

Below the Belt!

Newsletter of the Nepean / Blue Mountains Prostate Cancer Support Group

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Jun. – Aug. 2006



Its only a word

At a recent group meeting, one of our new members spoke of his experiences when he was first given the "C" word. We can all relate to his situation. The Specialist is trying to explain to you the various treatment options with a myriad of statistics to support each course of treatment. There are a lot of "ifs, buts and maybe's". Your brain tends to 'glaze over' as you try to comprehend that yes he did say 'Cancer' and yes he is talking to you. Your mind wanders and you start to think of all the dreams and expectations you had for your life and now here is this fellow telling you have a life threatening disease.

Our member spoke of his recently married children and of how he was looking forward to becoming a grandfather. In my situation I already had a one year old grandson and when given the news I immediately started thinking of how I was planning to be around and watch this kid grow up. I was going to show him the world and do things like watch him learn to play cricket, not only that I planned to be there as he grew to be a man.

Well this little fellow started school this year and has a three year old brother and, as of the beginning of May, a new baby brother.

What does all this mean?

Life goes on.

With modern treatments and ongoing research there is every prospect that we can live longer and enjoy happy lives and see our dreams and plans develop.

Remember, it may be a bit of a cliché but "Cancer is a word - not a sentence"

Alan Howard.

What's to Come

Group Meeting – Monday, June 19th

Dr. Andrew Brooks
"Life After Prostate Cancer"

Group Meeting – Monday, July 17th

Professor Jane Ussher
"The Value of Support Groups"

Group Meeting – Monday, August 21st

Dr. Brian Orr
Medical Oncologist – Nepean Cancer Care Centre

Food For Thought

OMEGA-3 FATTY ACIDS IN FISH MAY REDUCE THE SPREAD OF PROSTATE CANCER

New research shows that men may keep this disease from spreading by consuming fatty fish, such as canned tuna, that are rich in essential omega-3 fatty acids.

Published in the March 2006 issue of the British Journal of Cancer, the study was conducted by scientists at the Paterson Institute at the Christie Hospital in Manchester, England. The study finds that the omega-3 fatty acids in fish are able to block the spread of cancerous cells in the prostate gland.

This makes it possible to confine the cancer to the prostate where treatment with surgery or radiotherapy is very effective. According to the American Cancer Society, the 5-year relative survival rate for men whose prostate cancer remains localized is nearly 100%.

The new study also examines why omega-3 fatty acids are protective, suggesting they may block the action of a common fatty acid in prostate cells called arachidonic acid, which has been found to increase the spread of tumor cells into the bone marrow. For this reason, the researchers advocate adding more omega-3 fatty acids to the diet to balance the amount of arachidonic acid converted in the body from consumption of vegetable oils. Because Americans eat little fish, they often lack the omega-3s that restrain the effects of arachidonic acid.

"This study provides encouragement to all American men who are concerned about prostate cancer," said Joyce Nettleton, DSc, RD, author of Omega-3 Fatty Acids and Health and a member of the Tuna Nutrition Council, which advises USTF on nutrition and public health matters.

"Accumulating evidence suggests that the omega-3 fatty acids in seafood may exert a protective effect against the spread of prostate cancer. A simple step like adding canned tuna and other fatty fish to the diet can help stop the spread of this disease in men with early prostate cancer. This information may help men make wiser food choices."

The British study adds to a growing body of research linking two of the omega-3 fatty acids found in fatty fish - DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid) - with a lower risk of breast, colon and prostate cancers. This includes a major study of more than 35,000 women by the National University of Singapore whose increased consumption of DHA and EPA lowered the risk of developing breast cancer by 26%. Of the top 10 most commonly consumed fish in the U.S.A., salmon and canned albacore tuna have the highest levels of the omega-3 fatty acid DHA, according to the U.S. Department of Agriculture (USDA) Nutrition Database.

Besides having a protective effect against certain cancers, omega-3 fatty acids lower the risk of heart disease and stroke and reduce the symptoms of some inflammatory conditions such as rheumatoid arthritis. Promising research also suggests these fatty acids may reduce the chance of Alzheimer's disease and maintain good cognitive function (the ability to perceive and interpret information correctly) - especially as people age.

According to Nettleton, the average American eats about 16 pounds of fish a year, compared to about 37 pounds for the average European and over 88 pounds for the average Japanese. Many people do not eat fish at all. Recognizing the many health benefits associated with fish consumption, health organizations such as the American Heart Association and the American Dietetic Association recommend that people eat 2 servings a week of fish, especially fatty fish, such as canned tuna.

Article derived from the 'US Too' web site (www.ustoo.com)

Always remember you're unique. Just like everyone else.

Interesting Observations from Member of a Perth Support Group

My GP has prescribed up to 400mg (8 x 50) of **Immediate Release Tramal®** per day for pain management in lieu of anti-inflammatory medications. I have now discovered that taking a single 200mg of **Sustained Release Tramal®** 1-2 hours before retiring is providing the first extended periods of sleep I have had for some time. I do not take any **Tramal®** in excess of the single 200mg dose.

Urination has been reduced from 5-7 times per night to 0-2. Urgency feelings associated with incontinence are not apparent during the sleep period. The leg pain associated with Lumbar Stenosis has also been alleviated for up to eight hours.

I have been able to increase my fluid intake back to a regular 500-750mls before retiring. Previously I had ceased all fluid intake up to five hours before sleep and frequently reached border line dehydration. My total fluid intake now exceeds 2,500mls per day and my general health has improved.

There is as yet no indication of addiction as was the case with **Lorazepam®**. I do however consider that constipation management may be an issue with some people.

Trials have now been conducted over a six month period.

Regards

John F. Macmahon
SE Metro (Perth) Prostate Cancer Support group

WARNING AND DISCLAIMER

The foregoing information is the result of one persons observations. The medically prescribed medicines were NOT prescribed for all the purposes described above. Bring this information to the attention of your doctor BEFORE using any medicine for any condition other than the condition for which it has been prescribed.



What does 'survivorship' mean?

Surviving cancer means living apparently cancer free. Survivorship is the state you are in after diagnosis and treatment has been completed and when your cancer appears to have gone.

Most people believe things will get back to 'normal'. But you may have a new outlook on life values and priorities. Time may go by, but what used to be normal doesn't feel right anymore.

Some may say you should put the cancer behind you and just get on with life. It is hard to forget the whole cancer experience.

It is normal to be on an emotional roller-coaster

The emotional roller-coaster you may experience from time to time is normal and is vital in your adjustment process. It is common to feel fear of recurrence or heightened anxiety prior to check-ups. Talking to other survivors can help. If your fear becomes overwhelming and interferes with your life, seek professional help.

It might be helpful to share how you are feeling with our Cancer Nurses on the Cancer Helpline 13 11 20.

Remember:

- Give yourself space to explore the 'new' you and what makes you feel fulfilled.
- There is no right way of surviving cancer.
- Don't try to recapture your losses, instead spend your energy creating a 'new' normal.
- It is not possible to regain the 'innocence' lost, but many people report living more consciously and making changes to their lives for the better after cancer.

(Derived from The Cancer Council Newsletter – May 2006 Issue)

GAINING BLADDER CONTROL FOLLOWING SURGERY FOR PROSTATE CANCER

In compiling information to put in our Newsletter I use many sources. One excellent source of material is the Newsletters published by other support groups. One such group is the Prostate Cancer Support Group from the Sydney Adventist Hospital.

The following article was published in their May – June Newsletter. It is a report of a talk given to their group by Taryn Katz, a Pelvic Floor Physiotherapist. Graham & Adele Staggs of the SAN group compiled this report.

TYPES OF INCONTINENCE:

- **Stress Urinary Incontinence (SUI)** following Radical Prostate Surgery. Involuntary loss of urine on coughing, sneezing, lifting, bending or doing any exertion. Caused when there is an increase in abdominal pressure and not enough closing force around urethra.
- **Urge Incontinence** following Radiation or Brachytherapy but can also occur following Radical Prostatectomy. Sudden, uncontrolled urge to void, resulting in leakage of urine. Voiding frequently with very little volume.
- **Other Possible Symptoms:**
 - Urgency
 - Frequency
 - Nocturia (more than twice per night)
 - Post void dribble—dribbling some urine when you walk away from the toilet
 - Nocturnal Enuresis—bed wetting

There are two sphincters which help to keep men continent—the internal bladder sphincter at the base of the bladder and the external bladder sphincter which is surrounded by the pelvic floor muscles.

The pelvic floor muscles contract to maintain continence of both bladder and bowel as well as in response to increases in abdominal pressure. They also give support to the pelvic organs. The muscles relax when voiding to empty bladder or bowel.

Pre-Operative Treatment.

- Learn to do pelvic floor muscle contraction correctly
- Improve strength and endurance of the muscle contraction
- Learn functional use of the muscles
- Improve strength of lower abdominal muscles
- Improve posture

Post-Operative Treatment

- NO active pelvic floor exercises with catheter in place
- Pelvic floor training to start once catheter has been removed
- Start slowly and respect PAIN

Rehabilitation Program

Intensive exercise program—strength, endurance, fast contractions, function, exercising in different positions and abdominal exercises.

- Quality rather than quantity
- Individualised program—specific problem areas
- Functional use of muscles with all activities—gardening, golf etc.
- Bladder retraining—returning bladder to normal capacity as well as addressing urgency and urge incontinence
- Program is for 6 weeks, 6 months or until continent

Pelvic Floor Exercises

- Exercises can be done SITTING, STANDING or LYING
- Feel as if you are stopping the flow of urine mid-stream
- Feel as if you are stopping wind from the back passage
- Lower abdominal muscle contraction

Self Examination—Important

- Feel anus lifting upwards
- Feel scrotum tightening & the testicles lifting
- Try and lift the penis—feel how the area around the penis dips in
- Feel the contraction of the lower abdominals -area below the belly button

Exercise Program

- Strong maximal contractions held at this intensity for up to 10 seconds (must be able to feel release).
 - a) Aim to do 10 contractions holding each one for 10 seconds, have a rest for 5 seconds and repeat. (Weaker muscles, longer rest time, 15 to 20 secs).
 - b) If muscles are weak then start off slowly and each week try and increase your repetitions or length of time to hold a contraction eg:
 - i) First week: 5 contractions in a row: Hold each contraction for five seconds and rest for 15 seconds.
 - ii) Second week: 6 contractions in a row. Hold each contraction for 6 seconds and rest for 10—12 seconds.
 - iii) Slowly build up to 10 in a row, hold for 10 seconds, rest time five seconds.
- Fast contractions which work on speed and strength (responses of muscles ie. cough, sudden movement).
- Sub maximal contractions—being able to hold the muscles on more gently for long periods of time (contraction ON, when getting up from a chair, walking and standing etc)
- Lower abdominal exercises—doing exercises at the gym on a ball, Pilates, yoga, sit ups don't use the correct muscles to strengthen the pelvic floor. Swimming and Hydrotherapy is another good way to exercise these muscles.
- Posture correction is important—the pelvic floor muscle and the lower abdominals are not switched on if you are slouching or standing poorly.

Remembering to do Exercises:

- Lying—in morning or evenings on the bed
- Sitting—when you are finished on the toilet, meal time, at work, during ads on TV, at computer.
- Standing—in the shower (excellent), every time you finish urinating, at work.
- Once per week check flow—stop in middle of urinating.

Normal Bladder

- Normal voiding is 300 to 500 ml/day, up to 700ml/night
- As we age (over 60) is 250 to 400 ml/day, up to 500ml/ night
- After the age of 60 it's normal to void 6 to 8 times per day, 1 to 2 times per night

Those with bladder problems will void more than 8 times per day, and have volumes between 60mls to 150mls.

They will wake 3 to 4 times a night.



Thanks to Joan Davis for coming up with both the team name and the motto. Joan also provided the team mascot (Relay Baton?) This furry little creature was named “Prostate Pete” and members of the team took turns to carry him on laps of the oval. Joan also organised a small raffle to add to our fund raising efforts.

Our team was organised by Ian Davis. Ian carried out all the liaison work with the relay organising committee including registering our team, organising all our correct “T” shirt sizes and collecting sponsorship money at the completion of the event.

Brett Sowerby and Alan Howard made available their tent and screened gazebo and Ian, Brett and Alan claimed a spot and erected our campsite on Friday evening. (A good move given all the people vying for a spot on Saturday morning!) The relay got under way at 10-00am on Saturday with over 80 separate teams participating in glorious late spring weather.

Now for some statistics.

Our team raised \$2,818-00 – A pretty good effort for a team of 25 people (26 counting “Pete”!).

Our champion fund raiser was John Kemp. John raised \$705-00. Excellent effort John!

Our champion walker was Sandra Clulow. Sandra completed 70 laps (and that was with a “dicky” knee!!) (1 lap of the oval was about half a kilometre)

“Prostate Pete” was carried for a total of 185 laps and altogether the team totalled 704 laps.

A preliminary total for the entire relay was \$115,000-00, but that was at the completion of the relay on Sunday morning and is bound to rise as all monies come in.

The weekend was a successful and enjoyable venture. You do not have to tire yourself out constantly walking. Although if you want to set yourself a challenge to see how far you can walk this is the ideal opportunity. If you wish you can sit in the camp site and chat with fellow team members and just socialise. There is no obligation to raise vast amounts of sponsorship – but every little bit helps! Already people are coming up with ideas on how we can improve for next years event. One thing we all agree on is the need to get under way earlier.

An amusing foot note: John Kemp was doing the late night shift on Saturday when he felt a bit hungry so he decided to pop across the road for some ‘Maccas’. As he was lining up he was wondering why people were giving him strange looks. It was then that he realised that he still had “Prostate Pete” draped over his shoulder!

MEMBERSHIP UPDATE

We are about to commence an update of our membership records. To assist us to do this could please complete the membership form below and forward to our Secretary at the address shown below. (or bring it along to one of our monthly meetings)

The Honorary Secretary
N/BMPCSG

NEPEAN / BLUE MOUNTAINS PROSTATE CANCER SUPPORT GROUP.
Affiliated with the Prostate Cancer Foundation of Australia.

MEMBERSHIP FORM.

PLEASE USE BLOCK LETTERS.

FIRST NAME:..... WIFE/PARTNER.....

SURNAME:.....

Postal Address:.....

SUBURB:..... Postcode:.....

Phone Number:.....

Email:.....

WHAT TYPE/S OF TREATMENT:.....

WHO PERFORMED THIS TREATMENT:..... Year:.....

Are you prepared to be contacted to discuss your treatment with other members of our Group? Yes/No.

(**Please be assured**:- 1/. Your name will not be given to anyone. 2/. You will be contacted and asked to contact the member. 3/. You make the decision whether or not you contact the member)

Joining the Support Group entitles you to receive copies of "The Prostate News" published by the Prostate Cancer Foundation of Aust. and "Below the Belt" our Newsletter. Should you **not** wish to receive either of these publications, please indicate by placing an X in the space provided?

Prostate News Below the Belt

You are advised that this information is kept private and confidential, not only because the law demands that we do, but, more to the point to show that we value your privacy.

(N/BMPCSG Use Only)

Noted on Master Register:/...../.....

E-mail added to list:/...../.....

Badge/s made:/...../.....

Notified PCFA of Prostate News required:/...../.....

Notified PCFA to post Below the Belt:/...../.....

A Laugh at Life

A BUMPY RIDE.

An airline pilot wrote that on this particular flight he had hammered his ship into the runway really hard. The airline had a policy which required the first officer to stand at the door while the Passengers exited, smile, and give them a "Thanks for flying our airline." He said that, in light of his bad landing, he had a hard time looking the passengers in the eye, thinking that someone would have a smart comment. Finally everyone had gotten off except for a little old lady walking with a cane.

She said, "Sir, do you mind if I ask you a question?"

"Why, no, Ma'am," said the pilot. "What is it?"

The little old lady said, "Did we land, or were we shot down?"

...and further more..

Further to the item about my grandson (Page 1). We were playing cricket in the back yard, my son was bowling and grandson whacks the ball down the yard. I start to walk after the ball to retrieve it.

Son "Come on Granpop, run!"

Me "I can't run"

5 year old grandson " No, that's 'cause you're too old!"

Out of the mouth's of babes.....

Still, I wouldn't change it for quids!

DOCTORS ORDERS

Morris, an 82 year-old man, went to the doctor to get a physical. A few days later the doctor saw Morris walking down the street with a gorgeous young woman on his arm.

A couple of days later the doctor spoke to Morris and said, "You're really doing great, aren't you?"

Morris replied, "Just doing what you said, Doc. 'Get a hot mamma and be cheerful.' The doctor said, "No, I didn't say that. I said - 'you've got a heart murmur. Be careful'."

KIWIS

Another true story from the pages of the Sydney Morning Herald.

A fellow was transferred in his job to New Zealand for 12 months. His wife and young family went with him.

His six year old daughter was asked in school one day to give a word starting with the letter "K", so she said "kettle". The teacher said that she was wrong as that started with a "C".

This totally confused the girl so she went home and told her Mum and Dad what had happened.

Her parents were also confused but thought about it and realised that in New Zealand a "Kettle" is what you boil water in, while "Cettle" stand in a paddock, munch grass and produce milk !!!!

GO THE PANTHERS!!

Once again the stories about Panthers being seen in the wild are in the news. (and no, I'm not talking about footballers) Some time ago this story appeared in the Sydney Morning Herald.

"In light of rumored sightings of large cats, the National Parks & Wildlife service is advising hikers, backpackers and fishermen to take extra precautions and to keep alert for feral cats and black panthers while in the wilderness areas of the Blue Mountains.

They advise people to wear noise producing devices such as little bells on their clothing to alert, but not startle, the cats.

They also advise the carrying of pepper spray in case of an encounter with a big cat and to watch for fresh signs of feline activity.

People should recognise the difference between feral cat and black panther droppings.

Feral cat droppings are smaller and contain berries and possibly possum fur.

Panther droppings have little bells in them and smell like pepper spray!

Australia's Biggest Morning Tea

(Sorry that should be 'The World's Biggest Morning Tea')

Recently, the Western Area Office of the Cancer Council held a morning tea at Blaxland in order to meet and thank members of local support groups and organisations involved in the fight against cancer.

Several members from our support group attended.

A couple of people from support groups spoke briefly about their involvement in their group and of how beneficial they had found that involvement.

Staff from the Cancer Council also spoke of their role and detailed a few projects that they are involved in.

One of these is "Australia's Biggest Morning Tea" (Held this year on May 24th).

Did you know that this is now the World's Biggest Morning Tea and is officially recognised by the Guinness World Book of Records.

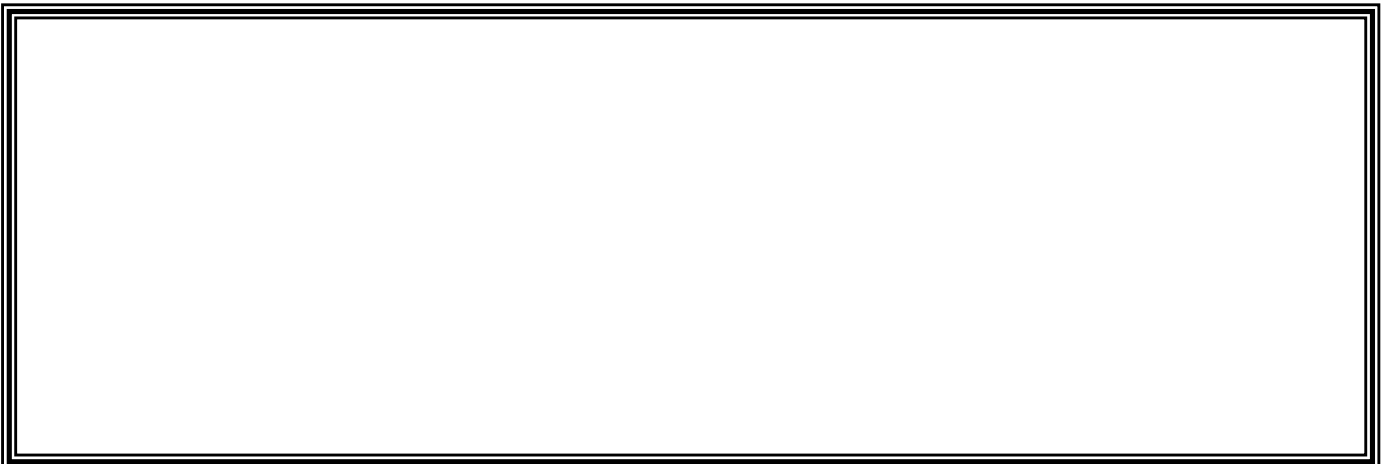
numbercrunch

Each Saturday *The Sydney Morning Herald* publishes 'The Good Weekend' Magazine. One of the regular features is a column called 'numbercrunch'. This column gives you a range of interesting (and sometimes unusual) numerical statistics. Recently they published some statistics relating to Prostate Cancer.

Did you know,

"The chance of a Prostate Cancer diagnosis in Australia for a male in his 40's is 1 in 1000, in his 50's 12 in 1000, in his 60's 45 in 1000 and in his 70's 79 in 1000."

These figures compiled by John S Croucher, Professor of Statistics, Macquarie University.



The Nepean / Blue Mountains Prostate Support Group is grateful for the support of its members and various local groups.

This enables us to produce this newsletter and cover other incidentals in the running of the group.

This newsletter is printed and distributed on our behalf by The Prostate Cancer Foundation of Australia.

The views expressed in this newsletter are not necessarily the views of the Group.

The Group does not offer medical or other professional advice.

Articles presented in this or any other issues are presented only as a means of sharing information and opinions with members.

It is important that health professionals should be consulted before making any decisions about any treatments.

This newsletter has been compiled by Alan Howard from material culled or provided.