THEIR CANCER GARDEN

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

# EDITORIAL

**LABOR ISSUES (1)\***

From the diagnosis of PC, many affected people think about the moment when they will recover their normal life and, therefore, return to work. You don't have to run, because the parenthesis has been very hard. Returning to work is essential for many, while not so essential for others; For example, those who do not yet look physically capable.

The problem of returning to work after treatment is complex and needs to be analysed from different points of view.

A key issue is that the patient decides whether to explain the truth about their illness and treatment or prefer to hide it. Telling the truth can have consequences, from firing to harassment at work, to force the

But, taking into account that the patient will need some exceptions in the day to day work, surely it is best to explain to the employer or boss the diagnosis and possible limitations . And explain as soon and as clearly as possible about how you think about the problems you will face because of the CP. Let him know that sometimes you may not feel well and may need some extra rest.

Surely your employer or boss will allow you to adopt a flexible schedule. You may be able to do some of your work at home. Will he be able to rest from time to time ?

 Today, many entrepreneurs have a positive attitude. In principle, it is wise to seek the complicity of the boss and co-workers.

employee fires on his own.

But there are some employers, especially if they have not had other similar cases in the company, who find it difficult to accept the new situation of their employee. It can be positive to show them a brochure about PC. (Continued on page 2)

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Then you have to take into account the treatment received and the side effects.

\*From the book "Prostate cancer in heteros, gays and bisexuals".



# UROLOGISTS. IN THE USA, THE MOST STRESSFUL MEDICAL SPECIALTY

The Occupational Information Network (O\*NET) (1) classifies Urology as the most stressful occupation in the USA. Classification they made analyzing the levels of professional stress in 873 different jobs. The definition of the specialization of urologists, according to such organization refers to those doctors who specialize in conditions affecting the urinary tract and also with diseases that affect the reproductive system.

Regarding stress, LUGPA (2), a non-profit urological association, believes that the growing shortage of doctors is a dominant factor in its stress, together with the massive delay in care, a consequence of the Covid-19 pandemic, which have caused a significant increase in medical demand, with a progressive increase in waiting times for patients.

But these factors will tend to increase, in part due to the progressive withdrawal of urologists, as deduced in another study, published in JAMA Network Open, in which a series of models are projected that show the progressive decline in the number of active urologists between 2020 and 2060. To which LUGPA adds another important stressor, which is rising inflation along with a reduction in urologists' earnings of 4.5%.

Add to all this the very difficult situations when making decisions in very complicated patients, such as urological patients; the need to create a significant level of trust with such patients and develop communication skills, with respect, transparency and patience.

Aspects that make this specialty particularly rewarding at the professional level.

1. The Occupational Information Network (O\*NET) is a free, American online database that helps students, people without work, companies and professionals with hundreds of job definitions, with data from about a thousand different occupations.
2. LUGPA (Large Urology Group Practice Association) represents more than 1800 private urologists in the USA. It offers its associates information on new technologies as well as support and resources that allow them to maintain the highest level of care for patients with acute and chronic diseases of the genitourinary system.

#  PHYSICAL EXERCISE BENEFITS PATIENTS WITH PROSTATE CANCER, EVEN THOSE IN ADVANCED STAGES OF THE DISEASE.

Jin-so Kim and collaborators from Edith Cowan University , in Australia, publish (Research outputs 2014 to 2021), an important work on the suppressive effect of myokines on tumor growth, including in patients with advanced prostate cancer

This public university resides in Perth, Australia. It was created in 1991 and is named after Edith Cowan Dircksey, the first woman elected to the Parliament of Australia.

 It is alreadyknown that physical exercise offers many benefits to patients, but a study carried outby the Edith Cowan University (ECU) has shown how beneficial it can be for those affected by prostate cancer (PC), even in stages advanced disease.

In this regard, ECU had previously observed that in patients with PC, the level of proteins known as myokines or myokines increased through physical exercise. Myokines have the ability to stop tumor development.

But in the current study they observed 9 patients multi treated for PC and in advanced stages, These patients performed intensive exercise for 34 minutes. Before, after and 30 minutes after the end they determined their myokine levels . Well, their level had increased immediately after exercise, but they returned to their levels 30 minutes later.

The serum of patients taken to in vitro studies achieved a 17% elimination of the growth of PC cells. The study should continue but the potential activity of myokines, even in cases of advanced PC, is striking . Perhaps it would be the explanation that patients with advanced PC who perform physical exercise have better survival than those who do not exercise.

The authors consider that the appropriate dose to obtain these positive effects would be about 20 minutes including (provided that the doctor responsible for the patient does not think that it could be counterproductive for other health reasons). Some resistance exercises that increase muscle growth to stimulate the production of myokines.

# PROSTATE CANCER IN HETEROS, GAYS AND BISEXUALS

It is dedicated to all men, whether straight, gay or bisexual, with suspected or diagnosed prostate cancer (PC) and its treatment, to their families, friends, to the health personnel who diagnose, treat and support them and the general public interested in the subject.

At the time of diagnosis of PC, about 90% of cases are in the early, local or regional stage, curable, which partly explains that most patients will not die of this disease; but, here lies one of the fundamental issues, many of them will suffer the unwanted consequences of treatments.

It is an issue of great individual, family and social importance , for three main reasons:

* 1. Because PC affects men, regardless of their sexual condition. That is why we include here and in a specific and open way , gay and bisexual men. These, as for the PC, suffer a double taboo: on the one hand, that of the CP, so silenced in our occiety and in the media and, on the other, discrimination because of their sexual condition , that It can have an impact on the assistance N receives.

(Comes from p. 3)

* 1. Experiences with CP are different in heterosexual (HS), gay and bisexual (GB). Written or via the internet, information for everyone is scarce, but for the GB it is practically nil. In general, both health personnel and administrations usually assume that patients are HS. Everyone fills out admission papers in hospitals, in which the sexual condition is not usually requested or included . On the other hand, GBs do not usually find specific information leaflets in waiting rooms or CP consultations, so they are pushed to adapt to HS strategies.
	2. Finally, a decisive and novel aspect of the treatment has burst with strength and hope for men with PC located in the prostate and low aggressiveness. Along with the classic treatments, prostatectomy and radiotherapy (which, together with high cure rates, can cause serious secondary problems, with very frequent alteration of quality of life), a third modality arises, active surveillance, or treatment (if necessary), deferred. In which case, a truism: without treatment there are no side effects. Our goal is:  **Prostate cancer : cure with quality of life.**



**CASE. If we compare the DNA of everything that breathes and moves on our planet, all animals are very similar. But small differences translate into big changes. Apart from technology, music also separates us from other animals. But I want to add a third differential characteristic: the attitude towards sex. While humans have developed a wonderful sexual relationship, the other animals have only developed and maintained the reproductive sexual aspect. With few exceptions, males have a brief and primitive sexual relationship, females do not even know. Among humans, getting a bilateral relationship with the couple, caressing, touching, reaching orgasm together or separately makes many exclaim, after the climax, "This is paradise, now I can die, because it is impossible to be happier than I feel now." This comes to mind because prostate cancer and its treatments threaten the best of the human being, shared sexuality. Prostate cancer is one of the great enemies of maximum happiness.**

# LITTLE PROGRESS IN PENILE CANCER

Dr. Philippe E. Spiess is a urologist at the Moffit Comprehensive Cancer Center, (started in 1981, located in Tampa, Florida, USA, dedicated to patient care, research and education). Spiess reports that, in the USA, mortality from penile cancer (CPE) increases although the incidence remains stable. This shows that the treatments we have are of little effectiveness, and that the research devoted to them has been rather scarce.

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EPC is rare in developed countries, while it is more prevalent in regions of Africa, Asia and South America. In total, worldwide and according to data from the American Society of Clinical Oncology and cited by Spiess, 36,068 cases were diagnosed in 2020. From the histological point of view, the most frequent EPC is that of squamous cells. The prognosis depends on its extent at the time of diagnosis. When it is precocious it is curable by surgery.

The overall survival at 5 years of diagnosis in the USA is 65% of patients while that of patients with local disease is 80% and only 9% in metastatic patients.

 However, probably due to lack of attention toCPE, survival tends to decrease. They point to the need to identify and develop more effective treatments in patients with metastases.

TEN TIPS FOR RESPONDING TO A PROSTATE CANCER DIAGNOSIS

On the online page (zerocancer.org), of the North American foundation Zero cancer, dedicated to prostate cancer, which in 2021 merged with US Too (of which FEFOC is a member), we find (source: Donald W.-CTCA) some advice on the diagnosis of prostate cancer due to an extraordinary patient, Donald W, a veteran of the US Navy who, a month after his father died of cancer, died robotic prostatectomy for prostate cancer, at Cancer Treatment Centers of America (CTCA).

We translate the following tips from the original:

1. Take a step back to process. I approached the situation calmly and logically knowing that prostate cancer is aggressive or slow-growing.
2. Don't rush into your decision. I evaluated all of my medical options and got a second opinion from another medical expert who was not affiliated with the same practice as the doctor who provided the initial diagnosis or treatment recommendations. The second opinion assured me that I was correctly diagnosed and gave me the best treatment recommendation for me.
3. Know your options. I asked about all possible treatment options. I wanted to know if this required immediate action or if I had time to make a decision. Know that watchful waiting or active surveillance may be viable options.
4. Do your research. I researched all the treatment options and side effects of each treatment, then delved into side effects that could affect my quality of life, including erectile dysfunction and incontinence. The potential impact on my quality of life was important to me.
5. Research your care team and credentials. Once I chose my treatment option, I researched the doctor who would perform the procedure, their skill level, and their specific experience for the procedure I had. I wanted to know how many procedures I had performed and their level of success.

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1. Lean on your loved ones. I recognized early on that my cancer diagnosis also affected my closest family and friends . I knew that his support for me was very important for my healing. Don't shut down and close your loved ones when you need them most.
2. Find a mentor. I trusted other prostate cancer patients and military veterans whom I knew and learned a lot from them. They supported me and were there to help me overcome this crisis. I also volunteered with various organizations to help other men in the future deal with a prostate cancer diagnosis .
3. Don't be afraid of support groups. I started a support group and attended support groups, both in person and online. I wanted to get other people's first-hand perspectives on what they experienced. As a result, I gained a wealth of knowledge that I wouldn't have known otherwise.
4. Be an empowered patient. Managing prostate cancer is a battle and you must be committed. I found that I had to invest time and energy to make informed decisions about treatments. I learned that a cancer diagnosis is not a death sentence. Knowing this helped me manage expectations and be prepared for what the future may hold.
5. Develop a plan of attack. I researched many different hospitals and cancer centers to find the best medical equipment for me. I wanted the opportunity to be able to fight with the support of my spouse and loved ones. I learned how to develop my treatment plan, then reviewed it with my mentors as well as my spiritual, psychological , and medical care teams. Finally, I learned after finishing my treatment that it was possible to stay active, heal, maintain my strength, and live a long and productive life.



 Penile cancer

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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** [**www.fefoc.org**](http://www.fefoc.org/)

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