

Which Doctor Should I See and When?

By Jan Manarite, PAACT VP,
Advocacy and Education

When I walked this prostate cancer journey with my husband for over 13 years, we were often confused by the different titles that physicians had. Some sounded similar. Some doctors gave certain treatments – some didn't. And, of course, the instinct to change my husband's lead physician, plus the right to do so was sometimes overwhelming. We changed lead physicians 3 times during that 13 years,

but landed with one who we could develop a good relationship with, and worked with him for over 9 years. But it was always easier for me to suggest a change than it was for my husband. It was his cancer at stake, his patient-doctor relationship. Changing doctors was scary, but it always paid off when we thoughtfully followed our instincts.

1. What's the Difference Between a Urologist and a Medical Oncologist? And Which One Should I be Seeing?

If you are a prostate cancer patient, the urologist is most likely the physician who did your biopsy, gave you your diagnosis, your Gleason Score and discussed your treatment options with you. He may have discussed prostate surgery (prostatectomy), especially since he/she is a surgeon. The urologist is the first doctor you see, deal with and probably develop a bond with since he delivered the message that you had cancer.

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Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg
M.D. Urologist

Graham Glezerson
M.D. Urologist

Ross MacMahon
M.D. Urologist

John Milner
M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

Next Meeting: November 19, 2015
Christmas Party with Pot Luck Food
Entertainment: Music by Fire and Ice
Location: Lower Level Auditorium
Seven Oaks General Hospital
Time: 7 – 9 p.m.



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

MPCSG – active since 1992.

Thought of The Day

The chameleon that can't change colour suffers from reptile dysfunction.

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A medical oncologist is a cancer doctor who treats all types of cancer. In some other cancers, he is the first doctor you see, not the surgeon. In prostate cancer, he is often the third doctor you see, after the urologist and the radiation oncologist. This can be confusing for patients. They may not know which one to see or if they even have a choice. I would argue that you always have a choice and ultimately it is always up to you, the patient. Period.

I walked the prostate cancer journey with my husband for 13 years. He was metastatic at diagnosis, so we saw a medical oncologist in the first week. In fact, he was so advanced that he never had a prostate biopsy. His diagnosis came from a metastatic tumor removed from his spine. So his case is completely different than most men. But I did learn to work through the system, trying to keep him and his cancer as the most important things.

2. What's the difference between a Radiologist and a Radiation Oncologist?

A Radiologist is a physician you probably never meet, yet still impacts the understanding and treatment course of your cancer. He reads and interprets your imaging or your radiology exams. In prostate cancer, radiology exams include CT Scan, MRI, and X-ray (most commonly).

Ultrasound would also be considered radiology, but in the case of prostate cancer, most urologists do their own ultrasounds and don't use radiologists. There are other imaging techniques which are called "nuclear medicine" because they require an injection that is radioactive or a "radio-pharmaceutical." Nuclear medicine imaging in prostate cancer includes Bone Scans (both the T99 and the

F18) and all PET Scans (C11 Choline, C11 Acetate and F18 or Sodium Fluoride).

Now, to complicate issues just a little more....there are Radiologists who DO see patients, therefore they treat prostate cancer, but they are the exception to the rule. Sometimes they are referred to as interventional radiologists. There are also radiologists like Dr. Aytekin Oto in Chicago who are doing work in focal laser treatment for prostate cancer. (Note – focal treatments treat part of the prostate as opposed to all of the prostate.)



Now – on to the Radiation Oncologist. This is the physician who administers your radiation treatments for cancer, so this is much different than a radiologist. There are so many types of radiation treatments in prostate cancer, I will not attempt to name them all. But at the very least, think of daily radiation treatments to the prostate and short term radiation to metastatic disease as common treatments given by radiation oncologists. There is also radioactive seed implantation to the prostate (brachytherapy) which usually involves both the radiation oncologist and the surgeon (urologist).

One last type of radiation that a radiation oncologist may administer is an injectable radiation for bone metastases called Xofigo (radium 223). This is for men who are metastatic and on hormone therapy. As you may know, this is called mCRPC (metastatic castrate-resistant prostate cancer). The

other type of physician who might also administer Xofigo is a Nuclear Medicine Physician. Simply understanding the differences between physicians can help you in your research and help you decide who to make an appointment with. This is all part of patient empowerment - we hope this explanation is helpful to you.

3. What's the difference between a Radiologist and a Nuclear Medicine Physician?

In fact – What is Nuclear Medicine? Again a radiologist is a physician you probably never meet, yet still impacts the understanding and treatment course of your cancer. He reads and interprets your imaging or your radiology exams, such as CT, MRI and X-ray.

A Nuclear Medicine physician also reads and interprets imaging, but some types of imaging are not called radiology – they are called nuclear medicine or nuclear imaging. In prostate cancer the most common nuclear imaging exams are Bone Scans, and all types of PET Scans. These are considered nuclear medicine because the patient receives an injection that is radioactive, called a radio-pharmaceutical as part of the imaging. (An MRI or CT Scan can sometimes require an injection, but it is not a radiopharmaceutical, so they are not nuclear medicine.)

Another way to state the difference between imaging with radiology vs nuclear medicine, is that radiology is designed to see anatomy (shapes & sizes), while nuclear medicine is designed to see physiology (cells, molecules, chemical interactions, etc.). If you've ever had a PET scan (nuclear imaging) for your prostate cancer, you may have had it "fused" with a CT scan (radiology). That's because the PET is better at

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visualizing cancer cells, but the CT scan is better at visualizing anatomy such as organs, bones, etc. Since no medical imaging is 100% perfect, using 2 different techniques together often improves the accuracy of the exam.

Something else unusual about Nuclear Medicine, is that it includes both imaging and treatment – because a radiopharmaceutical can be used for either, and the radiopharmaceutical (injection) is what makes something “nuclear medicine.” So, nuclear medicine physicians not only deal with imaging, but they also administer a few select treatments. In prostate

cancer, this is mainly one treatment right now, which is Xofigo (radium 223). Xofigo was FDA approved in 2013 for men on hormone therapy, with rising PSA and bone metastases. So if you are scheduled to start Xofigo, you may have a clinic visit scheduled to see a nuclear medicine physician, who you may have never met before in your cancer care. The only other type of doctor who administers Xofigo is a Radiation Oncologist .

In the world of prostate cancer there are many twists and turns along the journey. The medical system is often complicated and sometimes overwhelming. Understanding the

medical system can help you navigate your journey. Knowing a little about the different physicians will be helpful. So, if you hear the word nuclear medicine, know that it includes both imaging and treatment in prostate cancer, and know that it’s slightly different than radiology when it comes to your imaging. Use this information to formulate better questions for your nurses or medical oncologist. Better questions always bring better answers. Stay empowered.

Source: www.paactus.org volume 31, Fall 2015

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Mindfulness Practice

CancerCare Manitoba offers a course that is designed to introduce Mindfulness Practice as a way of reducing stress and developing greater balance, control, and fuller participation in your life. Mindfulness practice is a way of learning to relate directly to whatever is happening in your life, including the challenges of stress, pain, illness and everyday demands. Meditation is used to help people learn to focus awareness on body sensations, thoughts, and emotions in a non-judgemental way. In the course, facilitated by Tom Roche (social worker at CC MB) you will practice skills to improve your ability to let go of the past, worry less about your future, and live more fully in the present.

Patrick Treacy, a member of The Manitoba Prostate Cancer Support Group, has taken the course and has this to say about the course. “Since I took this program (with my partner) and benefited greatly, I think it is important that other Support Group members should be aware of this program. I learned about mind/body connection, mindfulness, imagery/ visualization and more. It helped me

face my feelings of fear and panic. I participated in group meditation practices with 10-20 others who also have cancer - not just prostate cancer. What I learned and practiced in the course helped me prior to surgery and also afterwards to cope during all my treatments. Since my partner was with me (this was encouraged) it reduced her

stress as well. I have continued these practices and they continue to impact my life positively. I highly recommend the course.”

For more information or to register for this free course, please contact Tom Roche at 204-787-4122.

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CHRISTMAS IS JUST AROUND THE CORNER and this signals the end of the 2015 tax year. If you are planning to make a donation to our Support Group, please do so soon. That way, Al, our Treasurer, will have time to issue your tax receipt **before December 31.**

Please act soon, because Al gets very busy cooking his Christmas turkey in December!

The Board would like to extend the best of the Season and a Happy New Year to all.

Benefits of Good Nutrition During Cancer Treatment

Good nutrition is especially important if you have cancer because both the illness and its treatments can change the way you eat. Cancer and cancer treatments can also affect the way your body tolerates certain foods and uses nutrients.

The nutrient needs of people with cancer vary from person to person. Your cancer care team can help you identify your nutrition goals and plan ways to help you meet them. Eating well while you're being treated for cancer might help you:

- => Feel better.
- => Keep up your strength and energy.
- => Maintain your weight and your body's store of nutrients.
- => Better tolerate treatment-related side effects.
- => Lower your risk of infection.
- => Heal and recover faster.

Eating well means eating a variety of foods to get the nutrients your body needs to fight cancer. These nutrients include protein, carbohydrates, fat, water, vitamins, and minerals.

Nutrients

Proteins

We need protein for growth, to repair body tissue, and to keep our immune systems healthy. When your body doesn't get enough protein, it might break down muscle for the fuel it needs. This makes it take longer to recover from illness and can lower resistance to infection. People with cancer often need more protein than usual. After surgery, chemotherapy, or radiation therapy, extra protein is usually needed to heal tissues and help fight infection.

Good sources of protein include fish, poultry, lean red meat, eggs, low-fat dairy products, nuts and nut butters, dried beans, peas and lentils, and soy foods.

Fats

Fats play an important role in nutrition.

Fats and oils are made of fatty acids and serve as a rich source of energy for the body. The body breaks down fats and uses them to store energy, insulate body tissues, and transport some types of vitamins through the blood.

You may have heard that some fats are better for you than others. When considering the effects of fats on your heart and cholesterol level, choose monounsaturated and polyunsaturated fats more often than saturated fats or trans fats.

Monounsaturated fats are found mainly in vegetable oils like olive, canola, and peanut oils.

Polyunsaturated fats are found mainly in vegetable oils like safflower, sunflower, corn, and flaxseed. They are also the main fats found in seafood.

Saturated fats are mainly found in animal sources like meat and poultry, whole or reduced-fat milk, cheese, and butter. Some vegetable oils like coconut, palm kernel oil, and palm oil are saturated. Saturated fats can raise cholesterol and increase your risk for heart disease. Less than 10% of your calories should come from saturated fat.

Trans-fatty acids are formed when vegetable oils are processed into solids, such as margarine or shortening. Sources of trans fats include snack foods and baked goods made with partially hydrogenated vegetable oil or vegetable shortening. Trans fats are also found naturally in some animal products, like dairy products. Trans fats can raise bad cholesterol and lower good cholesterol. Avoid trans fats as much as you can.

Carbohydrates

Carbohydrates are the body's major source of energy. Carbohydrates give the body the fuel it needs for physical activity and proper organ function. The best sources of carbohydrates – fruits, vegetables, and whole grains – also supply needed vitamins and minerals,

fiber, and phytonutrients to the body's cells. (Phytonutrients are chemicals in plant-based foods that we don't need to live, but that might promote health.)

Whole grains or foods made from them contain all the essential parts and naturally occurring nutrients of the entire grain seed. Whole grains are found in cereals, breads, and flours. Some whole grains, such as quinoa, brown rice, or barley, can be used as side dishes or part of an entrée. When choosing a whole-grain product, look for the words "whole grain," "stone ground," "whole ground," "whole-wheat flour," "whole-oat flour," or "whole-rye flour." Note that some bakeries will use whole-wheat flour along with white flour but label the product "whole wheat." Look at the ingredient list to find out. Breads and other products labeled "100% whole wheat" don't contain refined flour.

Fiber is the part of plant foods that the body can't digest. There are 2 types of fiber. Insoluble fiber helps to move food waste out of the body quickly, and soluble fiber binds with water in the stool to help keep stool soft.

Other sources of carbohydrates include bread, potatoes, rice, spaghetti, pasta, cereals, corn, peas, and beans. Sweets (desserts, candy, and drinks with sugar) can supply carbohydrates, but provide very little in the way of vitamins, minerals, or phytonutrients.

Water

Water and liquids or fluids are vital to health. All body cells need water to function. If you don't take in enough fluids or if you lose fluids through vomiting or diarrhea, you can become dehydrated (your body doesn't have as much fluid as it should). If this

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happens, the fluids and minerals that help keep your body working can become dangerously out of balance. You get water from the foods you eat, but a person should also drink about eight 8-ounce glasses of liquid each day to be sure that all the body cells get the fluid they need. You may need extra fluids if you're vomiting, have diarrhea, or even if you're just not eating much. Keep in mind that all liquids (soups, milk, even ice cream and gelatin) count toward your fluid goals.

Vitamins and minerals

The body needs small amounts of vitamins and minerals to help it function properly. Most are found naturally in foods. They are also sold as supplements in pill and liquid form. They help the body use the energy (calories) found in foods.

A person who eats a balanced diet with enough calories and protein usually gets plenty of vitamins and minerals. But it can be hard to eat a balanced diet when you're being treated for cancer, especially if you have treatment side effects that last for a long time. In this case, your doctor or dietitian may suggest a daily multivitamin and mineral supplement. If your food intake has been limited for several weeks or months because of the effects of treatment, be sure to tell your doctor. You might need to be checked for vitamin or mineral deficiencies.

If you're thinking of taking a vitamin or supplement, be sure to discuss this with your doctor first. Some people with cancer take large amounts of vitamins, minerals, and other dietary supplements to try to boost their immune system or even destroy cancer cells. But some of these substances can be harmful, especially when taken in large doses. In fact, large doses of some vitamins and minerals may make chemotherapy and radiation therapy less effective.

If your oncologist says it's OK for you to take a vitamin during treatment, it may be best to choose a supplement with no more than 100% of the Daily Value (DV) of vitamins and minerals and one without iron (unless your doctor thinks you need iron).

Antioxidants

Antioxidants include vitamins A, C, and E; selenium and zinc; and some enzymes that absorb and attach to free radicals, preventing them from attacking normal cells.

If you want to take in more antioxidants, health experts recommend eating a variety of fruits and vegetables, which are good sources of antioxidants. Taking large doses of antioxidant supplements or vitamin-enhanced foods or liquids is usually not recommended while getting chemo or radiation therapy. Talk with your doctor to find out the best time to take antioxidant supplements.

Phytonutrients

Phytonutrients or phytochemicals are plant compounds like carotenoids, lycopene, resveratrol, and phytosterols that are thought to have health-protecting qualities. They're found in plants such as fruits and vegetables, or things made from plants, like tofu or tea. Phytochemicals are best taken in by eating the foods that contain them rather than taking supplements or pills.

Herbs

Herbs have been used to treat disease for hundreds of years, with mixed results. Today, herbs are found in many products, like pills, liquid extracts, teas, and ointments. Many of these products are harmless and safe to use, but others can cause harmful side effects. Some may even interfere with proven cancer treatments, including chemo, radiation therapy, and recovery from surgery. If you're interested in using products containing herbs, talk about it with your oncologist or nurse first.

Safety considerations

Many people believe that if they find a pill or supplement in stores, it's safe and it works. The Food and Drug Administration (FDA) has rules to help ensure that supplements contain what their labels claim they do, but the supplement's safety and its effects on the body are not addressed by any FDA rules. The FDA does not make manufacturers of these products print possible side effects on their labels. And the FDA can't pull a dietary supplement or herbal product from the market unless they have proof that the product is unsafe.

It's also been shown that many herbal products aren't what the label says they are. Some products don't contain any of the herb they're supposed to. Some also contain potentially harmful drugs, additives, or contaminants that aren't listed on the label. This means there's no sure way to know if a supplement is safe or how it will affect you.

Tell your cancer care team about any over-the-counter products or supplements you're using or are thinking about using. Take the bottle(s) to your doctor to talk about the dose and be sure that the ingredients do not interfere with your health or cancer treatments. Some other safety tips:

- => Ask your cancer care team for reliable information on dietary supplements.
- => Check the product labels for both the quantity and concentration of active ingredients in each product.
- => Stop taking the product and call your cancer care team right away if you have side effects, like wheezing, itching, numbness, or tingling in your limbs.

Source: American Cancer Society July 2015



How Stress Affects Cancer Risk

Stress is a part of life. You feel it when you're preparing for the holidays, stuck in traffic or worrying about a friend's health. While a little stress is nothing to fret about, the kind of intense worry that lingers for weeks or months may make it hard for you to stay healthy.

"Stress has a profound impact on how your body's systems function," explains Lorenzo Cohen, Ph.D., professor of General Oncology and Behavioral Science, and director of the Integrative Medicine Program at MD Anderson. Health experts are still sorting out whether stress actually causes cancer. Yet there's little doubt that it promotes the growth and spread of some forms of the disease. Put simply, "stress makes your body more hospitable to cancer," Cohen says.

Not all stress is equally harmful. It's important to understand there are two different types of stress, and only one seems to be really bad for your health, says Anil K. Sood, M.D., professor of Gynecologic Oncology and Reproductive Medicine at MD Anderson.

Short-term or acute stress, like the type you might feel before giving a speech or fighting holiday shopping crowds, tends to subside as soon as the event passes. "It's stress that comes from situations you know you can manage or will be over at some set time," Cohen says.

But long-term or chronic stress is more damaging. That type of stress springs from situations that last many weeks or months with no definite end point. "Caring for a sick loved one or dealing with a long stint of unemployment are common causes of chronic stress," Cohen says.

This type of no-end-in-sight stress can weaken your immune system, leaving

you prone to diseases like cancer. It also ups your risk for digestive problems and depression. "Chronic stress also can help cancer grow and spread in a number of ways," Sood says.

Stress hormones can inhibit a process called anoikis, which kills diseased cells and prevents them from spreading, Sood explains. Chronic stress also increases the production of certain growth factors that increase your blood supply. This can speed the development of cancerous tumors, he adds.

Find healthy ways to manage stress. What can you do about it? Removing the cause of stress is the clear answer. But that's not always possible when it comes to the types of things that cause chronic stress, Cohen says.

Even if you can't rid yourself of the source of your stress, you can learn to manage it in healthier ways. This can help you keep a lid on chronic stress. It also can help you prevent minor sources of stress from lingering to a point where they're hurting your health. Below, Cohen shares stress-reducing strategies.

Talk to a professional

A psychiatrist or psychologist can teach you healthy ways to manage your stress.

Strategies may include talk therapy and cognitive

behavioral therapy (CBT). These can help your brain uncover the connections between your thoughts, emotions and behaviors. "CBT can provide you with mental tools to manage the types of worry and anxiety that screw-up your immune system and increase your disease risks," Cohen says.

Practice meditation or yoga

Mindfulness meditation and yoga have been proven to combat stress. These movement-based activities give your mind a break from stress. They also can improve your mood and quality of life.

Aim for at least two, 20-minute periods a day of meditation or similar relaxation techniques, Cohen says. That time shouldn't include stimulating activities like watching television. "Sit quietly and try to keep your mind off any concerns. Think about visiting your favorite vacation spot or a quiet, safe place like your garden."

Mediation and yoga also can help your brain soften the links between your



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thoughts, your emotions and unhealthy biological changes, he says. Put simply, these practices dampen your brain and body's reactions to stressful events.

Get adequate sleep

"Getting eight hours of sleep each night is a great defense against stress," Cohen says. Why? A full night of sleep is essential to proper immune function. It also affects your mood, memory and

ability to focus, experts say. Sticking to a regular sleep schedule, avoiding TV in bed and exercising regularly can all help you sleep more soundly.

Take stress seriously

It's important to understand the negative consequences of stress, especially when it comes to your cancer risks. "Chronic stress is not something anyone in our society should take lightly," Cohen says.

If you feel crankier than usual, you don't have the energy you once had or you're sleeping poorly, all of those could be signs of stress, Cohen says. Take steps to fix your problem before it affects your health in more serious ways.

Source: MD Anderson Cancer Center; Dec. 2014

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On Your Mark, Get Set

Put Your Razors Down

Typically November is the time of year when we see men of all ages sporting some "extra" facial hair. This scruffy ritual is a fun display for both men and women to support and raise awareness for prostate cancer. We appreciate and offer our thanks to all you men who have put down your razors to show your support.

If you would like to support the **Manitoba Prostate Cancer Support Group**, you can make a secure online donation through our website at

www.manpros.org or send us a cheque to: Box 315 – 971 Corydon Ave., Winnipeg, MB, R3M 3S7. A tax receipt will be issued. You can also support our services by letting others know that we



are here to help. All our services (newsletters, meetings, information booklets, etc.) are free of charge.

Note: We receive no financial assistance from Movember or Prostate Cancer Canada.

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NAME: _____
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THIS GIFT IS IN MEMORY/HONOUR OF _____ PLEASE SEND NOTIFICATION TO: _____
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Make payment to: Manitoba Prostate Cancer Support Group;
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*A tax deductible receipt will be issued. Charity number: 88907 1882 RR0001

Credit Card donations can be made by going to our website at: www.manpros.org and clicking on the donate tab.
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Many Thanks to Sanofi



Sanofi Pharmaceuticals has assisted our Support Group for many years and the Board wishes to acknowledge their recent donation again this year. This long standing relationship helps us to continue our services to the community and we thank them for their generosity. We are indeed grateful for their continued support.

Email - manpros@mts.net

ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

Answering Machine - (204) 989-3433

Help us lower our costs :

Receive this newsletter by email ~ Please notify us and we'll make the changes. Thank-you

2015 MEETINGS

Nov. 19 Christmas Pot Luck Party

Entertainment: Fire & Ice

Dec. There will be **no December meeting** and there will be **no December newsletter**. The hard working MPCSG Board will be out looking for Santa!

2016 MEETINGS

Jan. 21 Dr. Anne Katz, Clinical Nurse Specialist

Topic: Sexuality after PCa: What works and why".

Feb. 18 Dr. Jeff Sarancuk, Med. Dir. Prostate Centre

Topic: TBA

Mar. 17 Tom Roche, Social Worker

Topic: Mindfulness Based Stress Reduction

Apr. 21 Dr. Arbind Dubey, Radiation Oncologist

Topic: TBA

All meetings at
Seven Oaks Gen. Hospital Auditorium
(except Sept.)
7 – 9 p.m.

Everyone Welcome

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