



# REGINA PROSTATE CANCER SUPPORT GROUP INC. NEWSLETTER

## The purpose of PCCN Regina is:

1. To increase awareness, knowledge and understanding about prostate cancer in the community we serve.
2. To arrange and conduct regular monthly meetings.
3. To provide education sessions and information to prostate cancer survivors, their families, friends, and the public.
4. To provide for sharing of experiences and concerns.
5. To provide counseling services these counseling services do not include recommendations for treatments, medicines or physicians.
6. To promote courage and hope.
7. To co-operate with other cancer agencies in the fight against cancer.

Our next meeting is on  
Thursday June 14, 2018

## Annual Meeting and Member Appreciation

### Time:

6:15pm – Registration  
6:30pm – Pizza Buffet  
7:00pm – Annual Meeting / Nominations

### Place:

Canadian Cancer Society building  
located at 1910 McIntyre St, Regina.

McIntyre St. is the next street East  
of Albert St. 1910 McIntyre is between  
Victoria Ave. and 12th Ave.

Meeting room is on the 2nd floor.

Free evening parking along  
McIntyre Street.

Visit our website!  
[www.pccnregina.ca](http://www.pccnregina.ca)

### Our Mailing Address:

PCCN REGINA - PO Box 3726  
REGINA, SK S4S 7K4

Please email us at [pccn.regina@gmail.com](mailto:pccn.regina@gmail.com) if you have any questions.

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If you would like to be removed from our newsletter and notices please use reply stating "Unsubscribe" in the subject line.



## TAKE NOTE

### May Report

Dr. Amjad had an emergency surgery to tend to and was not able to be present.

Dr. Amjad expressed his apologies and stressed he will make himself available for our 2018-2019 programming.

Plan B was put into effect and we proceeded with a lively members round table discussion which stretched right through to 9pm.

### Annual Meeting - Thursday, June 14

Program will be "Membership Appreciation" and our Annual Meeting. Plan to come out for the fellowship and to enjoy the traditional Pizza Buffet. This will also be an excellent opportunity for you to share your thoughts on future programming/speakers.

### Walk For Dad 2018 - June 17

The Regina Walk For Dad in support of Prostate Cancer will be held on Father's Day June 17 at Wascana Park with ***Registration at 9:00 am in front of the Legislative Building. Walk will start at 9:30 am.***

Please join us with your family and friends in a walk around beautiful Wascana Lake.

The best Father's Day gift any Dad can receive is spending time with their kids, grandkids and friends. Especially so with a great cause in Prostate Cancer awareness.

Pledge sheets will be available for any contributions to our Regina Prostate Cancer Support Group. We sincerely thank Carmen Hanoski for organizing the past several Prostate Walks and activities.

If additional information is required please contact Jim Odling at: **306-522-7590** or [golfer@sasktel.net](mailto:golfer@sasktel.net).

**Download Registration Form – [.DOC file](#) or [.PDF file](#)**

**Download Donation Form – [.DOC file](#) or [.PDF file](#)**

### Volunteers Required

PCCN Regina Support Group has volunteered to help maintain the Cancer Survivor Garden in front of the Allan Blair Centre at Pasqua Hospital. Several volunteers are required from PCCN Regina to work with the Regina Qu'Appelle Health Region to assist with acquiring the plants and to organize the annual planting / clean up days.

We need your help. Green thumbs not required.

Contact Jim Odling at: **306-522-7590** or [golfer@sasktel.net](mailto:golfer@sasktel.net) to volunteer or for more information.

## Are you looking for an opportunity to give back to your community?

We need YOU! Your PCa Support Group leadership team is seeking two interested members (men with prostate cancer, partners and/or family members, friends and interested persons) to consider joining us by volunteering on our Board of Directors for 2018/19. The Board is responsible to focus our energies and talents as a support group. New directors bring important ideas and fresh perspectives that sustain and advance our mission.

The Board meets regularly ( 9:30am – 11:00am ) two weeks prior to the Support Group Meeting which is the second Thursday evening ( 7:00pm – 9:00pm ) of most months.

Our members and leaders freely share their own stories but do not give medical advice. In any and all future conversations, with an engaged membership and leadership we can reasonably expect to be treated with dignity and respect.

Please contact our Co-chairs, Bob Terichow (306) 581-9158 or Lawrence Ward (306) 543-8215 for more information about nomination as a director at our upcoming Membership Appreciation and Annual Meeting in June.

[The Regina Prostate Cancer Support Group](#) is a regional, community-based organization of volunteers whose mission is to increase awareness of prostate cancer, provide access to information, and promote courage and hope for people living with prostate cancer.



## GOOD TO KNOW

### Lumeng Cui Completes MSc Thesis; Research Forms Strong Collaborations

From the Saskatchewan Cancer Agency's internal newsletter. The research referred to is one of the research programs we support at both the UofS and UofR.

Congratulations to Lumeng Cui on the completion of his MSc thesis entitled, "Magnetic Resonance Elastography (MRE) for Applications in Radiation Therapy", through the University of Saskatchewan Department of Biomedical Engineering.

Lumeng's research, which examined the potential use of MRE in radiation treatment planning, was well received and was published in two international conference proceedings in the area of magnetic resonance imaging. At present, he has been awarded the prestigious College of Engineering Graduate Research Fellowship and has been accepted as a PhD student to continue his research. Lumeng's MSc training was partially funded by a research grant from the Prostate Cancer Canada Network.

MRI in radiation oncology is a hot topic of research, since it seeks to combine the excellent soft tissue contrast and functional information native to MRI with targeted radiation treatment.



Lumeng Cui presented his research to the **Prostate Cancer Canada Network in Regina at the Saskatchewan Cancer Agency** and University of Saskatchewan, a group of scientists and clinical researchers are seeking to break new ground in the areas of MRE and synthetic CT generation from MRI data.

The research accomplished through Lumeng's MSc work has formed strong collaborations between clinical researchers at the Saskatchewan Cancer Agency (Dr. Niranjan Venugopal and Dr. Duc Le), Royal University Hospital (Dr. Paul Babyn and Dr. Farid Rashidi), University of Saskatchewan (Dr. Francis Bui and Dr. Emily McWalter), and Siemens Healthcare Canada (Dr. Gerald Moran).

As result of this collaborative effort, Dr. Venugopal and Dr. McWalter were awarded a MITACS Accelerate Grant for \$115,000 for a new research endeavor entitled, "Robust Magnetic Resonance Imaging of Short T2 Tissues". By accurately imaging short T2 tissues like bone, the group hopes to accurately map both hard and soft tissue which can then be used for targeted radiation treatment planning.

***Gavin Cranmer-Sargison, Co-Director of Medical Physics, and Dr. Niranjan Venugopal, Medical Physicist***

## GOOD TO KNOW

There was an article in the Leader Post following the Saskatchewan Medical Association meetings which mentioned DR Garcia and implants. Dr. Garcia was at our 2017 PCCN Seminar at which time Stan provided comments as well. (<http://www.cbc.ca/news/canada/saskatchewan/penile-implants-funding-sask-2018-1.4655376>)



When Stan Hanoski, 63, considered getting a penile implant he had many questions: what if it doesn't work? What if there are complications? But after trying everything else, the cancer survivor felt he had nothing to lose. (Trent Pepler/CBC)

Surgery was the only option. Six weeks later he went underwent a non-nerve sparing laparoscopic radical prostatectomy, which saw his prostate and some of the surrounding tissue removed.



## GOOD TO KNOW

### The Active Surveillance Option: Is It Right for You?

Active surveillance offers men who have a prostate cancer that is unlikely to cause harm without treatment the option of careful monitoring with the intention to treat for cure should the disease change over time. This management approach is most often recommended for men who have very-low- to low-risk prostate cancers (favorable risk) that are believed to be small volume, especially older men with a life expectancy of at least 10 years whose cancers are unlikely to become life-threatening during the remaining years of their life. Younger men with underlying medical ailments that will limit their life expectancy or who have avoidance of the side effects of treatment as a top priority are also reasonable candidates for active surveillance.

Prostate cancer experts emphasize the importance of having adequate biopsy sampling before choosing active surveillance. If a man diagnosed with a cancer that appears suitable for surveillance had an initial biopsy that removed fewer than 12 cores of tissue, a repeat 12- to 14-core biopsy should be performed to confirm that more extensive or higher-grade disease is not present before beginning active surveillance. In addition, many urologists now recommend a prostate MRI and targeted biopsies of any lesions that are suspicious on MRI, prior to embarking on active surveillance. This is especially important for men who do not meet the strict criteria of very-low-risk prostate cancer.

Men who choose active surveillance must see their doctor regularly and undergo testing to determine whether the cancer has progressed. How often a man who chooses active surveillance must see his doctor and what tests he needs vary depending on the physician and medical center. A typical follow-up plan requires a man to have a DRE at least annually, a PSA test every three to six months, and a prostate biopsy every one to four years



## GOOD TO KNOW

### Who's at Higher Risk for Prostate Cancer?

As a man ages, his risk of developing prostate cancer increases dramatically. This age-related increase is greater for prostate cancer than for any other type of cancer. The average age at diagnosis is between 65 and 70 years. Besides increasing age, several factors boost the risk of prostate cancer:

**Family history.** Having a brother or father with prostate cancer more than doubles your risk (brother more so than father). Your risk is even higher if several of your relatives have had the cancer, especially if they were young when it was found.

**Race.** Black men are 60 percent more likely to develop it than white men, and more than twice as likely to die from it.



Genes. Men who inherit certain genetic mutations (notably of the BRCA gene, best known for increasing the risk of breast and ovarian cancer) have elevated rates of prostate cancer. Researchers have also found that men who inherit a rare mutation on a gene known as HOXB13 are up to 20 times more likely than noncarriers to develop prostate cancer. However, the mutation is responsible for only 2 to 5 percent of prostate cancer cases.

It's important to note that although genes can influence a man's risk of developing prostate cancer, other factors also are at work. The likelihood that identical twins (who share all genetic information) will both develop prostate cancer is 27 percent. This suggests that lifestyle choices can modify the effects of the genetic cards that a person is dealt at birth.

### Impact on Screening Advice

Earlier this month, the United States Preventive Services Task Force (USPSTF) issued its finalized prostate-specific antigen (PSA) screening recommendation. It states that men 55 to 69 should decide with their doctors whether to be tested, after a thorough discussion of the potential benefits and harms of PSA testing. The USPSTF does not single out any of these higher-risk groups for earlier screening, saying that more research is needed. The group discourages men 70 and older from undergoing prostate cancer screening. The American Cancer Society recommends that men at high risk—including African-Americans and those whose father or brother had prostate cancer—start discussions at age 45. Men at even higher risk—with more than one first-degree relative who had prostate cancer at an early age—should consider a PSA test at age 40. The American Urological Association (AUA) recommends that men with an increased risk of prostate cancer discuss early detection with their physicians. The AUA guideline also says that some men who are 70 and older and in excellent health may benefit from the test and should talk to their doctors about its benefits.



### A CHUCKLE FOR TODAY



Yesterday I had an appointment to see the urologist for a prostate exam. Of course I was a bit on edge because all my friends have either gone under the knife or had those pellets implanted.

The waiting room was filled with patients.

As I approached the receptionist's desk, I noticed that she was a large unfriendly woman who looked like a Sumo wrestler. I gave her my name, and in a very loud voice, she said, "YES, I HAVE YOUR NAME HERE. YOU WANT TO SEE THE DOCTOR ABOUT IMPOTENCE, RIGHT? All the patients in the waiting room snapped their heads

around to look at me, a now very embarrassed man. But as usual, I recovered quickly, and in an equally loud voice replied, "NO, I'VE COME TO INQUIRE ABOUT A SEX CHANGE OPERATION, BUT I DON'T WANT THE SAME DOCTOR THAT DID YOURS."



# PCCN REGINA PROSTATE CANCER SUPPORT GROUP INC.

PCCN REGINA PROSTATE CANCER SUPPORT GROUP TAX DEDUCTIBLE DONATION

PCCN Regina is a volunteer support group for men diagnosed with prostate cancer and their families. We are a registered charity that relies on the generosity of its members, supporters and friends to fund its programs. Charitable deduction receipts for income tax purposes are issued for amounts of \$10.00.

You can donate by sending a cheque to:

**PCCN – Regina: PO Box 37264**

**Regina, SK S4S 7K4**

Donor's Name: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

If this gift is in memory/honor of someone, please provide mailing address information if you wish us to provide a notification.

This gift is in memory/honor of: \_\_\_\_\_

Send Notification to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

## **BOARD STRUCTURE 2017/2018**

[pccn.regina@gmail.com](mailto:pccn.regina@gmail.com)

**Co-Chair** - Bob Terichow  
Phone: (306) 581-9158

**Co-Chair** - Lawrence Ward  
Phone: (306) 543-8215

**Treasurer** - Larry Smart  
Phone: (306) 757-4959

**Secretary** - Dwaine Snowfield  
Phone: (306) 586-1403

### **Monthly Program**

Jim Odling  
Phone: (306) 522-7590

James Froh  
Phone: (306) 450-0909

### **Peer Sharing**

Lawrence Ward or any member of our Board  
Phone: (306) 543-8215

### **Out Reach Program**

Jim Odling  
Phone: (306) 522-7590

Dwaine Snowfield  
Phone: (306) 586-1403

Steve Pillipow  
Phone: (306) 586-9345

Grant Rathwell  
Phone: (306) 766-2372

Stan Hanoski  
Phone: (306) 529-1322

James Froh  
Phone: (306) 450-0909

Dennis Auger  
[dauger@sasktel.net](mailto:dauger@sasktel.net)

## 2017-2018 MONTHLY PROGRAM DATES

Support Group meeting dates are the second Thursday of each month. Monthly Programs are being developed and will be announced in future newsletters.

### **2017**

**September 16 - Prostate Cancer Seminar**  
**October 12 - Heather Rodrigues**  
**November 9 - Clear Health Inn**  
**December 14 - Best Buds Society**

### **2018**

**January 11 - Compassionate Care**  
**February 8 - Saskatchewan Cancer Agency**  
**March 8 - Members Round Table Discussion**  
**April 12 - Options Sexually After PCa**  
**May 10 - Member Round Table Discussion**  
**June 14 - Annual Meeting and Member Appreciation**  
**July - August - No Meetings**

### **Pending for 2018-2019**

- UofR RN Professor on PCa Patient Care
  - Advance Care Planning Workshop
  - Update on UofR PCa Research Program we are partially funding
    - Prostate Assessment Centre
    - Pathologist from Cancer Clinic
      - Dr Asim Amjad
- Allen Blair Cancer Clinic