



PROSTATE CANCER SUPPORT REGINA AIMS TO:

- *Enhance awareness, knowledge, and understanding
- *Organize and hold regular monthly meetings
- *Educate prostate cancer survivors, their families, friends, and the public
 - *Offer peer support services
 - *Look for courage and hope
- *Collaborate with other cancer and health organizations

SUPPORT MEETINGS

Please join us from 6:30pm to 8:30 pm at our monthly hybrid meetings on the 2nd Thursday of every month (except July & Aug) in room 141 at the Saskatchewan Cancer Agency, 4545 Parliament Avenue, Regina.

Register to join via ZOOM. Once registered, you will receive the meeting link in your inbox directly from Zoom.

Nano Knife Procedure Dr. Robert Sowerby February 12th Speaker

Dr. Robert Sowerby is a Urologist with subspecialty fellowship training in Endourology and renal transplantation. Dr. Sowerby has a Masters of Health Management and is an Assistant Professor (adjunct) in the Department of Surgery at the University of Toronto.

Dr. Sowerby is a founding member of the North Toronto Prostate Centre and Vaughan Urology Associates. His practice includes the medical and surgical management of urologic diseases with special interests in minimally invasive treatment of prostate cancer (Nanoknife) and BPH, endoscopic management of stone disease, and advanced laparoscopic surgery of benign and malignant urologic diseases.

*More on upcoming
speakers on our
website*



February 12, 2026 Presentation

Focal Therapy for Prostate Cancer with the Nanoknife Technology



Dr. Robert Sowerby is a Urologist who graduated medical school and residency from the University of Toronto. He has completed subspecialty fellowship training in Endourology and renal transplantation. Dr. Sowerby has a Masters of Health Management from McMaster University and is an Assistant Professor (adjunct) in the Department of Surgery at the University of Toronto.

Dr. Sowerby is a member of the Vaughan Urology Associates and the North Toronto Prostate Centre and performs surgery at the Mackenzie Health Hospitals in Vaughan, Clearpoint Surgical Center in Etobicoke, and Baycrest Health Sciences in Toronto.

NEW Peer Break Out Group

In addition to general break out groups after the break, an issue specific break out group will be available for people in the room and online

His practice includes the medical and surgical management of urologic diseases with special interests in minimally invasive treatment of BPH and prostate cancer, endoscopic management of stone disease, and advanced laparoscopic surgery of benign and malignant urologic diseases. He is actively involved in medical research in prostate cancer and has multiple publications in peer-reviewed journals.

PRESERVE study assessed the safety and effectiveness of irreversible electroporation (IRE) with the NanoKnife System to ablate prostate tissue in patients with intermediate-risk prostate cancer

Irreversible Electroporation for Prostate Tissue Ablation in Patients with Intermediate-risk Prostate Cancer: Results from the PRESERVE Trial.

July 23, 2025

The PRESERVE study (NCT04972097) assessed the safety and effectiveness of irreversible electroporation (IRE) with the NanoKnife System to ablate prostate tissue in patients with intermediate-risk prostate cancer (PCa).

This prospective, nonrandomized, single-arm pivotal trial included patients in the USA who met the key inclusion criteria: age >50 yr with organ-confined, grade group 2 or 3 PCa, clinical stage \leq T2c, prostate-specific antigen (PSA) \leq 15 ng/ml, or PSA density <0.15 ng/ml². The primary endpoints were the rate of local pathological complete response (negative in-field biopsy) and the incidence, type, and severity of adverse events by 12 mo. The secondary endpoints included PSA kinetics, changes in prostate volume, retreatment, and urinary/sexual function.

Of the 121 patients treated with IRE, the negative in-field biopsy rate at 12 mo was 71% (95% confidence interval [CI]: 62%, 79%). The secondary endpoint of negative in-field biopsy rate defined by the Delphi consensus criterion was 84% (95% CI: 76%, 90%). The time to median PSA nadir was 3.5 mo, and the median percent reduction in PSA at 6 mo was 68.2%. Urinary function outcomes had a mean change from baseline to 12 mo of 3 in the University of California Los Angeles Expanded Prostate Cancer Index Composite urinary domain total score and a mean change of -2 in the International Prostate Symptom Score total symptom score. At 12 mo, 84% of patients with good baseline sexual function maintained erections sufficient for penetration. Fourteen (12%) patients experienced Common Terminology Criteria for Adverse Events grade \geq 3 and three experienced procedure-related grade 3 adverse events.

IRE with the NanoKnife System is safe and effective for prostate tissue ablation.

European urology. 2025 Jul 19 [Epub ahead of print]

Arvin K George, Ranko Miocinovic, Amit R Patel, Derek J Lomas, Andres F Correa, David Y T Chen, Ardeshir R Rastinehad, Michael J Schwartz, Abhinav Sidana, Kristian D Stensland, Brian T Helfand, Jeffrey C Gahan, Xiaosong Meng, Alice Yu, Wayne G Brisbane, Srinivas Vourganti, Al Baha Barqawi, Edward M Uchio, James S Wysock, Thomas J Polascik, Timothy D McClure, Jonathan Fainberg, Jonathan A Coleman

VA Ann Arbor Health System, Ann Arbor, MI, USA; Michigan Medicine, Ann Arbor, MI, USA; Brady Urological Institute, Johns Hopkins University, Baltimore, MD, USA. Electronic address: ageorg29@jh.edu., Duly Health and Care, Downers Grove, IL, USA., Mayo Clinic,

The Power of Community

Joining a support group and attending regular meetings can provide immense benefits when facing cancer. You don't have to go through it alone—connecting with others who understand your challenges can make all the difference. The support and shared experiences from a community can aid in emotional and physical healing. Here's how:

- Emotional support reduces feelings of isolation and anxiety.
- Practical advice from others can help you navigate treatments, complications, and side effects.
- Shared stories offer hope and inspiration, uplifting spirits.
- A strong sense of community improves overall well-being and resilience.
- Together, we are stronger.

Support Group Meeting Agenda

- 6:00 pm Room 141 set up, and Zoom waiting room open
- 6:20 pm Zoom waiting room admittance to meeting room
- 6:30 pm Introductions
- 6:40 pm Featured Speaker
- 7:20 pm Refreshment Break
- 7:30 pm Peer Sharing break out groups
- 8:25 pm Announcements
- 8:30 pm Closing and tear down



Missed our recent support meetings?

You can access past meetings' presentations @ our Youtube Channel & website

LOVING YOURSELF



FIRST

Hearing “prostate cancer” can be scary. We’re here for you. Prostate Cancer Support Regina is a volunteer-led community of 300+ survivors and families, ready to offer empathy, real-life insight, and support. Come talk with people who listen, answer questions, and understand.

What makes us different? We’ve been there—through diagnosis, treatment, and survivorship. Connect with people who listen, share honestly, and truly get it. We don’t offer medical advice or promote any provider. Join us for local, trusted information and support across Saskatchewan.

LOCAL, TRUSTED INFORMATION



HELP NEEDED

WE NEED HELP WITH

- COMMUNICATIONS:
 - NEWSLETTER PRODUCER
 - PROOFREADER/EDITOR
 - SOCIAL MEDIA POSTING
 - YOUTUBE
 - FACEBOOK

IF YOU WOULD LIKE TO LEARN
MORE PLEASE REACH OUT TO US.



(306) 527-8290



PCCNREGINA.CA



Discussion on Patient Selection for Radioligand Therapy in Prostate Cancer - Oliver Sartor and Daniel Petrylak



Neeraj Agarwal speaks with Oliver Sartor and Daniel Petrylak about patient selection strategies for radioligand therapy. With multiple treatment options now available for metastatic castration-resistant prostate cancer, the experts emphasize that patient selection has become both an art and science. Key selection criteria include PSMA PET scan parameters, where SUV mean correlates with treatment outcomes and can guide therapy decisions. Dr. Sartor highlights the importance of genetic testing, noting that BRCA2 mutations might favor PARP inhibitors first, while PTEN loss may predict better lutetium response compared to chemotherapy. Disease location matters significantly, radioligands work well for lymph nodes and bone but poorly for liver metastases. Clinical factors like hemoglobin levels, renal function, and hematological status are crucial considerations. The physicians stress using liver uptake as a reference standard and avoiding radioligand therapy in patients with lesions showing uptake below liver levels. They conclude that early treatment and individualized approaches based on genetics, imaging, and clinical parameters optimize outcomes.

PSMAfore in taxane-naïve mCRPC



Neeraj Agarwal, FASCO, MD
Huntsman Cancer Institute, The University of Utah

Karim Fizazi, MD, PhD
University of Paris Saclay, Institut Gustave Roussy, Centre Oscar Lambret

URO
TODAY[®] GU
ONC
TODAY[®]

Neeraj Agarwal speaks with Karim Fizazi about the PSMAfore trial, a phase three study examining Lutetium-177 PSMA-617 in metastatic castration-resistant prostate cancer patients who had exhausted one second-generation androgen receptor pathway inhibitor. The trial enrolled patients with PSMA-positive disease who were not immediate candidates for docetaxel chemotherapy due to predominantly lung disease characteristics. Participants were randomized to receive either a second androgen receptor pathway inhibitor or Lutetium-PSMA for up to six cycles given every six weeks. The trial aggressively proposed crossover from control to Lutetium treatment. Results demonstrated the primary endpoint of radiographic progression-free survival was met, with approximately 50% reduction in risk of progression or death. Median times were approximately doubled at six months in the control arm versus more than twelve months with Lutetium-PSMA.

Androgen Deprivation Therapy (ADT) Education Class

The ADT Educational Class is a free session during which patients and loved ones will:

- Learn about side effects of ADT
- Learn how to manage side effects
- Complete goal setting exercises to teach you how to manage ADT side effects

When: Monthly class, held on Fridays

Time: 1:30 - 4 p.m.

Dates: March 28, April 25, May 23, June 27, July 25, Aug 22, Sept 26, Oct 24, Nov 28, and Dec 19

To register, call 306-766-2973.

National Online Support Group Meetings



Prostate Cancer Foundation
Find a Meeting





We are grateful to our sponsors, speakers, volunteers and loyal donors. At Prostate Cancer Support Regina, we rely on the generosity of volunteers, presenters, and donors to continue supporting men and families affected by prostate cancer.

Whether you donate your time, expertise, information for our newsletter or resources, your contribution has the power to change lives. All donations come with a charitable donation receipt. Here's how you can make an impact:

- Offer your time as a volunteer to support our community.
- Present valuable information to help patients and their families.
- Donate to fund life-changing support services and awareness efforts.

Thank you for helping us create a positive difference in someone's life. Your involvement ensures no one has to face prostate cancer alone.

Prostate Cancer Support Regina (PCSR) 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 our members, supporters and friends to fund our programs. PCSR brings men, families, friends and supporters together in one strong volunteer organization to increase awareness, knowledge and understanding of prostate cancer and men's health overall for people in Regina, Southern Saskatchewan and the public at large.

Prostate Cancer Support Regina is an incorporated organization in Saskatchewan under the authority of The Non-Profit Corporations Act, 1995 and a registered Canadian charity under the authority of the Income Tax Act.

Prostate Cancer Support Regina. Prostate Cancer Canada Network - Regina Inc.
CRA Charity # 84872 6386 RR0001



Meet Your Board

**Robert Chapman, James Froh, Guy Kergan, Kent
Stewart, and Fred Vandelindan**

board@pccnregina.ca
Executive Committee

Chair - James Froh	Treasurer - Guy Kergan	Secretary - Kent Stewart
(306) 527-8290	(306) 690-9687	(306) 543-2547

Executive Committee
inquiry@pccnregina.ca

Health Outcomes / Support Line/ Partnership Committee
support@pccnregina.ca

Communications Committee
communications@pccnregina.ca

Please contact the above listed committees for further
information about PCS Regina.

To ensure you are receiving all of our newsletters and
notices, please make sure info@pccnregina.ca is in your
contact list.

Our mailing address is:
PCS Regina
PO Box 37264
Regina, SK S4S 7K4

