

THE DIGITAL EXAMINER



Number 125 – February 2010
Address changes, comments should be sent to
info@pccncalgary.org
or call 403-455-1916
www.pccncalgary.org

PCCN Calgary's
next
monthly meeting
will be held at
7:30 PM on Tuesday
February 9, 2010

February, the Month of Love

“Fad diets and dietary supplements from A to Z: What Works and What is Worthless?!” with Dr. Mark Moyad.



Save the date! Tuesday March 2, 2010. Once again, PCCN Calgary is happy to announce an event of interest to all health related groups!

Mark A. Moyad, MD is the Phil F. Jenkins Director of Preventive & Alternative Medicine at the University of Michigan Medical Center, and a practicing physician. Dr. Moyad is known for his no holds barred presentation that is both educational and very funny. Dr. Moyad has published hundreds of Articles and books and is a speaker in world-wide demand. This free event will be held at the Beth Tzedec Synagogue, 1325 Glenmore Trail SW @7:30 PM on Tuesday, March 2,

2010. This will replace our monthly general meeting normally held on the second Tuesday of the month, in this case, March 9th.

Save Your Love Life after Prostate Cancer: One Couple Shares Their Experiences to Help Others

Making love again after prostate cancer treatment takes a partnership dedicated to understanding and communication. Just ask Keith and Virginia Laken.

Their commitment to continued physical and emotional bonding -- despite the erectile dysfunction and incontinence that followed Keith's prostate cancer surgery -- has resulted in a richer, deeper, more intimate relationship than they could ever have imagined before cancer. And they've made it their mission to help other couples in the same situation find their way back to a successful romantic life.

"Keith and I thought we had really good communication but we hadn't had to have this kind of communication about our intimacy," Virginia explained recently. "We so often equate intimate relationships with ability to have intercourse, and what we try to help couples understand is that intimacy is not totally equated with intercourse. Intimacy -- as we all know but don't usually put into practice -- can happen in many, many ways."

In the auditorium at
Foothills Hospital
Our subject will be

**“Healing and Spirituality”
With a panel
discussion of
several different
faiths.**

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

**Tuesday February 16, 2010 at Well-spring
1404 Home Road NW
@ 7:30 PM**

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

**No pre-registration
required-
Free parking at both
locations**

Sacrifice Your Sex Life?

When Keith was diagnosed in 1995, he was ready to choose a shorter life with no surgery over a longer one with a **diminished sex life. He and Virginia had enjoyed a loving marriage of 28 years, and he was only 49. He balked at the potential side effect of impotence.**

"Four months without sex made me begin to appreciate the integral role sex played in our marriage," said Virginia. "Making love was what we did to reconnect when things weren't going well and how we celebrated when they were. Without sex, we had felt isolated from each other."

Five months after surgery, Keith started penile injections to help get an erection. Although the injections worked well, Keith and Virginia had to get used to the lack of spontaneity and face the reality of life-long impotence.

Keith also struggled with a loss of physical desire that affected more than their lovemaking. He was unhappy, negative, and angry.

Overcoming Mental Barriers

Finally, Keith and Virginia decided to seek professional help. They consulted a psychologist who specialized in male sexual dysfunction. He assured them they were well on their way to recovery because they were talking to each other and sorting out their feelings together. The psychologist pointed out what they were doing right: They had realized that their love-making needs had changed — frequency had lessened and they had to become more creative. He encouraged them to keep making love by focusing on pleasure, not intercourse.

He also helped Keith understand that his lack of desire was physical, not mental. He explained that a man in Keith's condition has to become more attentive to what his *brain* is saying versus what his *body* is saying. Keith and Virginia began and continue to approach lovemaking more deliberately with scheduled sex days. "We make sure our love making takes place, even though our bodies are not driving us to make love -- our minds are," said Virginia. "We realize that lovemaking is so important to our marriage that we set aside the time."

Accepting Physical Changes

It took them three years to reach that understanding. The difficulty of the journey prompted them to write a book, *Making Love Again*, which they published in 2001. They now speak to cancer survivors all across the country about their experience.

"We were just so stunned at how this affected our relationship, and so much at a loss for finding resources to help us," Virginia said. "We had made this promise to each other that if we got through this we were going to tell our story because we were so hungry to hear other people's survivor stories."

Their openness has served them well. More than 10 years after Keith's diagnosis and treatment, the Lakens' marriage is still thriving.

"With persistence and redefining intimacy, you can have a wonderful relationship," said Keith, who remains cancer-free. "But keep touching, keep being intimate, keep making love, in whatever form love-making takes."

http://www.cancer.org/docroot/FPS/content/FPS_1_Save_Your_Love_Life_After_Prostate_Cancer.asp

Erectile dysfunction goes untreated among many long-term prostate cancer treatment survivors. Some patients lose interest, others have never tried available medications and equipment, study finds

Commercials for erectile dysfunction (ED) air several times a day on North American TV screens. But many prostate cancer survivors who acknowledge that they have erectile dysfunction, or impotence, say that they are not seriously bothered by the condition. And some men who agree that they are bothered say that they have never tried medications or devices to improve their erections.

Lack of experimentation with therapy for ED is more prevalent among patients with erectile concerns after brachytherapy or 3D-CRT than after radical prostatectomy, according to a study conducted by urologists and radiation oncologists at University of Michigan and at Harvard's Beth Israel hospital.

To find out how much sexual motivation plays into use of erectile dysfunction (ED) aids among localized prostate cancer treatment survivors, researchers at these medical centers mailed questionnaires to 896 men 4 to 8 years after brachytherapy, three-dimensional conformal external beam radiotherapy (3D-CRT), or radical prostatectomy. For comparison they sent questionnaires to 112 men in the same age range who had never required treatment for prostate cancer. This study found that:

The quality of erections unassisted by medications or devices was not different among the treatment groups.

Prostate cancer survivors used medications or devices for ED more commonly than did the control men (30% versus 13%).

- One half of the prostate cancer survivors with ED said they did not care about their ED (small to no sexual bother despite absent or poor unassisted erections).
- Among men who were bothered about poor erections, 48% of the brachytherapy, 61% of the 3D-CRT, and 23% of radical prostatectomy subjects had never tried commonly available medications or devices to improve their erections.

The current use of at least one erection aid was an independent determinant of more favorable sexual QOL. The authors say that their findings suggest possible opportunities for improving sexual quality of life among long-term survivors.

Urology, Volume 68, Issue 1, July 2006, Pages 166-171

Sexual Function After Radiation Therapy

According to a recent article published in the January 1 issue of the *International Journal of Radiation Oncology*Biology*Physics*, the official journal of the American Society for Radiation Oncology (ASTRO), sexual function does not continuously decline as was previously thought, but rather stabilizes after approximately two years. **In a new study, researchers studied 143 men with prostate cancer who had received EBRT – they noted their sexual function before and after treatment. Patients were evaluated over a period of four years and were questioned about issues relating to sexual drive, erectile function, ejaculatory function and overall satisfaction.** Following the study, researchers found that the best way to know about sexual function after treatment was to look at a man's sexual function before treatment, as this is a strong predictor. The only change in sexual function seems to appear within two years after treatment – but eventually stabilizes with relatively few changes after.

"Treatment-related side effects, especially sexual function, have a significant effect on a patient's quality of life and satisfaction with their overall outcome," Richard Valicenti, M.D., M.A., senior author on the study and professor and chair of radiation oncology at the University of California, Davis, School of Medicine. "The results of this study allow patients and their partners to have a fuller understanding of the long-term sexual side effects of EBRT and what they can expect after treatment, which should aid in deciding on a treatment course."

Read the abstract at [Science Daily](#) Read the full journal article at [International Journal of Radiation Oncology*Biology*Physics](#)

Discovery Opens Door to New Treatments for Prostate, Brain and Skin Cancers

ScienceDaily.com | 01.08.2010

Researchers at the Lady Davis Institute for Medical Research of the Jewish General Hospital and McGill University in Montreal have discovered a previously unsuspected link between two different genetic pathways which suppress the growth of cancer tumours. This breakthrough, they say, could lead to new treatments for some of the deadliest and most intractable forms of cancer, including prostate cancer, brain cancer and melanoma.

The scientists discovered a novel link between a tumour-suppressing gene known as the phosphatase and tensin homolog (PTEN) and a protein called PKR, which is known to inhibit protein synthesis. The researchers discovered that when PTEN is mutated or absent, PKR loses its inhibitory ability, and protein synthesis within the affected cells runs wild.

"This leads to high proliferation of cells with a survival advantage over normal cells," explains Dr. Antonis E. Koromilas of the JGH Lady Davis Institute for Medical Research and McGill's Department of Oncology. "That is a condition that facilitates tumour development."

The new discovery was made by Koromilas's graduate researcher Zineb Mounir, the study's first author, along with colleagues in the United States. Their findings were published December 22 in the journal *Science Signalling*.

"Because they are not mediated by the known PI3K pathway, existing cancer treatments don't always work on tumours with PTEN mutations," explains Mounir.

"That's why this discovery has such tremendous implications," continues Koromilas. "If we start to understand how these mutants of PTEN function, we should be able to design drugs that can activate PKR, essentially switch on its protein synthesis inhibitory function."

These treatments, Koromilas adds, don't necessarily have to be tailored from scratch to pinpoint PKR.

"We also have learned from our work that DNA damage can actually activate the PKR pathway, and some chemotherapy treatments are known to damage DNA. So you have the option to design drugs that are specific to PKR, or you can use drugs that have a more general effect and activate this pathway almost as a side-effect."

The study's co-authors include Dr. Gavin Robertson of Penn State University, Dr. Maria-Magdalena Georgescu of the MD Anderson Cancer Center, and Dr. Randal Kaufman of the University of Michigan.



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. You will be made welcome!

For more information call Fred McHenry at 403.282.3920

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Women and Prostate Cancer
(WAPC) and Men's Peer Group meetings will be held:
Tuesday February 16, 2010 at Wellspring 1404 Home Road NW @ 7:30 PM
and
Tuesday February 23, 2010 at South Calgary Health Centre
31 Sunpark Pl. SE @ 7:30 PM
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. On behalf of our 900+ members, thank you for your generosity. With your support we will continue our good work in 2010 and onward!

Newsletter * General Meetings * Hospital Visits * One-On-One visits * Speakers * Website

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