white flour and sugars. Try to limit meats that are high in fat. Cut back on processed meats like hot dogs, deli meats, and bacon. If you drink alcohol, limit yourself to 1 drink a day for women or 2

drinks a day for men – at the most. And don't forget to get some exercise. A good diet and regular exercise will help you stay at a healthy weight and give you more energy.

Rest, fatigue, work, and exercise

Fatigue is feeling very tired. It is very common in people with cancer. This tired feeling is not the same as the tiredness you might have at the end of a very busy day. It is a "bone-weary" feeling that doesn't get better with rest. For some, this fatigue lasts a long time after treatment.

It can be hard to be active when you feel tired all the time. But being active can help reduce your fatigue. Studies have shown that patients who follow an exercise program feel better and cope better, too.

If you were sick or on bed rest during treatment, it's normal to have lost some of your fitness, endurance, and muscle

strength. Exercise can help you make your muscles strong, and can help fight fatigue. It can also help the depressed feeling that sometimes comes with being so tired.

Your exercise program should fit your needs. An older person who has never been very active may not be able to do the same amount of exercise as a 20-year-old. If you haven't been active in a few years but can still get around, you may want to think about starting with short walks.

Talk with your doctor or nurse before starting. Let them know about your plans. And try to find an exercise buddy so that you're not doing it alone. Having family or friends join you in a new exercise program can give you that extra boost of support to keep you going when the push just isn't there. If you are very tired, though, you will need to be sure you get some rest. It's hard for some people to allow themselves to rest

when they are used to working all day or taking care of a home and family. It's OK to rest when you need to.

Exercise can improve your health.

- It improves your heart and circulation.
- It makes your muscles stronger.
- It helps fatigue.
- It lowers anxiety and depression.
- It makes you feel happier.
- It helps you feel better about yourself.

And we know that exercise plays a role in stopping some cancers. The American Cancer Society says adults should take part in some type of physical activity for at least 30

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minutes or more on 5 days or more of the week.

What about your emotional health?

Once your treatment ends, you may find yourself filled with emotions. This happens to a lot of people. You may have been going through so much since diagnosis that you could only focus on getting through your treatment. Now you may find that you think about your own death or the effect of your cancer on your family. You may also begin to think about your relationship with your spouse or partner.

This is a time when you need people you can turn to for strength and comfort. This support can come from family, friends, cancer support groups, church groups, online support groups, or counselors.

Almost everyone who has been through cancer feels better if they get some type of support. What’s best for you depends on you. Some people feel safe in groups, and others would rather talk in an informal setting, such as church. Others may feel more at ease talking with a close friend or counselor. Whatever your source of strength or comfort, make sure you have a place to go with your concerns.

The cancer journey can feel very lonely. You don’t need to go it alone. Your friends and family may feel shut out if you decide not to include them. Let them in – and let in those who you feel may help. You can’t change the fact that you have had cancer. What you can change is how you live the rest of your life.

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Prostatectomy Or Radiation?

Prostatectomy or radiation tries to remove all the cancer cells. Prostatectomy is surgery to remove the prostate. Radiation tries to kill the prostate cancer with high-dose X-rays. The X-rays can come from a source outside the body (external beam radiation) or from radioactive seeds placed in the prostate (brachytherapy). Some research has shown that surgery or radiation may make it less likely for men with prostate cancer to die from prostate cancer within 10 to 20 years. Other research has shown that surgery or radiation may not lower the chances that men with prostate cancer will die from prostate cancer. However, it is also known that these treatments can cause problems.



Below are the chances of common problems from two treatment choices.

SIDE EFFECTS FROM TREATMENT

How many men out of 100 say they are having these problems?

	Surgery	Radiation
Bothered by problems with sexual Function ^a	43 to 63 in 100	38 to 57 in 100
Bothered by problems with urination ^b	15 to 42 in 100	13 to 52 in 100
Bothered by problems with bowel Movements ^c	5 to 11 in 100	10 to 17 in 100

- a Problems with sexual function* can include not being able to get an erection, not being able to have intercourse, or being unhappy with the erections you can get.
- b Problems with urination* can include having to wear pads because you leak urine, frequent dribbling of urine, or having no control over your bladder.
- c Problems with bowel movements* can include frequent bowel movements, sudden urges to have bowel movements, or pain or bleeding with bowel movements.

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Preventing And Treating Prostate Cancer Spread To Bone

If prostate cancer grows outside of the prostate gland itself, it may first grow into nearby tissues or spread to nearby lymph nodes. After this, prostate cancer nearly always spreads to the bones next. Spread of cancer to the bones can be painful and can also result in other problems, such as fractures (breaks) or high blood calcium levels, which can be dangerous or even life threatening.

Preventing or slowing the spread of prostate cancer to the bones is a major goal of treatment if the cancer has grown outside of the prostate. If the cancer has already reached the bones, controlling or relieving pain and other complications is also a very important part of treatment.

Previously described treatments, such as hormone therapy, chemotherapy, and vaccines may help with this, but other treatments more specifically target cancer spread to the bones and the problems it may cause.

Bisphosphonates

Bisphosphonates are a group of drugs that can help relieve pain and high calcium levels caused by cancer that has spread (metastasized) to the bones. These drugs may also slow the growth of the metastases and help delay or prevent fractures. Bisphosphonates can also help strengthen bones in men who are receiving hormone therapy. These drugs work by slowing down cells called osteoclasts. These cells normally break down the hard mineral structure of bones to help keep them healthy. But osteoclasts often become overactive when prostate cancer cells spread to the bones, which can cause problems.

For prostate cancer, the most commonly used bisphosphonate is

zoledronic acid (Zometa®). This drug is approved to treat bone metastases from prostate cancer. It is given as an intravenous (IV) injection, usually once every 3 or 4 weeks. Men given this drug are advised to take a supplement containing calcium and vitamin D to prevent problems with low calcium levels.



Other bisphosphonates have been approved for other uses, and some doctors use these "off label" (to treat a condition for which they have not been approved by the Food and Drug Administration) to treat prostate cancer that has spread to bone.

Bisphosphonates can also be used to treat osteoporosis (thinning and weakening of bones). Some men with prostate cancer develop this as a result of hormone therapy.

Bisphosphonates can have side effects, including flu-like symptoms and bone or joint pain. They can also lead to kidney problems, so patients with poor kidney function may not be able to be treated with these medicines.

A rare but very serious side effect of bisphosphonates is osteonecrosis of the jaw (ONJ). With this condition, part of the jaw bone loses its blood supply and dies. This can lead to tooth loss and infections or open sores of the jaw bone that won't heal and are hard to treat.

Some people develop ONJ after dental work (such as having a tooth pulled) is done while on this medicine. Many cancer doctors advise patients to have a dental checkup and have any tooth or jaw problems treated before they start taking a bisphosphonate. Maintaining good oral hygiene by flossing and brushing, making sure that dentures fit properly, and having regular dental checkups may also help prevent this condition.

Denosumab

Denosumab (Xgeva®, Prolia®) is another drug that can help when prostate cancer spreads to bone. Like the bisphosphonates, denosumab also blocks bone cells called osteoclasts, but it does so in a different way.

In men whose cancer has already spread to the bones, denosumab can help prevent or delay problems like fractures. Studies have shown that it seems to work a bit better than zoledronic acid. It may also be helpful if zoledronic acid is no longer working.

In men with no obvious cancer spread to the bones but with rising PSA levels despite hormone therapy, denosumab may help slow the spread of the cancer to the bones. But it's not clear if it will help men live longer.

This drug is given as an injection under the skin every 4 weeks. Men given this drug are often urged to take a supplement containing calcium and vitamin D to prevent problems with low calcium levels.

Common side effects include nausea, diarrhea, and feeling weak or tired. Like the bisphosphonates, denosumab can also cause ONJ, so doctors recommend taking the same

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precautions (such as having tooth and jaw problems treated before starting the drug).

Corticosteroids

Some studies suggest that corticosteroid drugs (such as prednisone and dexamethasone) can help relieve bone pain in some men. They also can help lower PSA levels.

External radiation therapy

Radiation therapy can help reduce bone pain, especially if the pain is limited to one or only a few areas of bone. Radiation can be aimed at tumors on the spine, which can help relieve pressure on the spinal cord in some cases. Radiation therapy may also help relieve other symptoms by shrinking tumors in other parts of the body.

Radiopharmaceuticals

Radiopharmaceuticals are drugs that contain radioactive elements. They are injected into a vein and settle in areas of the bones with active turnover (like those containing cancer

spread). Once there, the radiation they give off kills cancer cells.

Right now, there are 3 radiopharmaceuticals that can be used to treat prostate cancer spread to bone:

- Strontium-89 (Metastron®)
- Samarium-153 (Quadramet®)
- Radium- 223 (Xofigo®, formerly called Alpharadin)

These drugs can be used to treat bone metastases when prostate cancer has spread to many bones. Unlike external beam radiation, this treatment allows all the bones affected by cancer to be treated at the same time.

Although all 3 of these drugs can help relieve pain caused by bone metastases, only radium-223 has been shown to help prostate cancer patients who only have cancer spread in their bones live longer. For these patients, radium-223 may be an early part of treatment.

The major side effect of these drugs is a lowering of blood cell counts, which could place you at increased risk for infections or bleeding, especially if

your counts are already low. Other side effects have also been seen, so ask your doctor what you can expect.

Pain medicines

When properly prescribed, pain medicines (ranging from ibuprofen or acetaminophen to stronger opioids like morphine) are very effective. You may worry about addiction with opioids, but this is almost never a problem if the drug is being used as directed to treat cancer pain. Symptoms such as drowsiness and constipation are likely but can usually be treated by changing the dose or by adding other medicines.

If you have bone pain from prostate cancer, it is very important that it is treated effectively. This will help you feel better and allow you to focus on the people and activities that are most important to you. Don't hesitate to discuss pain, other symptoms, or any quality of life concerns with your cancer care team. Pain and most other symptoms of prostate cancer can often be treated effectively.

Last Revised: 02/24/2014

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Prostate Cancer Vaccines Receive A Boost In Funding

By Sally Robertson B.Sc. Source: new-medical.net January 2014

The development of two new vaccines that are hoped to offer an alternative to castration therapy for men with recurring prostate cancer, is due for an \$8 million boost in funding. The pharmaceutical company Madison Vaccines Incorporated (MVI) recently announced the success of a finance round led by Venture Investors, LLC, that has secured the funds to expand a Phase II trial of the MVI-816 vaccine that was otherwise in danger of being "too small to be convincing," explains MVI's scientific co-founder, Douglas McNeel. In addition, the funding will enable safety studies of another of the

company's DNA vaccines (MVI-118) to go ahead.



The MVI-816 vaccine is designed to treat prostate cancer patients who have undergone initial surgery or radiotherapy but have found that their prostate-specific antigen (PSA) level, a

biomarker for prostate cancer, is on the rise again after treatment. Men who have rising PSA levels despite having undergone these initial therapies are at a particularly high risk of the cancer spreading beyond the prostate to other areas of the body.

Currently, their only choice is to "wait and see" whether their PSA continues to rise or to undergo a form of castration, either surgical or chemical. This castration, also known as androgen deprivation therapy (ADT), deprives the body of testosterone, the hormone that prostate tumors rely on for their growth. The MVI-816 vaccine is hoped to provide a means of reducing

prostate cancer growth that avoids the need for castration.

“Our goal in developing MVI-816 is to significantly delay both the onset of metastases and the initiation of [castration] for these patients,” explains president of Madison Vaccines, Richard Lesniewski. “This \$8 million financing will allow us to advance our efforts to establish a safe and approvable immune activation

therapy for men with early malignant prostate cancer.”

The drug is a plasmid DNA vaccine comprising small pieces of modified bacterial DNA designed to induce the body’s immune system to mount an attack against prostate cells that display the prostatic acid phosphatase (PAP) antigen. “When the plasmid gets inside a professional antigen-presenting cell, it stimulates immune T cells that are

responsible for killing tumor cells,” explains McNeel.

McNeel also highlighted the significance of developing the start-up’s second vaccine, MVI-118, which targets androgen receptors, molecules that are critical in the progression of prostate cancer and also in the resistance of many current therapies.

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Power Walking May Reduce The Risk Of Aggressive PCa

Source: *dailymail.co.uk* - January 2014

Men who exercise vigorously may be at lower risk of aggressive prostate cancer, new research reveals.

Researchers discovered that men who 'power walked' before a prostate cancer diagnosis had more regularly shaped blood vessels in their tumours than men who walked slowly.

Research to be presented at the American Association for Cancer Research (AACR) Prostate Cancer Foundation Conference, in San Diego, suggests a link between brisk exercise and a lower risk of aggressive cancer.

Dr Erin Van Blarigan, from the University of California, San Francisco, said: 'Prior research has shown that men with prostate tumours containing more regularly shaped blood vessels have a more favourable prognosis compared with men with prostate tumours containing mostly irregularly shaped blood vessels.

'In this study, we found that men who reported walking at a brisk pace had more regularly shaped blood vessels in their prostate tumours compared with men who reported walking at a less brisk pace.

'Our findings suggest a possible mechanism by which exercise may improve outcomes in men with prostate cancer.

'Although data from randomised, controlled trials are needed before we can conclude that exercise causes a change in vessel regularity or clinical outcomes in men with prostate cancer, our study supports the growing evidence of the benefits of exercise, such as brisk walking, for men with prostate cancer.'

Every two years participants fill out questionnaires asking about diseases and health-related topics like smoking, physical activity, and medications taken.

It also saw 572 men diagnosed with prostate cancer examined to work out the link between prostate cancer and exercise.

Blood vessel regularity was worked out by looking at tumour samples - perfect circles are considered the ideal shape.

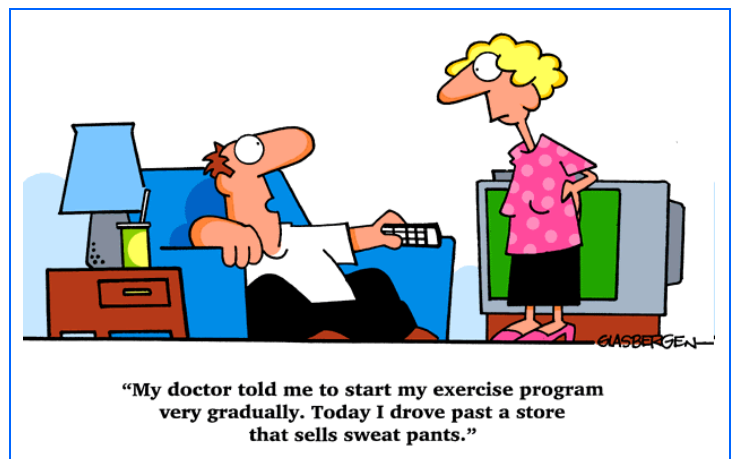
Researchers found that men with the fastest walking pace (3.35 miles per hour) prior to diagnosis had eight per cent more regularly shaped blood vessels compared with men who walked slowly (1.55 miles per hour).

This means that they are less likely to develop aggressive tumours and are more likely to respond well to cancer treatment.

'Our study, which provides a potential explanation by which exercise may improve outcomes in men with prostate cancer, highlights the value of multidisciplinary collaborations between laboratory, clinical, and population scientists to explore new pathways by which lifestyle factors or other exposures may affect disease,' said Dr Van Blarigan.

'It is reasonable to hypothesise that the same explanation could exist for the beneficial effects of exercise in other cancers, and it would be interesting to examine this in future studies.'

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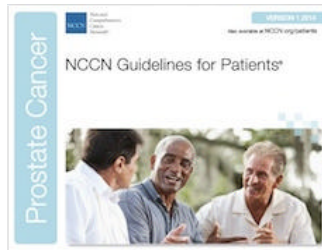


New On Our Website:

NCCN® Guidelines for PCa Patients

See the Resources page on our website to find this 92 page PCa Guideline

The National Comprehensive Cancer Network® (NCCN®) is an alliance of 23 of the world's leading cancer centers, working together to develop treatment guidelines for most cancers, and dedicated to research that improves the quality, effectiveness, and efficiency of cancer care. They have kindly given us permission to include the Guidelines for Prostate cancer on our website.



The NCCN Guidelines are comprehensive and encompass preventative, diagnostic, treatment and supportive services that are most likely to lead to optimal outcomes. They are based on the best evidence available at the time they are derived. NCCN continuously revise and update these Guidelines to

reflect new data and clinical information as it becomes known.

The intent of the NCCN Guidelines is to assist in the decision-making process of individuals involved in cancer care—including physicians, nurses, pharmacists, payers, patients and their families—with the ultimate goal of advancing patient care in the fight against cancer.

www.manpros.org

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What Is Cancer Recurrence?

Source: American Cancer Society, June 2013

Cancer recurrence is defined as the return of cancer after treatment and after a period of time during which the cancer cannot be detected. (The length of time is not clearly defined.) The same cancer may come back in the same place it first started or somewhere else in the body. For example, prostate cancer may return in the area of the prostate gland (even if the gland was removed), or it may come back in the bones. In either case it's a prostate cancer recurrence.

The difference between recurrence and progression

When cancer spreads or gets worse it is called progression. Sometimes it's hard to tell the difference between recurrence and progression. For example, if cancer has been gone for only 3 months before it comes back, was it ever really gone? Is this a recurrence or progression? Chances are this is not really a recurrence. It's likely 1 of 2 things

happen in cases like this: One is that surgery left behind small clusters of cancer cells that could not be seen or found on scans or other tests. Over time they grow large enough to be detected or cause symptoms. These cancers tend to be very aggressive, or fast-growing.

The second possibility is that the cancer may be resistant to treatment. Chemotherapy or radiation may have killed most of the cancer cells, but some of them were either not affected or changed enough to survive the treatment. Any cancer cells left behind can then grow and show up again.

The less time between when the cancer was thought to be gone and the time it came back, the more serious the situation. Most doctors would agree that 3 months of appearing to be cancer-free before cancer returns is too short to be considered a recurrence. Although there's no standard period of time in the definition of recurrence, most doctors consider it a cancer recurrence if you've had no signs of cancer for at least a year. If your cancer has been gone for only 3

months, this would most likely be a progression of your disease. In this case, the doctors would assume that the cancer never went away totally, even though they could not find it with any tests.

There are different types of recurrence:

- Local recurrence means that the cancer has come back in the same place it first started.
- Regional recurrence means that the cancer has come back in the lymph nodes near the place it started.
- Distant recurrence means the cancer has come back in another part of the body, some distance from where it started (often the lungs, liver, bone marrow, or brain).

If you have a cancer recurrence, your doctor can give you the best information about what type of recurrence you have and what it means to have that type.

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The Manitoba Prostate Cancer Support Group has been providing services for 20 years:

Newsletter – Website - Monthly Meetings - Hospital visits - Presentations

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Answering Machine - (204) 989-3433 *Help us lower our costs :*

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MEETINGS

April 17, 2014

Dr. Graham Glezerson, Urologist
Hormone Therapy and the Side Effects

May 15, 2014

John Dyck
HIFU Treatment: My Story

June 19, 2014

Dr. Ainslie Mihalchuk, Family Physician
Topic: TBA

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

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