



## Dietary Habits Offer Sleep Solutions

by John Temple

**A**ndrea Bartels, who spoke at the PCCN Ottawa January meeting, coaches people to make appropriate food choices to improve their sleep quality. She looks at what dietary habits interfere with sleep and what nutritional imbalances are associated with insomnia. Here are the highlights from her talk.

Adequate sleep is required for prevention of cancer, diabetes and depression obesity and is important for proper cognitive function, alertness, the production of serotonin and melatonin and proper immune function.

Nutritional solutions include assisting the production of serotonin which calms the brain and makes us feel relaxed. Vitamin B6 is necessary for serotonin production. The highest food sources include tuna, haddock, avocados, bananas, chicken, green peas, walnuts and wheat germ.



▲ Andrea Bartels makes a point during her January presentation about the relationship between food and sleep.

### CRACKING OPEN THIS WALNUT

*Food, magical food, wonderful food, marvellous food, fabulous food...*  
(from the musical "Oliver")

Devour what you read, friends. For in this issue we are careful not to bite off more than we can chew. You'll find sage advice – free as always – about nutrition plus more about exercise's role. Don't let us catch you on the couch with a bag of chips!



Tryptophan is an essential amino acid in protein rich foods and a precursor to serotonin so tryptophan rich foods are also to be encouraged. They should be eaten in combination with starch for best results. Examples of such foods include turkey, chicken, cottage cheese, halibut, tuna, salmon, cashews and sunflower and pumpkin seeds.

Good foods to promote sleep include complex carbohydrates such as

potatoes, grains, cereal, milk/soymilk and nuts and seeds and nut butter. Others are dried figs, new bananas, turkey, chicken and tuna.

Hypoglycaemia occurs when blood sugar is too low and triggers the release of stimulating hormones such as adrenalin, cortisol, glucagon, etc. Nocturnal symptoms of hypoglycaemia include waking up starving and not being able to sleep

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# Summary of Steering Committee Meeting, Thurs., Jan. 24, 2013

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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.

Co-chairmen	<b>John Arnold and Bill Dolan</b>
Past Chair	<b>Wilf Gilchrist</b>
Vice Chair	<b>Vacant</b>
Treasurer	<b>Jim Thomson</b>
Secretary	<b>John Temple</b>

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Outreach/Awareness	<b>John Arnold</b>
Volunteer Coordinator	<b>Bill Lee</b>
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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.

## PCCN Ottawa Mission Statement

We provide information on prostate cancer to those in need, gathered from a variety of sources. We participate in events that provide a venue for promoting awareness of prostate cancer through our informed member interaction at public gatherings or as speakers. We collaborate with local organizations such as The Ottawa Hospital, the Ottawa Regional Cancer Foundation, the Canadian Cancer Society, urologists and oncologists for information and support.

## Chairman's Report

John Arnold and Bill Dolan agreed to serve as co-chairs on a trial basis for the January to March period. PCCN Ottawa will be doing a mailing in February including a note of explanation of the 2013 transitioning of the association, plus a short questionnaire (about 5 questions) asking for input and opinions from the membership. Your feedback will help shape our programs for the coming year.

## Defibrillator training

PCCN Ottawa is looking into holding a defibrillator course for members. The projected time is late April.

## Treasurer's Report

Jim Thomson presented the financial report as of January 1, 2013 and all is healthy. Details are in the meeting minutes. A copy is available at each monthly meeting.

## Mentoring of Newly Diagnosed

Three new persons attended the December mentoring session. A new info package for PCCN newly diagnosed is now available and in use.

## Meeting Programs

The January meeting featured Andrea Bartels, a Registered Nutritional Therapist and Consulting Practitioner. Her topic was "Sleep solutions" and was very well received. Her presentation is on the PCCN Ottawa website. The February speaker will be Gabriele Woerner on "Doing the right things" for cancer survivors and clarifying the challenge of getting better in order to promote the recovery and the healing process. Our March meeting present the "New Look of PCCN Ottawa" to the membership.

## Donation to Prostate Cancer Research Institute

Bill Dolan and John Stonier attended the PCRI annual conference and were impressed. PCCN Ottawa will make a donation to PCRI and receive a DVD of the proceedings, which will be available to the PCCN Ottawa membership soon.

## Daffodil Sales

PCCN Ottawa will support the Canadian Cancer Society annual daffodil sales at Easter. Please consider volunteering.

## Dried Prostate Award

Dried prostate award will be presented at the March 21st meeting. This will be the award's 20th year. ■

again until food is eaten. This can be brought on by over eating carbohydrates during the evening such that blood sugar is too low or unstable.

Dietary changes that can help prevent hypoglycaemia include removal of concentrated sugars such as juices, the reduction of caffeine intake, the eating of smaller meals and eating more often.

Protein slows the absorption of sugars so don't eat fruit alone. Sugar can suppress the immune system for up to 5 hours after digestion so don't over consume. Make sure and finish eating at least 2 hours before bedtime.

Calcium and magnesium deficiencies are associated with insomnia, muscle cramping and twitching. There should be a 1:1 ratio of calcium-magnesium with vitamin D. Magnesium should be taken to bowel tolerance. The recommendation is to take it as magnesium glycinate and the dosage is 300 to 60 mgs.

Melatonin is a neurotransmitter and is initiated by pure darkness. It regulates the sleep-wake cycles (circadian rhythms). Start with the lowest dose even 1mg before bed. If you take too much it will result in grogginess in the morning.

L-Theanine is an amino acid and is found in green tea. It is decaffeinated and helps relaxation and reduces cortisol that increases with age. L-Theanine is clinically proven

to improve the quality of sleep. Relaxing herbs include chamomile, catnip, skullcap, valerian, lemon balm (Melissa). Look for herbal tea blends formulated for sleep and relaxation.

Change lifestyle habits to promote sleep such as get more exercise which uses up energy and helps release serotonin. Avoid stimulates such as caffeine (8 hours before bed), nicotine, some antihistamines and some prescription drugs, diet pills. Alcohol is not the answer as it depletes serotonin and acts as a diuretic which depletes B vitamins. It dehydrates, is habit forming and liver unfriendly.

Over exertion can be damaging physically and mentally and causes the release of stress hormones which take hours to wear off. The solution is to exercise early in the day. Get lots of natural light by getting outside during the day as this helps set the circadian rhythms. Sleep in total darkness by eliminating light at night. Use eye pillows or masks if necessary. Avoid daytime napping and instead go to bed early.

The more sugar we consume the more chromium we need because it depletes the immune system.

1000 IU's of vitamin D is the low end and 2000 to 3000 IU's is recommended. Take it either in a liquid or emulsified form for maximum uptake. ■

## NEXT MONTHLY MEETING

Thursday, Feb. 21

**6:30-7:30 p.m.:** Mentoring for newly diagnosed in the Shalom Room.

**6:30 p.m.:** Prostate Café. It's coffee time.

**7:15 p.m.:** Time for PCCN Ottawa business.

**7:30 p.m.:** Understanding human potential – The ingredients of healing – What are my challenges? – What are my tools?

These will form the basis of the presentation by Gabriele Woerner, a registered psychotherapist, health care trainer, and lecturer in the nursing program of the Univ. du Quebec.

*"There is a lot of information out there for people diagnosed with cancer, especially on the internet," she says. "What seems to be a blessing of easily available information and knowledge can be the curse in disguise and create confusion about where to start, what to do and an emotional overload of not doing the right thing."*

**We meet the third Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street. Follow the Queensway to the Pinecrest exit and proceed north, past the traffic lights, to St. Stephen's Steet on the left. Parking is at the rear of the church.**

**PLEASE REMEMBER YOUR CONTRIBUTION FOR THE ST. STEPHEN'S FOOD BANK.**

## WARRIORS SUPPORT GROUP

Thursday, Feb. 21: 1-3 pm

at the Maplesoft Centre for Cancer Survivorship Care  
1500 Alta Vista Drive (at Industrial in Cancer Survivors park, across from Canada Post)

# To Eat or Not to Eat: With Cancer Therapies, That Is the Question

By Sharon Reynolds (<http://www.cancer.gov>)



When we are healthy, we tend to eat what we want, when we want, and without much thought about how our bodies process food and anything else we ingest. But what we eat and when we eat it can affect the way our bodies absorb and react to medications, sometimes to the extent of altering treatment outcomes.

Food intake, therefore, is an important variable when determining the optimal treatment for many diseases. And cancer researchers are now exploring whether manipulating food intake could help reduce the side effects of some treatments or make them more effective, as well as more cost-effective. What we eat and when we eat it can affect the way the body absorbs and reacts to cancer treatments.

In 2008, the laboratory of Dr. Valter Longo, a professor of gerontology and biological science at the University of Southern California (USC), showed that fasting for 2 to 3 days protected normal cells in culture and mice with xenograft tumors from chemotherapy drugs without protecting cancer cells—an effect they called differential stress resistance.

Dr. Longo and oncologists from USC later published a study of 10 elderly cancer patients who voluntarily underwent short-term fasting before and/or after cytotoxic chemotherapy infusion. Patients reported fewer side effects, including fatigue, weakness, and gastrointestinal problems, when they fasted. However, some doctors still worried that fasting could also protect cancer cells, explained Dr. Longo, which would negate its use in cancer patients.

A recent study by the USC research team, published last March in *Science Translational Medicine*, addressed this concern by showing that, contrary to such fears, fasting renders cancer cells *more* sensitive to chemotherapy.

The researchers found that fasting conditions in cell culture and in mice caused normal and cancer cells to radically change their gene expression patterns—but in very different ways. Normal cells reduced the expression of genes associated with cell growth and division and diverted their energy to cellular maintenance pathways that protect normal cells from stressful conditions and repair stress-induced damage. In contrast, cancer cells reduced the expression of many protective genes, which made them more likely to die, explained Dr. Longo.

Fasting results in “more investment in a variety of systems that protect the [normal] cell,” Dr. Longo said. This shift to maintenance (instead of growth) has an added benefit for normal cells: Non-dividing cells that enter a maintenance mode are less likely to be damaged by chemotherapy drugs that target the process of cell division.

In contrast, cancer cells contain mutations that may hinder their ability to respond to starvation conditions by shifting their resources away from growth, as normal cells do. Fasting also deprives cancer cells of the glucose and other molecules they need to fuel their endless cell division. Therefore, fasting adds a second stressor on top of chemotherapy, forcing cancer cells to deal “with

two extreme environments at once,” explained Dr. Longo.

For many oral drugs, whether a patient takes them with food is irrelevant. But some oral drugs have a clinically significant food effect, which means that taking them at the prescribed dose with food causes a substantial change in their bioavailability. If a food effect leads to a marked decrease

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## Reporter Wanted!

**Do you harbor fantasies about being a world famous journalist?**

**Do you believe your interview skills surpass those of CNN's Piers Morgan?**

**Can you right a full sentence without any spelling mistakes?**

**Then The Walnut could use you.**

We are looking for an eager young (ie. under age 95 – we can't be too choosy) fellow who would like to join our illustrious staff. The candidate will conduct short interviews with medical personnel in the region about prostate cancer and related topics. Then he would cobble together a 500-600 summary (or just Q and A) for the newsletter.

Pay and benefits are negotiable. (Well, okay, we have neither, but you can still dream.)

**Email Walnut editor Richard Bercuson: [richard.bercuson@pccnottawa.ca](mailto:richard.bercuson@pccnottawa.ca)**



# Does Type of Exercise Affect Men on ADT for Prostate Cancer?

From prostatecancerinfolink.com

**A** newly published study in the *Journal of Aging and Physical Activity* has examined the differing effects of two types of exercise on the health-related quality of life (HRQoL) of men with prostate cancer who are being treated with androgen deprivation therapy (ADT).

We know that ADT can impact quality of life for men with prostate cancer. We also know that a healthy diet and regular exercise can help to ameliorate the side effects of ADT and thereby improve patients' HRQoL. What we don't know is whether any one specific type of exercise has greater benefits than another.

Santa Mina et al. report data from a small, pilot-type, clinical trial in which 66 Canadian prostate cancer survivors — all receiving ADT — were randomized to home-based aerobic or home-based resistance training for a period of 6 months.

The patients were all assessed for psychosocial well-being and physical fitness at baseline (i.e., before starting their fitness regimen), at 3 months, at 6 months, and at 6 months after completion of the initial intervention.

Here are the basic findings of this pilot study:

- **There was no significant difference in fatigue or HRQoL between the two groups of patients.**
- **Compared to the aerobic exercise group, the patients in the resistance exercise group showed significant improvements in their HRQoL.**
- **Patients in the aerobic exercise group engaged in significantly more physical activity than those in the resistance exercise group.**

It is hard to know exactly what to make of these data from such a small, pilot study, but a reasonable argument could be made that (as would be the case for otherwise healthy, aging men), the greatest benefits will come from a balanced combination of aerobic and resistance exercise as opposed to one over the other.

What is very clear at this point in time that a healthy diet and regular exercise are key components in managing HRQoL for the vast majority of men on ADT. Any amount of regular exercise (aerobic or resistance) will be better than none! ■

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in bioavailability, too little drug will reach the bloodstream. If a food effect leads to a large increase in bioavailability, patients taking the drug with food risk overdosing.

This second scenario is a concern for several oral cancer drugs, including nilotinib (Tasigna) for chronic myelogenous leukemia and lapatinib for advanced breast cancer. The risk of sudden cardiac death from taking nilotinib at its prescribed dose with food is so high that the manufacturer has included a boxed warning about the dangers and developed a corresponding risk evaluation and mitigation strategy.

Dr. Mark Ratain, professor of medicine at the University of Chicago, sees opportunity instead of danger in the food effect, as well as a major flaw in what has become the default strategy for oral cancer drug development.

For many non-cancer drugs that have a greater bioavailability with food, that food effect has been exploited, explained Dr. Ratain. For example, drugs such as darunavir for HIV or telaprevir for hepatitis C are prescribed at lower doses to be taken with a meal.

In oncology, the opposite has happened. Discovery of a food effect has led to the development of a high prescribed dose to be given without food.

Testing oral oncology drugs that have a food effect at lower doses with food might substantially reduce side effects and costs, suggests Dr. Ratain. His research group is testing this concept in a phase II clinical trial of abiraterone acetate (Zytiga), approved for metastatic prostate cancer. Dr. Ratain and his colleagues are testing whether men can safely reduce their dose of the drug by 75 percent by taking it with food. And, in turn, reducing the dose might cut drug costs, he added. ■

## In Memoriam

Mottie Feldman, a long time member of PCCN Ottawa, lost his battle with cancer on Dec. 29, 2012. A year ago, Mottie had in fact submitted to *The Walnut* a short piece about his cancer experience. It was published along with other similar personal stories.

PCCN Ottawa extends its most sincere condolences to his family.

A college class was told they had to write a short story in as few words as possible. The instructions were: The short story had to contain the following three things:

**1. Religion    2. Sexuality    3. Mystery**

Below is the only A+ short story in the entire class.

**“Good God, I’m pregnant; I wonder who did it.”**

## Does Androgen-Deprivation Therapy Affect Lean Body Mass?

from oncologystat.com

A recent study highlighted the possibility that long-term androgen deprivation in men with prostate cancer may cause significant sarcopenia, in addition to the long list of more established toxicities. However, as the authors pointed out, given that there was no control group, it is not possible to exclude the possibility that the observed loss of lean body mass was largely a function of aging.

Sarcopenia, a decrease in skeletal muscle or lean body mass (LBM), is associated with mobility disorders, increased risk of falls and fractures, impaired ability to perform activities of daily living, disabilities, loss of independence, and increased mortality. Medical conditions that accompany aging, including diabetes, peripheral vascular disease, and kidney disease, are associated with sarcopenia. Poor nutrition and inactivity accelerate muscle loss in older individuals.

In male patients with prostate cancer receiving androgen-deprivation therapy (ADT), the loss of LBM is commonly associated with an increase in fat mass. The combination

of reduced LBM and increased fat mass is known as sarcopenic obesity. Androgens are important determinants of LBM in men. It is well known that serum testosterone concentrations correlate positively with LBM in men. For men receiving ADT, it would be of benefit to gain a greater understanding of the factors that may lead to LBM. Thus, Smith and colleagues attempted to characterize changes in LBM in men with prostate cancer receiving ADT.

It should be noted that, at all measured time points, changes in LBM were significantly greater in men  $\geq 70$  years. In addition, LBM decreased in 68.8% of patients whose prior administration of ADT was less than 6 months and in 55.1% of men with more than 6 months of prior administration of ADT at baseline.

The investigators noted that as all of the men in this study received ADT, it was not possible to separate the effects of aging from those of ADT on sarcopenia. The investigators suggested that further studies addressing functional outcomes as well as measurement of LBM are warranted. ■

## PUNishing...

**When you get a bladder infection, urine trouble.**

**I’m reading a book about anti-gravity. I can’t put it down.**

**I used to be a banker, but then I lost interest.**

**Earthquake in Ottawa obviously government’s fault.**

## The Walnut Laureate



### THE SUMMER GUYS

by Glenn Kletke

It’s the only way I can think of them  
our small early morning gathering  
in the dead middle of dark winter  
looking for the first light in the sky  
sun a fly ball you can’t see to catch.

Four of them sitting inside the alcove  
just outside our Radiation Suite 22  
waiting with full bladders, wanting  
to get up and dance rather than settle  
into idle chatter of how-is-it-going?

Could be a quartet of bleary retirees  
huddled for coffee at the local mall.  
Could be a group for a poker game  
and considering it’s prostate cancer  
poker is really not far off the mark.

Yep, these four verses are really for  
the summer guys who laughed me  
through my 33 treatments at old 22.  
Bill, Richard, jovial George and Ed.  
Happy a new day happened to them.

*Glenn Kletke’s poetry has most recently  
appeared in “Whistle for Jellyfish” published  
by Booklands Press*