



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 October 11, 2018

*** NOTE:** New times for 2018-2019

Speaker:

Dr. Deb Korol
Pathologist

Time:

Registration – 6:15pm
Meeting – 6:30pm – 8:30pm

The time change is to accommodate one on one discussions and to have the meeting room cleared for lock up by 9:00pm.

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.

Our Mailing Address:

PCCN REGINA - PO Box 37264
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.



Please welcome Dr. Deb Korol to our next meeting!

Deb Korol is a pathologist working in Regina for the Saskatchewan Health Authority.
Her practice subspecializes in prostate cancer.



TAKE NOTE

Spring Home Show & Outdoor Adventure Show

Thursday March 28 - Sunday March 31, 2019

PCCN Regina, Board of Directors have elected to have a PCa information booth at the 2019 Spring Home show.

The purpose of the booth and all of our endeavors within the community is to increase awareness, knowledge and understanding about Prostate Cancer. To promote awareness of our monthly meetings, promoting educational information and support to those that are newly diagnosed, their families, prostate cancer survivors and the general public.

In an effort to get as much information out there as possible and a means of doing so, I am looking for volunteers to form a committee to help brain storm any and all ideas, look for sponsors, in an effort in putting together the best booth possible.

Please contact me, Stan Hanoski, by email (mrlee@myaccess.ca) or by cell (306-529-1322) to let me know that you would be interested in being part of that committee. Our 1st formal meeting will be called for some time in November 2018.

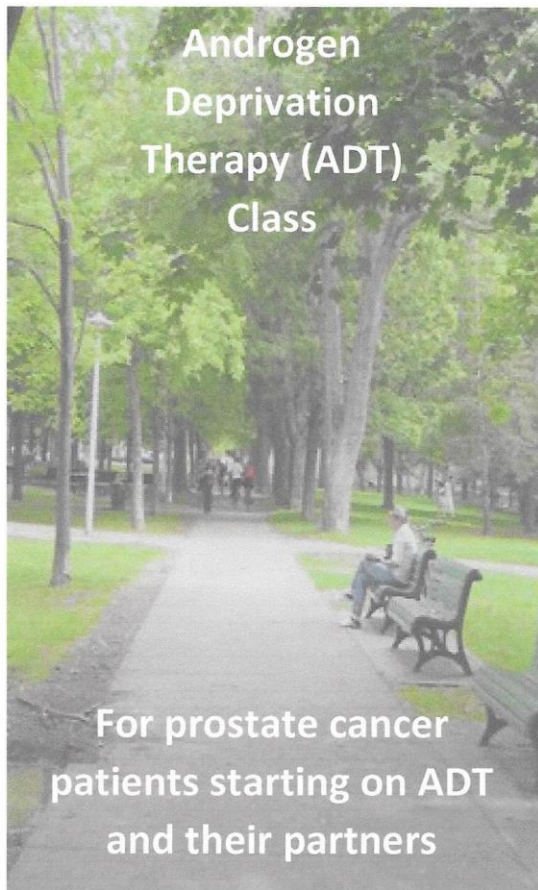
Thank you so much for your consideration and look forward to working with you.

Stan Hanoski



GOOD TO KNOW

Androgen Deprivation Therapy (ADT) Class



In Person Class:

Classes are held the fourth Thursday of the month

Time: 2:30 p.m. – 4:00 p.m.

Location:

- Allan Blair Cancer Centre
4101 Dewdney Ave. Regina
- Saskatoon Cancer Centre
20 Campus Drive, Saskatoon

To register call:

- Regina: 306-766-2862
- Saskatoon: 306-655-2197

Participants will receive a free copy of the book,

“Androgen Deprivation Therapy:

An Essential Guide for Prostate

Cancer Patients and their Loved Ones.”

You will:

- Receive an overview of what to expect from ADT
- Learn specific ways to manage side effects
- Get strategies to help you succeed in making lifestyle changes

Online Class:

Offered Monthly

To register visit:

www.lifeonadt.com or

email: lifeonadt@gmail.com



www.saskcancer.ca

@SaskCancer



GOOD TO KNOW

We would also like to let you know that we have received from Prostate Cancer Canada , 50 copies of a healthy eating resource produced by Nourish: Canada's Nutrition Companion for Oncology Patients and Caregivers.

Eat Well Tips for Men with Prostate Cancer Part 1: Building meals that work is a 3-part series that contains evidence-based information and recipes recommended by registered dietitians working in oncology centres across Canada. This resource provides practical tips on creating simple and delicious meals that may help manage fatigue and weight changes associated with prostate cancer. Copies will be on hand at our Support Meetings

For more information on this series, you can visit the Nourish website at <http://www.nourishonline.ca>



We're testing a line of exam gloves modelled after #famousfingers.

Is there a finger famous enough to get you tested? <http://www.famousfingers.ca>



GOOD TO KNOW

Comparing Prostate Cancer Treatment Options

Men with prostate cancer have four main options for treatment: active surveillance, radical prostatectomy, external beam radiation therapy, and brachytherapy. Here's how they compare.

In active surveillance, you forgo immediate treatment but are closely monitored for progression of the cancer. For most men with low-grade cancer active surveillance is usually the recommended option, as this type of cancer often progresses more slowly than other types. A randomized trial in the New England Journal of Medicine in July 2016 found that men with early prostate cancer lived just as long with active surveillance as with up-front treatment, even though they had a significantly higher risk of developing metastatic disease. Some experts also advise active surveillance for certain types of intermediate-grade cancer.

In radical prostatectomy, a surgeon removes the entire prostate gland, along with some surrounding tissue and two glands called the seminal vesicles.

External beam radiation therapy targets the prostate with beams of radiation, while brachytherapy is a type of radiation therapy in which tiny radioactive pellets are implanted directly into the prostate.

Here's a look at the pros and cons of each option.

Active surveillance

Advantages:

- Avoids side effects from radiation therapy or radical prostatectomy
- No hospitalization or surgical risks

Disadvantages:

- Requires close monitoring (regular digital rectal exams, prostate-specific antigen (PSA) tests, and prostate biopsy) to monitor for signs of progression
- May be psychologically stressful to know that you have cancer while waiting to see if it progresses

Radical prostatectomy

Advantages:

- Proven to reduce prostate cancer death rates
- Removed tissue allows accurate staging
- PSA levels reliably predict recurrence
- Fewer bowel/rectal problems than with external beam radiation therapy (EBRT)
- Less urinary urgency and frequency than with EBRT or brachytherapy

Disadvantages:

- General risks of surgery
- Hospitalization required
- Catheter in place for 7-10 days
- Recovery period: at least 1 month
- Incontinence: 5-20% (mostly stress incontinence)
- Erectile dysfunction: 30-50% at 5 years (with nerve preservation surgery)

External beam radiation therapy

Advantages:

- No hospitalization or surgical risks
- Activities unrestricted
- Low risk of urinary incontinence (1-2%)
- Less urinary retention than with brachytherapy

Disadvantages:

- No post-treatment staging information
- Treatment typically 5 days a week for 6-9 weeks
- Fatigue is common
- Erectile dysfunction: 30-50% at 5 years
- Bowel/rectal problems: 5-10% (urgency, pain, diarrhea, or bleeding) but typically improve after treatment
- Bladder irritation: 5% (urinary frequency, urgency, discomfort)

Brachytherapy

Advantages:

- No hospitalization or surgical risks
- Less radiation damage to healthy tissue
- One treatment
- Low risk of urinary incontinence (1-2%)

Disadvantages:

- No post-treatment staging information
- Less favorable option for men with intermediate or high-risk disease
- Urinary retention, urgency, and frequency more common than with other treatments, especially in men with lower urinary tract symptoms before treatment



GOOD TO KNOW

Bone Scans for Prostate Cancer: Why and When

Some men will need to undergo a bone scan to determine whether their prostate cancer has spread to the bones, particularly men with a Gleason score of 8-10 or who are in prognostic grade groups 4 and 5. (Prognostic grade groups are a new way to grade prostate cancer. Typically, the information is now reported in addition to the Gleason score.)

The bone scan involves intravenous injection of a small amount of a low-level radioactive substance that is preferentially taken up by damaged bone. (Bone can be damaged by cancer as well as by osteoporosis and other bone diseases.) A special scanner is then used to detect the radioactivity. Areas of the body that show increased radioactivity have bone damage, possibly because cancer has spread to the bone.

A bone scan is not typically ordered when PSA levels are less than 10 ng/mL because the likelihood of cancer spread is very low. Men who have a PSA level of 20 ng/mL or higher, a Gleason score of 8 to 10, or disease extensive enough to be felt on both sides of the prostate or beyond the prostate should have a bone scan and computed tomography (CT) or magnetic resonance imaging (MRI) of the pelvis to evaluate for enlarged lymph nodes.

New approaches for detecting the presence or progression of prostate cancer are being investigated. These include positron emission tomography (PET) and PET/CT using novel markers that bind to prostate cancer cells. Further development of these imaging procedures may provide more precise ways to diagnose recurrences and locate metastases (cancers that have spread).

After gathering this information, the physician can then describe the clinical stage (or extent) of the cancer. Clinical stage takes into account whether the cancer has spread to the lymph nodes, bones, or other areas.



A CHUCKLE FOR TODAY





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) 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

Grant Rathwell
Phone: (306) 766-2372

2018-2019 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.

2018

September 13 - Dr. Asim Amjad

October 11 - Dr. Deb Korol

November 8 - Mental Health

December 13 - A Seasonal Program

2019

January 10 - Advance Care Planning

February 14 - Will Planning

March 14

Apri 11

May 9

**June 13 – Annual Meeting
/ Member Appreciation**

July – August – No Meetings

Pending for 2018-2019

- UofR Professor on PCa patient care
- Advance Care Planning Workshop
- Update on UofR PCa Research Program we are funding
- Prostate Assessment Centre
- Pathologist from Cancer Clinic
- Saskatchewan Cancer Agency