# THE DIGITAL EXAMINER



Number 126 – March 2010
Address changes, comments should be sent to info@pccncalgary.org
or call 403-455-1916
www.pccncalgary.org

Support and information from those who have been there

### After Surviving Cancer, a Focus on True Manhood

By DANA JENNINGS

I've trudged through Stage 3 prostate cancer and its treatment in good shape. Nearly two years after learning I had cancer, I'm an active 52-year-old, I exercise regularly, my blood tests are where they need to be and my oncologist wants to see me only twice a year. But there is one side effect of my treatment that has proved especially stubborn: erectile dysfunction. After a radical open prostatectomy, radiation and hormone therapy, it's still difficult to get the old engine of desire to turn over. And now that I'm dosing my post-treatment depression with Zoloft — which also disrupts sexual function — sometimes I can't even find the key.

Oh, and my testosterone level is low, too. I'm not complaining, though. There's no percentage in being erect and dead.

Prostate cancer and its treatment strike men where they live, often causing impotence and incontinence. (My bladder control gradually returned. But I can still be caught off guard by the stray sneaky sneeze.)

It's not that I'm ready to fold up my tent. We are sexual creatures, after all, and I am working with my surgeon to reclaim that part of myself. In the past two years, though, I've insisted on trying to learn what having cancer could teach me.

And here I'm just trying to understand, trying to articulate, what it feels like to be damaged goods in our oversexualized culture. We founder in a mere surface culture of smirk, snark and innuendo. The greedy objectification of the body — in both women and men — accelerates, speeding so fast that the objections can't even be heard over the roar of the mass media. We are told to worship washboard abs and Everest biceps, improbably perky breasts and buns of titanium. It sometimes seems that every image spewed forth by the electronic media resonates with just one unsubtle subtext: sex. Where does that leave a man who has erectile dysfunction?

I'm not so much interested in male biophysical mechanics, about Levitra and Viagra and Cialis (an erection that lasts more than four hours? How about four seconds?), about penile injections and pumps. To me, the ads for the magic pills never seem to strike quite the right note. The men often look as furtive as teenagers buying condoms. And the narrators are hushed and ominous, like the voice-over in a campaign attack ad. In the popular mind, manhood and womanhood have become ever more confused with the sexual act. But manhood isn't about prodigious feats of lovemaking or how many partners you can bed. There are no official standings.

True manhood is about love and kindness. It's about responsibility and honour, about working hard and raising your children the best way you know how, with love, respect and discipline. Yes, my erectile function is still a work in progress, but I don't feel diminished; I don't feel that I'm less of a man. My voice is still as deep as a well, my eyes a steely blue. I still relish a strong stout, and I can hold forth on the arcane points of the safety blitz. (Though sometimes I am tempted to say, "It's O.K., ladies, I'm harmless.")Libido comes and goes at odd hours, like a child home on a college break. But curiously, I feel that the life my wife, Deb, and I lead is more intimate than ever. I was the one who was sick, but we peered into the bleak chasms of cancer together. As I was buffeted by diagnosis, treatment and the aftermath, she was my advocate, my confidante, my unwavering caregiver. And everything she did was suffused by her

**PCCN** Calgary's next monthly meeting will be held at 7:30 PM on Tuesday March 2, 2010 at **Beth Tzedec** Synagogue, 1325 **Glenmore Trail SW** Our subject will be " Fad diets and dietary Supplements from A to Z: What's worth it and what's worthless?!" with Dr. Mark Moyad. See insert for details and map.

This will replace our regular monthly meeting that would have been March 9.

Women and Prostate Cancer (WAPC) and Men's Peer Group meetings will be held:

Tuesday March 16,
2010 at Wellspring
1404 Home Road NW
@ 7:30 PM
and
Tuesday March 23,
2010 at
South Calgary
Health Centre
31 Sunpark PI. SE
@7:30PM
No pre-registration
requiredFree parking at both

**locations** 

har lava for ma

### PCCN Calgary meets on the second Tuesday of every month at 7:30 PM

love for me. It was an intimacy beyond words. And believe me, I have a lot to live up to if the time comes for me to care for Deb. True intimacy isn't about the hydraulics of the flesh. It's the smell of a certain shampoo in the hair, a passing touch in the kitchen, the taste of cold blueberry soup on a hot summer day, the gentle nostalgia of "Aja" by Steely Dan, and your heart melting at the sight of your wife of 28 years sound asleep after midnight — the murmur of HGTV having lulled her to slumber. Despite everything that has happened the last couple of years, I'm a lucky man. I love my work, I'm

sionate and indispensable wife to snuggle with on these winter nights.

Everything else will mend in its own time.

<a href="http://well.blogs.nytimes.com/2010/02/15/after-surviving-cancer-a-focus-on-true-manhood/">http://well.blogs.nytimes.com/2010/02/15/after-surviving-cancer-a-focus-on-true-manhood/</a>

blessed with two fine sons, and I have my compas-

# Using Nitroglycerin to Treat Prostate Cancer Shows Potential to Halt Disease

ScienceDaily (Feb. 11, 2010) — Treatment of prostate cancer using a very low dose of nitroglycerin may slow and even halt the progression of the disease without the severe side effects of current treatments, Queen's University researchers have discovered.

The findings are the result of the first-ever clinical trial using nitroglycerin to treat prostate cancer. The 24-month, Phase II study targeted 29 men with increasing levels of prostate-specific antigen (PSA) following prostate surgery or radiation. PSA levels are a key predictor of cancer progression.

"We were very excited to see a significant slowing in the progression of the disease as evidenced by the men's PSA levels, and to see this result in many of the men who completed the study," says Robert Siemens, the leader of the study and a Professor of Urology at Queen's University and urologist at Kingston General Hospital.

The researchers are encouraged by the results, par-

ticularly because safe and effective treatments for men with rising PSA levels following surgery or radiation are limited. They note that further testing needs to be done to confirm the results of this very small study. The men were treated with a low-dose, slow-release nitroglycerin skin patch and their PSA levels monitored. Of the 17 patients who completed the study, all but one showed a stabilization or decrease in the rate of cancer progression, as measured by their PSA Doubling Time. Nitroglycerin has been used at significantly higher doses for more than a century to treat angina. This trial was based on a key finding from pre-clinical research carried out at Queen's, which showed that decreases in

nitric oxide play an important role in tumor progression and that this progression can be stopped by low-dose nitroglycerin. Results of the study, conducted by Queen's University researchers Robert Siemens, Jeremy Heaton, Michael Adams, Jun Kawakami and Charles Graham, appeared in a recent issue of the journal Urology.

Research into the use of nitroglycerin and similar compounds for the treatment of cancer by Drs. Adams, Graham and Heaton has resulted in the issue of 10 patents worldwide. "This peer-reviewed research is our first clear clinical evidence that low-dose nitric oxide therapy offers prostate cancer patients a new non-invasive treatment option," says Robert Bender, CEO of Nometics. "It is our intention to start broader clinical trials in 2010 to confirm and expand these results APA

Queen's University (2010, February 11). Using nitroglycerin to treat prostate cancer shows potential to halt disease. ScienceDaily

# Chronic Fatigue after first -line treatment of PC

There are few good data on the occurrence of chronic fatigue after first-line treatment of localized prostate cancer.

Kyrdalen et al. have now published data on chronic fatigue post-treatment in > 500 Norwegian patients who were treated with radical prostatectomy (RP) or external beam radiation therapy (EBRT) for localized prostate cancer in 2004. In their study, they defined chronic fatigue (CF) as fatigue lasting for 6 months or longer. Patients who had received hormone therapy were **not** eligible for inclusion in this study: all patients had to be hormone-naïve.

Data from this study, based on a postal survey conducted in 2006, and including 337 prostate cancer survivors who had been treated with an RP and 184 treated with EBRT, showed that:

- At 12 to 32 months after treatment, 45/337 RP patients (13.4 percent) and 48/184 EBRT patients (26.1 percent) reported CF.
- For patients who received either RP or EBRT, the occurrence of CF was inversely associated with pretreatment age.
- There was a positive association between reporting of CF and high levels of neuroticism, post-treatment co-morbidity, pain, urinary and intestinal dysfunction, but not sexual dysfunction.

So first let us be clear what is meant by "the occurrence of CF was inversely associated with pretreatment age." It means that the *younger* the patient, the greater the likelihood of reporting of chronic fatigue. At first sight, this might seem like an odd finding, but if you think about it harder it starts to make sense. Older patients are more likely to have "slowed down" in their

#### Thank you Alphamail for your support in the printing and distribution of this newsletter.

lifestyles. They don't expect to be able to do as much as they could at 45 or even 60. By contrast, the 45- to 55-year-old patients would consider that they should still be able to do most of what they could do at 25 years of age, so if they got tired more often (which was clearly more common among those receiving radiation therapy) they would be more likely to report this as "chronic fatigue."

Now we should not over-interpret the data from this study. It does, however, suggest that understanding more about the association between chronic fatigue and prostate cancer treatment would be useful, and it would hardly be difficult to carry out a prospective, multi-survey study of fatigue in patients treated with first-line therapies for prostate cancer, including patient age and other factors, over a period of (say) 3 years, including a baseline, pre-treatment survey, and selective correlation of the survey results with careful patient chart reviews.

http://prostatecancerinfolink.net/2010/02/09/

1 in 6

During his lifetime 1 in 6 Canadian men will be diagnosed with prostate cancer – the most common cancer to afflict men. If you're over 40, talk to your doctor about the benefits of a PSA blood test. For more information, visit **prostatecancer.ca** 

#### Healthy Recipe

#### **Broccoli & Tomato Omelet**

Gordon Mackie, Executive Corporate Chef, Far Niente & Signature Restaurants

#### Ingredients:

For the omelet:

3 Eggs

1/4 cup (60 mL) Broccoli florets, blanched\* and chopped

1 Vine ripe tomato, sliced

2 tbsp (30 mL) Olive Oil

For the salad:

3 cups (750 mL) Baby spinach

1 Shallot, finely chopped

1 tsp (5 mL) Garlic, chopped

Pinch Sugar and salt

½ tbsp (7 mL) White wine vinegar

2 tbsp (30 mL) Sunflower seeds, toasted

\*To blanch: plunge food into boiling water briefly, then into cold water to stop the cooking process.

#### Tools:

Omelet pan

Stainless steel bowls

#### Method:

- 1. Wisk the eggs in a stainless steel bowl, add salt and pepper to taste.
- 2. Mix the blanched broccoli florets with the eggs.
- 3. In another stainless steel bowl mix shallot and garlic

and pinch of salt and sugar and let stand for a couple of minutes then add the vinegar and olive oil.

- 4. With a little oil in a hot omelet pan on medium high heat add the eggs and broccoli mixture and stir until it starts to cook and set. Let it stand on low heat for couple of minutes.
- 5. Add sliced tomatoes and fold the omelet in half and let it rest in the pan off the heat.
- 6. Mix the baby spinach with the vinaigrette and place it on a plate.
- 7. Place the omelet on top of the salad.
- 8. To finish, sprinkle with toasted sunflower seeds.

More recipes can be found at <a href="https://www.prostatecancer.ca/">www.prostatecancer.ca/</a> prostate-cancer/About-the-prostate/HealthyRecipes.aspx





#### Officers of the Society:

#### President

Robert (Bob) Shiell Home office: (403) 453 1910 Cell: 403.870.8130 bob.shiell@pccncalgary.org

#### Secretary:

Harry Ripley 403.256.7746 harry.ripley@pccncalgary.org

#### Treasurer

David Todd 403.271.6141 david.todd@pccncalgary.org

#### **Executive Director:**

Karen Whiteman 403.455.1916 karen.whiteman@pccncalgary.org

www.pccncalgary.org

# **PCCN Calgary Warriors**

The Warriors are a caring and compassionate group, well organized and full of information for those men and their families dealing with advanced prostate cancer. The Warriors serve the very important needs of hormone refractory PCCN Calgary members and all those who have an interest in management of advanced prostate cancer. The Warriors meet on the second Tuesday of each month at 6:14 pm prior to the main PCCN Calgary meeting. Warriors meet just outside the auditorium at Foothills Hospital in room #AGW2.Signs will be posted. Men with advanced prostate cancer, their partners and family members are most welcome to attend! For March only, the Warriors will meet at the Beth Tzedec Synagogue at 6:14 on March 2.

#### **Women and Prostate Cancer**

(WAPC) and Men's Peer Group meetings will be held: Tuesday March 16, 2010 at Wellspring1404 Home Road NW @ 7:30 PM and

Tuesday March 23, 2010 at South Calgary Health Centre 31 Sunpark Pl. SE@7:30PM

These informal meetings allow women to share their concerns and experiences in a friendly non-threatening environment. Meetings for men are held in separate rooms at both locations.

No pre-registration required- Free parking at both locations If you would like more information about either meeting please contact Karen Whiteman at 403.455.1916

## Many thanks to our many friends and supporters!

PCCN Calgary has many generous individuals and companies who support our community work. We do not get government funding. On behalf of our 900+ members, thank you for your generosity. With your support we will continue our good work in 2010, our fifteenth year, and onward!

Newsletter \* General Meetings \* One-On-One visits \* Speakers \* Website

**Charitable Number: 86926 1602 RR 0001** 

| Name:    |               |
|----------|---------------|
| Address: |               |
| City:    | _Postal Code: |

Canada Revenue Agency: http://www.cra-arc.gc.ca/ or donate online through www.canadhelps.org



Please make cheques payable to
Prostaid Calgary Society
(aka PCCN Calgary)
PO Box 72126
RPO Glenmore Landing
T2V 5H9