

The Digital Examiner



Prostate Cancer
Canada Network
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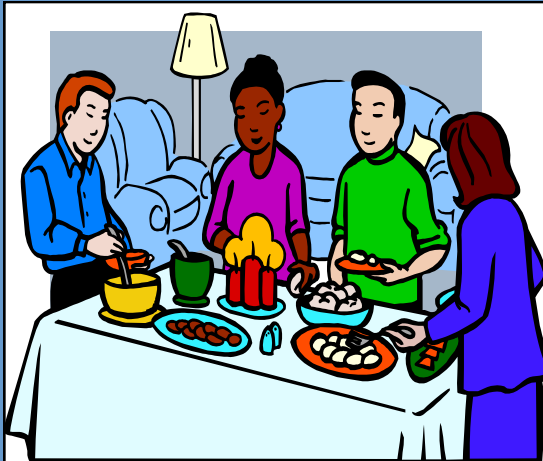
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Our December 10th 7:30 PM meeting will take a different approach as we focus more on camaraderie in a social, relaxed atmosphere. Instead of the Lecture Hall we will meet in the Kerby Lounge and enjoy some delicious treats and refreshments while interacting with fellow members.

It will be your opportunity to talk to others on their journey with prostate cancer, to learn from each other, to share stories, to learn about personal experiences with different treatments and generally get to know each other better.

As always, spouses, friends and supporters are welcome to attend.

Prostate Cancer gets men thinking about manliness

Men with prostate cancer tend to reflect on masculinity and what it means to be a man, specifically when their sex lives and bodies change due to treatment of the disease, concludes a recent study in Norway.

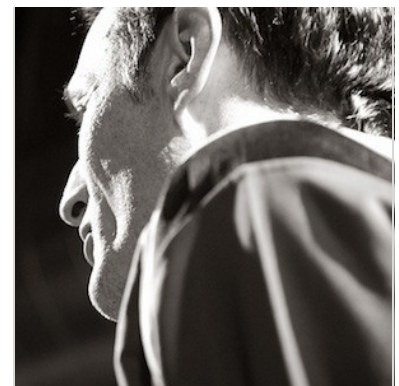
Researchers did in-depth interviews with 13 men aged 52 to 68 and nine spouses aged 52-68. The spouses were not married to any of the 13 men in the study to minimize the danger of revealing sensitive information. This allowed the spouses to speak freely without worry.

During the study, they found that men thought the health system focused too much on impotence as a possible side effect. As they were just diagnosed with prostate cancer and having to deal with a potentially life-threatening disease, they said they are not as interested in hearing advice about Viagra and sex with their partners. The researchers recommended that less focus should be paid to their ability to get an erection.

They also found that older men were able to accept that their sex lives had changed and that they felt it was better to extend their lives with treatment rather than have a functioning penis. Sexuality was more important for younger men, specifically those who were around 60 years old.

Men who were taking

hormones to decrease the production of testosterone to extend their lives saw changes in their bodies that are similar to women going through menopause. Most of these men were able to figure out a way to adjust to these changes. Other



men suffered from incontinence, but none admitted to having to wear diapers. However, the spouses who were interviewed talked about their husbands having to wear diapers, and that they have to make light of the situation to make it less embarrassing.

The spouses who were interviewed also admitted that it was sad that their sex lives had ended sooner than they wanted, and that it can have a negative impact on the relationship. However, they would not tell this to their husbands in order to protect their masculinity. In some cases, women said the disease brought them closer together.

Researchers conclude that prostate cancer needs to be talked about openly without the stigma associated with it.

Prostate Cancer Risk Lower in Statin Users

Prolonged statin use is associated with a decreased risk of prostate cancer (PCa), but the extent of this protective effect varies by duration of use time and type of statin, according to a new study.

A team led by Alexander Lustman, MD, of Clalit Health Services in Tel Aviv, Israel, conducted a population-based cohort study of 66,741 men aged 45-85 years. The mean age at cohort entry was 58 years. During follow-up, 1,813 PCa cases were diagnosed and 11,245 men died. A total of 37,645 subjects (56%) had filled at least one prescription for a statin and 26,061 (39%) had filled prescriptions for statins for at least 12 months.

The longer statins were used, the greater the reduction in PCa risk. In a fully adjusted model, men who used statins for five years or more had a 78% decreased risk of a PCa diagnosis compared with non-users. Men who used statins for one to five years had a 45% decreased risk and those who used statins for three to 12 months had a 32% decreased risk, the researchers reported online ahead of print in *Prostate Cancer and Prostatic Disease*.

Risk reductions also varied by cumulative statin use. Compared with men who did not take statins, those who had a cumulative defined daily dose of 1-5,000, 5,001-10,000, 10,001-20,000, and 20,001 mg or higher had an 18%, 36%,

65%, and 76% decreased risk, respectively, in a fully adjusted model.

Moreover, the reduction in risk varied by type of statin. Compared with no statin use, men who used rosuvastatin for at least six months had an 80% decreased risk of PCa in a fully adjusted model. Men who used simvastatin or atorvastatin for at least six months had a 52% and 55% decreased risk. The risk was increased by 34% and 29% for men who used lovastatin or fluvastatin, respectively.

Urinary Incontinence After Prostate Cancer Surgery

Urinary incontinence is the loss of the ability to control urination. Urinary incontinence sometimes occurs in men who have had surgery for prostate cancer.

When urine is emptied into the bladder from the kidneys, it is kept inside the body by a couple of valves that stay closed until you “tell” them to open when you urinate. The prostate gland, which surrounds the urethra (the tube that allows urine to flow outside



the body) also helps to hold back urine until given the word to “go.”

Complete removal of the prostate through surgery (radical prostatectomy) can cause urine leakage because it upsets the way the bladder holds urine. Approximately six to eight percent of men who have had surgery to remove their prostate will develop urinary incontinence.

Fortunately, there are ways to treat incontinence that is caused by prostate surgery. For instance, there are medications or behavioral techniques and exercises, including Kegel exercises and biofeedback, that teach men to hold urine.

However, these methods help only a small number of men who have more severe leakage problems. When these treatments fail, the patient may need surgery. There are two

types of surgery for urinary incontinence: the **urethral sling** and the artificial **urinary sphincter**.

What are the risks and complications of the male sling procedure?

The main risks of the urethral sling procedure include a temporary inability to urinate, or the possibility of urinary leakage reoccurring later.

Complications are rare, and may include bleeding and infection (of the mesh or the bone area or pubic bone), erosion, inability to urinate (very rare) or continuing leakage.



Artificial urinary sphincter

Patients who have moderate to severe urinary incontinence as a result of significant sphincter muscle or valve damage after prostate cancer surgery may need an artificial urinary sphincter (AUS).

The AUS has three parts:

- an inflatable cuff that is placed around the upper urethra. The cuff closes off the urethra to prevent leakage of urine.
- a pump that is inserted into the scrotum. The pump controls the opening and closing of the cuff.
- a small pressure-regulating balloon (about the size of a ping-pong ball) that is placed in the abdomen, under the muscles. The balloon maintains fluid under pressure within the urethral cuff to hold urine back.



When the patient feels the need to urinate, he presses on the pump, which opens the cuff to allow urination. Once the patient is done urinating, the cuff automatically closes again.

The AUS has a success rate of 90%. Although uncommon, risks of the procedure include malfunction of the

device (usually due to a fluid leak), erosion of the device into the urethra, and infection. All of these would require additional surgery.

Urethral sling

In the urethral sling procedure, a synthetic (man-made) mesh tape is placed around part of the urethra, which gently and slightly moves the urethra into a new position. This is a minimally invasive procedure, which means that the surgeon only has to make a small incision (cut) in the perineum (the space between the base of the scrotum and the anus).

A urethral sling procedure is best suited for men who have mild to moderate urinary incontinence after a radical prostatectomy. It is highly successful in helping patients overcome incontinence, or reduce episodes of leaking urine.

Before the surgery, the doctor may do some tests, including the following:

- a urodynamic study, to test how well the urinary tract is working;
- a 24-hour pad test (to identify how many pads the man uses and how much urine he leaks);
- a cystoscopy, a test in which the doctor looks inside the bladder with an instrument called a cystoscope.

The patient does not have to donate any of his own blood before surgery.

(Figure: In the male urethral sling procedure, synthetic mesh-like surgical tape is placed around part of the urethral bulb, slightly pressing down on the urethra and moving it into a new position.)

What happens after surgery?

There is often swelling after surgery that makes it difficult to urinate. The patient may have a catheter (a hollow tube) coming out of the urethra for a short period of time to allow him to empty his bladder.

After the swelling goes down, the patient will gradually be able to urinate on his own and empty his bladder well. However, the normal urination pattern may not return for a few weeks.

Patients usually recover from this surgery quickly. It's best to limit rigorous activities for approximately six weeks after surgery to avoid having the sling come down before healing is complete.

Some patients undergoing the procedure have been cured of their urinary incontinence; others have improved to the point where they don't use as many pads.

Our December Meeting Schedule

5:00 PM : Pre meeting no-host social time and dinner at Moxies Classic Grill, 888 –7th Ave. SW. Drop in, we'll make room at the table. Park free at Kerby and walk two blocks east on 7th to Moxies.

6:30 PM :PCCN Calgary Warriors meet in the boardroom at Kerby Centre. Stewart Campbell, Facilitator

6:30 PM: PCCN Calgary Active Surveillance/Newly Diagnosed meeting in Room 331 at Kerby. Ron Singer, Facilitator

6:30 PM: A meeting for ladies only. Informal and self facilitated. We make the room available—ladies decide what to discuss.

7:30 PM: A special social time meeting to help celebrate our 20 years of serving the Calgary prostate cancer community. No speakers, no presentation, just some good treats and the opportunity to get to know your fellow members. Spouses, friends and partners welcome.

As we celebrate 20 years of helping men and their families on their journey with prostate cancer we would like to thank the many generous individuals and companies who support our community work. On behalf of the 1000+ members of PCCN Calgary thank you all for your generosity and encouragement. With your continued support we will continue our good work in the years ahead.



CALGARY HERALD



2013 has been a great year, with notable presentations by some of Calgary's foremost doctors and researchers and guests from far away. Special thanks to our 2013 speakers:

Dr. Richard Baverstock: Erectile Dysfunction

Trent Hamans and Nikki Holden, BMO, estate planning

Dr. Matt Pyatt: Naturopathic Doctor

Rocco Rossi, president of Prostate Cancer Canada

Dr. Chris Carruthers: Sleep Well Tonight

Dr. William Zhao, Acupuncturist

Dr. Neil Fleshner, University Health Network Toronto

DVD presentation: What Men should know

Dr. David Hanley, Bone Health

Vivienne Parry OBE, London England, film screening of "The Enemy Within"

Dr. Morley Hollenberg, PSA research in Calgary

PSA : Know Your Number



Risk Factors

Age: Risk for prostate cancer increases with age.



Race: Men of black African or black Caribbean descent have increased risk for prostate cancer.



Family History: Men with a first degree relative (brother, father, son) with prostate cancer have an increased chance of getting the disease.



Lifestyle: Maintaining a healthy weight through good diet and exercise may reduce the risk of prostate cancer.



Did you know?

The PSA test is a simple blood test, taken from your arm, that measures the amount of prostate specific antigen in your blood.



While there are controversies with the PSA test, high numbers serve as a powerful red flag for further investigation.

Prostate Cancer Canada Recommends



At high risk? Talk to your primary care provider about prostate cancer.

Get a PSA test in your 40's to establish your baseline.

The decision to end PSA testing should be based on individual factors.

PCC advocates for shared decision making between doctor and patient