

KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP NEWSLETTER



**OKANAGAN PROSTATE
RESOURCE CENTRE
SOCIETY**

Okanagan Prostate Resource Centre

To make an Appointment Call –

250-712-2002

E-mail – oprc@telus.net

www.okanaganprostate.com

CCS Cancer Information Line – 1-888-939-3333

Publisher/Editor – Bren Witt

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At our regular meeting in May we welcomed a couple of people who were attending their first meeting of our Prostate Cancer Support Group. We also welcomed back a couple of our snowbirds.

Several items were discussed at the meeting including the upcoming Motorcycle Ride for Dad event that is taking place on Sunday June 11th. and the Father's Day Walk taking place this year at the Rhapsody Plaza on Sunday June 18th.

I also discussed the new Supportive Care Program that will be taking place at our Cancer Centre for the Southern Interior in Kelowna. This is a program that was originally started several years ago by Dr. Larry Goldenberg at the Vancouver Prostate Centre. Recently the B.C. Government provided \$6 million to the VGH and UBC Hospital Foundation to support the Vancouver Prostate Centre in expanding the Prostate Supportive Care Program throughout B.C. This program is expected to begin in the very near future at our Cancer Centre for the Southern Interior.

New UBC Website Walks Men Through Prostate Cancer Diagnosis, Treatment -

The following information was obtained from several sources including UBC, The Vancouver Sun and others.

John Oliffe, head of Men's Health Research and a professor in the School of Nursing has developed a new interactive website called "*If I Were Tom*" (ifiweretom.ubc.ca)

This website has been five years in the making. The idea started in 2012, when researchers surveyed health specialists and patients to find out what they most want to discuss when dealing with prostate cancer. Another two years of video interviews followed, using a \$400,000.00 grant from the Canadian Institutes of Health Research. There are 30 videos on the website, with more ready to be swapped in order to keep everything fresh. (Our Prostate Cancer Support Group was one of the Support Groups originally interviewed)

The website is interactive, so the viewer can predict what Tom (actor Gary Johnston plays the role) will do at each step along the way from diagnosis to recovery. "Will I have to wear these stupid underpants that make you look like you're walking around with a load of crap in your pants?" Tom asks himself when worrying about potential side effects of surgery.

"We've found with guys that if a character resonates with them

they're drawn into the content in a more interactive way. You look at the video and put in what you would do next. You might be plotting what Tom's doing, but chances are you're plotting what you did or think you'd do," said Oliffe.

Like a support group session, but on line. There is already a mountain of information available about prostate cancer, concedes Oliffe, and the website isn't trying to duplicate that. Instead, each topic area includes a video from specialists including urologist, oncologist and psychologist and also includes men with prostate cancer talking about their real experiences. It also includes no-holds-barred discussion on sexual problems and hormonal changes.

We're really trying to create a resource that was similar for all those guys who don't want to go to a group because of privacy issues or who can't get there because of transportation or work commitments etc.

You can't have too much information. There are different types of prostate cancer - slow growing or aggressive - there are various treatment options to treat prostate cancer including surgery to remove the prostate gland surgically. Another option may be radiation therapy (Our Cancer Centre for the Southern Interior in Kelowna offers three types of radiation therapy to treat prostate cancer including external beam, low dose rate brachytherapy and high dose rate (HDR) brachytherapy), anti-hormone

treatment known as androgen deprivation therapy or doing something referred to as active-surveillance (where you and your PSA etc. are watched very closely and if and when things change then treatment options are offered). Age and other health problems will also play into each man's choice of treatment.

"They might be disappointed with the outcome, but if you go in knowing the potential side effects and having thoughtfully considered those, taking time rather than being rushed...you're less likely to make a decision quickly about a treatment you might regret."

Research continues. Oliffe's team is collecting more data through the website with surveys. I believe at the present time they are asking about a persons exercise regime.

Editor's Note: I have viewed the website and it is extremely well done. The actor Gary Johnston who plays Tom does a great job.

WITT'S WIT (ON THE LIGHTER SIDE) -

Saskatchewan Drunk

Recently, during a routine patrol, an RCMP patrolman parked down the street outside a Legion Hall in Small Town Saskatchewan.

After last call, the officer observed a man leaving the Legion

Hall. The gentleman was so intoxicated that he could barely walk. He then stumbled around the parking lot for a few minutes, with the officer quietly observing. After what seemed an eternity and trying his keys on five different vehicles, the man managed to find his car, which he fell into.

He sat there for a few minutes and then threw a hook and line out the window and seemed to be trying to catch a fish. A number of other patrons paid no attention to this crazy drunk as they left the bar and drove off.

Finally the drunk started the car, switched the wipers on and off (it was a Summer night) flicked the blinkers on and off a couple of times, honked the horn and switched on the headlights.

He then pulled in the hook and line and moved forward a few inches, reversed a little, and then remained still for a few more minutes as some more of the other patron vehicles left. At last, the parking lot was empty: he pulled out of the parking lot and started to drive slowly down the road.

The officer, having patiently waited all this time, now started up

the patrol car, put on the lights, and promptly pulled the man over. He performed a Breathalyzer test on the gentleman who cooperated fully, and to his amazement the Breathalyzer indicated no evidence of the man having consumed any alcohol at all!

Dumfounded, the officer said, "I am going to ask you to accompany me to Headquarters. This Breathalyzer equipment must be broken."

"I doubt it," said the truly proud Saskie, "Tonight I'm the designated decoy".

U.S. Preventive Task Force Now Recommending Prostate Cancer Screening -

The following information was obtained from several Internet websites.

The U.S. Preventive Task Force has finally given a passing grade of "C" for prostate cancer screening. The Task Force now concludes that "Screening offers a small potential benefit of reducing the chance of dying of prostate cancer." That is a notable change from their previous guidelines. In 2012 the IUSPSTF gave prostate-specific antigen, or PSA a grade of "D," which meant they "recommended against PSA-based screening for prostate cancer."

Given the fact that black men are disproportionately impacted by prostate

cancer, the 2012 guidelines were met with an uproar by health professionals and the African American community alike.

The PSA, a protein produced by the prostate gland, can be measured through a blood test. Elevated levels are often indicative of prostate cancer. The problem is that other conditions, such as infection or enlarged prostate glands can also elevate the protein as well. An additional problem is that a universal acceptable level of the PSA protein is not known. At on time a reading above 4 would cause concern. It's been found, however, that men with readings higher than four were clear of cancer, while some men lower readings were afflicted. Some urologists prefer to look for increases in the levels over a period of time instead of reacting to one measure.

Further mudding the situation is that a higher PSA - even if due to cancer - is not necessarily a death knell. Some prostate cancers are so slow growing that men die of other illnesses and not of the cancer itself. Currently, doctors cannot predict the severity and aggressiveness of prostate cancer a man has. Because of this uncertainty, men can be subject to surgery, chemotherapy and radiation, thereby increasing the risk of impotence, infections and incontinence.

The USPSTF by no means gives a strong stamp of approval to PSAs. Its recommendation now is that men between the ages of 55 to 69 should be informed about the potential dangers and benefits of PSA-based screening. The Task Force still recommends against screening in men 70 and older.

Not everyone agrees with these age limits. Excluding skin cancer,

prostate cancer is the third most common cancer diagnosed, and accounts for 10 percent of all new cases a year. While one-third of new cases occurs between the ages of 55 and 64, almost 40 percent occur between the ages of 65 and 74, according to the *National Cancer Institute*. Another 20 percent of the cases strike men 75 and older. That is why the *Society of Urologic Oncology* recommends that men over the age of 70 should still be afforded the opportunity to be screened. Not only is prostate cancer common at this age group, it is more severe. Older healthy men with an expected additional ten or more years of life may continue to benefit from PSAs. For reasons not understood, prostate cancer disproportionately impacts black men. While whites account for 122 new cases per thousand men, the number of blacks is 205 cases. Death rates are similarly dismal: 19 per 100,000 deaths in whites versus 44.2 in blacks.

The American Cancer Society, however, recommends that men of average risk should explore the risks and benefits of the PSA test at age 50 and at age 40 if they are of very high risk. Those in the latter category are black men and those with several first-degree relatives who had prostate cancer at an early age.

The bottom line is that males need to be aware of their risk of prostate cancer, talk to their doctor and act accordingly. Keep in mind that this is a potentially fatal disease..

Editor's Note: The previous information is the result from the U.S. Task Force - I wonder how long it will be before we see similar changes made by the Canadian Task Force?

Editor's Note: Last years Telus Okanagan Motorcycle Ride for Dad event in Kelowna raised \$40,000.00. A cheque for this amount was recently presented to the Cancer Centre for the Southern Interior in Kelowna. These funds stay in our community go to Prostate Cancer treatment locally. I believe since this Okanagan Motorcycle Ride for Dad event started in Kelowna close to \$300,00.00 has been raised and donated to our local Cancer Centre.

The Kelowna Prostate Cancer Support & Awareness group does not recommend treatment modalities or physicians: However, all information is fully shared and is confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters of your personal health.

The Kelowna Prostate Cancer Support & Awareness Group would like to thank Janssen - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.



UP COMING MEETING DATES FOR 2017

Note No Meetings during July and August - Sept. 9th. - Oct.14th

Meeting Information: PLEASE NOTE THE LOCATION OF OUR MEETINGS HAS CHANGED

Our regular monthly meetings are held on the second Saturday of each month in the *Aberdeen - Pandosy Rooms at the Holiday Inn Express Conference Rooms - 2429 Hwy 97 North, at the Holiday Inn Express Hotel* located next to the Canadian Tire Gas Bar. Our meetings begin at 9:00 A.M. and are generally over by 11:00 A.M.

Thank you for helping us "Win the War Against Prostate Cancer."

The Okanagan Prostate Resource Centre operates on donations. We would like to thank the Companies, Service Clubs, Organizations and Individuals that have made donations in order to help us operate this very valuable center. If you wish to make a donation please feel free to fill out the form below. Your support is gratefully appreciated. Our official Registered Charitable Number is - 89269 1718 RR0001

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