



# REGINA PROSTATE CANCER SUPPORT GROUP INC. NEWSLETTER

Our next meeting is on  
Thursday, September 12, 2019

**No support group meetings are  
held in July/August.**

Have a great summer and see you back in September!

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

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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 Mailing Address:**

PCCN REGINA - PO Box 37264  
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.  
If you would like to be removed from our newsletter and notices please use reply stating "Unsubscribe" in the subject line.



## TAKE NOTE

### Member Survey for 2019-2020 Programming

We'd like to hear from you.

Please open the attached 2-3 minute survey link to share your thoughts with us.

**[Click here to open the Member Survey.](#)**

### June 13<sup>th</sup> AGM Meeting Summary

We had 17 attend the AGM. The meeting was competing with a Rider and Raptor game being shown free on the big screen at Mosaic Stadium. Those who attended enjoyed a pizza – salad buffet prior to the meeting. Following the meeting an honorarium of \$300 was presented to the Canadian Cancer Society as appreciation for the use of the meeting room for Support Group Meetings.

The 2019-2020 Board of Directors list has been updated.

Although Support Group Meetings are not held July / August feel free to contact of the directors.

### Reminder:

**No support group meetings July/August – enjoy summer with Family and Friends!**

**The Saskatchewan Cancer Agency** has offered us the opportunity to move our Support Group meetings to their new location at 4545 Parliament Ave (just west of Lewvan / Parliament). The location has free evening parking as well as street level meeting room access. We'll keep you informed if we do accept the offer.

The PCCN Regina Support Group Board provides a very valuable service to our community. We need your help as there are positions open on the Board of Directors for next year. Please volunteer. Family members and friends are also encouraged. You can make a difference to many on the prostate cancer journey. For more information please contact Jim Odling by email at [golfer@sasktel.net](mailto:golfer@sasktel.net) or by phone at (306) 522-7590.

## Cancer Garden Update from Jim Odling



The Garden has been planted. Special thanks to Gladys & Jim Straus, Dwaine Snowfield, Dennis Varls, Rose & Jim Odling. We received a \$100.00 Gift Card from Home Depot which was all spent. Several perennials were also planted by the group. I have had discussions with the Pasqua Hospital Maintenance crew in regards to watering; they assured me that the sprinklers will reach all the flower beds.





## GOOD TO KNOW



### Help for Incontinence after Prostate Cancer Surgery

Men who have undergone a radical prostatectomy—the surgical removal of the prostate gland to treat prostate cancer—often leak urine during physical strain, such as coughing, sneezing, or lifting heavy objects. This type of urine leakage, called stress urinary incontinence (which can also be caused by a spinal cord injury or a neurological disorder) can be a significant quality-of-life issue. The stigma attached to wet clothing and offensive odor can inflict psychological consequences, including humiliation, helplessness, fear, social withdrawal, and avoidance of sex. Some men regain bladder control in six to nine months after surgery. For others, progress is slower and recovery takes one to two years after prostate surgery. Up to 40 percent of men have long-term but mild incontinence that isn't bothersome enough to need treatment.

#### When Incontinence Persists

An estimated 5 percent of men have incontinence that doesn't go away on its own after two years and is severe enough that surgery may be needed to regain bladder control. Prolonged incontinence is usually caused by surgical disruption of the urinary sphincter or damage to the nerves that control the muscles. Unfortunately, some men wait three to five years or even longer before pursuing surgical treatment to improve their condition, according to researchers at the University of Texas Southwestern Medical Center in Dallas.

In the study, published in *Urology* last September, researchers tracked 572 men (average age, 69) over 10 years who underwent anti-incontinence surgery after radical prostatectomy. They measured the amount of time between procedures and found that two-thirds of the men waited an average of 2.7 years before pursuing anti-incontinence surgery, and one-third of them waited more than five years. Men in their 80s waited the longest. The study had limitations, such as being performed at a single center, so outcomes may differ in other settings. Also, the researchers couldn't determine the reasons behind the long delays before surgical treatment. However, the study is a reminder that men whose quality of life is suffering should seek timely treatment for incontinence.

## **Surgical Solutions**

If you have persistent stress incontinence, your treatment will depend in part on the degree to which incontinence is affecting your quality of life. You have two surgical options that can reduce or eliminate incontinence and improve your quality of life:

An artificial urinary sphincter (a doughnut-shaped rubber cuff) placed around the urethra is a treatment for more severe urinary incontinence. The cuff is filled with fluid and connected by a thin tube to a bulb, or pump, implanted in the scrotum. The bulb is connected to a reservoir implanted within the abdomen. The entire device is concealed within the body. The fluid in the cuff creates pressure around the urethra to hold urine inside the bladder. When you feel the urge to urinate and are ready to do so, you squeeze the bulb. This action transfers fluid from the cuff to the reservoir and deflates the cuff for three minutes so urine can drain through the urethra. Afterward, the cuff automatically refills with fluid and urine flow is again impeded.

A urethral sling procedure is a surgical option usually reserved for less severe cases. The sling is made of synthetic material, and it lifts and compresses the urethra, thereby preventing urinary leakage.

## **Nonsurgical Solutions**

If you have mild to moderate stress incontinence, these conservative approaches might help:

- **Lifestyle measures.** Lose excess weight to decrease pressure on the bladder. Eat high-fiber foods to prevent constipation. Limit alcohol and caffeine intake. Avoid beverages within a few hours before bedtime.
- **Kegel exercises.** Perform Kegel exercises by squeezing and relaxing the pelvic floor muscles that surround the urethra and support the bladder. To locate the pelvic floor muscles, try slowing or stopping your urine flow midstream as you urinate.
- **Absorbent products.** Wear absorbent pads or undergarments.
- **Bulking-agent injections.** Injections of collagen or synthetic collagen-like material around the bladder neck to add bulk can provide increased resistance to urine leakage.
- **Penile clamps.** For severe incontinence, penile clamps compress the penis and urethra to prevent urine leakage.
- **External collection devices.** Condom-like devices are pulled over the penis and held in place with adhesive Velcro straps or elastic bands. A tube drains urine from the device into a bag secured on the leg.
- **Catheters.** A Foley catheter is a small tube that's inserted through the urethra to allow urine to flow continuously from the bladder into a bag. This option is not recommended for long-term use.





### Prostate Cancer and Shingles Risk

Older adults who are diagnosed with prostate and other cancers have a significantly higher risk of developing shingles (herpes zoster) than people the same age who don't have cancer, according to a 2018 study in the *Journal of Infectious Diseases*.

Overall, the likelihood of developing shingles rises 40 percent with a diagnosis of cancer of any kind, and the risk is even higher in people with blood cancers. A diagnosis of prostate cancer or cancer related to other solid tumors, such as breast or lung cancer, was linked to a 30 percent higher chance of developing shingles.

Shingles is an itchy, painful rash caused by the varicella-zoster virus—the same virus that causes chickenpox. After you have chickenpox, the virus lies dormant in your nerve cells, but it can reactivate, causing shingles. People with a weakened immune system are more vulnerable to shingles.

In the study, adults (average age, 62) whose cancer was related to a solid tumor, such as prostate cancer, and who had chemotherapy, which weakens the immune system, tended to develop shingles more often than patients who didn't undergo chemotherapy. For both solid and blood cancers, the risk was highest within the first year after diagnosis. Risk remained elevated for three years after diagnosis.

The actual number of shingles cases among people with cancer might be higher than the study reported, however. For their analysis, the researchers used hospital admission and antiviral prescription records, which might not have included all persons with shingles or cancer over the study period.

Until recently, the only FDA-approved shingles vaccine, Zostavax, contained an attenuated (weakened) live varicella-zoster virus, which isn't safe for people who are immunosuppressed (having an impaired or weakened immune system). However, the recently approved Shingrix vaccine doesn't contain a live virus. Shingrix holds promise in that it is likely safe for people who are immunosuppressed; research to find out is currently underway.



## **Saving and improving *more* lives**

Our 2019–2023 Strategic Plan



### **Our 2019-2023 Strategic Plan**

Friends:

I'm excited to share with you the public version of Prostate Cancer Canada's new [2019-2023 Strategic Plan](#).

Thank you to those who were able to join us for our recent strategic plan webinar. I hope you found it informative. For those who were unable to attend, you can listen to the recording [here](#).

Our new plan is based on extensive consultation, it embodies our commitment to save and improve more lives. Through discussions and surveys, support groups across Canada have provided input to help shape this plan.

Thank you for your commitment, dedication and contributions!

I hope that you will share our new plan with your group members and discuss it at upcoming meetings. We would welcome your thoughts on how we can work with you to achieve our shared goals, especially facilitating more conversations and sharing more information with younger Canadians, women, families and those at higher risk for prostate cancer. Please feel free to share your thoughts with Anne Breakey Hart, Manager, PCCN and Volunteer Engagement, [anne.breakeyhart@prostatecancer.ca](mailto:anne.breakeyhart@prostatecancer.ca).

Thank you for everything you do to help those with prostate cancer, their family members and to increase awareness of this most common cancer among men in Canada.

Kind regards,



Peter Coleridge, MHSc - President and CEO

# PROSTATE CANCER CONFERENCE



The prostate cancer conference is open to anyone interested in attending. Starting Friday September 6th at noon and running until Sunday September 8th at noon at the Inn at the Quay, 900 Quayside Drive New Westminster BC. Topics include: nutrition, exercise, incontinence, sexual health, leadership styles, facilitating a meeting, technology, marketing, view from a partner, how to get new members...and more!

SEPTEMBER 6 - 8 2019

NEW WESTMINSTER BC  
registration: [www.prostatecancerbc.ca](http://www.prostatecancerbc.ca)

**[REGISTER NOW HERE.](#)**

An open invitation if you happen to be traveling through or visiting in Vancouver.







# 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 2019/2020**

[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) 527-8290

Dwaine Snowfield  
Phone : (306) 586-1403

### **Peer Sharing**

Lawrence Ward  
Phone: (306) 543-8215

Stan Hanoski  
Phone: ( 306) 529-1322  
**or any Board Member**

### **Out Reach Program**

James Froh  
Phone: (306) 527-8290

Jim Odling  
Phone: (306) 522-7590

Steve Pillipow  
Phone: (306) 586-9345

Dwaine Snowfield  
Phone: (306) 586-1403

Peter Tyerman  
Phone: (306) 525-6966

## 2019-2020 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.

### **2019**

**September 12**

**October 10**

**November 14**

**December 12**

### **2020**

**January 09**

**February 13**

**March 12**

**April 09**

**May 14**

**June 11 – AGM**

## **Pending for 2019-2020**

- UofR RN Professor on PCa Patient Care
- Update on UofR PCa Research Program we are funding
- Prostate Assessment Centre
- Saskatchewan Cancer Agency
- Nora Yates, CEO  
Cancer Foundation of Saskatchewan
- Dr. Garcia
- Dr. Amjad