



# 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 December 14, 2017

### **Speaker:**

Stu Martin of Best Buds Society  
Medical Marijuana

### **Time:**

**Please note: Registration is required.**

Registration is at 6:45 p.m.

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](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.

To ensure you are receiving all of our newsletters and notices ensure [pccn.regina@gmail.com](mailto:pccn.regina@gmail.com) is in your contact list.

## About Best Buds Society



We are a society of medical cannabis patients, growers, processors and industry leaders that work together to bring patients and other Canadians the best possible medical cannabis products available on the market today. We provide world class medical cannabis products and solutions.

Our focus is to provide patients and people in need of medical cannabis the proper support and products they need. Our growers, suppliers, and colleagues all adhere to the highest quality assurance standards and ethical growing practices.

We support the continued legalization of cannabis products in Canada and around the world and strive to be industry leaders. View Best Bud's Society website at [www.bestbudssociety.ca](http://www.bestbudssociety.ca).

"Not only is medical cannabis used to manage side effects of cancer, it can help ease pain for many other diseases, disorders, and conditions. It helps Glaucoma, multiple sclerosis, HIV/AIDS, muscle spasms, seizures, just to name a few. My significant others' Dad is on the list to get a knee replacement, and uses medical cannabis as pain relief. He believes it is the healthiest and most effective way to ease his pain. He has his medical card, and buys his medicine at the BBS in Saskatoon. He feels very comfortable there, and recommends it to anyone who needs to relieve pain." – A Regina Prostate Cancer Supporter



### TAKE NOTE

## "Clear Health Inn" November Presentation Review

by Lawrence Ward

Thirty five individuals took in this off site presentation. For the benefit of those who did not attend the following, here is a brief review.

Dr. Ali Cadili, our evening presenter explained how the Cancer Care program at Clear Health Inn was created it started from understanding the three most important issues to cancer patients.

1. The nature of cancer as a disease and the specific ways through which it not only spreads but also burdens and harms the body.
2. The exact way through which traditional medical treatments for cancer (surgery, chemotherapy, radiation, etc.) work, what they are good at doing, what they are limited in doing, and the exact types of damage they can inflict on the body as a side effect.
3. The gap between your sought-after ideal state of well-being and health on one hand and the reality of the burden produced by both the cancer and its treatments on the other hand.

To start a program your complete medical history is assessed, you will be scheduled for a one on one consultation with a qualified medical doctor for an individualized session. During this consultation, your complete medical history including all recent lab tests, pathology and imaging reports, and/or operative reports will be carefully reviewed. The options will be discussed and an individualized program will be crafted depending on your current state of health, disease status, treatments received to date, and outlook. All assessments are free of charge.

Each program is determined by an individual assessment. The program that you choose will have your progress monitored on an ongoing basis with formal comprehensive reviews midway through and at the end of your set program.

Dr. Cadili also explained the programs focuses on treatments that will enhance your body's immune system and underlying overall health to help you better fight the disease. This is supplemented with a nutritional program, herbal supplements, and aids for better psychological comfort.

## World Cancer Day 2018

**\*New date** - Saturday February 3th, 2018 at Co-operators Centre / EVRAZ Place 1:00pm – 5:00pm

More to follow later when the details are known.

## UBC Research on Prostate Cancer and Healthcare

We're now running another study until December 29th that aims to find out how men with prostate cancer manage their health and healthcare. The study will help us develop better programs, policy, and research on prostate cancer.

And as before we're running a \$500 draw which can be found at the end of the study.

If you'd be willing to help us out you can do so here: <https://survey.ubc.ca/s/prostate-cancer-hlq>

Thanks in advance and enjoy the holiday season!

Andrew Munroe

## 5th Annual Urology Symposium

Steve, Lawrence and Bob attended. The key note speaker was Dr. R. Wassersrug from Vancouver. He shared his PCa journey and his experience with androgen deprivation thereby. Steve, Lawrence and Bob met a number of other PCa survivors, health care providers and their supporters. They returned with a number of new contacts and ideas for our support group.

## PCa Community Involvement

On September 20, Lawrence and Steve spoke to a group of men and women, at the Peepeekisis Health Centre.

They spoke about prostate cancer and men's health. The presentation touched on their own personal journey and asking the health providers in the community to discuss PSA testing with emphasis placed on early detection.

They appreciated being invited to part-take in a luncheon presentation which also included a prostate cancer survivor from the community, Dwayne - or Skippy - as he was known, helped tremendously with bringing the topic to the forefront and reducing a lot of fears for any male concerned about a prostate cancer diagnosis.

Our hope for our message was to help those in attendance that early detection is extremely important, and to hear from other men about their experiences.



### TAKE NOTE

## The Promise of Focal Therapy for Prostate Cancer

This Health Alert on the future of focal therapy for prostate cancer comes from an article by Dr. Alan W. Partin in a recent issue of the Prostate Disorders Bulletin.

Prostate cancer is relatively slow growing and can take as long as four years to double in size. While many prostate cancers are so small that they pose little risk to the life or health of the patient, we still are not able to reliably predict at what rate a given cancer will grow.

This is the major conundrum in prostate cancer treatment today, and it has led to the overtreatment of prostate cancer in the United States. That being the case, most doctors recommend aggressive treatment of the entire prostate with either surgery or radiation therapy whenever a man is diagnosed with prostate cancer.

Focal cancer. Based on years of research, we now know that some men actually have a small cancer on only one portion of the prostate. This is called "focal cancer." The thinking among researchers today is that this cancer may not require that the whole prostate gland be treated with surgery or radiation therapy. As in the breast cancer field, where lumpectomies are now performed more often than radical mastectomies, and in the kidney field, where renal cell cancer is often treated with partial instead of total kidney removal, many cancer researchers believe that one day focal therapy will become a primary treatment option in prostate cancer as well.

With the move within the prostate cancer treatment community to develop and offer minimally invasive treatments for these low-risk prostate cancers, the use of focal therapy is currently an area of intense interest at many leading prostate cancer centers in the United States.

While standard therapy for prostate cancer involves removal of the entire prostate, focal therapy uses advanced, targeted diagnostics to better determine the location of the prostate cancer, and then employs treatments such as cryotherapy that destroy only the small portion of the prostate that is deemed to be cancerous.

Dr. Ashley Ross will soon initiate a clinical trial at Johns Hopkins using focal cryotherapy to treat only the half of a man's prostate that harbors the most lethal prostate cancer. This will be an important first step in validating the focal therapy approach to prostate cancer treatment.

## **Urinary Incontinence: Embarrassing and Life-Limiting**

Many men focus on erectile dysfunction as the major complication of radical prostatectomy for prostate cancer. They're wrong. Recovery of urinary control is far more important, and if that happens slowly, or never happens at all, urinary incontinence will cast a far greater shadow on their lives than impotence would. Hence, many men are surprised and embarrassed by the urinary incontinence they typically encounter following prostate surgery.

Although the urinary incontinence itself isn't life threatening, the stigma attached to wet clothing and offensive odor can have profound consequences that may lead to humiliation and social withdrawal.

How common is incontinence following a radical prostatectomy? At medical centers of excellence, incidence of serious urinary incontinence appears to be low, in the 3 percent range. However, if you look at overall national patient survey data, the urinary incontinence numbers are dramatically higher, in the range of 50 to 60 percent.

The reason urinary incontinence develops is because the healthy tissue responsible for urinary control is at high risk during a prostate procedure due to its nearness to the prostate itself. Surgically removing the prostate entails separating the part of the urethra that passes through the prostate at the point where it joins the remaining sphincter located just downstream. It also may mean removal of part of the sphincter muscles when the tumor is extensive and possible damage to the nerves that control sphincter action if the operation is difficult to perform because of prostatic size or variations in anatomy.

Experienced surgeons are certainly aware of these technical aspects of the surgery and generally keep this in mind when counseling patients about the relative safety of radical prostatectomy as opposed to other forms of treatment for the disease.

The good news. Most urinary incontinence, fortunately, is temporary. As the pelvic floor that supports the bladder heals and the external sphincter muscle that controls urine flow becomes more efficient, continence typically returns within a few weeks or months after catheter removal. The time frame varies, depending on the extent of the surgery, your age, and the surgeon's experience in rebuilding the urinary tract and preserving the urinary sphincter.

## **What We Can Learn from PSA Density and PSA Velocity**

The diagnosis of prostate cancer typically begins with an abnormal prostate-specific antigen (PSA) test or perhaps a worrisome finding on a digital rectal exam. To improve the accuracy of the PSA test, many doctors also look at PSA density and PSA velocity. Here's a brief description at these two important tests.

PSA density takes the size of a man's prostate into account when evaluating his PSA level. It is calculated by dividing the PSA value by the size of the prostate (as determined by transrectal ultrasound). This measurement helps doctors distinguish between benign prostatic enlargement and prostate cancer.

The higher the PSA density, the greater the chance of cancer, because the elevated PSA level is less likely to be the result of benign prostate enlargement. Several studies have found that a PSA density greater than 0.15 indicates a higher risk of cancer. PSA density appears most useful in diagnosing prostate cancer in men with PSA levels between 4 ng/mL and 10 ng/mL.

PSA velocity takes into account annual changes in PSA values, which rise more rapidly in men with prostate cancer than in men without the disease. A study from Johns Hopkins and the National Institute on Aging found that an increase in PSA level of more than 0.75 ng/mL per year was an early predictor of prostate cancer in men with PSA levels between 4 ng/mL and 10 ng/mL.

PSA velocity is especially helpful in detecting early cancer in men with mildly elevated PSA levels and a normal digital rectal exam. It is most useful in predicting the presence of cancer when changes in PSA are evaluated over at least one to two years. In a study reported in the New England Journal of Medicine, a rapid rise in PSA level (more than 2 ng/mL) in the year before prostate cancer diagnosis and surgical treatment predicted a higher likelihood that a man would die of his cancer over the next seven years.

Moreover, a Johns Hopkins study published in the Journal of the National Cancer Institute found that a man's PSA velocity 10 to 15 years before he was diagnosed with prostate cancer predicted his survival from the disease 25 years later. In the study, 92 percent of men with an earlier PSA velocity of 0.35 ng/mL or less per year had survived, compared with 54 percent of men whose PSA velocity was greater than 0.35 ng/mL.

**AS 2017 COMES TO A CLOSE PCCN-REGINA WISHES  
EVERYONE A MERRY CHRISTMAS AND  
ALL THE BEST IN 2018!**





# 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) 584-9293 / (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** - TBD

### **Peer Sharing**

Lawrence Ward or any member of our Board

Phone: (306) 543-8215

### **Out Reach Program**

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Dennis Auger

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## 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 - Prostate Biopsies**

**February 8 - TBA**

**March 8 - TBA**

**April 11 - TBA**

**May 10 - TBA**

**June 14 - AGM**

**July - August - No Meetings**

### **Pending for 2017-2018**

- 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
  - Saskatchewan Cancer Agency