



## Vancouver Prostate Centre's

# PCSC POST – Summer 2015

Welcome to the fourth edition of the PCSC Post, a newsletter to bring you up to date with the activities of the Vancouver Prostate Centre's Prostate Cancer Supportive Care (PCSC) Program



In its third year of existence, our Prostate Cancer Supportive Care (PCSC) program continues to expand and thrive. Through a unique, modular approach to care, the program offers men and their partners the choices they require to meet their particular needs. Whether a couple participates in one or in multiple modules, their journey from the decision making process to coping with the consequences of therapy is made more calm and comfortable by the knowledge, expertise and professionalism of every member of the team. In the first two years of our program, 425 men participated in at least 1 module and in the first quarter of 2015, we have already enrolled a further 116 men. We are on pace to enroll and help to improve the quality of life of 1,000 men and their partners in only 3 years of operation!

I would like to welcome two new members to the team: Sarah Mahovich, research assistant, and Kevin Lutz, clinical counselor. They will provide us with the expertise to proceed with our research initiatives and to develop the best approaches to help couples cope with the transition from health to illness and back to normalcy.

It is important to point out that we are not only helping patients with the program, but are also sensitizing physicians to the issues and needs of the patient/couple with prostate cancer. In fact, several physicians with prostate cancer themselves have participated in our modules and have realized a whole new appreciation for the journey that men embark on the moment they find out that their biopsy shows prostate cancer.

Cicero famously said: 'In nothing do men more nearly approach the gods than in giving health to men'. I am proud of our team and their unselfish dedication to the men and partners we care for. The quality of their work is reflected in the many letters received from grateful couples. Here are just a few examples:

"Hi Monita, I'm sure you don't hear this enough. I would like to commend and show appreciation for the wonderful work of the Supportive Care Program. We have attended many seminars, (including the recent one with Stacy Elliot) and they have been very informative and helpful."

"Today my wife and I had a very informative meeting with RN Chris for my post brachy ED. Chris did a wonderful job and we commend her for her excellent manner and knowledge".

"Thank you so much for calling my husband yesterday. I think he has been doing really well but of course he has frustrations. Your call really picked up his spirits and hope for a less leaky future. He is good today and has improved so much since the catheter came out. I have reviewed the exercises with him and he is back on the path of recovery."

To date, our program has been funded by generous donors, the Specialist Services Committee of the Doctors of BC, and the Government of British Columbia. Without this support we could not do what we do and we will continue to rely on individuals and corporations to allow us to expand and improve. On behalf of all the team members and all of our program participants, thank you for your ongoing support.

**S. Larry Goldenberg**  
CM, OBC, MD, FRCSC, FCAHS

## WE HAVE A NEW TELEPHONE NUMBER!

As of May 1st 2015, the PCSC program has a new direct phone number. To contact Monita Sundar, Program Coordinator, please call:

**(604) 875-4485**

## Special Guest Lecture Series 2015

In April, Dr. Stacy Elliott was the third speaker in our Special Guest Lecture series. Over 100 people came out on a rainy Vancouver night to attend her lecture "Maintaining a Sexual Life with Prostate Cancer" which was held in the Paetzold Auditorium at Vancouver General Hospital. During her talk, Dr. Elliott focused on why there are changes to sexual function after prostate cancer treatments, what can be done to restore satisfying sex, and future approaches to sexual rehabilitation following prostate cancer treatment. She also discussed strategies for men to try to limit the negative side effects of prostate cancer treatments on their sexual function.

If you missed Dr. Elliott's lecture or would like to see the lecture again, please visit: <http://bit.ly/1KarsTg>

**Be on the lookout for our next "Special Guest Lecture" (topic TBA) scheduled for Tuesday July 7th 2015 at 6pm.**

## Couples Intimacy Workshop

The Sexual Health Clinicians in the PCSC program and the Men's Health Initiative have been successfully conducting intimacy workshops for couples since October 2014. There have been three workshops held with 35 couples participating. The two hour workshop is designed to help couples maintain intimacy in the face of a prostate cancer diagnosis and subsequent treatments. The facilitators, Christine Zarowski RN, BSN, and Shannon Griffin RN, MN, explore what intimacy means, define relationship roles and responsibilities, review effective sexual communication, and provide 'take home' activities to promote intimacy. The workshops have been well received and continue to be refined to help address the needs of couples. There is no fee to attend the workshop.

**NOTE: These workshops are only open to couples, who have previously been seen in consultation by either Christine Zarowski or Shannon Griffin.**

Workshop Information:

- Date: Tuesday September 15th 2015 (full-waitlist only) or Tuesday December 1st 2015
- Time: 4pm to 6pm
- Location: Gordon and Leslie Diamond Health Care Centre (room location to be announced)

To register for the next workshop or for more information, please contact [naomi.liu@vch.ca](mailto:naomi.liu@vch.ca) with "Couples Intimacy Workshop" in the subject line, or call (604) 875-4495.

**FREE • SPACE IS LIMITED • REGISTER EARLY!**

## SAVE THE DATE

Wednesday June 10th 2015 @ 6pm: 'Introduction to Prostate Cancer and Primary Treatment Options' session  
Wednesday June 17th 2015 @ 4pm: 'Managing the Impact of Prostate Cancer Treatments on Sexual Function' session  
Wednesday June 17th 2015 @ 4pm: 'Adapting to Androgen Deprivation Therapy-Introductory' session  
Thursday June 18th 2015 @ 4pm: 'Adapting to Androgen Deprivation Therapy-Drop-in' session  
Wednesday June 24th 2015 @ 530pm: 'Introduction to Prostate Cancer and Primary Treatment Options' session  
Wednesday June 24th 2015 @ 5pm: 'Introduction to Pelvic Floor Physiotherapy' session  
Tuesday July 7th 2015 @ 6pm: Special Guest Lecture Series Topic TBA  
Wednesday August 5th 2015 @ 6pm 'Nutrition Advice for Prostate Cancer Patients' session  
Wednesday September 2nd 2015 @ 6pm: 'Exercise for Prostate Cancer Patients' session

To register for any of these information sessions or future information sessions, please call Monita Sundar, PCSC Program Coordinator at (604) 875-4485 or email [PCSC@vch.ca](mailto:PCSC@vch.ca)

## Biographies of Our Newest PCSC Team Members:



**Sarah Mahovlich, BSc**, joined the PCSC Program as its Research Assistant on December 15th. Before joining our team, Sarah completed a one year research internship at the BC Cancer Agency's Alex and Jo Campbell Supportive Care Research Centre in Victoria. Her work there involved multiple projects including the Living Well project, POSI (patient reported outcomes), an Information Referral program, a restorative yoga program, and PREDICT. Sarah majored in Biology at the University of Victoria, has assisted in hereditary heart disease research with indigenous populations in BC, and previously was a crisis line volunteer for Victoria Women's Transition House. In the PCSC Program, Sarah has been assisting with the development of research studies to evaluate the effectiveness of PCSC's educational modules and implementing various research projects that focus on improving the quality of life for prostate cancer patients.



**Kevin Lutz, MA**, is the newest member to the PCSC program and joined the team on April 22nd. Kevin is a Registered Clinical Counsellor in BC and is currently a student in the doctoral program in Counselling Psychology at the University of British Columbia. Kevin's career over the last 12 years has ranged from working with high risk youth and young offenders, to treating complex concurrent disorders in HIV positive individuals, and those with persistent and severe mental illness. Kevin has specialized experience working with men of all ages, suffering from anxiety and depression, post-traumatic stress disorder (PTSD), identity and sexuality issues, and various medical issues such as treatment for and recovery from prostate cancer. Kevin has significant training in group theory and process, has run Active Reflections groups with first and second year medical students at UBC for the past 9 years, and is a clinician for the Veteran's Transition Network working with military men with PTSD in a group environment. As a counsellor practicing from an integrated mind/body orientation, Kevin provides a safe and supportive therapeutic environment where individuals can reclaim, or recreate, aspects of their Self that have been lost as a result of traumatic experiences. Kevin's current research is focused on the identification of therapeutic factors and mechanisms of change in individual and group psychotherapy. Kevin will be available from June to see men and/or their partners in the PCSC program who require counselling for any issues relating to their prostate cancer.



**Cheri Van Patten, BSc, MSc**, is a Registered Dietitian (RD) and researcher at the BC Cancer Agency in Vancouver. Cheri has over 20 years of combined clinical and research experience in breast and prostate cancer. She is the past regional Professional Practice Leader for Oncology Nutrition for the Lower Mainland Cancer Centres. Cheri's research interests and scientific publications relate to diet, body weight, obesity, exercise, and the use of complementary therapies. Cheri has collaborated with multiple organizations across Canada to provide evidence-based information on nutrition for men with prostate cancer, including various patient guidebooks, seminars, webinars, chatlines and websites. She is the author of Nutrition Guide for Men with Prostate Cancer, which is freely distributed to all newly diagnosed prostate cancer patients in BC. Cheri is a member of the College of Dietitians of BC and accredited member of the American Dietetic Association. She is also an avid cyclist and has participated in a number of cancer fundraising events to improve cancer care and services in BC. Cheri assists in the PCSC Program with delivery of the 'Nutrition Advice for Prostate Cancer Patients' seminar every 3 months.



**Erik Wibowo, PhD**, is the Project Coordinator for the Androgen Deprivation Therapy Educational Program, which is part of a national initiative funded by Movember through Prostate Cancer Canada. The ADT Educational Program is designed to help prostate cancer patients and their partners manage the side effects of androgen deprivation (hormone) therapy. Erik completed his graduate studies at Dalhousie University under the supervision of Dr. Richard Wassersug and Dr. Kazue Semba. For his doctoral thesis, he investigated how estrogen influences sleep and sexual behaviours of castrated male rats as a model for prostate cancer patients who are on androgen deprivation therapy. Erik is also now involved in a research on how androgen deprivation therapy impacts sleep parameters of prostate cancer patients.

## Richard Wassersug, Phd: Paper Pick

In each issue of the PCSC Post, Richard flags papers in the area of prostate cancer supportive care that he thinks are both particularly interesting and relevant to readers of the PCSC Post. Here's his latest...

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### The Impact of Hormone Therapy on Men with Prostate Cancer, their Partners—and their Partnerships

About half of all men treated for prostate cancer will be prescribed hormone therapy—more accurately known as Androgen Deprivation Therapy (ADT)—at some time along their cancer journey. ADT deprives the body of the main androgen, testosterone, the key hormone that normally promotes prostate cell growth. Although ADT is not considered curative, for many patients it can hold prostate cancer in check for years, sometimes for decades. In the early stage of metastatic disease, ADT can also cause some painful metastases to regress, improving patients' quality of life. ADT obviously benefits many patients. The downside is that ADT is known to have an array of side effects and some of those are substantial. Much has been written about strategies for reducing the more medically serious adverse effects of ADT; less attention has been given to the psychosocial and sexual impact of ADT.

How does ADT affect men in the psychosocial setting? Let's start with the normal roles of testosterone in the body. Testosterone gives men the multitude of features that define males as men and distinguishes them from most females. This includes their more muscular bodies, their facial hair, and their propensity to go bald in middle age. Most notably, testosterone gives men their sex drive, which is diminished in most men on ADT. But testosterone does more than that. Testosterone has been described as a "social hormone" (Eisenegger et al., 2011) for it not only regulates men's desire for sex, but also their propensity to compete with other individuals; i.e., in popular lingo it gives men their "machismo." Many studies report men feeling less energetic, less motivated, and to some degree less macho while on ADT. In sum, ADT impacts on how men feel about themselves and interact with others.

#### Men & Emotions

Changes in emotionality have been repeatedly reported for androgen-deprived prostate cancer patients. But these have not been precisely characterized and may be manifested in different ways by different men. In general terms, they range from men becoming more sentimental to more irritable (Higano, 2003). The most conspicuous change that has been reported is an increase in tearfulness. In our society women may cry, but in the cultural stereotype for the western world "real men" don't cry. Increased tearfulness can thus be embarrassing to men on ADT. How men see this increased emotional ability, and whether they accept it or not, may have a great impact on how well they adapt to ADT in general. I have met a fair number of patients on ADT, who announced that they now share tissues with their partner when they go

to a dramatic movie...and feel closer to their partner as a consequence.

However, such open acceptance of the changes brought on by ADT is not always easy. Some men, who are not comfortable with the changes they are experiencing, feel ashamed or out of control at being seen by others as acting, or reacting, differently than they did before ADT. In contrast to the patients who acknowledge and accept emotional change, they strive to hide it and perhaps hope that it will go away...or at least go unnoticed. They then get distressed and even angry if it is recognized and commented on by someone else.

#### Impact on the Partners

The "someone else" is often the patient's partner, who sees ADT-induced changes in their partner's personality before he sees them in himself. This can lead to conflict between patients and partners if they have different coping strategies. Often women find it beneficial to talk out problems, whereas men often resort to denial as a defensive mechanism, particularly when facing problems they cannot easily solve. That can lead to frustration and then depression in the patient's partner, who may feel rebuffed and rejected, when the patient wants to neither acknowledge nor discuss how different he feels on ADT.

In sum, ADT can negatively impact on a man's interactions with the person he is normally closest to, and this can have repercussions on that person's health. In general, the psychological distress associated with cancer is greater on females than on males whether they are the patient or the partner (Hagedoorn et al., 2008)! This has recently been documented for a variety of cancers, including prostate cancer, where the female partners show persistently higher levels of anxiety than the male patients (Lambert et al., 2013). In fact, over 20 years ago Kornblith et al. (1994) reported greater psychological distress in the partners than the prostate cancer patients themselves. There is reason for healthcare providers to be particularly concerned about the psychological burden on the partners of prostate cancer patients since the distress in the partners correlates with the distress in patients.

In fact Kim et al. (2008) showed that there is "evidence of partner effects, at least for women. That is, women's distress predict[s] men's physical health, over and above the men's distress, ...age, and cancer stage." Seen in that light, all of us—patients, partners, and healthcare providers—should be concerned about the health and welfare of not just patients on ADT, but also their partners.

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### Helping Patients & Partners Deal with the Adverse Effects of ADT

Going one step further, I would argue that we should be concerned not just about the individuals, but about preserving their co-supportive partnership. Too often cancer treatments can be so debilitating that they cause co-supportive partnerships to devolve into a patient/caregiver dynamic. Our job should be to help prevent that. Strong partnerships are first and foremost built on intimacy, which means sharing something with someone that one doesn't share with others. When we are young, sex is a bonding act, an intimate act that builds partnership. But when we age—and in particular for patients on ADT whose sexual desire is depressed—maintaining intimacy and protecting partnership can be challenging.

Not all prostate cancer patients have life partners, but having one and keeping one's partnership strong and healthy is one of the most effective treatments for prostate cancer. As Aizer et al. (2013) noted, the survival benefit for prostate cancer patients in having a supportive spouse (call it marriage if you will) beats any benefits of chemotherapy.



### Like our Program? Want to be a PCSC Volunteer?

The PCSC program has grown rapidly over the last two years and we are now in need of volunteers to assist us in numerous aspects of the program. As such we are establishing a PCSC Volunteer Program. If you have interest in exploring this opportunity, please contact Monita at (604) 875-4485 to find out more about our needs. Prior experience as a volunteer in the health care setting is desirable, but not required. We look forward to talking with patients, wives/partners, or interested family members, friends or those who just want to be part of a meaningful experience in improving the lives of those affected by prostate cancer.

### ADT Drop-in Session Dates

Thursday June 18th @ 4pm

Thursday July 16th @ 4pm

Thursday August 20th @ 4pm

Thursday Sept 17th @ 4pm

To register for any of these information sessions or future information sessions, please call Monita Sundar, PCSC Program Coordinator at (604) 875-4485 or email [PCSC@vch.ca](mailto:PCSC@vch.ca)

### Literature Cited

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## Featured Research Studies

### Do You Have Prostate Cancer? You Can Now Take Part in a New Research Study

During the study, you and your partner will learn about the importance of diet and lifestyle factors for prostate health.

You and your partner will participate in six cooking and nutrition classes, which will be led by a cooking expert. You will learn about foods that may slow the progression of prostate cancer.

Prostate cancer is one of the most commonly diagnosed cancers in Canada, with 23,600 new cases estimated for 2014. Many men live with side effects of the treatment and changes in their personal relationships. However, nutrition can have a role in preventing or lessening some of these.

Watch a video about our cooking classes featured on Global TV:  
<http://bit.ly/1Ad2zUK>.



Dr. Carolyn Gotay is Principal Investigator of the study. She is Director of the Centre of Excellence in Cancer Prevention and a Professor in the School of Population and Public Health, Faculty of Medicine, University of British Columbia. She holds the Canadian Cancer Society Chair in Cancer Primary Prevention. The Centre is a partnership between the Canadian Cancer Society and the University of British Columbia.

For information, phone Svetlana Ristovski-Slijepcevic at 604-822-3486, or email [cookingclass.cancerprevent@ubc.ca](mailto:cookingclass.cancerprevent@ubc.ca).

For eligibility requirements and research program details, please see <http://cancerprevent.ca/cookingclass>

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## Prostate Cancer Research

A graduate student at the UBC is exploring the connections between work, prostate cancer and radical prostatectomy.

### If you:

- were **working** at the time of prostate cancer diagnosis
- were treated with **radical prostatectomy, and**
- would like to **help us** better understand how prostate cancer and work affect men...

...We would like to hear from you!

### You can help us by:

- participating in a 60 to 90min in-person or phone interview
- if you would like to participate or would like more information, please contact Wellam Yu Ko (call/text) (604) 441-0642 or [wuuko@alumni.ubc.ca](mailto:wuuko@alumni.ubc.ca)



a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA

## Contact Us...

If you are interested in finding out more about anything described in this newsletter, the schedule for upcoming sessions, individual appointments, or if you'd like to suggest other topics to be covered in future newsletters, please contact:

Monita Sundar, PCSC Program Coordinator

Contact Number: (604) 875-4485

Email: [PCSC@vch.ca](mailto:PCSC@vch.ca)