



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 April 12, 2018

Program:

Stan Hanoski, Board Member
on "Options Sexually After Prostate Cancer"

Time:

Registration is at 6:45pm.
The meeting will start at 7:00 p.m.
and will end at 9:00 p.m.

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

Our Mailing Address:

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

Please email us at pccn.regina@gmail.com if you have any questions.

To ensure you are receiving all of our newsletters and notices ensure pccn.regina@gmail.com is in your contact list.
If you would like to be removed from our newsletter and notices please use reply stating "Unsubscribe" in the subject line.



Reminder of programs available to support groups across the country

There are a number of resources available to support you and your loved ones.

Many of Prostate Cancer Canada's programs' are made available by strategic partnerships and collaborations we have with many of our health community partners.

We always welcome any feedback you may have on our programs and services. Please do not hesitate to get in touch if you have any questions.

Prostate Cancer Information Service (provided in partnership with Canadian Cancer Society)

A toll-free helpline with information specialists on the line who will provide support and answer your prostate cancer questions through phone or email.

Expert Angle On-Demand Webinars

The new Expert Angle Webinar Series has been reformatted to provide our viewers with short, educational, on-demand webinars highlighting key information on the many varied and complex questions that come with a prostate cancer diagnosis.

TrueNTH Canada (awarded by PCC and proudly funded by the Movember Foundation)

TrueNTH Canada has developed - and is testing - innovative projects in locations across the country. These projects all have the potential to make compelling, positive changes in the prostate cancer experience for both men and their loved ones. The following are completed pilot projects with tools and resources that are available to you now:

- **Treatment and Decision Support Aid**

An online support tool for patients recently diagnosed with prostate cancer to help choose a treatment that's right for them.

- **Lifestyle Management**

Provides men with prostate cancer the ability to enhance health and wellness through access to local and online physical activity, healthy eating and mindfulness programs and resources.

- **Advance Care Planning**

A toolkit developed for men with prostate cancer, their partners and families that describe advance care planning and invites them to engage in a conversation to explore their wishes.

- **Androgen Deprivation Therapy (ADT) Educational Workshop**

A workshop offered in-person or online designed to help prostate cancer patients - and their loved ones - manage the side effects of the hormonal treatment known as ADT. The online webinar is offered twice a month. Upcoming sessions are taking place Tuesday, April 10th and Thursday, April 26th at 6pm ET.

Please Note: Prostate Cancer Canada does not approve, endorse or recommend any specific product or service but provides information to assist individuals in making their own decisions. Prostate Cancer Canada assumes no responsibility for any personal or contact information provided to the service provider when you register for programs under TrueNTH Canada.



GOOD TO KNOW

Localized Prostate Cancer Treatments: Comparing the Side Effects

Several treatment options are available for localized prostate cancer. A 2017 study in JAMA finds there are distinct patterns of adverse effects associated with each.

Researchers conducted telephone interviews with 1,141 men (median age, 66) who had localized prostate cancer and had undergone treatment (prostatectomy, radiation, or brachytherapy) or chosen active surveillance. Using a scale of 0 (none) to 100 (worst possible), the interviewers asked the men to rate their experience with common side effects of treatment. Men were re-interviewed several times over a two-year period.

About one-quarter of the men initially chose active surveillance. Using those men as a comparison group (since they started out having no treatment side effects), the study found that men who had a radical prostatectomy were more likely to report sexual dysfunction and urinary incontinence. Those who opted for radiation and brachytherapy had the highest scores for urinary obstruction and irritation. Radiation was more likely than the other treatments to cause bowel symptoms. For many men, these adverse effects diminished after two years.

If you are evaluating your prostate cancer treatment options, consider using this information to decide which adverse effects will have the greatest—or least—impact on your quality of life.



GOOD TO KNOW

Does Proton Beam Therapy for Prostate Cancer Live Up to Its Promise?

Men diagnosed with prostate cancer are faced with an array of prostate treatment options. Proton beam therapy—a form of external beam radiation therapy—is the latest choice now available in the United States. But it's a controversial option as well, with some critics suggesting that its popularity may be driven by advertising rather than by sound scientific evidence of benefit over other therapies.

Indeed, advertisements aimed directly at men with prostate cancer often promote proton beam therapy as a cutting-edge alternative treatment. While proton beams may sound like something out of science fiction, in reality, this therapy has been a part of cancer care for more than a half century, used to treat cancers of the brain, head and neck, spine, and eye.

Early on, much of that care was provided in research settings. But with the opening of the first hospital-based proton therapy center in 1990—and promising early results in men with prostate cancer—interest in proton beam therapy has taken off.

As of mid-2016, 20 medical centers in the United States were offering proton beam therapy, and 16 more facilities are under construction or in planning. In spite of the building boom, however, it may surprise you to learn that doctors are not yet sure whether proton beam therapy will live up to its promise—particularly when it comes to adverse effects.

Protons vs. Photons

Proton beam therapy is a variation on conventional radiation therapy for prostate cancer. Conventional radiation therapy uses X-rays (also called photons) to destroy tumors. Proton beam therapy, as its name indicates, uses protons to irradiate, or kill, cancer cells. However, protons (positively charged atoms) have certain unique qualities that set them apart from X-rays. And those features allow doctors to target proton beams with greater precision.

Think of the difference between X-rays and protons this way: Imagine that an X-ray is a bullet that enters the body, strikes a tumor, and then exits the body through the other side. Throughout this process, the X-ray releases energy, damaging healthy and malignant tissue alike.

By contrast, doctors can calculate how deep in the body they want a proton beam to fire. That means a proton beam doesn't exit the body, so it delivers most of its energy in the tumor.

In theory, this pinpoint-targeting ability should make proton beam therapy less likely than conventional radiation treatments to damage healthy tissue in the vicinity of a tumor—damage that can result in side effects such as ED, incontinence, and serious gastrointestinal problems such as bleeding and ulcers.

But few prostate cancer patients receive conventional radiation treatments these days. Over the last decade or so, a more refined version of conventional radiation known as intensity-modulated radiation therapy (IMRT) has become by far the most common method for using X-rays to eradicate prostate tumors. IMRT uses computers to produce three-dimensional images of tumors. Doctors then use these images to irradiate a tumor from many different angles.

Like proton beam therapy, IMRT was designed to limit damage to healthy neighboring tissues. But is one method better than the other at accomplishing this?

How they Stack Up

Studies have shown that when it comes to eliminating tumors and treating prostate cancer, proton beam therapy works about as well as IMRT. However, relatively little research has been conducted comparing the safety profiles of proton beam therapy and IMRT. One recent study, reported in the Journal of the American Medical Association (JAMA), is helping to provide much-needed clarity.

For the study, investigators analyzed Medicare claims data from nearly 13,000 men treated with radiation for nonmetastatic prostate cancer (that is, cancer that had not spread beyond the prostate) between 2000 and 2009. The men had been treated with conventional radiation, IMRT, or proton beam therapy.

The investigators reported that IMRT was associated with fewer adverse gastrointestinal effects and fewer hip fractures than conventional radiation, but more ED. Overall, there was no significant difference between proton beam therapy and IMRT—with one major exception. Men treated with IMRT were 34 percent less likely than those who had proton beam therapy to develop gastrointestinal problems after their treatments.

This seems to confirm results from an earlier study showing that men undergoing proton therapy had significantly higher rates of gastrointestinal bleeding and ulceration than those receiving other types of radiation.

Why Pay More?

Proton beam therapy is significantly more expensive to perform than IMRT (though both are costly procedures). One study found that treating a prostate cancer patient in his 60s or 70s with proton beam therapy costs about \$64,000, on average, compared with \$39,000 for IMRT. (Medicare and health insurance plans usually cover either treatment, but some insurance companies no longer offer coverage for proton therapy.)

But the JAMA findings raise an important question: All else being equal, if proton beam therapy is more likely than IMRT to produce adverse gastrointestinal effects, why pay the additional cost? Patients aren't the only ones with a vested interest. Insurers (including Medicare) and hospital administrators have a stake as well.

Setting up a proton beam clinic requires a major investment of space and money. The massive machines that produce protons, known as cyclotrons, cost millions of dollars to build. While proton beam therapy has a role in treating many different forms of cancer, many hospitals that devote resources to these clinics assume that a good number of their patients will be men with prostate cancer. If that assumption is wrong, will they be able to recoup their costs? And if proton beam therapy offers no advantage over a less expensive prostate cancer therapy, why should insurers pay for it?

The only way to demonstrate which treatment is truly associated with a lower risk of side effects is to conduct a large head-to-head clinical trial. Fortunately, such a trial is underway.

Researchers are in the midst of a study that will eventually include more than 400 men with prostate cancer who will receive proton beam therapy or IMRT. The research team will follow the men for several years and track whether they develop side effects, including bowel problems, urinary difficulties, or ED.

By the end of this important trial, which is expected to end in 2018, with data presented soon afterward, doctors should have a better idea about whether proton beam therapy and IMRT live up to the promise of protecting healthy tissue and preventing side effects. For now, however, there is no evidence to support claims that proton beam therapy provides improved cancer-free or quality-of-life outcomes when compared with less expensive alternatives like IMRT and surgery.

What to do in the meantime? "When patients ask about proton beam therapy, I tell them there is no good evidence that protons are any better than photons in curing prostate cancer," says Phuoc T. Tran, M.D., Ph.D., clinical director of radiation oncology and molecular radiation sciences at the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center.

"I always tell patients that if you live near a proton center and your insurance covers the cost of treatment, sure, go for it," Trans says. "On the other hand, I would never recommend that a patient relocate to go to a proton center for prostate cancer treatment. It's simply not worth the effort or expense."



GOOD TO KNOW

Genes and Prostate Cancer: Terms You Should Know

Our genes guide production of proteins that regulate every aspect of our physiology. Genes are made up of deoxyribonucleic acid, or DNA. The critical information found in DNA is contained in chemical "bases" known as adenine, guanine, cytosine and thymine (which are usually represented by their first initials, A, G, C and T). Genes form tightly wrapped pairs of threads called chromosomes. Every cell in your body contains two copies of each gene, one inherited from your father, the other from your mother.

Humans have approximately 23,000 genes arranged on their chromosomes. Differences in the sequences of DNA bases found in a relatively small number of genes give each of us our personal traits and characteristics, such as the color of our skin, hair and eyes. Genes can also develop changes in the sequence of DNA. These changes are known as mutations, many of which are harmless or even beneficial.

Other mutations are harmful; for example, many forms of cancer are caused by mutations that make cells grow out of control and form tumors. And still other mutations appear to make a person more susceptible to certain diseases, such as prostate cancer. A gene mutation may be inherited from a parent (as in hereditary prostate cancer) or acquired at some point during a lifetime (as in sporadic prostate cancer, responsible for most cases of the disease).

What's in a Name? When it comes to prostate cancer, doctors often use the following terms to describe the origins of prostate cancer.

- **Sporadic prostate cancer** is the term for disease that occurs "out of the blue," that is, it strikes men who have no family history of prostate cancer. You might think of sporadic prostate cancer as a "nonhereditary" form of the disease.
- **Hereditary prostate cancer** is a form of prostate cancer that is linked to certain changes in genes that have been passed from parent to child. These changes, or mutations, can trigger the growth of malignant tumors. A mutation in the HOXB13 gene significantly increases the risk for hereditary prostate cancer.

Familial prostate cancer is the term doctors use when prostate cancer strikes several times within one family -- more often than one would expect to occur strictly by chance. Familial prostate cancer also tends to be diagnosed in younger males. This form of prostate cancer may be linked to gene mutations that increase the odds of developing the disease. However, shared environmental factors (such as diet) can't be ruled out as a cause of familial cancers. A man whose father or brother has or had prostate cancer has a twofold increased chance of developing prostate cancer.



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

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

Sieg Hodel
Phone: (306) 569-1957

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

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 - TBA
June 14 - AGM
July – August - No Meetings

Pending for 2018

- 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