THEIR CANCER GARDEN

# EDITORIAL

F **E F O C : MEMBER OF EUROPE UOMO , USTOO AND MALE CARE**

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The month of April is dedicated to testicular cancer, a tumor fortunately of low incidence and that was and is the protagonist of one of them greatest successes of chemotherapy Antineoplastic, essentially due to the introduction of cisplatin, cancer of young men should be taken into account, given its enormous curability and relative ease of diagnosis, provided that the population at risk (of 18 to 40 years) is warned about it.

It is also striking that every time our Ministry of Health makes a sensible recommendation, it has so much uninformed opposition. We say this on account of alcohol and the Mediterranean diet, as at the time happened with beef and veal, so unhealthy. For our part, we congratulate the ministers who dare to fight for the health of the population.

para men of another sexual condition. We also give space to the different surgical modalities in patients with penile cancer, in relation to sexual intercourse after treatment.

The team of Phoebe Tsao and collaborators, from the University of Michigan, USA, has deepened the study of the psychological repercussions in prostate cancer patients receiving hormonal treatment. It is an issue of enormous importance. It is evident that the aggressiveness of hormonal treatment with respect to quality of life should make us reflect on whether we provide proper support to these patients. The optimal thing would be for other researchers to design drugs that did not involve chemical castration. Someday we will have them. Meanwhile, let's arm ourselves, hand in hand with psycho-oncologists to give adequate support to the thousands of

patients who continue for a long timea

Prostate cancer support groups are not easy, for various reasons that we have been exposing. Today we dedicate a space to draw attention to a specific problem that occurs with respect to the groups of this cancer, but treatments.

# APRIL, MONTH DEDICATED TO TESTICULAR CANCER

The objective is to inform and stimulate especially men between 18 and 40 years old, to have their testicles examined monthly, since, between these ages, there is the highest incidence of testicular cancer (CT). This dedication during April also allows to expose and take into account the advances in its diagnosis, treatment and research. It should be noted that CT is probably the cancer with the best prognosis, with a survival of 95% of those affected, beyond 5 years of diagnosis, practically cured mostly.

The history of TC is a success story: With them, one of the most important advances in chemotherapy has been achieved , through the association of three drugs, vinblastine, bleomycin and cisplatin, especially the latter. As usual, chemotherapy involves important secondary problems, so less traumatic options are currently being investigated; but no one takes away, from this therapeutic weapon, the enormous success obtained in CT., similar to the one that was obtained in its day with the association of vincristine-prednisone in acute lymphoblastic leukemia, in a way outstanding in children.

We go through that a causal factor of great importance is cryptorchidism, or lack of descent of the testicle to the scrotum. They are also at higher risk if there are cases in immediate family members, although there are few family cases. Men diagnosed with AIDS have an increased risk of developing CT. Finally, people who have suffered a CT scan are at greater risk than the population without this history of suffering from it in the other testicle.

CTs are overwhelmingly (90%) tumors of germinal origin, These cells are the ones that produce sperm. The testicles are composed of several types of cells, so when diagnosed under the microscope, various ct modalities can be found. The current history of TC begins in the 60s of the last century. The biggest sign of alarm was the detection of a lump in a testicle, although it is not uncommon for it not to give symptoms of entry.

Globally, CT is very rare, accounting for only 1% of all cancers.

But it is good to remember, especially, young men, to watch their testicles. These are soft to the touch so whenever they notice an increase in size, or consistency or a lump, in one or both testicles, they should go to their doctor, always remembering the good prognosis of this disease, but, as is the norm in Oncology, the sooner the diagnosis the better the treatment. CT usually does not usually cause entry pain . The best time to feel them is in the shower, when the testicles are descended.

If the doctor considers the change detected in the testicle suspicious, he or she will order imaging studies and, eventually, a biopsy of the suspicious area. If the diagnosis of CT is confirmed, we will enter the treatment, which combines various means, with very good results.

# SUPPORT GROUPS FOR MEN OF ANOTHER SEXUAL CONDITION (GB).

Many BG men would like to attend support groups for CP patients. These groups have proven to be a very effective source to offer information and support in various diseases, such as breast cancer. Women of another sexuality already have it complicated in these groups. But, in CP, there is a shortage of groups even for HS (for the reasons already expressed of the double taboo status of the CP) and the added homophobia.

GB who have tried to be part of a group of HS, have had it complicated. For example, often the wife or partner of the heterosexual accompanies them, or the relationship of the group with respect to the female partner is very frequent. The GB are quite restricted to express themselves and, even more, to go with their partner. And how to face the very frequent discussion about sexual relations?

Many think that it would be best to go to support groups only for GB. This remains to be seen, given the enormous difficulties previous to even creating support groups for HS in CP.

Diverse research shows that, because of their emotional reactions and the side effects of treatments, EBs feel a lot of shame, stigma, and discomfort when they have CP. Shame and stigma that starts from suffering from homophobic experiences and previous discrimination. CP will alter your own self-esteem and relationship with your partner (spontaneity, rejection, depression, and anxiety).

Therefore, a great challenge for them is to find urologists, radiation therapists and oncologists educated in the great sensory complexity faced by GB with CP. And appropriate support groups, in which a safe, confidential, understanding and free environment is created, in which EBs can express and discuss their sexual orientation, lifestyle, aspirations and projects.

## THE MINISTRY OF HEALTH RECOMMENDS THE MEDITERRANEAN DIET

Today, April 27, 2922, the Ministry of Health proposes: a) That in bars and restaurants alcoholic beverages be eliminated from the menu of the day and that b) It be followed as much as possible the so-called Mediterranean diet.

These two proposals, so elementary, have produced, in several media, ironic comments.

A very frequent one, "with what we have gone through with the pandemic and now they want to take away our wine"; "they want to regulate everything"; "this will hurt the business" Hardly any reference has been made to the Mediterranean diet, but no one has defended it.

But what world do we live in? Does the fact that the Ministry of Health decides to increase healthy habits justify ironic comments? Reducing the consumption of alcohol as, with excessive prudence is done with that of tobacco, are synonymous with an advanced, modern society. As in his day they wanted to do with the excess consumption of meat and a little more hang the minister of consumption.

It is not about regulating everything, it is about implementing healthy data, such as reducing the consumption of alcohol and meat. Let us insist again and again on the benefits of the Mediterranean diet, a paragon of wisdom.

It is not known exactly that some of it decreases the risk of cancer in general and prostate cancer in particular. But there are the results. The incidence of cancer was low in Mediterranean countries when this diet was the most frequent, while it increases as we abandon it.

We congratulate from here the Ministry of Health and the Ministry of Consumer Affairs. And that nothing happens to them, because remembering good habits is not always accompanied by praise, but rather on the contrary.

There are so many vested interests !

# SEXUAL RELATIONSSUPPORTING TREATMENT FOR PENILE CANCER

The effect of penile cancer (PSC) on sexual intercourse depends on the treatment received. The doctor tries to apply the best treatment that, in addition, preserves sexuality as much as possible. We take these recommendations from the magnificent Cancer Resarch UK group.

**Sex after radiation therapy.** It may take time to recover. Radiation therapy may decrease the ability to have and/or maintain an erection. It can also affect the surrounding nerves for a while. Inflammation of the penis can make erection difficult and painful . But most side effects usually go away or improve after treatment. Thus, many patients can recover their sexual intercourse as before radiotherapy.

**Sex after surgery.** It depends on the modality of surgery according to the location or extent of the CPE:

1. Initial CPE localized. Extensive removal of the affected area does not usually change sexual intercourse.
2. Removal of the head of the penis, with reconstruction (glandectomy). The ability to erection is preserved although perhaps it can decrease the sexual sensation.

3). Removal of a part of the penis (partial penectomy). Sexual intercourse can be maintained, being possible erection and orgasm without the head of the penis. Penetration is possible. About 50% of men treated in this way maintained erection and sexual intercourse.

1. Removal of the entire penis (total penectomy). An adaptation is needed in the way sexuality is expressed but a complete relationship can be developed. It is necessary to talk openly with the couple and seek the means for mutual satisfaction.
2. After penile reconstruction (phalloplasty). It is indicated when a partial or complete penectomy has been required. It is done after a while to check if there is no reproduction of the tumor. Plastic surgeons use skin and muscles from other parts of the patient's body to perform phalloplasty. Erection is possible once performed. In fact, it is major surgery that can have complications, so it is necessary to dialogue with the surgeon to know the possibilities and consequences.

# HIGH INCIDENCE OF ANXIETY AND DEPRESSION IN PATIENTS ON HORMONE THERAPY

**Tania Estapé**

Patients with prostate cancer who require treatment consisting of hormonal blockade suffer a significant risk of suffering psychological consequences. This procedure can lead to anxiety and depression. Now the group led by Phoebe Tsao of the University of Michigan in the United States of America, has done important research on the subject. In this research, a comprehensive analysis of patients diagnosed with prostate cancer from 2001 to 2015 has been carried out. These data have been taken from the Clininformatics Mart database, which is considered representative of various types of patients, of different ages and economic modalities in their benefits. of health.

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In this study , data from patients with prostate cancer were analyzed. The researchers selected the 37388 patients treated with hormone blockade. Among these, they found that 10.6% had an established diagnosis of anxiety or depression. When assessing data on whether this group had received any psychological and/or psychiatric treatment, 1892 (i.e. 47.7%) had not received any documented treatment. 10 (0.3%) received psychotherapy, and the rest received psychotropic drugs. Among the latter group, 33.3% (i.e. 1321 men) were prescribed an antidepressant ( serotonin reuptake inhibitor), while 744 (18.8%) were prescribed an anxiolytic, specifically benzodiazepines.

The average time it took for men with hormone blockage to obtain a diagnosis of anxiety or depression was 9.3 months after starting therapy. Overall, it was family doctors who prescribed psychotropic drugs (72%). It is interesting to note that the percentage of patients who received treatment for their mental health (47.7%) was similar to that of men without prostate cancer (49.1%). However, it was significantly lower than that of men with prostate cancer with other treatments (52.7%)

The authors point out that these data need to be investigated further and future research that can provide more information about the treatment of mental health problems in men with prostate cancer in general, and with hormonal treatment in particular. As has been seen in the data, very few receive psychotherapy. Prostate cancer support groups may be a good option. If you are interested in participating in FEFOC, please write to [*f*](mailto:fefoc@fefoc.org) [*efoc@fefoc.org*](mailto:fefoc@fefoc.org)

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The full study can be seen at: Tsao, P. A., Ross, R. D., Bohnert, A., Mukherjee, B., & Caram,

M. (2022). Depression, Anxiety, and Patterns of Mental Health Care Among Men With Prostate Cancer Receiving Androgen Deprivation Therapy. Theoncologist,27 (4), 314–322. https://doi.org/10.1093/oncolo/oyab033.



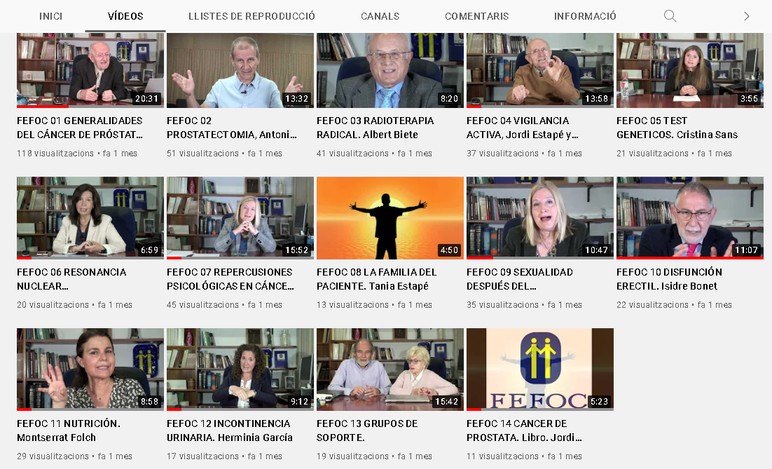
Group of patients with prostate cancer

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**Prostate Cancer Video**  Collection





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