

# Prostate Cancer Canada Network – NEWMARKET

Volume 20, Issue 9,

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

**Speaker:** Nelly Faghani, Physiotherapist  
**Subject:** Exercise Studies for Men with Prostate Cancer  
— *Introducing Studies to PCCN Groups*  
**Meeting Date:** May 21, 2012  
**Place:** Newmarket Seniors Meeting Place  
474 Davis Drive, Newmarket (Side Entrance)  
**Time:** 7:00 pm to 9:00 pm



**Nelly Faghani**, physiotherapist, is a key developer at Pelvic Health Solutions, an educational company, that teaches postgraduate courses to registered physiotherapists who are interested in treating pelvic floor dysfunctions.

Nelly started to treat pelvic dysfunction in 1998 and continues to be actively involved in clinical practise, education, training and mentoring. She has helped develop Continence Programs that have been implemented in various nursing homes. She is currently working on research with Princess Margaret Hospital about various exercises used with post-prostatectomy incontinence (PPI).

In addition, she has spoken at various symposiums and conferences including The Urology Update, Canadian Ambulatory Care Conference, Ontario Physiotherapy Association Interaction Conference, Southlake Hospital OBGYN Clinical day and most recently at the SOGC conference in Toronto.

Nelly is a graduate of University of Toronto and with her brother Ali, she currently owns and operates five physiotherapy clinics in the GTA.

## Prostate Cancer Canada Network – Newmarket Newmarket, ON

<http://www.newmarketprostatecancer.com>

[info@newmarketprostatecancer.com](mailto:info@newmarketprostatecancer.com)

A member of the



Assisted by

**Canadian Cancer Society, Holland River Unit**

(905) 830-0447

Cancer Information Service: 1-888-939-3333

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

*Dr. Shabbir Alibhai, our April 16 speaker, is an Associate Professor in the Department of Medicine, the Institute of Health Policy, Management, and Evaluation, and the Institute of Medical Sciences at the University of Toronto. He is a staff physician in the Division of General Internal Medicine and Geriatrics at the University Health Network and Mount Sinai Hospital, a senior scientist at the Toronto General Research Institute and the Toronto Rehabilitation Institute, and a Research Scientist of the Canadian Cancer Society.*

*His research interests are in geriatric oncology, particularly in the impact of disease and treatment on quality of life among patients with prostate cancer or cancer-related fatigue and he conducts randomized trials of exercise to improve outcomes in older adults with cancer. His presentation focused on Androgen Deprivation Therapy or Hormone Therapy. This is a summary of what he had to say.*

# Hormone Therapy for Prostate Cancer

## *Prevention & Management of side effects*

In his introductory remarks Dr. Shabbir Alibhai said over the course of his presentation he hoped to address what is hormone therapy? Why is it used and at what stages of prostate cancer treatment?

He also intended to discuss the side effects of hormone therapy on the bone, the cardiovascular system, the metabolic system, muscle and fat and on the psychological system including cognition and mood.

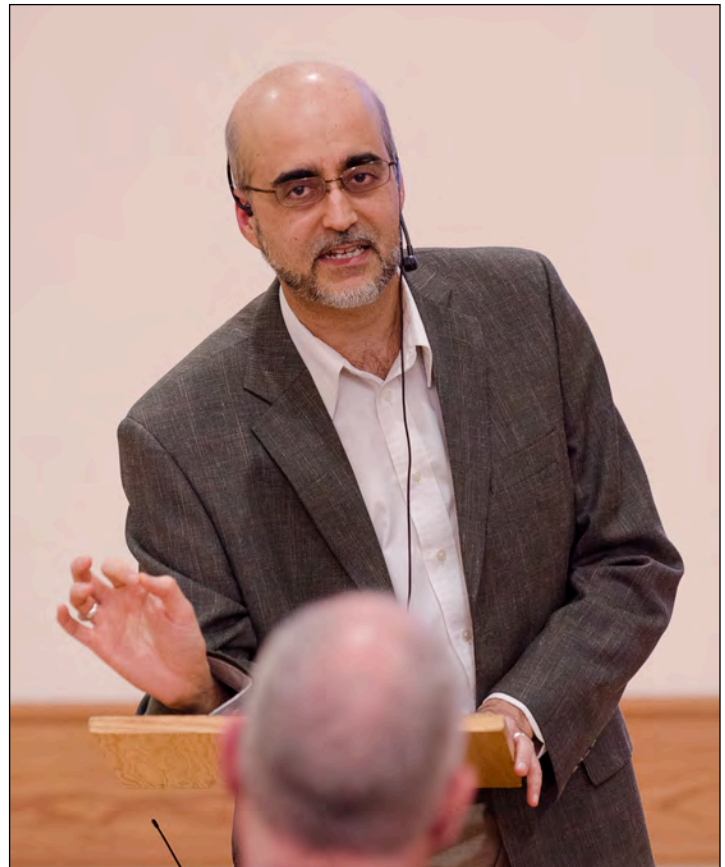
### **Hormone Therapy 101**

The terms Androgen Deprivation Therapy (ADT) and Hormone Therapy are used interchangeably. Early on, in the 40's and 50's treatment began as surgery with removal of both testicles (orchiectomy.) Now, thankfully, medications are used. The great advantage of medical therapy is that it is reversible.

The drugs are used to reduce male sex hormones or androgens including testosterone which fuels prostate cancer. The therapy is used to prolong survival and improve quality of life in high risk prostate cancer patients as defined by PSA level and Gleason score. Hormone therapy is also used after surgery or radiation to control relapse or prevent metastases. The drugs used include agonists like Lupron, Leuprolide and Zoladex or antagonists like Degarelix and Firmagon. They are typically delivered by injection. At later stages of treatment drugs like Abiraterone, Enzalutamide and Radium 223 can be used.

### **Side Effects of Hormone Therapy & Why**

The reduction of testosterone, as a result of ADT, affects many organs and tissues. There is risk of diabetes and risk to the bone, to the blood and to sexual function. Recovery of testosterone predictors are how long you have been on the medication and how old you are when the medication is stopped.



Dr. Shabbir Alibhai, MD, MSc, FRCPC

### **Bone**

Effects on the bone include osteoporosis which presents as bone fractures. Dr Alibhai suggested getting a bone density test to establish a personal baseline. He also suggested taking 1,000 to 1,200 mg/day of Calcium and 1,000 IU's/day of Vitamin D. When more is required Fosamax and Actonel are prescribed.

### **Cardiovascular**

Regarding ADT and the risk of heart disease he stated that there is conflicting data. However, he did say that the risk of



85 and older will have dementia because of aging and genetics. Studies on the effects of ADT on dementia have been inconclusive. What to do? He recommended physical activity including sports, exercise and mental activity including books, puzzles and life long learning.

## Summary

Dr. Alibhai stated that ADT can prolong survival and improve quality of life and recommended the following to manage the side effects:

- For bone – get a density test, take calcium, vitamin D and exercise.
- For the cardiovascular system – monitor blood pressure, cholesterol, exercise and don't smoke.

(...Continued from page 2)

sudden death by heart attack or stroke is very, very small. The benefit of hormone treatment outweighs the risk unless there is a previous history of heart disease or heart attack. He suggested monitoring blood pressure, cholesterol and blood sugar. He advocated a healthy life style – diet, exercise and no smoking. The #1 killer of men with prostate cancer is not prostate cancer but heart disease as it is with the general population.

## Metabolic

The metabolic system side effects can include **diabetes** where you have difficulty managing the body's blood sugar. Treatment can also affect the eyes, kidneys, heart and the risk of stroke. Unfavorable changes in **cholesterol/lipids** levels were observed within 3-12 months of ADT use. As we get older the risk of prostate cancer and diabetes goes up. He suggested getting your blood tested and stressed the benefits of exercise.

## Muscle & Fat

ADT changes the body's composition of **muscle** and **fat** – fat goes up, muscle goes down. Physical activity decreases fat mass and improves muscle mass. He recommended a mix of weight or resistance exercise for muscle growth and aerobic exercise for endurance.

## Psychological

Lastly, Dr. Alibhai addressed the psychological system side effects of ADT on both **cognition** and **mood**. 33% of men

- For the metabolic system – get a blood sugar test and exercise.
- For muscle and fat – combine weight and aerobic exercise.
- For the psychological system, both cognition and mood – combine physical and mental activities.

In closing, Dr. Alibhai mentioned that Southlake Regional Health Centre is potentially being included in a program for men with prostate cancer examining how best to deliver the benefits of exercise, for example, at home or in a group setting.

*A full transcript of this presentation will be available shortly on our website.*

<<http://www.newmarketprostatecancer.com>>



# Desktop Publishing Memories

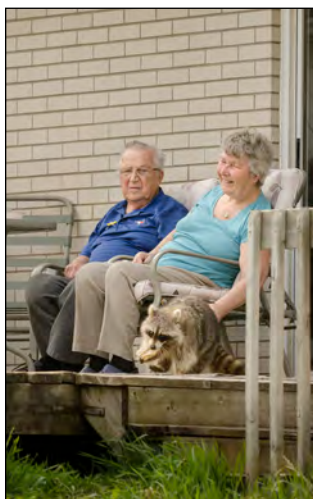
Within weeks of being diagnosed with prostate cancer in 1995, I noticed a small brochure in my GP's office about a new prostate cancer support group starting in Newmarket. I called the number of Derek Lawrence, a founding member of Newmarket Prostate Cancer Support Group (now PCCN Newmarket), and joined the group and became a member of the Executive Committee. At the first few meetings I attended, Phil Harrison, also a founding member, took notes and we put together a summary of the meeting for a typed newsletter of the early meetings. Since desktop publishing was my business at that time, and I had years of journalism experience, I volunteered to produce the newsletter and print it on my equipment at home.



Frank and Jane Kennedy

I was concerned about missing some important parts of the speaker's presentation, so we started recording the meetings on my cassette tape recorder. My wife, Jane, and I would then sit at the computer, she would type while I would click back and forth on the recording to listen and decipher the words that the speaker had said. Not always an easy job if the speaker moved away from the microphone or turned his head and, since the cassette recorder didn't generate timecodes, it was difficult to find the right spot to go back to. Later, when the speakers started bringing laptops and PowerPoint presentations, we were able to copy the presentation and refer to it for the correct spelling of medical terms, etc.

After typing the presentation, we would proofread, make corrections, decide how much could be placed in the newsletter and what to take out if there wasn't enough room for all of it. The objective was to keep it within 3 to 5 pages of text. Then I would often include some graphics from the PowerPoint document and pictures that Ron Stephenson, and later Dan Ho, would take at the meetings. If there was more room available, I would include additional information garnered from the internet or other sources, which I felt would be of interest and help to our members.



A typical Kennedy before-dinner ritual is to hang out on their deck, enjoy a glass of wine, and wait for "Rachel" the Raccoon to show up for her snacks.

More recently we switched recording devices to a more manageable and more effective digital recorder, which allowed us to transfer the recording to our computer and use an application, Transcriba, to speed up the transcribing process. This was still time consuming, approximately four to five hours, as we did much of the editing at the same time. Again, Jane would type and I would go back and forth giving directions: put this in, take this out, to accompanying sighs of frustration. We would then spell-check, clean up the grammar and do further editing. The whole process of editing, laying out and producing the PCCN Newmarket newsletter would take typically three to four days work.

One of the reasons I wanted to do this in such detail was I felt we had a wealth of knowledge about prostate cancer and its treatments that we could share with, not only our members, but many other groups across Canada who welcomed this information. Some of the small groups just getting started would often use our newsletter to help them with their meetings. We are so fortunate to have access to some of the top medical talents at Princess Margaret, Sunnybrook and now Southlake cancer centres as our speakers, which many other groups don't have.

Our local Canadian Cancer Society office in Newmarket has been extremely helpful in providing us the use of their facilities, their equipment and even their postage meter for the past 20-year period for our Executive committee to "meet and mail."

Now it is time for us to gratefully turn the newsletter over to younger, more energetic talents in our executive. Good luck guys.

~ Frank and Jane Kennedy ~