



Vancouver Prostate Centre's

PCSC POST – Winter 2014

Welcome to the third edition of the PCSC Post- a newsletter to bring you up to date on the activities of Vancouver Prostate Centre's Prostate Cancer Supportive Care (PCSC) program

Since opening our doors in January 2013, I am delighted to announce that we have over 400 patient participating in our program. The PCSC program's main goal is to reduce stress and help patients maintain a good quality of life starting from the time of diagnosis. Using clinical, educational and evidence-based strategies, the PCSC program aims to address the educational, physical and psychological needs of the prostate cancer population across the entire disease trajectory. The program currently offers five information modules that both prostate cancer patients and their partners can participate in.

I am pleased to announce that Prostate Canada Foundation of BC is providing a grant towards a part-time clinical psychologist for the program. The clinical psychologist will provide additional expertise to provide support to patients and family members as they deal with the multitude of issues revolving around all stages of prostate cancer.

I hope you will be interested to read the following article I wrote, which appeared in the Toronto Star on November 2nd, in response to the debate over the role of PSA testing.



The Case for PSA Testing

Telling urologists not to use a simple blood test to screen for prostate cancer is like telling cardiologists not to use a stethoscope to check for heart defects – you don't need to be an expert to know that neither makes sense. Yet, that's what the Canadian Task Force on Preventive Health Care, comprised entirely of non-experts in the field, did this week. By urging doctors (and patients) to stop using the prostate-specific antigen test, or PSA, to detect cancer in its early stages, the task force's recommendation will put men's health at risk. You should ignore it. Here's why.

When I began my practice in the early 1980s, before the PSA era, almost one-in-four men with prostate cancer had cancer spread to their bones by the time they were diagnosed. Today, it's one in 25. Prostate cancer deaths have fallen by 40 percent.

Why the difference? Our treatments have improved, and so have our lifestyles. Doctors have new tools to manage complications like never before.

But we also use the PSA test to find cancers at earlier stages. It's the most powerful cancer marker in medicine.

The principle behind "screening" is that, when a disease is detected in its early stages, treatments will be more effective and prevent it from progressing. Today's debate over whether or not PSA screening "saves lives" misses the point. Early detection is not just about preventing death; it's also about reducing suffering from pain, weight loss, urinary problems, bleeding, and anemia. Without early detection, even men whose cancer won't kill them will see their quality of life deteriorate more quickly and more painfully than if they had been diagnosed sooner.

The task force didn't consider this data; they considered death, but not quality of life. As a urologist who treats prostate cancer, I care as much about improving the latter as preventing the former.

Continued on next page...

The Case for PSA Testing

Continued from previous page...

The reason is simple: one-in-seven men will have prostate cancer, but only one-in-33 will die of it. The PSA test can detect abnormalities, but it can't distinguish low-risk cancers from their more lethal cousins. Still, in the worst case, the "over-diagnosis" and "overtreatment" of which the task force warns are far better than the alternative; I would rather give a patient a PSA test and then perform a biopsy to rule out aggressive cancer than risk waiting for the cancer to grow or spread.

I don't want to go back to the days when men would come to my office on crutches, dying of incurable cancer. I will use every tool in our arsenal, including the PSA test, to make sure that doesn't happen.

Think of PSA screening as a fishing trip; the goal is to catch the large fish and toss back the small ones. If the small ones grow over time, we can catch them at a later date. If a prostate cancer is caught early, and its characteristics are such that it's unlikely to grow quickly, then we can track it and treat it if it changes over time. This isn't "over-diagnosis," and it isn't "overtreatment." It's just good clinical practice.

Disparaging the PSA test does a great disservice to Canadian men. PSA isn't perfect, but it doesn't have to be. It's just one tool among many, and just one small part of the process of diagnosis and treatment. Specialists don't look at the results of a PSA test in a vacuum; our job is to apply our medical expertise and interpret a patient's PSA score in context. Like a cardiologist with a stethoscope, or a radiologist with a mammogram, a urologist is trained to use the PSA test as a data point – as one invaluable piece of information among the many that we need in order to provide our patients with the best possible treatment.

As a urologist, I'll continue to urge my patients to check their PSA. As a man, I'll continue to check mine, too. So should you.



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

Sexual Health Service Update

This service provides two components for men and their partners: 1) an information seminar for patients before surgery or radiation or within 6 months of treatment and 2) private clinical assessments of men with or without their partners. We are thrilled to report that over 325 patients have been seen and treated since this service began in June 2013. The majority of the patients attending this service were seen after their treatment, but an increasing number of patients are being seen before treatment. This fits our program's philosophy of a "pre-habilitation" approach to supportive care.

Coming in January 2015, men who have been previously assessed by any of the clinicians in the Sexual Health Rehabilitation programs of either the PCSC program or Men's Health Initiative, are welcome to participate with their partners in a *Couple's Intimacy Workshop*, aimed at looking how couples communicate and share intimacy around their sexuality. Our first workshop was a big hit! To register for this workshop, please contact Naomi Liu @ 604-875-4495.

There are a number of other exciting projects that will be implemented in 2015, so watch out for our special issue of the PCSC Post in February 2015 - in time for Valentine's Day!



PCSC Team Biographies



Monita Sundar, BA, MA, is the new Program Coordinator for the PCSC program. She takes over this role from Phil Pollock, who is now the Manager of the PCSC program. Monita joins our team with over 19 years of experience in the cardiology department at VGH. Monita received both her Bachelor of Sociology (2006) and her Masters of Gerontology (2014) from Simon Fraser University. Her research interests include health and aging. Monita is passionate about educating older adults to better understand their health condition, and how to implement strategies and programs that will promote better health and quality of life.



Sarah Weller, BCAF, CSEP, is a certified cancer exercise specialist who uses exercise to help reduce the side-effects of both the cancer and its treatments. Sarah helps people set and achieve movement-based goals. She is a strong believer in building independence and confidence around exercise, and in using exercise as medicine. Sarah received her Bachelor of Human Movement Studies degree (2006) from the University of Queensland, Australia and has 10 years experience in exercise prescription for injuries, chronic diseases and cancer. She is passionate about improving physical function through corrective movement and exercise. She predominantly treats people with a cancer diagnosis and of all ages. Sarah specializes in evidence-based exercise prescription and works with patients before, during and after treatment (surgery, radiation, chemotherapy, hormone therapy). Her training and experience enable her to work with multiple conditions and complex cases in a safe and knowledgeable way. On behalf of the PCSC program, Sarah presents a 2-hour information session quarterly, on exercise for both prostate cancer patients and their family members.



Marcy Dayan, is a registered physical therapist with expertise in the management and treatment of incontinence, genital and rectal pain, pelvic organ prolapse, and pelvic musculoskeletal dysfunction. Since graduating from the University of British Columbia with a Bachelor of Science in Rehabilitation (1984) and a Master of Health Administration (1996), Marcy has completed postgraduate courses in incontinence, genital and rectal pain, orthopaedics, sex education and counseling. She is a Women's Health Clinical Specialist which includes expertise in male incontinence and genital pain. Marcy works in both private and public practice and does research and teaching as well. She is a clinical instructor on urogenital pathophysiology in the Master of Physiotherapy program at the University of British Columbia, and has presented on pelvic floor dysfunction at both medical and physiotherapy conferences.

Do you have prostate cancer and are you receiving androgen deprivation therapy (ADT)?

You can now take part in a new research study that will help you manage the therapy's side effects.

During the study, you and your partner will learn about the importance of diet and lifestyle factors for prostate health and will cook foods that help reduce the side effects of prostate cancer treatment.

You and your partner will participate in six cooking and nutrition classes, which will be led by a registered dietician who is also a cooking expert. You will learn about foods that may help reduce the side effects of hormone therapy and 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. Treatment often includes a hormone treatment, androgen deprivation therapy (ADT), to prevent prostate cancer cells from growing. Many men live with side effects of the treatment, such as weight gain, increased bone fracture risk, and changes in their personal relationships. However, nutrition can have a role in preventing or lessening some of these.

Dr. Carolyn Gotay is Principal investigator of the prostate cancer study. She is Director of the Cancer Prevention Centre and a Professor in the School of Population and Public Health, Faculty of Medicine at the University of British Columbia. She holds the Canadian Cancer Society Chair in Cancer Primary Prevention. The Cancer Prevention 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**.

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

PCSC Program: The latest feedback from our participants...

This past summer the PCSC program piloted a three month exercise program specifically for prostate cancer patients and their partners. Our program was designed to be similar to the Portland, Oregon “Exercising Together” program developed at Oregon Health & Science University by Dr. Kerri Winters-Stone. Winter-Stone developed “Exercising Together” as a strength training program for couples coping with prostate cancer. The goal was to have a program that aided the physical and emotional health of prostate cancer patients and also that of their partners. The program’s goals were to: 1) improve the physical function of the participants and 2) to improve communication and teamwork in couples. Five couples participated in the first run of this program and their feedback has been extremely positive. Here are a few quotes from the participants:

“I liked challenging my body’s strength, but it was clear that there had been a loss of tone, flexibility, and stamina. Over the weeks, however, I was able to work with progressively heavier weights. This was satisfying. I learned a lot about technique and pacing. And I learned the only way to get exercise into my week was to book it in”.

Stephen W.

“The test conducted by Sarah Weller [the instructor] indicated a marked improvement in [my] fitness, strength, flexibility and the all-important waist line contraction”.

David and Pat N.

“[Sarah Weller] has tailored the program criteria based on individual abilities and health conditions and has effectively encouraged teamwork and communication among participants. The pre and post assessments reveal our achievements and the intermediate evaluations indicate our progress on a timely basis”.

Eddie and Alice H.

“Having my wife join me in the exercise program motivated me that much more to stay with the program. I felt I had more energy, I lost weight, and just had an overall good feeling of being more fit and needless to say my clothes fit much better. An important part of the program for me was to be able to share my experience with other men that had gone through the same procedure”.

Raymond and Bonnie D.

“The best part of the program was meeting both the participants and their partner...[A]fter the program was over we had a dinner at our place. It was really nice and comfortable, and everyone enjoyed each other’s company...and it was a very good exchange”.

Curt and Healine S.

SAVE THE DATE

Wednesday January 14th, 2015 @ 6pm: ‘Introduction to Primary Treatment Options’ session

Wednesday January 21st, 2015 @ 5pm: ‘Managing the Impact of Prostate Cancer Treatments on Sexual Function’ session

Wednesday Jan 21st, 2015 @ 4pm: ‘Adapting to Androgen Deprivation Therapy-Introductory Session’

Thursday Jan 22nd, 2015 @ 4pm: ‘Adapting to Androgen Deprivation Therapy-Exit Session’

Wednesday January 28th, 2015 @ 5pm: ‘Introduction to Pelvic Floor Physiotherapy’ session

Wednesday February 04th, 2015 @ 6pm ‘Nutrition Advice 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 **604-875-4111 ext: 22946** or email **PCSC@vch.ca**

ADT Educational Program Update

For over a year now the PCSC program has run, as one of its core educational modules, the “Androgen Deprivation Therapy (ADT) Educational Program.” The ADT program involves two class sessions and is designed to help prostate cancer patients starting on ADT recognize and overcome the majority of the more burdensome side effects of this treatment. Since some of those side effects impact indirectly on the partners of the patients, the program is offered to partners as well.

The ADT Educational Program sessions are held once a month at the Gordon and Leslie Diamond Health Care Centre across from the Vancouver General Hospital. Each man who attends the module receives a complimentary copy of the new book “Androgen Deprivation Therapy: An Essential Guide for Prostate Cancer Patients and Their Loved Ones”.

We are pleased to announce that we have now started a research study to evaluate the effectiveness of this educational program. All participants, who plan to take the module, are invited to join in the research study. As part of the study, participants complete a set of questionnaires before they attend the first class and once again after the follow-up session. The questionnaires explore participants’ knowledge of ADT side effects, management strategies for dealing with those side effects, and how they are doing in general and as a couple (if they are partnered). Support for this research study comes from a Prostate Cancer Canada grant, proudly funded by the Movember Foundation.

Prostate cancer patients who are on ADT or about to start on ADT and are interested in learning more about the ADT Educational Program may contact the PCSC Program Coordinator, Monita Sundar at **604-875-4111 ext. 22946**.



“The Syd and Joanne Belzberg Cardiac Rehabilitation Clinic”

Starting January 5th, 2015, men with prostate cancer starting on hormone therapy (androgen deprivation therapy) and interested in lowering their risk for cardiovascular disease can now be referred to the Syd and Joanne Belzberg Cardiac Rehabilitation clinic through the PCSC program. The Cardiac Rehabilitation Clinic is located on the 6th floor of the Gordon and Leslie Diamond Health Care Centre and enrollment into the 6-month program includes:

- A medical examination by a cardiologist
- A supervised and monitored exercise prescription
- Education sessions about heart disease and healthy living
- Treatments and support to reduce heart disease risks, including smoking cessation
- Blood pressure monitoring
- Support groups for depression and stress management
- Dietary counseling with a registered dietician
- Specialty workshops including Yin Yoga, Heart Healthy Cooking & Mindful Living (additional fees may apply)

For more information regarding the Cardiac Rehabilitation Clinic or to be referred to the clinic, please contact Monita Sundar, PCSC Program Coordinator at **604-875-4111 ext: 22946** or via email **PCSC@vch.ca**.

*Fee for the 6-month cardiac rehabilitation clinic: \$100 per month. Financial assistance is available for those who cannot afford the program fee.

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 these newsletter, please contact:

Monita Sundar, PCSC Program Coordinator
Vancouver Prostate Centre
Phone: **604-875-4111 ext: 22946** or
Email: **PCSC@vch.ca**