PCCN REGINA PROSTATE CANCER SUPPORT GROUP INC.
NEWSLETTER

Notice of 2017 Annual General Meeting and Election of Board of Directors for 2017-2018: Thursday June 8, 2017

Agenda:

6:30pm – Pizza Buffet – Complimentary
7:00pm – AGM & Election of Board of Directors for 2017-2018
7:30pm – Round Table Discussions
9:00pm – Adjournment
Members and guests welcome. Come prepared to participate.
We have two board vacancies to fill and would like your input for future programing as well.

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.

TAKE NOTE

From the 2016 Hospitals of Regina Foundation Annual Report

534 men received biopsies at the Prostate Assessment Centre during 2016.

Two copies of "**PROSTATE FOR DUMMIES**" have been added to our library and are available for takeout by members.

The Calgary MAN VAN for onsite PCa testing is planning to return for the 2017 Farm Progress Show, June 20th – June 23rd. More later.

PCCN Regina Support Group has volunteered to help maintain the Cancer Survivor Garden in front of the Allan Blair Centre at the Pasqua Hospital.

Volunteers are required from PCCN Regina to work with the Regina Qu'Appelle Health Region to help with acquiring the plants and organize the annual planting/clean up days. We need your help.

Please contact Jim Odling by e-mail golfer@sasktel.net or by phone **306-522-7590**
to volunteer or for more information.

The Planting Crew: Jim Odling, Dwaine Snowfield, Jim Straus (back).
Gladys Straus and Rose Odling (front) at the Cancer Survivor Garden Pasqua Hospital.

Home Depot made a significant contribution to the purchase of the bedding plants.

WALK FOR DADS 2017

Walk for Prostate Cancer

All proceeds going to assist
Prostate Cancer
Canada Network - Regina Support Group
Charitable Registration # 848726386

Walk for Dads 2017 is the one walk put on each year in support of **Prostate Cancer – Regina Chapter**. This year's main location for the walk, with registration on site, will be at the Regina Beach Yacht Club, with other locations, although not represented with officials of the walk could be in your own neighborhood or around the lake at Wascana Park. All walks no matter where they are held are an important form of support for Prostate Cancer and all men afflicted by this disease.

This walk is the 2nd annual walk put on by Carmen Hanoski & Jackie Law and we look forward to your support.

Date: June 18, 2017

Location: Regina Beach Yacht Club

Registration: 12:00 noon

Walk Starts: 1:00 p.m. at the Regina Beach Yacht Club

and will follow a pre-set course through the streets of Regina Beach and back to the Yacht Club

For pre-registration and pledge sheets, please contact:
Carmen Hanoski - Email: carmen2121@hotmail.com

Please make all cheques payable to PCCN – Regina
and e-transfers may be made to **walkfordads@myaccess.ca** password: Father

In support for *"Walk For Dads 2017"*
Carmen & Jackie have also organized a couple of fun events prior to the Walk.

AXE THROWING

May 15, 2017

Location: 1545 South Railway St., Regina

7-8 pm & 8-9 pm

$25/pp *per time slot*

PAINT NIGHT

Date: June 3, 2017

Location: Regina Beach Yacht Club

7:00 pm - $40/pp

Tickets for either event must be pre-booked through
Carmen at **carmen2121@hotmail.com**

Find us on Facebook **PCCN-Regina Chapter - "Walk For Dads"**

Prostate Cancer Regina

"We've Been Through It"

Sharing our Experiences To Ease Your Stress

September 16, 2017
(Celebrating Prostate Cancer Month)
Located at: Travelodge Hotel
4177 Albert Street South
Burlington Room - Lower Level
Time: 9:00 A.M. – 2:00 P.M.
(Lunch will be provided)
FREE Seminar - although donations to PCCN-Regina will gratefully be accepted.

Prostate Cancer Canadian Network – Regina Chapter
Is hosting a day of "discussion" touching on the following;

- Importance of an annual check up
- Being told you have Prostate Cancer
- Understanding what it means
- Looking for information
- Treatment options
- What to expect on the day of surgery
  - Aftercare
- Support for your spouse
- Healing and dealing with side effects thereafter
  - Urinary Incontinence
  - Erectile Problems
  - Pyschological
- What's going to happen to my sex life
  - Prospects for recovery
  - Options
- Mortality

If you have been recently diagnosed, have already gone through it, or have a friend or loved one that may have questions, and is looking for answers, we may be able to assist. Please note, we are not doctors, just ordinary people that have gone through what you may have to, and are in a position to provide some past experiences.

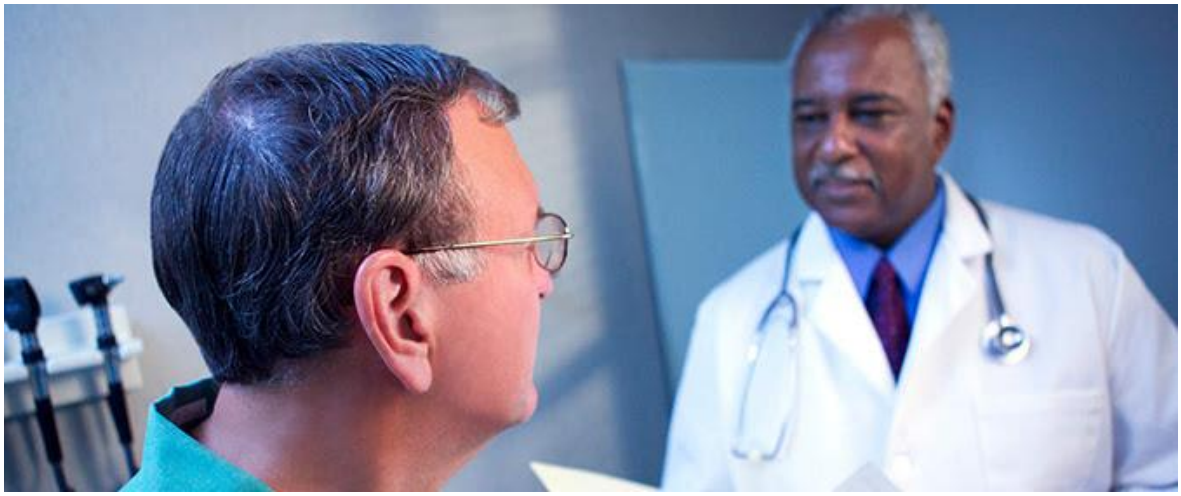
This is open to all men, their spouses, or significant other.

Please contact: **Stan Hanoski for Registration** (Limited to 100 registrants)
Email: prostatecancerregina@myaccess.com for tickets

Prostate Cancer Regina

Proudly sponsored by:

PROSTATE HEALTH



Best Treatment for Every Prostate Cancer Risk Group

The choice of prostate cancer treatment is based in part on the likelihood, or risk, that your tumor will grow and spread to other parts of your body. The lower your risk, the lower your chances that the prostate cancer will spread and that you will die of it.

For a disease in which there is no "best" choice, patients play a large role in the decision-making process. Potential complications of the various prostate cancer treatments must be taken into consideration when deciding on a treatment plan (for example, surgery and radiation therapy and the risk for bowel, urinary, or sexual problems).

The National Comprehensive Cancer Network recommends the following treatment strategies for very low-, low-, intermediate-, and high-risk groups:

Very Low

- Stage T1c
- Prostate-specific antigen (PSA) less than 10 ng/mL
- Gleason score 6 or lower and not more than two cores with cancer
- Less than 50 percent of core involved with cancer
- PSA density less than 0.15

Recommendation:

- Active surveillance when life expectancy is less than 20 years

Low

- Stage T1c or T2a and
- PSA less than 10 ng/mL and
- Gleason score less than 6

Recommendation:

- Active surveillance when life expectancy is less than 10 years
- Active surveillance, surgery, or radiation when life expectancy is more than 10 years

Intermediate

- Stage T2b—T2c or
- PSA 10 to 20 ng/mL or
- Gleason score 7

Recommendation:

- Active surveillance or external radiation with/without hormonal therapy, with/without brachytherapy, or surgery if life expectancy is less than 10 years
- Surgery or external radiation with/ without hormonal therapy, with/without brachytherapy if life expectancy is 10 or more years

High

- Stage T3a or
- PSA 20 ng/mL or higher or
- Gleason score 8 or higher

Recommendation:

- Surgery or radiation plus hormonal therapy

MRI Scan Could Spare Some from Prostate Biopsy

If your doctor suspects you have prostate cancer, undergoing a magnetic resonance imaging (MRI) scan immediately after an initial screening might spare you the medical risks of a prostate biopsy and improve your chances of an accurate diagnosis.

The results of a new British study suggest that MRI scans identified aggressive prostate cancers in men with the disease nearly twice as often as a transrectal ultrasound (TRUS)-directed prostate biopsy. However, among men without aggressive prostate cancers, the MRI incorrectly classified the disease more than twice as often as a TRUS-directed prostate biopsy. The study's authors contend that if an MRI was used before biopsy to diagnose prostate cancer:

- Nearly one in five deadly cancers missed with current testing methods would be detected
- Unnecessary prostate biopsies would be reduced by 27 percent, and
- Diagnosis of non-aggressive cancers also would be reduced.

The authors, whose findings were published online in January 2017 in The Lancet, note that an MRI scan provides a detailed, computerized image of the prostate and surrounding tissue. By contrast, 12 cores of prostate tissue are taken at random during a TRUS-directed biopsy, so tissue that contains an aggressive cancer elsewhere in the prostate can be missed. They add that biopsies are uncomfortable and can cause bleeding and serious infections, so avoiding some of those procedures would prevent those risks.

In the United States, limited access to qualified personnel to interpret prostate MRIs and the added expense of the scan has discouraged many doctors from ordering the test and third-party payers from covering the cost. And an MRI still may not be effective enough to be used routinely to detect—and rule out—malignant prostate cancers.

What the Study Found

In The Lancet study, 576 men suspected of having prostate cancer, based on initial screenings or family history, had a standard MRI followed by two types of prostate biopsy—a TRUS-directed biopsy and a prostate-mapping biopsy. The test was performed at hospitals and radiology labs throughout the United Kingdom.

The study's authors note that an MRI scan "tends to detect higher-risk disease and systematically overlooks low-risk disease." For men who had prostate cancer that most physicians would recommend treating, the MRI missed 12 percent of the cases while the TRUS-directed biopsy missed 52 percent. But for nonaggressive cancers, the MRI missed 55 percent while the TRUS-directed prostate biopsy misclassified them just 1 percent of the time.

"Detecting prostate cancers that need to be treated is a real clinical issue for those of us in the trenches treating prostate disease," says Joel Piser, M.D., a urologist in Berkeley, Calif. "The primary concern in evaluating prostate or bladder symptoms is to rule out a significant malignancy. PSA (prostate-specific antigen) testing has helped but is far from perfect."

Piser says he uses the MRI to stage all newly diagnosed prostate cancer patients to gain valuable information on the extent of the disease and to help predict which patients will benefit from treatment versus active surveillance.

He says the MRI is a great clinical test to help reduce the chance of missing significant cancers in men who have excessive risk factors for biopsies, such as those with prosthetic heart valves, men taking anticoagulation medication, and for those who have an extreme fear of biopsies.

However, not all doctors who treat prostate cancer are convinced that MRI testing will become a part of regular prostate screening just yet. "For that to happen, MRI testing would have to show improved performance in identifying high-grade cancer and would have to be able to exclude high-grade cancer in men without the disease," says H. Ballentine Carter, M.D., professor of urology and oncology at Johns Hopkins School of Medicine in Baltimore. "Further evaluation is needed. In addition, the performance and interpretation of MRIs would need to be standardized."

Bottom Line

If initial screening results from a blood test or digital rectal exam suggest you might have prostate cancer, make an appointment with a urologist for a follow-up evaluation. Make sure it includes a digital rectal exam and a repeat prostate-specific antigen (PSA) test and/or other special blood tests, such as the PHI (prostate health index) or the 4Kscore Test, to determine whether you need a prostate biopsy, Carter says. If the results suggest that a clinically significant prostate cancer may be present, you may want to consider getting an MRI scan to help inform and guide a prostate biopsy.

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 2016/2017

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 - Gordon Kerfoot
Phone: (306) 789-8555

Tom Gentles - Honorary
Phone: (306) 586-7702

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

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

January 12 - Board Members November 5th Oncology Symposium Report

February 09 - Speaker Dr. Nelson Leong Radiation Oncologist

March 09 - Round Table Member Discussions

April 13 - Dr Venugopa from the UofS returns to give us an update on the PCa research we are partially funding.

May 11 - Lana Van Dijk of Body Fuel Organics and Barry Bremner, a PCa survivor; on the Importance of Proper Nutrition.

June 08
Annual Meeting

July and 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