The Psychosocial Aspects of Prostate Cancer

presented by Dr. Andrew Mathew
summary by John Arnold

There were two parts to the March 17 presentation: a video from PCCN Toronto with Dr. Andrew Mathew entitled, “The Psychosocial Aspect of Prostate Cancer,” and an open forum where members offered their prostate cancer experiences.

(The video is posted on the Prostate Cancer Canada Network TORONTO site. Dr. Mathew is a staff Psychologist at Toronto's Princess Margaret Hospital.)

Last November, the Lance Armstrong Foundation examined the prevalence of emotional side effects in male cancer patients. It found that 49% reported their psychological needs were not met and the majority had emotional repercussions years after medical treatment ended.

Dr. Mathews described the contributors to the psychosocial aspects of prostate cancer:

- Diagnosis – acute care & knowledge
- Treatment decision, aids, health promotion
- Quality of life – Side-effects
- Cure, Control & mortality

After diagnosis, patients look at processing the diagnosis, connecting to the hospital, seeking knowledge (initial understanding of the disease) and gathering resources (e.g. social support).

Decision-making is most important for the patient’s emotional well-being. Interactions with doctors, friends and support groups allow patients to:

- understand the outcomes of options,
- consider the personal value by helping to clarify preferences,
- feel supported in decision-making,
- move through the steps in making a decision,
- participate in deciding about care.

After treatment, some patients must deal with urinary incontinence. In the long term, however, over 90% of men do not find it affects their quality of life. The key is to be patient, seek medical advice and do kegel exercises.

60% of patients report moderate to severe distress with sexual dysfunction.

Distress is especially elevated in younger men. Often partners experience greater stress.

Assistive aids for sexual dysfunction vary in invasiveness and effectiveness:

- Oral medications [PDE-S inhibitors] are effective in 30 to 60% in patients
- Injections - 85% effective,
- Micro-suppositories – 57% effective,
- Vacuum device – 80% effective,
- Penile implants have satisfaction rates of 85%.

Findings suggest key psychological factors such as relationship conflict, anxiety, longing for spontaneity, and loss of sexual interest enter into the equation.

See Psychosocial Aspects on page 3
PCCN Ottawa is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

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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.

Leadership Team Meeting: Thursday, Mar. 31, 2011

Vice Chairman Wilf Gilchrist introduced Beth Monaco and Jennifer VanNoort of the Ottawa Hospital Foundation. They were invited by Donations Committee to present the OHF’s research projects. We propose to select those that best fit the five donation guidelines established by the Committee. The project list included: Da Vinci Surgical Robot research, High Dose Brachytherapy, Cyber Knife Surgery, Oncolytic Virus Research and Wellspring Ottawa.

Approval of the agenda and the Feb. 24th minutes.
Bank balances reported as:
Manulife – $91,757.55
Alterna Trust – $3,289.82
Alterna Chequing – $61,331.72

Sherry Coates continues with orientation program for new treasurer V.J. Singh.
277 membership renewals If you have not returned yours, please do so.

Bill Dolan apologized for technical problems with the March DVD presentation.
April speaker is Linda Eagen, President and CEO of the Ottawa Regional Cancer Foundation – see page 3.

St. Stephen’s Church not available in April. Our April meeting will be held at the Centrepointe Ben Franklin Place – see page 3.

New meeting times will be
MENTORING: 6:30 - 7:30. MEETING STARTS: 7:15 - 7:30 (Business)
PROGRAM: 7:30 - 9:00 +

We expect a limited supply of padded chairs for the May meeting. We will continue to set up more tables to be available for group discussions. The Welcome committee requests that all attendees please sign the Meeting Register on arrival.

Results of telephone canvass reviewed. Input is extremely helpful in identifying issues that will be addressed. Canvassing will continue. Members should return calls and be willing to discuss subjects or concerns.

The JTCS Agreement and Administrative Director activities were reviewed in a Q & A session. A motion was presented and carried that $20,000.00 from the William Albert Rickward Bequest be donated to continued research study projects relating to the Da Vinci Surgical Robot.

John Arnold reported a positive response from Prostate Cancer Canada on request to intercede with Ontario on the neglect to recognize PSA testing in a cancer plan document. Gerry Gilbert addressed member support for Daffodil Weekend and delivering promo poster for Do It For Dad on April 20.

Harvey Nuelle – 5 “Newbies” at March meeting, some with wives and families. Great night.

A motion presented and carried that a quote from Shannon King Studios for $700 be accepted for the development of two design approaches for the PCCN Ottawa Information Brochure. Dugan will contact other support groups for examples.

Next Meeting – Thursday, April 28, 2011 – St. Stephen’s Anglican Church – 9:30am – ALL WELCOME
Often sexual dysfunction rejection of pro-erectile therapy is avoided due to:
- Unrealistic expectations,
- Confusion re: use of ED Therapy – lack of systematic approach,
- Lack of naturalness & spontaneity,
- Performance anxiety – trial & failure,
- Side effects, invasiveness, cost and accessibility

Couples dealing with sexual dysfunction have other factors:
- Importance of orgasms
- Realistic optimism and hope, acceptance & patience,
- Effective communication, humour,
- The broad perspective of masculinity,
- Creative resourcefulness to changes in sexual response,
- And, most important, intimacy

To help in dealing with the new “normal,” they should consider couples counseling and support groups.

Dealing with cancer causes one to deal with mortality. Many well-adjusted men experience unfamiliar and severe emotional distress. By facing one’s mortality the cancer diagnosis produces a grief reaction, with an initial response to acceptance of loss - loss of youth, of confidence in one’s health, of recognition of his finite life.

The psychological benefit of accepting mortality is in the preservation of one’s self concept, engaging in life with new conviction, and living more effectively in the present.

Suggested resources:
- “The Canadian Guide to Prostate Cancer” (Jamicky & Nam, 2008)
- “Peter Scardino’s Prostate Book” (Scardino & Kelman, 2006)
- The booklet, “Challenging Prostate Cancer: Nutrition, Exercise and You” (available in PDF at www.prostatecentre.ca)

Websites:
- www.prostatecentre.ca
- www.cancer.ca
- www.cancer.org

After the video, Bill Dolan opened the meeting to those who wished to share their experiences. There was a wide range of points raised, from the importance of exercise to how sexual dysfunction is not something to be minimized.
Researchers at the University of Michigan now think they can explain how and why prostate cancer cells get into bone and can stay dormant before stimulating the recurrence of prostate cancer.

In an article in the Journal of Clinical Investigation, Shiozawa et al. have presented data suggesting that prostate cancer cells are selectively secreted in an area of the bone marrow that is normally associated with the development and growth of cells called “hematopoietic stem cells” (HSCs). These are cells that act as precursors to normal red and white blood cells.

For some reason, prostate cancer cells can stay dormant in this particular environment and then they can become active again later, leading to prostate cancer recurrence after a period of months or years.

What Shiozawa and his colleagues have been able to demonstrate, using a mouse model of metastasis, is that human prostate cancer cells are able to compete directly with HSCs for space in the mouse’s bone marrow niche. They have also been able to show that increasing the size of the bone marrow niche leads to promotion of metastasis; by comparison, decreasing the size of the niche size reduces the probability of cell dissemination and therefore metastasis.

There are a variety of potential consequences of this new knowledge:

- If the bone marrow niche really does play a central role in metastasis of prostate cancer to bone, then researchers have another new target for drugs that may be able to prevent initiation and progression of bone metastasis.
- Such drugs could potentially halt or disrupt the ways in which cancer cells enter or behave in the niche, or they could simply keep the cancer cells from out-competing the stem cells.

What we don’t know yet is equally enticing:
- How does the initial tumor cell get into the bone marrow niche?
- How and why does the tumor cell become dormant?
- What do the normal HSCs do when the tumor cells enter the niche?
- Can other types of cancer cells that also metastasize to bone also go to the niche?

It is the job of the bone marrow niche, under normal circumstances, to stop HSCs from over-proliferating. Clearly, therefore, when tumor cells get into the bone marrow niche, they are able to co-opt the normal biological processes of the bone marrow niche to stop the proliferation of prostate cancer cells too! But how this happens and why tumor growth can be re-triggered later on is still not understood.

This may be a critically important finding towards new and very different therapies for the management of cancers, like prostate cancer, that metastasize to bone.
Letter seeks Ontario Cancer Care support

March 2, 2011

Mr. Steve Jones, President,
Prostate Cancer Canada
2 Lombard Street, Third Floor
Toronto, Ontario M5C 1M1

RE: PSA Testing not supported in 2011-2015 Ontario Cancer Plan

Dear Mr. Jones,

Prostate Cancer Canada Network Ottawa (PCCN Ottawa) attend Cancer Care Ontario (CCO) – Eastern Region meetings. At the last meeting we were surprised that in the recently released 2011-2015 Ontario Cancer Plan there was no mention of prostate cancer/PSA screening. When questioned CCO indicated that PSA screening is not evidence-based. As a result, “active surveillance or watchful waiting” is what is being followed in Ontario.

We believe PCC, as our national body, is in the perfect position to inquire how this Ontario policy is viewed by Support Groups here in Ontario (it would interesting as well to find out what other provinces are doing in this regard). Is the Ontario policy simply to save tax-payers’ money at the expense of our members or is there a health rationale in pursuing active surveillance?

PCCN Ottawa is requesting that PCC poll nationally to obtain feedback on this Ontario government policy. After this polling it would be appropriate to call a provincial meeting to discuss what our position should be. Once our position is determined, PCC could on our behalf articulate it to the Government of Ontario.

We believe this important issue needs to be addressed, now.

We look forward to your thoughts on a matter important to men and their families.

Sincerely,

Dan Livermore, Chairman
PCCN Ottawa

Higher Vitamin D intake needed to reduce cancer risk

Researchers at the University of California, San Diego School of Medicine and Creighton University School of Medicine in Omaha have reported that markedly higher intake of vitamin D is needed to reach blood levels that can prevent or markedly cut the incidence of breast cancer and several other major diseases than had been originally thought.

“We found that daily intakes of vitamin D by adults in the range of 4000-8000 IU are needed to maintain blood levels of vitamin D metabolites in the range needed to reduce by about half the risk of several diseases – breast cancer, colon cancer, multiple sclerosis, and type 1 diabetes,” said Cedric Garland, Dr PH, professor of family and preventive medicine at UC San Diego Moores Cancer Center. “I was surprised to find that the intakes required to maintain vitamin D status for disease prevention were so high – much higher than the minimal intake of vitamin D of 400 IU/day that was needed to defeat rickets in the 20th century.”

“I was not surprised by this,” said Robert P. Heaney, MD, of Creighton University, a distinguished biomedical scientist who has studied vitamin D need for several decades. Garland said. “Unfortunately, according a recent National Health and Nutrition Examination Survey, only 10 percent of the US population has levels in this range, mainly people who work outdoors.”

Interest in larger doses was spurred in December of last year, when a National Academy of Sciences Institute of Medicine committee identified 4000 IU/day of vitamin D as safe for everyday use by adults and children nine years and older, with intakes in the range of 1000-3000 IU/day for infants and children through age eight years old.

While the IOM committee states that 4000 IU/day is a safe dosage, the recommended minimum daily intake is only 600 IU/day.

“Now that the results of this study are in, it will become common for almost every adult to take 4000 IU/day,” Garland said. “This is comfortably under the 10,000 IU/day that the IOM Committee Report considers as the lower limit of risk, and the benefits are substantial.” He added that people who may have contra-indications should discuss their vitamin D needs with their family doctor.

“Now is the time for virtually everyone to take more vitamin D to help prevent some major types of cancer, several other serious illnesses, and fractures,” said Heaney.
Hear Ye! Hear Ye! Hear Ye!

Generous Donation for Prostate Cancer Research

from Mr. William Albert Rickward, 1933 – 2010
by Wilf Gilchrist

PCCN Ottawa recently received a donation from William (Bill) Albert Rickward who passed away on September 9, 2010, at the age of 76. He is survived by his sister, Dorothy, and several nieces and nephews. He had lived for the past six years in Woodbridge to be closer to two of his nieces, Lori and Diane.

During his Mr. Rickward’s career in the Canadian Navy, he served his country in various locations, spent time in Nova Scotia, and when he retired, moved to Ottawa, a city he loved. His wife Doris and a son passed away several years ago. His two nieces became his closest family. Eventually he developed Parkinson’s Disease. His nieces would travel from Woodbridge to Ottawa to help him but eventually found him a retirement home in Woodbridge.

Lori describes him as a loving, kind, generous, intelligent and slightly mischievous man with a special charm and strength. His wit and love of life made him Uncle Bill to many aside from his nieces. His spirit carried him through Parkinson’s, a stroke, arthritis and almost total loss of hearing. Shortly before his death he said, “Life is like a deck of cards and we need to play the hands we are dealt and make the best of it.”

Happiest when around family and friends, it was also important to him to help those who had fallen victim to cancer, heart and stroke, and Parkinson’s. A charitable man, he made a donation of $50,000 each to the Parkinson Society of Ottawa, the Canadian Cancer Society, the Heart and Stroke Foundation of Ontario, and the Prostate Cancer Association Ottawa, (now Prostate Cancer Canada Network Ottawa). Mr. Rickward’s request in each case was that the sum paid “be used specifically for research.”

PCCN Ottawa thanked the family for the generous donation. Lori said her uncle did not have prostate cancer but recognized the disease’s seriousness and wished to help in its research.

Aided by The Ottawa Hospital Foundation and the Ottawa Regional Cancer Foundation, PCCN Ottawa plans to identify suitable research projects in the area and make the donation on Mr. Rickward’s behalf. He will be recognized for the donation and his nieces notified of how the money is being distributed.

Warriors meet again

There were only two warriors at the second meeting at CCS building on March 17th. A number of members are in sunnier climes and this kept the number low.

Ludwick Papaurelis, one of the attendees, offered to hold the next meeting at his home. Date and time will be passed on via our closed Yahoo e-mailing site. Anyone wishing to be ‘invited’ to be a member of this site should telephone Ludwick at 613-523-8688

Anyone on his 2nd or 3rd type of prostate cancer treatment would be a good candidate for the Warrior group.

In any event, the two had a valuable discussion and the other Warrior learned much from Ludwick’s extensive knowledge of treatments and therapies for recurrent prostate cancers.

Meet the PCCN Ottawa team

(Standing, left to right)
Bill Dolan, Ludwick Papaurelis, Diane Desjardins, John Dugan, Eric Meek, John Arnold, Harvey Nuelle, Bob Blackadar

(Kneeling, left to right)
V.J. Singh, David Brittain, Ron Marsland, Wilf Gilchrist, Gerry Gilbert