

# Prostate Cancer Canada Network - NEWMARKET

Volume 19, Issue 4,

December 15, 2014

**A support group that provides understanding,  
hope and information to prostate cancer patients and their families**



**Come to our annual pre-Christmas get-together on Thursday, December 18th. This year by popular demand we will be having round table discussions on several subjects related to your Prostate Cancer Journeys. Join a table or tables that fits your needs and share your experiences We are also planning a pot luck, so bring along some of your favourite finger food recipes, savory or sweet, to share. Let's all celebrate Christmas together and also remember those less fortunate, bring something for a food bank donation.**

**Meeting Date: December 18th, 2014**

**Place: Newmarket Seniors Meeting Place,  
474 Davis Drive, Newmarket (Side Entrance)**

**Time: 6:30 pm to 9:00 pm**

**Subject: You select the subject or subjects you want help on.**

**Prostate Cancer Canada - Newmarket  
Newmarket, Ontario. 905-895-2263  
www.newmarketprostatecancer.com**

a member of the



Assisted by the Canadian Cancer Society  
Holland River Unit  
905-830-0447

## **Your Executive**

Walt Klywak, <i>Chairman.</i>	
<i>Communications,</i>	905-895-1975
Phil Mahon, <i>Secretary, Website,</i>	905-473-2688
Jane & Frank Kennedy,	
<i>Treasurer and Newsletter,</i>	905-895-2263
Dan Ho, <i>Photos &amp; Membership,</i>	416-953-8889
Mike McMaster, <i>Member at large,</i>	905-235-7021
Ivan Martin, <i>Member at large,</i>	905-775-7576
Ulli Baumhard, <i>Greeter,</i>	905-806-8842
Tom Wray, <i>Photo &amp; Member at large,</i>	905-939-8064
Tony Ziolkowski, <i>Member at large,</i>	905-836-0328
Anthony Grech, <i>Member at large,</i>	905-862-4053

*The Newmarket Prostate Cancer Support Group does not recommend products, treatment modalities, medications, or physicians. All information is, however, freely shared.*

## November Notes . . . Speaker: Jacqueline Hornick, Registered Dietitian

### Subject: Diet and Exercise for Cancer Survivors

*Jackie is a Registered Dietitian with 22 years of experience. She has been at Southlake Regional Health Centre for over 10 years working in the Cancer Program and Palliative Care. She has also been at the Stronach Regional Cancer Centre since it opened in 2010. Here is part one of her talk*

I'd like to talk tonight about Prostate Cancer Nutrition - Can Diet Make a Difference. I'm not going to spend a lot of time talking about risk factors I'm going to spend more time talking about what you can do from your diet perspective, lifestyle perspective. I'll try to make it as practical; and as realistic as possible. If you have a burning question and you want to stop me. I'm



comfortable doing that. If you'd rather just save questions to the end I'm comfortable doing that too. I want you to get as much out of this presentation as you possibly can. Let's start with a little bit of food for thought. No pun intended of course. "Let food be thy medicine and medicine be thy food". That, I think, is as appropriate today as it was 2000 years ago when Hippocrates first said it. Too much of something is often a lack of something else and I think that's very relevant when we look at all the stuff in the news. You'll see every day there's a new research study that comes out and says, "Eat broccolis for this reason" or "maybe you need to be looking at acai berry juice".

If you're looking at one specific nutrient, are you forgetting about everything else? If you're concentrating on one specific thing you're obviously probably lacking something else because there's only so much food you can eat in a day. Here's a more recent quote from Benjamin Franklin - "To lengthen thy life lessen thy meals". In terms of cancer prevention, cancer survivorship, does any one particular miracle food exist? The short answer is absolutely not. What is more important is your overall diet and your overall lifestyle physical factors - whether you're physically active. These things will have a much greater role on primary cancer prevention; on getting you through treatment with as few side effects as possible and on reducing your likelihood of recurrence after you've been diagnosed with cancer; whether it's prostate cancer or any other type of cancer for that matter.

The main bulk of the information I'm going to be presenting tonight is recommendations for cancer survivors. And surprisingly enough through the same recommendations I would normally give for primary cancer prevention. Whether you are in active surveillance right now or you've had cancer

treatment or you have brothers or sons who haven't been diagnosed and you want to reduce their risk of developing cancer, these recommendations are prudent information to think about, and try to incorporate into your lifestyle as much as possible. Where they're coming from is the latest information from the Canadian Cancer Society, the American Cancer Society and the American Institute for Cancer Research. They published complete reports in 2007 and they've also started working on what they call a CUP or continuous or update project. They're looking worldwide at all of the research that has been done since the initial report was published and trying to make sense of it and give us update recommendations on a regular basis. A little bit later in the presentation I'm actually going to give you the recommendations they just presented or premiered: whatever the term you want to you use. It's a new update report that came out yesterday for prostate cancer and diet, physical activity and nutrition. It's hot off the presses. I read it this morning and I'm going to try and give you the updates from that.

The first recommendation- Be as lean as possible without being underweight. Is anybody here familiar with Body Mass index or BMI? Excellent. If you're not familiar with it, just do a quick Google Search and you'll very easily pull up some tables.

Basically if you're doing it, calculator wise for the engineers in the room, it's - weight in kilos divided by your height in meters squared and that will give you a number. That number we're looking for should be between 19 and 24.9. which tells us that you're at an optimum weight for your health benefit. If you're above that you're probably a little bit overweight and that increases your risk of developing health related complications from being overweight. If you're underweight there are a set of health complications with that as well. So hopefully for most of you your BMI is falling in that 19 to 24.9 or 19 to 25 range that's optimum for health. You should aim to be at the lower end of the BMI. So if you are at 25 right now it would make sense for you to take a few steps to get your weight back down to maybe 23, 24. Even a small weight change has beneficial effects.

Now why we're worried about BMI is that not only is it a risk factor (obesity is a risk factor for prostate cancer and aggressive prostate cancer) but we also know that most men who have prostate cancer actually die with prostate cancer not of prostate cancer. So then it becomes important to look at the other leading risk or causes of death for men here in Canada - heart disease, diabetes, stroke. Watching your weight is also very important for all those other risk factors as well. The other important thing to think about is your waist circumfer-

ence. There's a really great website. It's a little video that the Heart and Stroke Foundation put out and it actually shows you how to get a proper waist measurement. Basically when you're looking at doing your waist measurement you want to find your hip bones. Not the front ones but actually your hip bones at the back. And mark from there. And then actually put your tape right there. A lot of times people say just kind of landmark your belly button and go 2 fingers above that but from surgeries and other things, sometimes your belly button is not quite where it should be. So you find your hip bones find the front. Go up, find the top. And then from there you want to measure. You want the tape to be sitting just above that. For men if your waist is greater than 102cm./40 inches, it increases your risk. You have too much abdominal obesity. For women that number is 35 inches or 88 cm. You should be below that to reduce your risk.

Now why we're concerned about abdominal obesity is it does matter. This is where your body tends to carry that extra weight. If you're carrying it there we know that, because it surrounds your middle section where all your internal organs are, it can act as a hormone pump. In other words it changes the hormones that your body is producing and secreting. When you have extra hormone circulating it increases your risk of increasing your insulin levels which we know has an



impact in diabetes, heart disease and then there are some suggestions that there's some links to cancers as well. We know that carrying extra weight around your middle increases your risk for having chronic inflammation. So if you've ever had your C-reactor protein level checked that's an indicator of inflammation and that will often elevate in people that are overweight and carry a lot of that extra weight

around their middle. And that again increases your risk for developing some types of cancer. It's really important to not only know your weight to height ratio - your BMI but to know your waist circumference as well. And that extra weight can really play a factor. So if you tend to be one of those people that are more pear-shaped and carry the weight much lower. It's not as great a risk factor but your waist should still be for men less than 40 inches.

You should be physically active for at least 30 minutes every day. I know that can be a challenge for a lot of people, especially if you've just been through treatment or as the

weather gets lousy. We've got a lot of snow and ice out there. But I'm not expecting or not asking or the recommendations aren't suggesting that it needs to be super vigorous exercise. I'm not suggesting that you should be training for a half marathon or anything that strenuous. For a lot of people that just means 30 minutes of brisk walking every day. And for most of us that could be doable. It can be a challenge again if you're trying to do it on your own. So think about ways where you can improve that. Make that activity more fun, make that activity more easy. Maybe walking with your partner; maybe looking at some of the indoor walking programs that are available even here in the Newmarket area. I know Upper Canada Mall does offer a walking program where you can get into the mall before the stores open so that you're getting a work out and not your credit cards. I know the Stronach Centre here in Newmarket also has an indoor track. I'm not sure what the fee is for that but I think it's fairly nominal if you're just using the track for walking. And they may actually have time set up where there are groups of walkers. So most of us if we try to do physical activity on our own we tend not to do it because we talk ourselves out of it. "It's cold"; "It's snowy"; "I don't feel like going out". But if you have someone who motivates you. Someone that you're meeting, a friend or you're meeting your walking partner, we're all more likely, because we don't want to disappoint, to go ahead and do the physical activity. Pets are another great motivator. I know personally my Bordeaux collie won't take no for an answer at 7 o'clock on Saturday morning. We're walking whether I want to or not. So use those things to your advantage. If you are more active or you're doing other activities I'm not discouraging those.

Some people find swimming a great total body work out. The other thing to think about is do you have the medical go ahead for doing a little bit of resistance training as well. Light weights - it doesn't have to be anything really formal in the gym. Some people will use just hand weights at home. We do know that building that muscle helps you maintain your function. Helps to improve your mood and boost your immune system. There are lots of benefit for being physically active on a regular basis. So if you have recently been through some sort of treatment for your cancer- these are often questions that I get asked afterwards. "I know my treatments drop my immune system; I know I'm feeling more and more fatigued. How do I improve that? How do I get back to where I used to be?" Physical activity is one great way to help you get there in terms of a blessing in your fatigue. You've heard your old adage, "Fatigue breeds fatigue" or "the more time I spend on the couch the more tired I feel". We know that if you can get out there and get active you will feel better, particularly if you have just recently undergone treatment. You get back to your usual self faster. When I say moderate activity I don't necessarily mean, like I said, that you're training for a half marathon. Your heart rate should be slightly elevated and you should be somewhat breathless. But you should still comfortably be able to carry on a conversation. If you're so breathless

that you can't talk comfortably at this point in time you may be working a little bit too hard for your fitness level. So keep that in mind and just gradually increase. If right now you're only able to do 5 or 10 minutes a day that's okay too. Some is better than none but just gradually, if you can, work up to the 30 minutes a day.

Avoid sugary drinks and limit consumption of energy-dense foods. It's a pretty simple reason why that recommendation is there. I've already talked about obesity as being a risk factor for cancer.

Most of us aren't active enough to be able to eat the energy-dense foods without gaining extra weight; we're not active enough to be able to get a coffee and a muffin. And then stop and get a donut in the afternoon and then have dessert after dinner. We just don't do enough activity to be able to maintain that without our weight going up. And the other important thing to keep in mind is energy-dense foods pack a very big punch in a very small package. Let's put it that way. If you think about a hundred grams of chocolate, 3 ounces that would roughly be about the size of 2 regular bars that you'd buy at the checkout in any supermarket line. That's about 520 calories. Most of us could eat that and not think that much of it. An apple, just slightly smaller than my fist, is roughly about 3 ounces or 100 grams. It only has 52 calories. So that's a big difference - tenfold difference in terms of calories; in terms of energy. The chocolate bars are going to give you the same number of calories but they're not going to have any antioxidants, any phytonutrients, nothing that's going to give your body vitamin's or mineral's protective effects. Nothing that's going to give you good nutrition, good benefits from those 520 calories.

The apple on the other hand is going to have the antioxidants, the vitamins, the minerals, the fiber; all sorts of things that are healthful and a lot fewer calories. It makes a whole lot more sense to go for foods like that to help you maintain your weight. And you're going to get a whole lot more out of the apple than you will from the 2 chocolate bars. Again just because of the fiber, and it's going to help you feel full a little bit longer. Most of us eat a chocolate bar and an hour later we're ready to eat something else. That same thing's not going to likely happen with the apple.

Avoid sugary drinks. There is a research study that came out about a year, maybe 18 months ago that suggests that sugary drinks don't give us that same sense of satiety - don't fill us up the same way as solid food does. So drinking a can of pop that has 140 calories, if you ate the 140 calories of solid food you're going to be likely to put less food on your plate the next time you eat an hour or an hour and a half later. But if you're getting it from soda or from juice you're still going to put the same amount of food on your plate because it didn't give you that same sense of I'm already full. So that's a real catch 22 if you're using sugary drinks like pop or juice, ice teas those sorts of things to try and help fill yourself up; or to try and help meet your fluid needs. Be very, very aware of that. Pure fruit juice doesn't have added sugar so that's a

good thing but it's still a concentrated form of sugar. We've removed the fiber. I think to get 8 ounces of juice we probably use 3 or 4 oranges to get there. So that's a lot of sugar in an 8 ounce glass. Normally you probably wouldn't eat 4 oranges, you'd be too full. So think about it that way. Does that mean that you should stop drinking orange juice in the winter time? No but be aware. I wouldn't make it my only beverage. Maybe it's a 4 ounce or an 8 ounce and I cap there for the day. Because most of us can't afford the calories but we do need the vitamin C in the winter time.

In response to a question from the audience about artificial sweeteners: There is some research that has come out that there are definitely some people that have sensitivities. It might not be as completely innocuous or risk free as we once thought. Now I know the marketing boards and the government probably still say it's perfectly safe but I know that there are a lot more bodies out there that are suggesting that we should be drinking or taking aspartame containing foods in moderation as well. And typically when I'm counseling people, I tell them no more than a couple of servings of aspartame containing food a day. So if you choose to have a diet pop that would be one. If you choose to have, if you're diabetic, a pastry or something else that has got aspartame in it then that would be the second one. If you're having a coffee that's sweetened with aspartame there's your couple of servings a day. So just be mindful, moderation I think in this case is definitely still the key. I sit on the fence a little bit on stevia because it is relatively new into the market place. I know it is natural. I do grow stevia in my own garden. I will throw a few leaves into a pitcher of cold tea to give it a bit of a sweet flavor. In terms of the processing that they're doing to it, that's where I'm kind of sitting on the fence. So if you're eating everything with a lot of stevia in it I always suggest to people, "Wouldn't you enjoy the natural sweetness that you'd find in whole foods instead?"

We don't understand nutrition as a science has only been around for about 100 years. The first dietician graduated in I think 1907 or something, so we're relatively new as a profession and as a science. And as much as the research has been exploding in the last 20 years I think we've really only seen the tip of the iceberg. We don't really fully understand all of the interrelationships between all the different nutrients in single foods let alone all the different nutrients and how they interact with each other when you get them together on a plate. So I think it's those relationships that we don't have a good enough handle on yet to be able to say that if you supplement with this, this and this you'll be okay. I think the best advice I can give to you is to go to whole foods, go to natural foods as much as you possibly can. So rather than getting your vitamin C from a supplement maybe you need to eat an orange; maybe you need to drink one glass of orange juice a day to meet 100% of your needs rather than taking a supplement.

Some of these newer foods that have come on to the market, yeah they've pulled this component out of it or they've

done research on this piece of it but they still don't understand totally how it interacts with everything else that's packaged in that food. Or how it's going to interact with everything else we're going to eat and in our bodies. I think that's the piece of the puzzle we don't really understand yet. So it's really important to think in terms of foods rather than supplements. Makes sense? Okay, kind of a nice segue into the next one.

Eat a variety of fruits, vegetables, whole grains and legumes. So again I'm really looking at whole foods; whole fruits. And the other thing that's going to be challenging for some of the men in the room is we really should be looking at half of your plate to two-thirds of your plate being fruits and vegetables and whole grains. In other words meat isn't the star anymore. It's not taking up half the plate with just a little dab of some kind of starchy food like potato, pasta or rice. And a couple stalks of broccoli because my wife told me I have to eat them. It's really the starchy foods like the potato, pasta, rice and the vegetables that really should be the star. And the meat should be the side dish. So it's a real challenge to kind of reframe that thinking when we all grew up eating meat and potatoes and having a piece of meat the size of my hands.

What you need to be thinking about is that meat should be no bigger than a woman's palm, 'cause I know that some of you guys have pretty big hands. So it's a woman's palm not a man's and about the same thickness. Or if you want to look at a different illustration, think about a deck of cards. Your meat serving should only be the size of a deck of cards. For a lot of us that's a big change in thinking and reframing your thinking. If you're looking at filling up then you really need to have the rest of the plates as vegetables. A lot of people say well, "I can't eat that much broccoli" neither can I but what's the matter with putting 2 vegetables on the plate?

Or start the meal with a salad and then have the broccoli. Or maybe instead of planning on the apple pie for dessert have an apple. And then you're getting the whole fruit rather than having it messed up with a whole lot of pastry and fat. I know that's tough for the sweet tooth but that's where we should be thinking about going. And trust me I'm married too. My husband grew up on a hog farm so this has been a 23 year work in progress for me to reframe his thinking and get him to accept smaller portions and not every meal is finished with a big hunk of pie with a scoop of ice cream on top.

It does take time. There will be some grumbling but you are doing it for your own health and your own benefit; and the benefit of everybody else in your family as well. Just keep that in mind when you keep getting the grumble and the push back.

Limit your consumption of red meats and avoid processed meats. Now here's the other second sad part of the story. When I say red meat I'm not just talking about beef. I'm actually talking about beef, pork and lamb. So that cuts out a lot. The American recommendation is no more than 18 ounces a week. But if you follow the 3 ounces, that's 3 ounces 6 times a week. That's still a fair bit. The Canadian recommendation is actually 9 ounces which means 3 times

a week - nothing bigger than a deck of cards or the size of a woman's palm.

The other nights of the week - I can see a few of the other guys from round there going, "Oh man what am I eating now?" A lot of chicken; a lot of fish. Fish we know has health benefits that's omega 3 rich. So that from a cardiovascular perspective it is very heart healthy.

There's a huge movement across North America and it's been going on for a while in Europe now - to consider Meatless Mondays. Paul McCartney is one of the lead advocates for that movement. And basically what they're suggesting is - maybe on Monday you choose not to put meat on your plate at all and you choose a vegetarian option that day. I'm not suggesting that it's just a plate full of mash potatoes but think about other things you could try instead. There are lots of really great options available now as our market place has gone a whole lot more global. Look at other cuisines - think about Middle-Eastern cooking or Indian cooking where they use a lot of lentils; where they use a lot of chickpeas. Asian cooking where tofu is very predominant. Those are all meatless options that you can explore. Now some people say, "Okay well I'll just go buy veggie ground round". Well that's not quite the same intent. It might be a good place to start but once you get more comfortable cooking with things like that, basically tofu would be a better option than buying some of the other vegetable protein analogues that are made to look and taste like meat. Because again that's highly processed food that has a lot of extra salt in it. It can be a challenge. Some people will choose maybe just to start up with something as simple as a lentil soup. And then serve that with a salad and a whole grain crusty bread and that might be the vegetarian meal. Those are all foods we're all familiar with if you follow a typical North American diet. But it's an easy way to kind of make a transition and something worth thinking about. If you are thinking at all about exploring that a little bit I would suggest that you check into Eat Right Ontario. It's a great website. Just do a quick Google Search - Eat Right Ontario. It has a recipe search engine so you can look up specific vegetarian options. It has menu generators. If you choose a recipe it will actually print out a shopping list for you so you'll know exactly what you need to buy.

Jacqueline responded to a question about fish in the diet. Yep. That one is a bit of a challenge. I do try and buy wild cod whenever possible because my personal opinion is that some of the farmed fish from some of the other countries what they're feeding them isn't as tightly regulated as it would be from North American farm fish. I do look at where the seafood or the fish is coming from. I try and get wild as much as possible. And if not then I try to look for North American. It is really, really challenging. I do admit that. And because of that I think sometimes I tend to lean more towards the vegetarian options rather than the fish options.

Processed meats - bacon, deli meats, ham, salami, - all of those are not good for you. Even if you're making them from turkey, it is still a risk because of the way we process

them - the nitrates, the smoking, the curing. With all of those, we know we're adding carcinogens, cancer causing agents, into the meats. I usually recommend avoiding them if at all possible. From my perspective that is a real challenge in our household. I have 3 teenagers so I'm packing lunches in the morning and gone are the days where it was quick and easy to slap some Black Forest ham between a couple pieces of bread or on a bun and send them out the door. What we typically do now is, if I know I'm making chicken breast for dinner, I will plan to cook 1 or 2 extra, slice them that night and then they're available the next day to throw in a wrap with some greens and a little bit of salad dressing and they're good to go. One of my daughters will use hummus. So the chickpeas spread with extra vegetables and lettuce and things like that will do. And so she's getting some protein. It is doable but you have to think ahead.

Think about things like tuna, salmon, egg salad, low fat cheeses. It's a real challenge to get deli meat out of our diets because we have been so dependent on it for such a long period of time. And I think it's one of the biggest challenges most families face. Because we've always usually had some sort of deli meat at lunch or Sunday breakfast - bacon or sausage. It can be a real challenge but it's one I think that bears thinking about. And if you can't cut it out completely, then again, moderation's really, really, really the key. My kids always joke, "When are you going to buy the Christmas bacon mom". Because that's the only time they get bacon is

Christmas morning or our once yearly camping trip in the summer. They can guarantee pretty much that they're going to get bacon twice a year. So my oldest daughter makes sure she's home for Christmas morning. And she makes sure she's including herself into the family camping trip because it's the only time mom's going to cook bacon. So it is a challenge but you know there are workarounds and you decide what's really important to you. Maybe if you're cutting down on the amount of red meats, maybe you're still going to allow yourself to have a processed meat once a week, or maybe if you're going to give up the bacon. it's a bit of trade off. It's a bit of balance.

I'm giving you the information but you still have to ultimately make the choices for yourself that are going to work. You can have a perfect diet but if it's not sustainable you're really only going to have a very short term benefit and that's another really important point. Most of us would eat 21 meals a week. If you do have a really good diet most of the time and you go out with friends or it's Christmas or it's your birthday and you have an energy-dense food or a sugary drink or all of that splurge for one or two of those 21 meals a week, that doesn't negate the positive health benefits you've given yourself for all the meals that you've eaten well.

**Part two of Jackie's talk will appear in our January Newsletter**



Just a few of the people who helped make your support group function on a given night. From left to right **Phil Mahon**, your secretary and website contact, Phil spoke of his cancer journey last month, **Tony Ziolkowski**, a new member of your executive; **Anne Breakyhart**, she is our contact at Prostate Cancer Canada Network; **Jacqueline Hornick**, last month's guest speaker from Southlake Health Centre; **Walt Klywak**, your chairman. **Frank Kennedy** and **Derek Lawrence**, two oldtimers and **Dan Ho**, our photography & membership man,

### **Participants needed!**

#### **"Couples coping with Prostate Cancer"**

**is a study on the experiences of men with prostate cancer and their female partners.**

**Have you been diagnosed with prostate cancer?**

**Are you a female partner of a man who has been diagnosed with prostate cancer?**

**You may be eligible to participate in a research study through Ryerson University  
( a doctoral dissertation study through the Psychology Department).**

**For more information, please contact Any Brown Bowers,**

**Phone: (416) 979-5000 Ext. 2191 E-mail: [abrownbowers@psych.ryerson.ca](mailto:abrownbowers@psych.ryerson.ca).**

**All queries are confidential. Compensation is provided.**