



KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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Merry Christmas

Our meeting in November marked a major milestone for the Kelowna Prostate Cancer Support & Awareness Group as it marked the **29th Anniversary** of our Prostate Cancer Support Group in Kelowna. It was on Saturday November 9, 1996, that I helped facilitate the first meeting that was held in a back room of the Canadian Cancer Society office that was located on Lawrence Ave. I believe we had around 20 people in attendance at that first meeting and I have continued to facilitate our monthly meetings since that first meeting. Our meetings have continued to be held on the second Saturday of the month.

Yvonne and I would like to take this opportunity to wish everyone who receives this newsletter a ***Very Merry Christmas*** and we wish everyone the best in 2026.

If you wish to have your name and contact information removed from this mailing list, please let me know and I will remove your information. If you know of someone who would enjoy the newsletter, please let me know and I can add their information.

A Co-Survivor (Wife of a Survivor's) Story

The following information was obtained from the Prostate Cancer Foundation (U.S.) on September 30, 2025.

Dear Friend,

I'm Lauren Hulse, and today I want to share one of the scariest and most transformative journeys of my life: the day my husband, Tom, was diagnosed with prostate cancer. It was his 61st birthday, and the words "you have prostate cancer" shattered our world.

We were stunned. Tom was an IRONMAN competitor in top condition. How could this happen? What we didn't know was that **the simple PSA blood test that led to Tom's diagnosis would become our greatest hope, because early detection saved his life.**

At first, Tom wanted to give up. The year before, he's lost his best friend to prostate cancer, a devastating loss that caused him despair about his own disease. Throughout those most difficult early days, I stayed by his side, patiently encouraging him to share his feelings with me so I could help him.

Eventually, my husband did open up to me-and **we formed an empowered team.** I went to appointments with him and helped research treatment options. After tom's successful surgery to remove the prostate and the cancer, we went through the recovery process together. Some days were tough, but we kept going, **because love never gives up. Love keeps fighting, all the way to the finish line.**

If your loved one has cancer, my number one piece of advice is to **join a caregiver support group.** Whether in-person or virtual, you'll find comfort, resources, practical suggestion, and hope to empower you on this journey.

Today as I write this, Tom is a ten-year survivor with several more IRONMANS under his belt. That's ten more years of birthdays, anniversaries, and dreams fulfilled, **all because of early detection. Every man deserves this chance, Friend.** Men should get an annual PSA test starting at age 45 (or 40 if you are a Black man or have a family

history). Please don't wait – schedule yours today and ask the men in your life to do the same. Early detection didn't just save Tom's life. **It gave us back our future.**

With hope and determination,
Lauren Hulsey
Co-Survivor Prostate Cancer Advocate

WITT'S WIT (ON THE LIGHTER SIDE)



9 Prostate Cancer Myths You Shouldn't Believe

The following is an excerpt of information that was obtained from the Canadian Cancer Society October 2025

Learn the truth about some common prostate cancer misconceptions so you can tell fact from fiction.

Prostate cancer is the most common cancer among Canadian men. On average, 76 Canadian men will be diagnosed with prostate cancer every day. Because prostate

cancer affects so many people there is a lot of information about the risks, effects of treatment and outcomes of this disease. But there is a lot of incorrect information.

1) Myth: Prostate Cancer only affects older men –

Fact: While the risk for prostate cancer increases as men get older, age is only 1 risk to consider. Men in their 60s are most often diagnosed, but behaviors, substances or conditions can also affect your chances of developing prostate cancer.

Some risks are out of your control. For example, if you have close relatives (your father, brother or son) who were diagnosed with, the greater your risk is for developing prostate cancer. Prostate cancer also occurs in Black men more often than men in other ethnicities.

Other risks may include weight, inherited gene mutations or tall adult height.

2) Myth: Prostate cancer is always fatal.

Fact: The death rate for prostate cancer has been declining since 1995, partly because of improved treatments made possible by cancer research. It is estimated that 1 in 8 men will develop prostate cancer during their lifetime and 1 in 30 will die from it.

When prostate cancer is caught early nearly 100% of men diagnosed will survive at least 5 years. But if it's caught late, 5-year survival drops to 41%. That's why prostate cancer screening is so important.

3) Myth: A high PSA level means you have prostate cancer.

Fact: A prostate-specific antigen (PSA) test measures the amount of a protein made by prostate cells in the blood. A PSA test is often used to find prostate cancer early.

PSA levels can be high for different reasons. It doesn't always mean you have prostate cancer. PSA levels naturally go up with age. A higher-than-normal level may be caused by several factors, such as an enlarged prostate due to benign prostatic hyperplasia BPH, a urinary tract infection, an inflamed or infected prostate.

4) Myth: Treatments for prostate cancer cause the loss of your sex life.

Fact: It's common for prostate cancer treatments to cause changes in a person's sex life, such as a lower sex drive or erectile dysfunction. Some changes may be short term and others long term, but it doesn't mean that this part of your life will be over. Your healthcare team can help you manage any challenges.

Urologists, family doctors or other specialists may be able to help with sexual problems.

5) Myth: Treatment will cause permanent loss of bladder control.

Fact: While bladder issues are a common side effect of surgery, radiation and the cancer itself, there are ways to manage urinary incontinence. Any treatment that removes the prostate or destroys the prostate tissue can affect urination. In some cases, this can be permanent. In others, it may be temporary, lasting a few weeks to a few months.

Your healthcare team (including some Physio's who have specialized training) can help you manage bladder issues. Some ways may include bladder training and exercises, medical devices or surgery.

6) Myth: Prostate cancer shows signs and symptoms.

Fact: Many prostate cancers grow slowly and cause no symptoms or problems. In the

early stages, signs of symptoms of prostate cancer will not always be obvious but can cause changes in the body as the tumour grows. If signs do appear, they may be feeling tired, or a pain or stiffness in the back, hips or pelvis that doesn't go away.

7) Myth: Prostate cancer is usually diagnosed at a late stage.

Fact: Prostate cancer can be diagnosed at any stage. There are 2 tests available to find prostate cancer early. The PSA test can show problems with the prostate but cannot diagnose prostate cancer. A digital rectal exam (DRE) is a physical exam of the prostate through the rectum. Using these tests together is better for early detection than using either test alone.

8) Myth: BPH increases your risk for developing prostate cancer.

Fact: BPH is an enlargement of the prostate caused by an overgrowth of cells (called hyperplasia in the prostate). BPH is a non-cancerous condition and there is no link to a higher risk for prostate cancer. BPH isn't considered a health problem unless it causes symptoms. By age 70, almost all men will have some prostate enlargement.

9) Myth: Surgery is the best treatment for prostate cancer.

Fact: Your healthcare team will create a treatment plan that will depend on your health, specific information about the cancer and personal factors. Other treatments for prostate cancer can include radiation therapy, hormone therapy, chemotherapy or targeted therapy.

When deciding which treatments to offer for prostate cancer, your healthcare team will consider factors such as the type and stage of the cancer and possible side effects of treatments.

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 - and TerSera for their support and educational grants that go towards our newsletters and our support group.



UP COMING MEETING DATES FOR - 2025 – 2026

January 10, February 14, March 14

Meeting Location:

Our meetings take place in the Harvest Room at Trinity Church located at the corner of Springfield Road and Spall Road. Please enter through the South Entrance off the main parking lot and follow the signs upstairs to the Harvest Room. Our meetings begin at 9:00 A.M. and the doors open at 8:30 A.M. There is elevator access if needed.

NOTE: Many of our past newsletters are available for viewing and printing through our website. – www.kelownaprostate.com

- A big *Thank You* to Doris at Affordable Web Design for all her work on our website