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 February 8, 2018

Program:
Members Round Table Discussion

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.

January 12th Meeting Presentation Summary

Amber Wolfe is a Deathcare practitioner with interest in the cultural perspectives and attitudes surrounding death around the world. During her presentation, she explained community deathcare, the roles of a death doula, and the services offered. She shared her personal experience which has led her to where she is today. Amber is currently studying Thanatology, as she continues her passion to learn and grow in Deathcare.

Community deathcare is a social movement seeking to inspire and support Canadians to engage holistically with dying and deathcare. Our vision is to re-acknowledge death as an honored part of life. We appreciate that families and their loved ones have the inherent wisdom and the rights, both moral and legal, to care for their own dying and dead with any guidance and support they may choose. We support meaningful and diverse alliances among individuals, families, practitioners, and communities to foster engagement in dying, death and bereavement.

Doulas are re-entering the deathcare community and have been growing in numbers across the nation. The origin of the word Doula is defined as “female servant”. The role of a Death Doula is to serve families as they accompany a loved one through the dying experience. Death doulas strive to compliment the existing medical system and related disciplines; we remain respectfully aware of the provincial laws and regulations and stay up-to-date with current legislation and resources. Doulas strive to provide an unbiased, neutral environment and the opportunity for informed choices in the decision-making process. Some of the services doulas offer include: End of life advanced planning, funeral alternations, disposition options, and legacy planning.

For more information visit the Community Deathcare Canada website: https://www.communitydeathcare.ca

REMINDER: World Cancer Day 2018

Saturday, February 3 2018
1:00-5:00 pm at the **Co-operators Centre (DQ Arena)**

1:00pm: Registration Opens

1:00 - 2:45pm: Free Skate and Hockey-Puck Shootout

2:45 - 3:00pm: On-Ice Speech and Event Sponsor Recognition

3:00 - 5:00pm: 'Stick it to Cancer' Shinny Tournament

5:00pm: Event Closing Remarks

In addition to the agenda and our trade-show style table set-up we will also have Rawlco Radio 'Woody' as event emcee, a hair-cut for cancer, progressive 50-50 draw, silent auction and World Cancer Day merchandise for sale.

Event Registration: https://www.eventbrite.ca/e/3rd-annual-world-cancer-day-regina-tickets-36896478360

Please view the 'Stick it to Cancer' Shinny Tournament Rules and Waiver Package.
(Note: the image on the Eventbrite registration page shows Feb. 4 as that is the global date; however to accommodate the Superbowl WCD Regina is taking place on Feb.3.)

Visit World Cancer Day Regina's Facebook: https://www.facebook.com/worldcancerdayregina

TAKE NOTE

From Prostate Cancer Canada:
New Study for Cancer Survivors

We want to let you know about a new study for cancer survivors funded by the Canadian Cancer Society.

The study is being done by researchers working at the Princess Margaret Centre in Toronto however the entire study can be done from the comfort of your own home.

Help researchers test a novel treatment to help cancer survivors better manage their mood.

All the details are attached and please feel free to share with your groups or other cancer survivors.

canDIRECT

New study for cancer survivors

Help us test a novel treatment to help cancer survivors better manage their mood

Local researchers:
(Princess Margaret Cancer Centre)
Jennifer Jones, PhD
Madeline Li, MD PhD

Study funded by:

Canadian Cancer Society

Version: March 6, 2017

It is common for people who have had cancer treatment to feel down, worried or stressed.

How might this help me?

As a study participant, you would receive:

- A booklet about life after cancer treatments
- A workbook to help you set realistic goals towards feeling better
- A workbook to help you manage worry
- A notebook and smart phone app to monitor your mood
- A video featuring individuals discussing how low mood has affected them and how they overcame it
- Relaxation CDs
- Additional resources about healthy eating, complementary therapies and available community resources
- A helpful booklet for family and friends

Can I join the study?

If you are 18 or older and have completed treatments (surgery, radiation, and/or chemotherapy) for a non-metastatic cancer, you may be eligible.

What is involved?

If you are interested, you will be invited to complete a 15 minute screening interview over the phone to determine if you are eligible.
If you are eligible and decide to sign up, you will be asked to complete 3 questionnaires: one at sign-up, then 3 and 6 months later. Each takes about 30 minutes to complete, either on paper or online. Questions ask about your health and mood. You can complete them from your home and you will not be required to come to the study centre at any time.

To learn more...

For additional information about the study, or to sign up, contact:

Camilla Diniz
416-634-7336
Camilla.Diniz@uhnresearch.ca

Help us spread the word!

Tell someone you know who might be interested, or share this link through Facebook or Twitter:
www.mcgill.ca/candirect

From Prostate Cancer Canada:

TrueNTH Lifestyle Management Program

Many of you have heard of the TrueNTH Lifestyle Management program that is available on-line throughout the country.

The team at the University of Calgary who leads the program have asked us to share their poster and information about the program which focuses on physical activity, stress-reduction, and nutrition for men who are living with prostate cancer.

This program is supported by Prostate Cancer Canada and funded by the Movember Foundation.

UNIVERSITY OF CALGARY
FACULTY OF KINESIOLOGY

TrueNTH Lifestyle Management

Hello,

TrueNTH (pronounced True North) Lifestyle Management (LM) aims to improve the survivorship experience for men living with prostate cancer through physical activity, nutrition, and stress-reduction resources. All men, regardless of when diagnosed, can now access evidence-based resources easier than ever before by registering at **lifestyle.truenth.ca**. Here's what's available:

Community Programs

- Find a list of qualified fitness professionals trained in cancer and exercise that offer community-based physical activity & yoga programs in cities across Canada.

- **Free Home Programs**
  - Get an online, home-based physical activity program with interactive videos, photos, health trackers, and free optional support from a central fitness professional.
- **Online Resources**
  - A Health Library of evidence-based and prostate cancer specific physical activity, stress-reduction, and nutrition resources from reliable organizations across Canada.

For more information please visit the website or email us at **lifestyle@truenth.ca**.

Sincerely,

Dr. Nicole Culos-Reed, PhD
Professor | University of Calgary,
Faculty of Kinesiology
Lead Investigator | TrueNTH LM

Michael Dew, MSc, CSEP-CEP
Project Coordinator | TrueNTH LM
P. 403-210-9276 | E. lifestyle@truenth.ca

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Prostate Cancer Canada

LIFESTYLE MANAGEMENT

GOOD TO KNOW

Prostate Cancer: Understanding a Man's Gleason Score

The most important factor in predicting the current state of a man's prostate cancer and determining his treatment options is his Gleason score. This method of grading a tumor's aggressiveness was devised in the 1960s by Dr. Donald Gleason, a pathologist at the Minneapolis Veterans Affairs Hospital.

In the years since, methods of diagnosing prostate cancer and doctors' understanding of tumor behavior have changed. Although Dr. Gleason's original scoring system has evolved to reflect those changes, a consensus is emerging that it's time to modify the way a man's prognosis is reported as well.

How a biopsy Gleason score is determined

Following a needle biopsy that is performed to diagnose prostate cancer, the biopsied tissue is sent to a laboratory, where a pathologist views it under a microscope, looking for abnormalities in the appearance of cells.

The Gleason scoring system today has three grades (patterns) that the pathologist can use to describe how far the cancer cells deviate from normal, healthy cells. Normal prostate cells form highly organized rings, with well-defined borders. In contrast, cancer cells (grades 3 through 5) display various degrees of disorganization and distortion. Cancers whose cells appear closest to normal are considered grade 3 and generally are the least aggressive; those with more irregular, disorganized features are classified as grade 4 or 5 and generally are the most aggressive.

Classically, a man's Gleason score is determined by adding the two most prevalent organizational patterns (grades) in the tumor together. For example, if the most common pattern—the primary grade—is 3 and the next most common pattern—the secondary grade—is 4, the Gleason score would be 3+4=7.

However, if the primary grade is 4 and the secondary grade is 3, the Gleason score would be 4+3=7. Although both sums are the same, 4+3 is more aggressive than 3+4, because the primary grade carries more weight than the secondary pattern in determining the aggressiveness of the cancer and the patient's prognosis.

A third variable in the equation

In 2005, based on recommendations from an international group of experts, pathologists began to include the minor high-grade pattern (third most common) in the Gleason score when the specimen is from a radical prostatectomy or needle biopsy. In such cases, the highest Gleason score is important for determining prognosis. For example, in a needle biopsy core with 70 percent Gleason pattern 3, 25 percent pattern 4, and 5 percent pattern 5, the tumor would be graded as Gleason score 3+5=8, not 3+4=7. In radical prostatectomy specimens, there is a consensus that the term minor high-grade pattern should only be used when there are three grade patterns, such as with 3+4=7 or 4+3=7 with less than 5 percent Gleason pattern 5 at radical prostatectomy.

The rationale? Over the years, pathologists have found that a minor-component Gleason score that is higher grade than the second most common pattern influences prognosis. Including the least common (but highest grade pattern) improves the concordance between biopsy and radical prostatectomy specimens, and improves prediction of prognosis after surgery.

Prognosis: Perception vs. Reality

In the past, Gleason scores were reported as 2 to 10 by adding grades of 1 to 5. Today, Gleason grades include only 3–5, and thus Gleason scores range from 6 to 10 by adding grades 3 to 5. Today, no man whose needle biopsy indicates cancer will receive a Gleason score of less than 6.

The problem is that many patients, when told they have a Gleason score 6 cancer, worry that their tumor, and thus their prognosis, is bad because the number 6 may be considered high. But doctors actually consider Gleason score 6 to be the lowest grade without the potential for metastatic spread, and with an excellent prognosis even without treatment. Some prostate cancer experts worry that this "mismatch" between perception and reality might lead a man to choose a more aggressive treatment than he really needs.

A Gleason score of 7 also poses a problem. The cure rate for a man with a Gleason score of 3+4=7 is more than 85 percent after surgery. But it drops to 65 to 70 percent for Gleason 4+3=7 cancer because there are more grade 4 cells. So while both of these cancers are Gleason 7, the numbers actually tell two very different stories—and are associated with two different prognoses.

Also, Gleason scores of 8, 9, and 10 are typically grouped together as high-grade cancers that are "bad" and "highly aggressive" and associated with the least favorable outlook. However, doctors now know that there is a difference in prognosis between these cancers. Indeed, approximately 60 percent of men with Gleason score 8 cancer have long-term disease-free intervals, compared with approximately 30 percent of those with Gleason score 9 and 10 cancers.

As a result of these insights, the International Society of Urological Pathology (ISUP) proposed classifying Gleason scores into the following five groups based on a man's prognosis.

Gleason grade group 1: Gleason score 6 (most favorable)

Gleason grade group 2: Gleason score 3+4=7

Gleason grade group 3: Gleason score 4+3=7

Gleason grade group 4: Gleason score 8

Gleason grade group 5: Gleason score 9 or 10 (least favorable)

At some hospitals, all biopsy results sent to patients now include their Gleason score and their prognostic grouping. Many prostate cancer experts believe that this information adds more clarity to the Gleason score, helping doctors and patients decide whether to start with active surveillance or pursue immediate treatment, and if so, what type.

Case in point: The National Comprehensive Cancer Network (NCCN) now incorporates grade group into its guidelines for determining which risk group a patient falls in. Experts predict that the practice is likely to become more widespread in time, especially since this change is supported by the World Health Organization.

Active Surveillance for Prostate Cancer

Study findings offer a measure of reassurance about delaying treatment

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 whose cancers are unlikely to become life-threatening during the remaining years of their life.

Some men worry that if they choose, or continue, active surveillance, they will miss an opportunity for a cure because treatment was delayed. Results from a study reported in September 2017 in The Journal of Urology provide a bit of reassurance that they are not disadvantaged by choosing to forgo immediate treatment.

Researchers reviewed data from 94 men diagnosed with very-low- or low-risk prostate cancer and initially chose active surveillance. The men opted to have a radical prostatectomy when PSA testing indicated their cancer had progressed and was reclassified to a higher grade. The researchers compared the medical records of these men with those from patients who had similar tumor grades, but who chose to have a radical prostatectomy right away. Men who initially chose active surveillance but later underwent radical prostatectomy were less likely than men who had immediate surgery to experience a biochemical prostate cancer recurrence. Lab tests indicated that their cancers were less aggressive, too.

The authors caution that the results from this study don't prove that delaying treatment is risk-free. They note that the favorable results could be because men who were selected for active surveillance had lower-volume disease than those with similar cancer grades at the initial diagnosis. Also, the men in the study were compliant with stringent follow-up biopsy recommendations, and thus the findings may not apply to patients whose follow-up is less rigorous.

GOOD TO KNOW

Aggressive Prostate Cancer—Another Reason to Avoid Saturated Fats?

Limiting consumption of saturated fats, which are found primarily in animal foods, is important for overall health and cardiovascular disease prevention. A 2017 study suggests that saturated fat may also be associated with more aggressive prostate cancer.

This population study, published in March in Prostate Cancer and Prostatic Diseases, included 1,854 men, ages 40 to 79, who were newly diagnosed with the disease. After adjusting for total fat, the researchers, from the University of North Carolina at Chapel Hill, UCLA, and other institutions, found that men with the highest saturated fat intake were 50 percent more likely, overall, to have more advanced disease, compared to those with the lowest intake. No significant effects were seen with other types of fat, including polyunsaturated fats and trans fats.

"A number of biologic mechanisms may contribute" to the findings, the authors wrote, including that saturated fat, as commonly found in animal foods, increases blood cholesterol levels—and elevated cholesterol has previously been linked to more aggressive prostate cancer, though in this study, the use of cholesterol-lowering statins did not significantly lessen the effect of saturated fat on disease aggressiveness. On the other hand, an earlier study in The Prostate found that among 1,000 men diagnosed with prostate cancer, those on statins were 80 percent less likely to die from the cancer over a 10-year period compared to nonusers.

How can you limit your intake of saturated fat? Choose lean meats, skinless poultry, and nonfat or low-fat dairy products (which also saves calories).

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

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Co- Chair - Lawrence Ward
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Treasurer - Larry Smart
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Secretary - Dwaine Snowfield
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Monthly Program
Jim Odling
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Peer Sharing
Lawrence Ward or any member of our Board
Phone: (306) 543-8215

Out Reach Program
Jim Odling
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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 - Compassionate Care
February 8 - Members Round Table Discussion

March 8 - TBA
April 11 - TBA
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
- Saskatchewan Cancer Agency