THEIR CANCER GARDEN

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

# EDITORIAL

A few days ago we heard on the RAC radio program of Mr. Jordi Basté the impressive testimony of a teacher whose name we did not retain and whose first surname is García. She is a Catalan teacher and works in a public school near the La Mina neighborhood. Most of his students are of Moroccan origin. In her class they speak in Catalan but, according to the teacher, the vehicular language of 100% of students is Spanish.

At the start of the World Cup in Qatar, the students begged the teacher to allow them to use their tablets to follow the matches. Apparently, this issue had reached some educational authorities. They proposed a series of resources: cut the wifi in the hours of transmission of the matches; prohibit tablets or mobile phones for the duration of the World Cup. All negative as the peculiar coach of

But there was a giant of innovation, Professor Garcia. What came up with this genius of integration and innovation? He did not allow the watch of the games during school time but in return he promised his students that he would film a summary of them, but he would screen them in silence. Who should replace the speakers?, the students themselves, commented the plays But yes, we are in Catalan class: "In this language".

That's great. Our admiration for Professor Garcia whom we wish to greet. Because it is a model of innovation and integration. Precisely what we intend with the "Cancer of theirs". Deliver the innovations that occur and help integrate them for the good of prostate, testicular and penile cancer patients.

football, the Dutchman Van Gaal.

In this issue we offer news about the

active surveillance, minorities, telematic consultation and insomnia.

### IN THE UNITED STATES, LOW-RISK PROSTATE CANCER IS NO LONGER THE MOST WIDELY DIAGNOSED

Dr. Leonardo Borregales et al., Urologic Oncology, Weill Cornell Medical Center (research unit and medical school of the private New York University Cornell. Initiated in 1898, throughout their fruitful work they have had 3 Nobel Prizes), published in the Journal of The National Cancer Institute, a review of 438,000 patients diagnosed between 2010 and 2018 with prostate cancer (PC). As basic points of the study they used the degree of Gleason of the patients, the level of PSA and the presence or absence of distant metastases .

They observed, among many other data, that the percentage of cases of lower risk PC (Gleason group 1) in patients who had been treated with radical prostatectomy, had decreased from 32% to 10%. first work at the US level showing that CP Gleason 1 (again, the least aggressive) is no longer the most frequently diagnosed type of PC.

For the authors, this low percentage of 10% of CP Gleason 1 shows that these low-risk cancers, although diagnosed, are treated less frequently, corroborating the growing acceptance of active surveillance, both by physicians. and patients .

For Dr. Leonardo Borregales, it is stimulating to observe how urologists in the USA move from the excessive use of radical treatments to active surveillance.

As a negative fact, it should be noted that, in the same study, there was an increase in the percentage of high-grade and metastatic PC, from 2% to 5%, probably due to the problem in the early diagnosis of PC, since it has been questioned the efficacy of PSA for such diagnosis.

It is clear that we need other strategies or other means to achieve an early diagnosis of PC that does not lead to excessive treatments, as before, but without taking into account that they tend to increase high-grade and metastatic PC. This represents a decisive dilemma to be resolved.

# INSOMNIA

## One of the most frequent problems in patients with PC is insomnia. In fact, many people, even without cancer, suffer from it transiently or permanently. When we are worried or afraid or sad, one of the first things that is affected is sleep. Alertness makes it difficult to go from wakefulness to sleep, and it is common to stay in the waking state . Insomnia can be of three types that are not exclusive:

1. First phase or conciliation insomnia: it consists of having difficulties falling asleep. It is the most frequent insomnia, one goes around in bed with nervousness and tension and takes longer than usual to fall asleep.

## Second phase insomnia or recurrent awakenings: it may be that the patient has fallen asleep without problem or not, but this type of insomnia causes him to wake up during the night one or more times and be a while without being able to go back to sleep.

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1. Third phase insomnia or early awakening: it can also coincide with one or both types of insomnia above, but in this case what happens is that one wakes up earlier than expected, and already He can't go back to sleep. For this to happen , the individual must feel unwell or that "it's too soon." So, if it is 10 minutes or something like that we will not consider it third phase insomnia, but if it is an hour or more yes.

As the saying goes "at night all cats are brown", this means that, in any of these three cases, it is highly likely that the patient (or his relative) will start thinking about cancer, with disastrous imaginary consequences. Which in turn makes it less easy for you to fall asleep and you enter a closed circle.

The organization of health is extremely heteronormative. Gay and bisexual patients with CP are "erased" as one American gay patient, writer Perry Brass, puts it. The psychological effects of cancer, in general, and prostate cancer in particular, are similar in any person, but it is true that the contexts and vital circumstances of the patient mark their consequences in the face of diagnosis.



To purchase the book click [**here**](https://www.amazon.es/C%C3%81NCER-PR%C3%93STATA-HETEROS-GAYS-BISEXUALES-ebook/dp/B08QRZ3XNJ/ref%3Dsr_1_1?__mk_es_ES=%C3%85M%C3%85%C5%BD%C3%95%C3%91&crid=1XUVW0UQ1NR7N&keywords=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape&qid=1646068723&sprefix=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape%2Caps%2C109&sr=8-1)**.**

We must therefore add in gay or bisexual patients, one more risk factor. In several studies it has been shown that they feel "invisible" and that the doctor advises them to "come with your wife", so it is clear that the sexual condition is something that is obvious as Important aspect when valuing the patient as a whole. However, some studies show that BG men with CP have more psychological problems, and more fear of relapse. Less satisfaction with the doctor's care has also been found. It is logical that an important factor, such as communication with the doctor, has an influence on the psychological profile and coping of the patient.

We already come from a time of taboo sexuality, in which many patients found little or no space to explain their fears or doubts about their sex life . If we add the lack of inclusion regarding sexual condition, it is normal for the patient to feel isolated and alone. As we have seen, this contributes to aggravate a possible degree of depression. The fear of sexual and couple repercussions, plus detecting that it does not fit into the standards of care and medical attention, can aggravate anxiety and fear at the same time .

\*Taken from the book "Prostate Cancer in Straight, Gay and Bisexual". By J. Estapé and T. I stood.

### CAN THE TELEMATIC ONCOLOGY CONSULTATION REPLACE OR COMPLEMENT THE FACE-TO-FACE ONE?

At the recent congress of the ESMO (European Society of Medical Oncology), Dr. Deborah Schrag, from Memorial Sloan Kettering Cancer Center, New York, USA, presented some important reflections on this subject.

\*Before the Covid-19 pandemic, telematics medicine was reserved for patients living in remote areas. But, with the pandemic, a hybrid model was established, to reduce the risk of contagion as much as possible. That is why, says Schrag, we now have a lot of data to begin to assess the new situation.

\*A clear advantage of telemedicine is geographical. Geographically dispersed patients more easily receive information and support.

\*Patients have benefited from having access to their electronic records, including physician feedback, study results through images and findings Pathological.

\* A problem arises when it comes to communicating bad news. Many patients prefer to wait to receive them in person, since that is when the doctor can better explain both the results and the new options and provide better support. Many doctors consider that the patient, who has received the bad news telematically, may feel very anxious , unbearably anxious while waiting to speak directly with a doctor. Another risk is that you take advantage of the interval to enter the Internet with the possibility of receiving inadequate information.

\*An advantage of digital medicine is that it allows real-time monitoring of symptoms, rather than waiting weeks for face-to-face consultation. Cancer is a chronic disease and everything that improves doctor-patient communication is positive.

\*The doctor can have a day-to-day control, so he can adjust the treatments, stopping them or modifying them.

Dr. Schag sees telematics medicine as a great benefit. Most of his patients have adapted to it. The problem, he says, is how telematics medicine is integrated with the current health system, how to answer the multitude of questions that arise every day.

The topic proposed by Dr. Schag is of great topicality and importance. Telematics medicine is here to stay. We will not miss the past times, focused almost exclusively on the face-to-face, which also raised certain criticisms. And let's not oppose progress. We believe that studying how telematics medicine is integrated into the health system and finding solutions is fighting for progress. Let the Galileo Galilei of the day be welcomed at all times.

Health teams will need to acquire other skills to cope with new challenges

### IN ACTIVE SURVEILLANCE, CAN MULTIPARAMETRIC NUCLEAR RESONANCE REPLACE BIOPSY AT THE END OF THE FIRST YEAR?

This is an issue of enormous topicality and importance, as the indication for active surveillance in very low-risk prostate cancer increases, that is, the Gleason 1 group (CP G1) and some Gleason 2.

Remember that active surveillance (VA) consists of not trying to enter the patient with CP G1 and only doing so if the disease evolves in a negative way, that is, it progresses over time. As we know from the Hamdy et al. study (which we've talked about several times in this journal), about 50% who choose VA never needed treatment.

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Therefore, the patient must undergo periodic reviews that tell us if the CP G1 is still inactive, and therefore the patient, if he wishes, can continue without treatment, or, if, on the contrary, the disease has progressed and the patient must be treated.

Crucial, fundamental issue in the follow-up of CP G1 patients. To do this, we must equip ourselves with very efficient means.

How are they usually monitored? As follows, with adaptations according to the experience of the various hospitals: A strategy is established year after year:

First year: PSA testing every three months; digital rectal examination once or twice a year. At the end of this first year, the biopsy is repeated to assess whether the PC grows or not. After that, biopsies will depend on your doctor's judgment and possible symptoms.

From the second to the fourth year: PSA determination every 3 or 6 months; Digital rectal examination every 6-12 months.

From the fifth onwards: PSA determination every 6 months; Digital rectal exam every 12 months.

Repeated biopsies are a noticeable nuisance for patients, a source of anxiety and a small risk of possible infections.

In all this process, the periodic practice of multiparametric nuclear resonance (MRI) is fundamental, which avoids many unnecessary biopsies and erroneous diagnoses.

Doan et al. From the University of Sydney, Australia, they published, in the Journal of Urology , a study in which they examined the effectiveness of MRI in detecting the failure of active surveillance.

To do this, they studied 172 patients with CP G1 and some G2 who underwent an MRI followed by prostate biopsy. Then they followed the following protocol: PSA every 6 months; annual digital rectal examination and an MRI at the end of the first and second year of follow-up. If at any point in the study the PSA increased significantly or the MRI showed signs that the tumor had progressed, a biopsy was performed. In the absence of problems, a biopsy was performed at the end of the third year of the trial.

The effectiveness in detecting that there was no progression of the disease by MRI was quite high, about 86% of cases. Results that have raised a controversy among those who believe that this high percentage of effectiveness allows skipping the biopsy at the end of the first year, while others believe that in this way they can stop diagnosing a Percentage sensitive cases of progression.

The advancement of medicine is obtained through polemics and contradictions. Medicine is not an exact science. Doan et al. announce that they will continue to follow up their patients, to offer more definitive results.

Once again, patients, well informed of course, have the floor.



Nuclear resonance

### SOME THOUGHTS ON PROSTATE CANCER IN HOMOSEXUALS

To refer to the problem of prostate cancer in men of another sexual condition, it is mandatory to define what we understand by minorities. Minorities are characterized by two fundamental aspects, one quantitative (minorities are always less in quantity than majorities) and the other qualitative (how this majority influences the minority). This second aspect is the fundamental one. If the relationship between majorities and minorities were only quantitative, there would be no problem. But every majority decisively influences the events of the corresponding minority. Majorities tend to destroy, despise, torment the minority that corresponds to them.

Does this mean that man is evil by nature? Many authors agree in the affirmative. Machiavelli alluded to the duality of the human condition, perhaps good in origin but bad in its social contact. The human being can be good on an individual level but terrible when he is part of a majority. The gang rapes, the dramas that are lived in the schoolyards, the massacres of thousands of innocents at the hands of the corresponding minority, even the systematic elimination of Jews by the majority Nazi regime, are examples of it.

For Rousseau, man is good by nature, but society corrupts him. Nietzsche sums it up with his famous phrase, "Man, this error of nature."

An example of the majority over the minority is the case of Oscar Wilde, the brilliant Irish writer. Casado had two children with his wife. But one day he met the son of the Marquess of Quensberry, Douglas, whom he called Bossie. Such was Douglas' beauty that Wilde fell deeply in love with the boy. I think Wilde discovered his true sexual condition there. He was the lover of Douglas and other boys and practically abandoned his wife. He was not bisexual. His relationship with Douglas deeply irritated the Marquess of Quensberry who threatened him in a famous letter in which he mistakenly called Wilde "somdomite".

Wilde, advised by his friends, decided to denounce the marquis. But, at trial, the marquis' lawyer turned the lawsuit on its head, saying Wilde was committing indecency on young boys. The chief justice then asked Wilde to recant, to which, with extraordinary courage, he refused and was sentenced to two years' hard labour in the horrific Reading jail .

Most could not accept Wilde's so-called indecent acts that were only the expression of his authentic sexuality.

It was the year 1895 but today, the year 2022, situations as brutal as those experienced by Wilde occur. Beatings, homicides, boys aged 18-20 beaten by their parents for revealing their sexual condition and expelled from their homes. There is even a Foundation that is dedicated to welcoming these boys. If Wilde raised his head, "hopefully," he would be surprised to observe that things regarding homosexuals have not fundamentally changed.

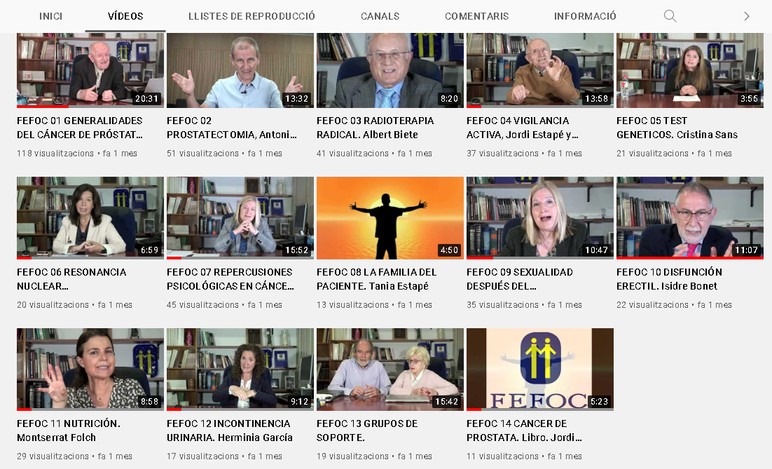
Here we declare that the ethical thing is to be or be with minorities, in their many facets.

To purchase the book click [**here**](https://www.amazon.es/C%C3%81NCER-PR%C3%93STATA-HETEROS-GAYS-BISEXUALES-ebook/dp/B08QRZ3XNJ/ref%3Dsr_1_1?__mk_es_ES=%C3%85M%C3%85%C5%BD%C3%95%C3%91&crid=1XUVW0UQ1NR7N&keywords=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape&qid=1646068723&sprefix=cancer%2Bde%2Bprostata.%2Bjordi%2Bestape%2Caps%2C109&sr=8-1)

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**Collection of videos about prostate cancer**





### Directors: J.Estapé, T.Estapé Secretary: M.Soler

**Marc Aureli, 14.**

### 08006 - Barcelona

**Tel. 93 217 21 82**

### Email: [fefoc@fefoc.org](mailto:fefoc@fefoc.org) [www.fefoc.org](http://www.fefoc.org/)

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