

Support Groups: Make connections, Get Help

If you're facing a major illness or stressful life change, you don't have to go it alone. A support group can help. Find out how to choose the right one.

Support groups bring together people facing similar issues, whether that's illness, relationship problems or major life changes. Members of support groups often share experiences and advice. It can be helpful just getting to talk with other people who are in the same situation.

While not everyone wants or needs support beyond that offered by family and friends, you may find it helpful to turn to others outside your immediate circle. A support group can help you cope better and feel less isolated as you make connections with others facing similar challenges. A support group shouldn't replace your standard medical care, but it can be a valuable resource to help you cope.

Understanding support groups

A support group is a gathering of

people who share a common health concern or interest. A support group usually focuses on a specific situation or condition, such as breast cancer, diabetes, heart disease, addiction or long-term caregiving, for example.

Support groups are not the same as group therapy sessions. Group therapy is a formal type of mental health treatment that brings together several people with similar conditions under the guidance of a trained mental health provider.

(Continued on page 2)

Medical Advisors

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Family Practitioner

Thanks!

Oct. 20 Dr. Timothy Hiebert,
Internist / Geriatrician

Topic: WRHA Palliative Care Program

Location: Cindy Klassen Recreation Complex
at 999 Sargent Avenue

Time: 7 – 9 pm.
Everyone Welcome



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

MPCSG – active since 1992.

Thought of The Day

"And on the eighth day God said, 'Okay, Murphy, you're in charge!'"

(Continued from page 1)

Support groups may be formed by a lay person with the condition or by someone interested in it, such as a family member. In some cases, support groups may be formed by nonprofit organizations, advocacy organizations, mental health clinics or other organizations.

Support groups also come in a variety of formats, including in person, on the Internet or by telephone. They may be led by professional facilitators — such as a nurse, social worker or psychologist — or by group members.

Some groups are educational and structured. For example, the group leader may invite a doctor, psychologist, nurse or social worker to talk about a topic related to the group's needs. Other support groups emphasize emotional support and shared experiences.



Benefits of support groups

Regardless of format, in a support group, you'll find people with problems similar to yours. Members of a support group usually share their personal experiences and offer one another emotional comfort and moral support. They may also offer practical advice and tips to help you cope with your situation.

Benefits of participating in support groups may include:

- ◆ Feeling less lonely, isolated or judged
- ◆ Gaining a sense of empowerment and control
- ◆ Improving your coping skills and sense of adjustment
- ◆ Talking openly and honestly about your feelings
- ◆ Reducing distress, depression,

anxiety or fatigue

- ◆ Developing a clearer understanding of what to expect with your situation
- ◆ Getting practical advice or information about treatment options
- ◆ Comparing notes about resources, such as doctors and alternative options

How to find a support group

To find a support group:

- ◆ Ask your doctor or other health care provider for assistance. Your doctor, nurse, social worker, chaplain or psychologist may be able to recommend a support group for you.
 - ◆ Search the Internet. Online support groups are available as email lists, newsgroups, chat rooms, blogs and social networking sites, such as Facebook.
- ◆ Contact local centers. Contact community centers, libraries, churches, mosques, synagogues or temples in your area and ask about support groups.
- ◆ Check your local listings. Look in your local telephone book or check your newspaper for a listing of support resources.
- ◆ Ask people you know with the condition. Ask others you know with the same illness or life situation for support group suggestions.
- ◆ Contact organizations. Contact a state or national organization devoted to your disease, condition or situation.

What support group, if any, you ultimately choose may depend largely on what's available in your community, whether you have access to a computer or whether you're able to travel.

Questions to ask before joining a support group

Each type of support group has its own advantages and disadvantages. You may find that you prefer a structured, moderated group. Or you may feel more at ease meeting less formally with a small group of people. Some people may prefer online support groups.

Ask these questions before joining a new support group:

- ◆ Is it geared toward a specific condition?
- ◆ Is the location convenient for regular attendance?
- ◆ What is the meeting schedule?
- ◆ Is there a facilitator or moderator?
- ◆ Is a mental health expert involved with the group?
- ◆ Is it confidential?
- ◆ Does it have established ground rules?
- ◆ What is a usual meeting like?
- ◆ Is it free, and if not what are the fees?
- ◆ Does it meet your cultural or ethnic needs?

Plan to attend a few support group meetings to see how you fit in. If the support group makes you uncomfortable or you don't find it useful, try another one. Remember that even a support group you like can change over time as participants come and go. Periodically evaluate the support group to make sure it continues to meet your needs.

Also be aware that you may be at a different stage of coping or acceptance than are others in the support group. Or they may have a different attitude about their situation. While such a mix can provide rich experiences, it may also be unhelpful or even harmful. For instance, some in the group may be pessimistic about their future, while you're looking for hope and optimism. Don't feel obligated to keep attending the group if a conflict or group

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dynamic is upsetting — find another group or just sit out for a while.

Support group red flags

Not all support groups are a good match for you. Some may be driven by the interests of one or two members. Look for these red flags that may signal a problem with a support group:

- ◆ Promises of a sure cure for your disease or condition
- ◆ Meetings that are predominantly gripe sessions
- ◆ A group leader or member who urges you to stop medical treatment
- ◆ High fees to attend the group
- ◆ Pressure to purchase products or services
- ◆ Disruptive members
- ◆ Judgment of your decisions or actions

Be especially careful when you're involved in Internet support groups:

- ◆ Keep in mind that online support groups are sometimes used to prey on vulnerable people.
- ◆ Be aware of the possibility that people may not be who they say they are, or may be trying to market a product or treatment.
- ◆ Be careful about revealing personal information, such as your full name, address or phone number.
- ◆ Understand the terms of use for a particular site and how your private information may be shared.
- ◆ Don't let Internet use lead to isolation from your in-person social network.

Getting the most out of a support group

When you join a new support group,

you may be nervous about sharing personal issues with people you don't know. So at first, you may benefit from simply listening. Over time, though, contributing your own ideas and experiences can help you get more out of a support group.

But remember that support groups aren't a substitute for regular medical care. Let your doctor know that you're participating in a support group. If you don't think a support group is appropriate for you, but you need help coping with your condition or situation, talk to your doctor about counseling or other types of therapy.

By Mayo Clinic Staff

<http://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/support-groups/art-20044655>

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Novel Compound Holds Potential For Next-Generation Prostate Cancer Treatment

In the search for new ways to attack recurrent prostate cancer, researchers at Duke Health report that a novel compound appears to have a unique way of blocking testosterone from fueling the tumors in mice.

The potential foundation for a next-generation therapy, called tetraaryl cyclobutane, or CB, is being studied as an option for prostate tumors that have grown resistant to current anti-androgen drugs, notably enzalutamide.

"Prostate cancer is the most prevalent form of cancer in men, and the principal driver of tumor growth is the androgen receptor," said John D. Norris, Ph.D., associate research professor in the Department of Pharmacology & Cancer Biology at Duke and senior author of a study published online Aug. 8 in the journal *Nature Chemical Biology*.

"Suppression of androgen receptor

function by anti-endocrine therapies is initially effective, but most tumors develop resistance, resulting in a more aggressive cancer," Norris said. "Our research has been focused on finding a new approach to suppressing androgen receptor activity, because even in situations where tumors are resistant to current therapies, the androgen receptor remains a viable target."

Norris and colleagues focused on a group of CB compounds developed in collaboration with scientists at the University of Illinois at Urbana-Champaign. The compounds act as competitive inhibitors of androgen receptors, but are structurally different from current anti-androgens such as enzalutamide.

One of the CB compounds, in particular, inhibits mutant forms of the androgen receptors that promote resistance to enzalutamide. It functions by preventing the androgen receptor

from entering the nucleus of the cell where it can promote tumor growth.

"It's encouraging that this compound has a different mechanism of action when compared to current therapies, which gives it a good chance of having efficacy in resistant disease," Norris said. "We have shown in animal models that the compound has activity against prostate tumors where enzalutamide fails."

Norris said additional studies are underway in additional animal models and in tests with other forms of cancer, including breast cancer.

Published August 8, 2016

Source:

Duke University Medical Center
<http://www.news-medical.net/news/20160808/Novel-compound-holds-potential-for-next-generation-prostate-cancer-treatment.aspx>

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Early Prostate Cancer Diagnoses Continue to Fall

Decline follows recommendation against routine screening, but experts not sure if trend is good or bad

By Steven Reinberg HealthDay Reporter

THURSDAY, Aug. 18, 2016 (HealthDay News) - Diagnoses of early prostate cancer continue to decline in the United States, following the U.S. Preventive Services Task Force recommendation against routine screening for the disease, researchers report.

The screening involves a blood test that identifies levels of PSA (prostate specific antigen), a protein produced by the prostate gland. That test can determine when cancer exists, but it often wrongly identifies nonexistent cancer.

These "false positive" results can cause anxiety and lead to unnecessary follow-up tests. Because of this, the task force issued a draft recommendation against routine screening in 2011 and a final guideline in 2012.

Since then, diagnoses of early prostate cancer in American men aged 50 and older dropped by 19 percent between 2011 and 2012 and by another 6 percent the following year, said lead researcher Dr. Ahmedin Jemal. He is vice president of the American Cancer Society's surveillance and health services research program.

But while many men may have been spared unnecessary anguish, less frequent screening may have a downside. Some experts worry more men will develop potentially fatal prostate cancer as a result.

"Prostate cancer is a slow-growing

tumor, so it takes time. We may see it over the next three to five years," Jemal said.

There is a balance in the task force recommendation, said Dr. Anthony D'Amico, chief of genitourinary radiation oncology at Brigham and Women's Hospital and the Dana Farber Cancer Institute, in Boston.

"Some men who should not be treated are not being diagnosed, but that also means some men who should be treated are either losing the chance for cure or presenting later and needing to undergo more treatment and more side effects for a possible cure," he said.



"The answer to this dilemma will come with personalized medicine based on risk-based screening -- screening men preferentially in good health and at high risk," D'Amico added.

The decrease in diagnoses of early-stage prostate cancer may be partly due to a misreading of the task force's recommendation, added Dr. Otis Brawley, the cancer society's chief medical officer.

"I believe the task force guideline is being misunderstood," he said.

"The key word that is missed is 'routine' - the task force does not

recommend routine screening. This in my mind means they are not against all screening. Also, they do call for informed decision-making regarding potential risks and potential benefits," Brawley said.

Using the Surveillance, Epidemiology and End Results database, Jemal and colleagues looked at cases of prostate cancer diagnosed between 2005 and 2013 in men aged 50 and older.

They found that from 2012 to 2013, early prostate cancer diagnosis rates per 100,000 men dropped from 356.5 to 335 in men aged 50 to 74. In men older than that, early cancer diagnoses fell from 379 to almost 354 per 100,000 men.

Meanwhile, cases of advanced prostate cancer remained stable in both age groups.

The findings leave some room for interpretation. Other factors leading to the decline could include improved preventive measures and changes in the incidence of unknown risk factors, Jemal

said.

But D'Amico believes fewer screenings explain the statistics. The drop in the diagnosis of early prostate cancer "is consistent with the drop in PSA screening," he said.

The main issue is whether this is an early sign that more high-risk disease, more disease that has spread and more deaths from prostate cancer will happen, he added.

"My opinion is that we are probably heading for more high-risk and metastatic [cancer that has spread]

(Continued on page 5)

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disease in the next year or two, followed by more deaths from prostate cancer if the decline in screening is maintained," D'Amico said.

He added that the only hope for a boost in screening lies with the results of a British trial. If those findings, expected next year, show a benefit for PSA testing, perhaps testing rates will rebound, D'Amico said.

The latest study was published online Aug. 18 in the journal JAMA Oncology.

The American Cancer Society recommends that men "make an informed decision with their health care provider about whether to be screened for prostate cancer." The decision

should be made "after getting information about the uncertainties, risks and potential benefits of prostate cancer screening." The discussion about screening should take place at:

Age 50 for men at average risk of prostate cancer who are expected to live at least 10 more years.

Age 45 for men at high risk of developing prostate cancer. This includes blacks and men who have a first-degree relative (father, brother or son) diagnosed with prostate cancer at an early age (younger than 65).

Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After these discussions, men who still want to be screened should get the PSA blood test. The digital rectal exam may also be used as a part of the screening, the cancer society says.

SOURCES: Ahmedin Jemal, D.V.M., Ph.D., vice president, surveillance and health services research program, American Cancer Society; Anthony D'Amico, M.D., Ph.D., chief, radiation oncology, Brigham and Women's Hospital, Boston; Otis Brawley, M.D., chief medical officer, American Cancer Society; Aug. 18, 2016, JAMA Oncology, online

Source: WebMD News from HealthDay

<http://www.webmd.com/prostate-cancer/news/20160818/early-prostate-cancer-diagnoses-continue-to-fall-in-us-study>

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The Vitamin That Can Save Your Prostate

And how to make sure you're getting enough of it

BY KRISTEN DOMONELL

Low levels of vitamin D could increase your risk of prostate cancer and the spread of the disease, a new Northwestern University study reports.

Researchers looked at vitamin D levels in the blood from 667 men between the ages of 40 and 79 with abnormal PSA or digital rectal exams of their prostate before undergoing their first biopsy. They found that severe deficiency of a measure of vitamin D—25-hydroxyvitamin D (25-OH D)—was associated with later-stage, more-aggressive prostate cancer.

Vitamin D has been shown to slow the growth of prostate tumor cells in animal models of prostate cancer, says study author Adam B. Murphy, M.D. The vitamin also regulates the growth of new blood vessels, which is important for keeping cells in your body healthy, he says.



The healthy range of 25-OH D in your blood is 30 to 80 nanograms per milliliter (ng/ml) for men. On average, levels appear lower among African-American men (16.7 ng/ml) compared with European-American men (19.3 ng/ml) in the study. When D levels were drastically lower than that, African American men were at nearly 5 times more risk of aggressive prostate cancer. (European-American men were about 3½ times more at risk with severely low levels.)

One possibility is that African-Americans have more melanin in their

skin, which blocks sun UV rays and prevents the creation of vitamin D, says Murphy. So depending on where you live, the color of your skin, and the weather, counting on the sun—your body's main source of vitamin D absorption—might not cut it.

To make sure you avoid vitamin D deficiency—and protect your prostate at the same time—eat vitamin D-rich foods including salmon, tuna, portobello mushrooms, fortified milk, juice, and cereal, suggests Murphy. The National Institutes of Health recommends adults get 600 IU of vitamin D per day. Supplements are safe, says Murphy, but consult with your physician before beginning any supplementation regimen.

May 1, 2014

<http://www.menshealth.com/health/vitamin-d-prostate-cancer>

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Prostate Cancer Treatment and Prevention

Prostate tumours grow slowly, often over a period of 10 years or more and are non-aggressive compared to most other types of cancer. They also tend to appear late in life. Especially in older men, small tumours are often left in place without any treatment. However, the doctor will check regularly to be sure the cancer isn't growing faster than expected. If this occurs, treatment will be started. The doctor will follow the cancer closely to make sure that treatment is started early enough so that it is still possible to remove all of the cancer. This is known as "active surveillance."

Cancer that has spread far beyond the prostate requires a range of antitumour and pain-killing treatments.

Cancer that hasn't spread beyond the prostate is usually treated with surgery or radiation.

The first choice for treatment is often radiation therapy. Your doctor may use either an external beam, or occasionally radioactive seed implants inserted into or near the prostate through surgery (called brachytherapy) to destroy cancer cells. Researchers are looking for new ways to deliver radiation therapy, as well as the potential use of hormone therapy at the same time as radiation therapy (see the information below about hormone therapy).

If surgery is recommended, the standard operation is radical prostatectomy, the

complete removal of the prostate gland. An incision is made either in the lower abdomen or between the anus and scrotum, and the prostate gland is removed. This is the method most likely to cure prostate cancer.

Removal of the prostate can have major side effects, including impotence and incontinence. A man's ability to have an erection after surgery depends on whether the nerves next to the prostate have been damaged. Sometimes, the nerves are affected by cancer and must be removed. Other times, the doctor tries to leave them in place but impotence occurs anyway. Your doctor should be consulted about the likelihood of a "nerve-sparing" procedure in any specific case.

When deciding on whether surgery or radiation is the best choice to treat prostate cancer, both the doctor and patient need to discuss the risks and benefits. Both forms of treatment have complications, such as bladder irritation, sexual dysfunction, and bowel symptoms, and the decision will depend upon the disease extent, general health, and preferences of the individual patient.

Sometimes the cancerous tissue is killed with a cold probe (cryosurgery) that freezes it. This technique can also cause impotence. It's fairly new, so we don't know if long-term results are as good as those of radical prostatectomy.

Hormonal therapy involves reducing the levels of the hormones like testosterone (called androgens) or blocking the cancer cells from detecting those hormones. Prostate cancer cells rely on androgens to grow. This treatment can also cause the prostate to shrink. It won't cure the cancer, but it can control the growth of the tumour and may be useful before surgery, especially cryosurgery. Instead of using medications, some men may choose to reduce their levels of testosterone by having their testicles removed (orchiectomy).

Both hormones and radiation are common treatments in patients whose cancer has spread or come back after surgery. Normal cancer chemotherapy is not commonly used for prostate cancer, except to relieve symptoms caused by metastases.

Your doctor will discuss treatment options based on the size, type, and location of the cancer.

If you are worried about developing prostate cancer, you should ask your doctor about PSA testing and digital rectal exams.

<http://bodyandhealth.canada.com/condition/getcondition/Prostate-Cancer>

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Prostate Cancer Survival Rates Very High Regardless of Treatment, Study Finds

Regular monitoring of prostate cancer as a treatment option offers the same chances of survival 10 years after diagnosis as surgery or radiotherapy, a major study into the disease has discovered.

The decade-long trial, which examined men with localised prostate cancer, found survival rates were extremely

high, approximately 99%, irrespective of the treatment administered.

There was no spread of the disease in around 80% of men who were actively monitored during the UK-wide study.

Prostate cancer is the most commonly diagnosed cancer in men.

But having surgery or radiotherapy

reduced the risk of cancer spreading even further, dropping by more than half against those being monitored, to less than 10%.

Researchers said the findings had "major implications" for men diagnosed with localised cancer via the prostate-specific antigen (PSA) blood

(Continued on page 7)

(Continued from page 6)

test, used for cancer screening.

There is currently no routine screening for prostate cancer in the UK, and the study's results will play a key part in the decision on whether to screen for cancer.

But the scientists said the trial results alone would not allow them to recommend whether or not to implement such a programme.

Professor Freddie Hamdy from the University of Oxford, who led the research, said: "What we have learnt from this study so far is that prostate cancer detected by PSA blood test grows very slowly, and very few men die of it when followed up over a period of 10 years - around 1% - irrespective of the treatment assigned.

"This is considerably lower than anticipated when we started the study. "

Prostate cancer is the most common cancer in men, with over 47,000 diagnoses every year in the UK and around 10,800 deaths. Between 20,000 and 30,000 men are diagnosed annually with localised prostate cancer through the PSA test.

The ProtecT trial, funded by the National Institute for Health Research and carried out by researchers from the Universities of Oxford and Bristol, is the first to examine the effectiveness, cost-effectiveness and acceptability of three major treatment options for men with localised prostate cancer - active monitoring with PSA testing every three or six months, surgically removing the prostate gland, and radiotherapy.

Between 1999 and 2009, 1,643 men aged 50 to 69 were given one of the three treatments after they were diagnosed via the PSA test, from a sample of 82,429 men, with localised prostate cancer.

The results, published in the New England Journal Of Medicine, revealed exceptionally low mortality rates, around 1%, irrespective of treatment type.

Surgery or radiotherapy reduced cancer spreading by more than half compared

with active monitoring, occurring in less than 10% of men rather than around 20% for the monitored group.

Both interventions caused unpleasant side-effects, particularly in the first year post-treatment, but there was no difference in treatment effectiveness between them.

The research team said doctors and the NHS should consider the study's findings when discussing PSA-testing with men and any treatment options following a diagnosis of localised prostate cancer.

Prof Hamdy said: "The conversation now between doctors and patients will be much better informed than in the past and will have less bias than before. It will be more balanced and informed."

The findings are now being used to investigate the effectiveness and cost-effectiveness of PSA testing for screening of prostate cancer.

Professor David Neal, co-investigator from the Universities of Oxford and Cambridge, said the trial was of "global importance" and had "major implications" for men with PSA-detected localised prostate cancer.

But he added: "As far as the NHS is concerned it doesn't say there should be a screening programme or that there shouldn't."

Anne Mackie, director of Public Health England screening, said the results would give "key information" to men and their doctors when managing a prognosis.

But she added: "The problem with screening at the moment is that the test isn't very good and we don't know who to treat. What this trial is really important in saying is if you do have a localised cancer, here are the things that might happen and here are the choices that you can make."

Prof Hamdy said further study is necessary to determine the "trade-off" patients need to make between cancer outcomes and quality of life.

Dr Matthew Hobbs, from Prostate Cancer UK, called the discovery over

survival rates "hugely positive".

He said: "At the moment, many men decide against active surveillance because of the uncertainty about the impact of that choice and the anxiety it causes.

"It is extremely reassuring to hear that, when it is performed to a high standard, active surveillance gives men the same chance of survival at 10 years as men who choose surgery or radiotherapy.

"It is important that these results are explained to men with localised prostate cancer, so they can weigh up the positives and negatives of each option, including side effects and risk of cancer progression, and be confident that they will make the best choice for them."

Dr Mackie said the results of the study would "help guide men and their clinicians about treatment decisions when they have a small or localised prostate cancer".

She added: "It does not change the situation in relation to a national screening programme.

"The recommendation of the UK National Screening Committee remains that a population-based prostate cancer screening programme would do more harm than good.

"This is because the PSA test is not a good enough test and there needs to be a better understanding about aggressive forms of the cancer and those that are not harmful.

"Many men will develop some form of prostate cancer that would not have caused harm in their lifetime - but might have unnecessary treatments as a result of screening that can have major side effects."

PRESS ASSOCIATION 15 September 2016

<http://www.dailymail.co.uk/wires/pa/article-3790105/Prostate-cancer-survival-rates-high-regardless-treatment-study-finds.html>

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2016 MEETINGS

Oct. 20 Dr. Timothy Hiebert,
 Internist / Geriatrician
Topic: WRHA Palliative Care Program

Nov. 17 Party Time with musician
 Kirk Leavesley
Pizza, Cookies, Coffee and Conversation
Dec. No Meeting. No Newsletter.

 All meetings (except September) will be
 held at our new location:
 Cindy Klassen Recreation Complex
 at 999 Sargent Avenue

All meetings are 7 – 9 pm.
Everyone Welcome

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