

10 Things I've Learned from Cancer

There are lots of "Cancer Lists". I think that this is one of the best.

1. Friends matter. They say it takes a crisis for you to know who your real friends are. I don't know that I believe that. I know who my real friends are; I knew that before I was diagnosed. Some of them were great at expressing their concern; some weren't. The fact that they weren't -- because they made stupid comments or ran away from the problem -- doesn't make them less friends; it just makes them poor at dealing with emotions. Who knows why? Maybe it dredges up bad memories, or bad anxieties, or they just are lousy communicators. All I know is that I know who my friends are and I'm grateful to have them and their support -- well expressed or otherwise.

2. I don't know of any study comparing the outcome of **pessimistic patients versus optimistic patients** or whether either group makes better treatment decisions. But I have to believe the optimists have a better quality of life. I've had my moments of frustration, anger, sadness, fear, and anxiety. I'm sure I'll have more of them. But they've been short-lived -- not because I figured out the answers, but because I realized that those emotions don't subtract from the problems, they add to them.

3. I've never been big on prayer in the formal sense of the word. So it used to bother me when people would say: "I'll pray for you." It doesn't anymore. Pray. Send positive vibes. Do a random act of kindness. Meditate. Run.

Whatever. It all helps. I don't know how. I don't know why. But it does.

4. People who practice oncology - nurses, doctors, assistants, technicians, phlebotomists, schedulers, you name it. They are a cut above.

They bring a level of compassion, respect, understanding, and (and this can't be understated) knowledge to what they do that can't be measured. All of this gives you a sense of comfort and trust; two companions constantly needed on this journey.

5. Cancer takes its toll, and it's cumulative. It's not just a giant shock to the system on the day of the diagnosis, but a constant pounding of the shore wave after wave. At times, the waves are small, and the sand holds strong; at other times, they crash violently and leave the landscape changed by their effect. It takes time and energy to reclaim the land. At times, the waves are small, and the sand holds strong; at other times, they crash violently and leave the landscape changed by their effect. It takes time and energy to reclaim the land.

6. Patients are just the tip of the iceberg. Family, friends, co-workers, caregivers - everyone is affected in ways small and large. For immediate family, it's doubly difficult.

Our Next Meeting

Date: **Wednesday 11 November 2015.**

Time: **10:00 am to 12.30 pm**

Place: **Ivanhoe Uniting Church, Seddon Street, Ivanhoe** (Melways 31 F8)

- Meetings are open to anyone interested in getting support or information on a prostate cancer journey. Partners or carers are welcome to all meetings.
- There is no charge for attending.

10 Things (contd.)

They face not only the impact of the disease and its disruption of daily life, but also the burden of emotional support.

7. We can do hard things. We can face diagnosis. We can withstand the anxiety; we can manage the treatment. We may not want to do it. But we can.

8. Everyone's cancer is different. There are lots of men with prostate cancer out there. But are there many 60-year-old prostate cancer patients with the exact level of disease progression, with the same health status, the same mental outlook, the same molecular blueprint as me? No. So you can look at statistics and know that they are comprised of sets of cases that are all unique, even if they share some characteristics.

9. It's easy to find daily examples of cruelty and indifference -- just watch the news, read the paper. I've been amazed over the past two years with people's capacity for **kindness and compassion**. Not just to me but in the stories I've heard from others who have been admitted into this unfortunate cancer club.

10. Bucket lists are overrated. There are thousands of things I'd like to do in life. I could fill pages alone with just the places I want to go - let alone the events and sites that I'd like to see in those places. And that's not even adding in the geographically agnostic experiences I'd like to experience. But to me, life isn't about creating checklists to check off; to me, it's about experiencing what you have, where you are, and who you're with. That doesn't mean I don't want to see Barcelona vs Real Madrid in Barcelona, shag flies in Fenway Park, or sample Thai food in Thailand. I'd love to do all of those and a thousand other things -- but I'm as excited to watch my son Noah pitch in Little League. Life's a journey not a to-do list.

Thanks to Michael Buller who works in the Communications Department of the Dana-Farber Cancer Institute in Boston for allowing us to publish [this article](#). References in the article to the type of cancer have been changed. Michael's Follicular Non-Hodgkin Lymphoma is in remission.

Prostate Cancer More Aggressive in Younger Men

Prostate cancer diagnoses are on the increase in younger men, and a new analysis suggested that the disease is typically more aggressive in those cases.

The study, conducted by researchers from the Ann Arbor Veterans Medical Centre and the University of Michigan Comprehensive Cancer Center, found that the number of younger men diagnosed with prostate cancer has increased nearly sixfold in the past 20 years. The report was published recently in the journal *Nature Reviews: Urology*

Christmas Lunch - 9 December

A reminder that we will be having Christmas lunch on 9 December after our December meeting. There will be more information in the December newsletter.

Relaxed guidelines on PSA Testing might miss aggressive tumours

In 2011, the U.S. Preventive Services Task Force recommended against routine prostate specific antigen (PSA) testing, to curb over-diagnosis and overtreatment of prostate cancer. Since then, PSA screening in the US has dropped by 28 percent.

A study by researchers at Vanderbilt University looked at the effect of the new guidelines on

PSA testing (contd.)

the number of new prostate cancer diagnoses between January 2010 and December 2012.

Researchers also found a drop of 28 percent in diagnoses of intermediate-risk cancer and a 23 percent drop in diagnoses of high-risk cancer one year after the guideline was published.

Commenting on the study, Dr. Anthony D'Amico of the Dana-Farber Cancer Institute said "It is likely that men will develop more advanced prostate cancer before it is diagnosed and be less likely to be cured. This is a warning that we are not picking up patients who are curable".

A report of the study is available at <http://www.prostate.org.au/research/research-news/relaxed-guidelines-on-psa-testing-might-miss-aggressive-tumors-study/>

In 2014 the Australian National Health and Medical Research Council issued Draft Guidelines on PSA Testing which were similar to the 2011 US Recommendations. It is too early to say whether reduced screening in Australia will mean that Australian men will develop more advanced prostate cancer before it is diagnosed.

Prostate Cancer Awareness Evening

Wednesday 18 November 7pm – 9.30pm
Box Hill RSL 26 Nelson Rd Box Hill

Speakers:

Urologist, Dr Joseph Ischia
AFL Legend & PCa Survivor, Mr David Parkin
Prostate Cancer Specialist Nurse, Ms Carla D'Amico.

For more information:
www.prostateheidelberg.info

Elevated Cholesterol and Triglycerides may increase the risk for Prostate Cancer Recurrence

Recent research suggests that diet may affect cancer recurrence in men with prostate cancer.

A study published in "Cancer Epidemiology, Biomarkers & Prevention," suggests that higher levels of cholesterol and triglycerides—two types of blood fat—may cause cancer to return in some men.

A low-cholesterol diet is important, not just to lower cancer risk, but also for overall health. A diet filled with saturated fats and cholesterol increases your risk of heart disease, stroke and several other chronic diseases.

Enzalutamide (Xtandi) pre-chemo?

Enzalutamide (Xtandi) is currently listed on the Pharmaceutical Benefits Scheme (PBS) for use after chemotherapy.

The supplier of Enzalutamide (Xtandi) has applied to the Pharmaceutical Benefits Advisory Committee (PBAC) to have the drug listed on the PBS for use prior to chemotherapy by men with metastatic castration-resistant prostate cancer.

Regulatory authorities in the United States, in the European Union including the United Kingdom and in Canada have already approved Enzalutamide for use prior to chemotherapy.

Prostate Heidelberg has made a submission supporting the proposed listing. Clinical trials show that Enzalutamide (Xtandi) significantly improves quality of life for many men with metastatic castration-resistant prostate cancer by delaying the time before chemotherapy (with its unpleasant side effects) is required.

The PBAC will consider the matter at its November 2015 meeting.

DISCLAIMER: Information in this newsletter is not intended to take the place of medical advice. You should obtain advice from your doctor relevant to your specific situation before acting or relying on anything in this newsletter. We have no liability whatsoever to you in connection with this newsletter.

Prostate Heidelberg provides information, education and support for those affected by prostate cancer. At the meetings, we

- *Show respect to members and speakers;*
- *Allow people to speak and we listen;*
- *Respect confidentiality;*
- *Allow new ideas to be shared.*

We meet on the 2nd Wednesday of each month (February to December) from 10:00am -12:30pm.

We meet at the Uniting Church Meeting Room, Seddon St, Ivanhoe (behind the Commonwealth Bank in Upper Heidelberg Rd).

Free parking is available in a large public parking area at rear of the church. Ivanhoe railway station is nearby.

Meetings are open to anyone interested in getting support or information on a prostate cancer journey.

Partners or carers are welcome to all meetings

There is no charge for attending.

After the meeting you are welcome to join us for lunch in a local Thai restaurant.

If you can't attend daytime meetings, the Diamond Valley Prostate Cancer Support Group has evening meetings: <http://www.dvpcsg.org.au/>

COMMITTEE:

Max Shub, Facilitator 0413 777 342
Paul Hobson Secretary 0405 086 869
Chris Ellis
Spiros Haldas
Patrick Woodlock

Annual subscription - \$5 from 1st January per individual, couple, or family.

MEETING VENUE:

Uniting Church Meeting Room
Seddon St, Ivanhoe
(behind the Commonwealth Bank in Upper Heidelberg Rd).

CORRESPONDENCE

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CALENDAR Meetings: **10:00am -12:30pm**

Wed 11 November '15

Wed 9 December '15 (Christmas lunch)

Please contact Paul Hobson to redirect or cancel receipt of this Newsletter.

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