# Summer 2023 Newsletter

# Prostate Cancer Supportive Care

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Greetings!

We trust that you are enjoying the beginning of the summer and the beautiful weather we have had.

Mark your calendars for the upcoming Pacific Northwest Prostate Cancer Conference. This meeting will be held on Saturday, October 14th, 2023, and will be virtual. We have an amazing lineup of speakers, including Dr. Jennifer Locke, Dr. Mira Keyes, Dr. Julie Graff, and Dr. Michael Schwietzer. To register for this exciting event, please click on this link: https://pnwc2023.eventbrite.ca.

We are excited to share some wonderful news regarding our recent mindfulness virtual workshop, moderated by Daniel Munns, a skilled clinical counselor. The workshop, which took place on April 26th, received overwhelmingly positive feedback from attendees and as a result, we are incorporating this workshop into our regular program offerings.

We invite you to sign up for the next workshop-Mindfulness Part 2-A Helpful Practice for Challenging Times on Tuesday, July 18th from 2-4pm. Together with Daniel, you will explore the topic of mindfulness and learn how it can be helpful during challenging and stressful times. This is a standalone workshop that is suitable for all men. Attendance to the previous workshop in April is not necessary. As the workshop has limited capacity, with room for only 20 participants, we encourage you to sign up promptly to secure your spot. Going forward, these workshops will be available on a quarterly basis.

In addition to this exciting development, we are pleased to announce that Daniel Munns will be joining our team as a regular staff member, starting in July. Daniel's extensive experience and expertise will undoubtedly enrich our program and benefit all participants. For more information about Daniel, including his bio, please refer to page 2.

The PCSC Program seeks patient volunteers to participate in our Module 1 education sessions to support newly diagnosed patients. To be eligible, your treatment for prostate cancer must have been at least three years ago without the need for additional treatment. It is very comforting for men with newly diagnosed prostate cancer to interact with others who have gone through the process and know what to expect. For more information or to sign up, please contact Judy Shih at pcsc@vch.ca.

Thank you for your continued support and participation. Wishing you a fantastic summer!

***Tia Higano MD, FACP***
*PCSC Program Medical Director*

***Monita Sundar, MA***
*PCSC Provincial Program Manager*

# STAFF UPDATES

## Jenna Bentley

*After 5 and a half years, it is bittersweet to announce that I will be moving on from the PCSC Program. I have recently completed my Master's Degree in Public Health from Simon Fraser University and hope to use what I've learned to pursue other opportunities in the health care space. I will be taking a much-needed break to do some travelling and will be working for a consulting firm and creative agency that works with clients in the population health, education, and climate sectors.*

*To the PCSC team – it has been nothing but a pleasure to work with all of you. I am proud of the work we have done during my time here to grow the program and find ways to help more prostate cancer patients across BC access the care they deserve.*

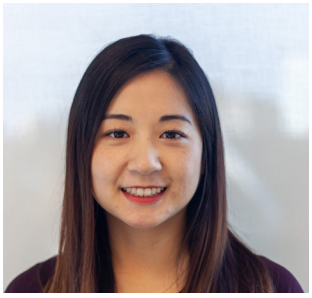
*To the patients and their families – pursing my master's degree two years ago was something I did because I was inspired by the patients I have gotten to know through this program. I am grateful for the opportunity to have been able to meet and speak with so many of you throughout my time here. Your stories and experience have inspired me to continue down this career path and work towards making meaningful changes within our healthcare system. I am deeply appreciative of your willingness to share your stories with me over the years.*

*Wishing you all the very best! I am excited to see what the future of the PCSC Program holds.*

## Irene Yu

Irene is a fourth-year UBC Biochemistry student. Her passion for research and healthcare has been present for as long as she can remember and it has taken her from backyard science experiments to conducting research on ion channels in the heart. Prior to joining PCSC, Irene was working in clinical trials for dyslipidemia and interstitial lung disease. Irene will be assisting the research team over the summer with administrative and data support.

## Eugenia Wu



*After nearly 6 years working in the Clinical Research team, it is with mixed feelings that I announce my departure from the PCSC Program. As I have recently completed my Master's of Science in Health Analytics from Northwestern University, I made the decision to pursue further opportunities and* gain more *experiences in the field of healthcare.*

*My time at the PCSC Program has truly been a blast. I've had the pleasure of watching the PCSC Program evolve into a wonderful and truly unique supportive care service. Back in 2017 when I joined the team, we were only able to provide services to those in the greater Vancouver area. Now, our reach has expanded across the province and beyond, offering support for those who need it the most.*

*I'd like to thank all the patients and their family members whom I'd had the pleasure of interacting with during my time here. An extra thank you to those who have participated in a research study with us. Your contributions truly make a difference helping us understand how to provide the best care to prostate cancer patients and their loved ones. And to the PCSC team, I feel truly honored having the opportunity to working alongside each of you, and I can't wait to see what the future brings for the program. All the very best!*

## Daniel Munns

Daniel is a Registered Clinical Counsellor with a Master's degree in Counselling from City University of Seattle, serving the Vancouver region. He has spent the last twenty years providing wellbeing through the interconnected modalities of counselling, mindfulness, yoga and somatic therapies. Prior to his work in Vancouver, Daniel spent 15 years in Asia, studying and teaching meditation and yoga. He uses a person-centred, interrelational approach that seeks to create a safe space with full presence for the reflection and communication of the unique challenges that men with chronic illness experience. These skilled methodologies will be applied by Daniel within the PCSC Program.

# RESEARCH UPDATES

### Living with Prostate Cancer (LPC)

Prostate cancer (PC) is an experience that affects patients and those significant to them. While the side effects of treatments can be debilitating and impact the multiple facets of daily life, the disease experience also causes very private and unspeakable issues for many (e.g. incontinence, sexual dysfunction, change in self-view and sense of masculinity, and dying). Adjusting to the physical, psychosocial, and emotional changes can be challenging for prostate cancer survivors and their loved ones. These difficulties are often exacerbated as speaking about personal struggles may be discouraged, resulting in a sense of loneliness and isolation.

The LPC study led by Dr. David Kuhl investigated the psychological needs of people living with PC by assessing the effects of group therapy on the mental and overall well-being of those with the disease. This was accomplished by looking at which domains (e.g. symptoms of depression, anxiety, etc.) are affected by taking part in the LPC workshops through the self-reported outcomes from a series of questionnaires administered before and after the workshops.

From 2016 to 2018, 42 PCSC participants attended group therapy sessions focused on the experience of living with PC. In these guided sessions, participants were invited to "speak about the unspeakable" as it pertains to living with PC. 39 participants completed questionnaires before and after the sessions and at follow-ups. After analyzing individual interviews and questionnaires, this study found significant benefits of group therapy. Participants who speak of their experience in a guided group setting appear to gain insight into the impact of PC on their lives and have diminished features of depression and isolation. Sharing in a guided group setting also enhances their communication skills within the groups, as well as with family members and friends.

This study has been accepted for publication in Supportive Care in Cancer. The PCSC research team sincerely thanks the LPC participants for their time and contribution to this study. These learnings will inform support for other PC survivors.

***Rosalie Ho, MSc***
*Clinical Research Coordinator*

***Daniella Sare, BSc***
*Clinical Research Coordinator*

### 17th Annual Lorne D. Sullivan Lectureship and Research Day

On June 13th, 2023, the PCSC staff attended the 17th Annual Lorne D. Sullivan Lectureship and Research Day. A day that brought together Vancouver Prostate Centre (VPC) research scientists, urologists, clinicians, trainees, and staff to share novel research findings, have stimulating discussions and foster networking within the VPC.

The showcase of interdisciplinary collaboration between clinicians and researchers in innovating new treatment options was inspiring. Learning from our esteemed colleagues and seeing many familiar faces again was a pleasure.

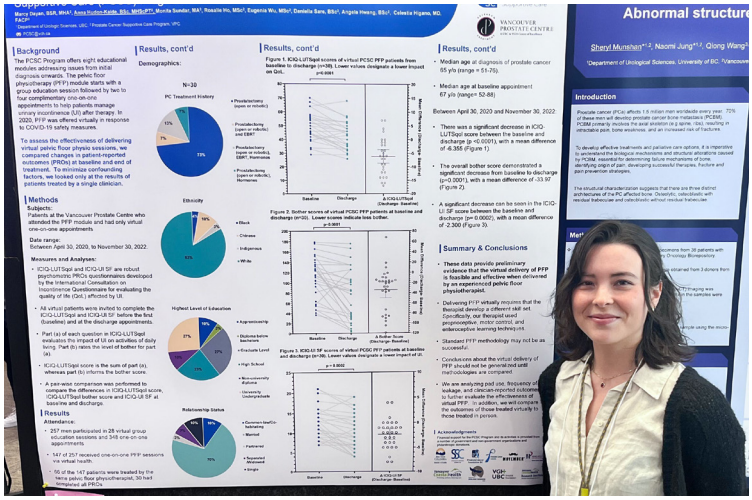
The PCSC team presented a poster on the preliminary review of the pelvic floor physiotherapy module.

The take-home of the findings:

1. Despite the skepticism about delivering good pelvic floor physio (PFP) teaching via virtual platforms, the PCSC Program has provided pelvic floor physiotherapy virtually since the COVID-19 outbreak.
2. We evaluated the effectiveness of virtual physiotherapy by reviewing the patient-reported outcomes (PROs) for the quality of life of those who received PFP instructions in the virtual format exclusively.
3. The improvement in quality of life PROs demonstrated that the virtual treatment was very effective, and the proprioceptive, motor control and enteroceptive learning techniques employed by PCSC pelvic floor physiotherapists were effective in the virtual format.

However, adapting other standard techniques in the virtual format may not be as successful.

In future studies, we will compare PROs of in-person vs virtual patients.




Anna Hudon-Kaide, PT, presenting a poster at the 17th Annual Lorne Sullivan Lectureship and Research Day.

# Cardiovascular and lifestyle risks in prostate cancer patients

## PURPOSE OF THIS STUDY

To identify factors associated with the development of cardiovascular disease in men with prostate cancer.
Radical PC 1 arm: observational data collection of the prevalence of cardiovascular risk factors and major adverse cardiovascular events in men with prostate cancer.
Radical PC 2 arm: whether lifestyle modification and additional cardiovascular care improve physical, cognitive and cardiovascular function in prostate cancer patients.

## WHO CAN PARTICIPATE

Men aged ≥45 diagnosed with prostate cancer that is either:
- new (diagnosed within the past year), or
- treated with androgen deprivation therapy for the first time within the past 6 months, or
- to be treated with androgen deprivation therapy for the first time within one month.

## WHAT IS INVOLVED

Eligible patients will be followed in an observational registry, or randomized between either standard treatment or extra care from a cardiologist (including prescriptions for cardiac medications). Research clinic visits at enrollment, 1 year, 2 years, and study closeout. Randomized arm will also have telephone visits at 3, 6, 18, and 36 months after enrollment.

## CONTACT INFORMATION

Rosalie Ho, Research Coordinator or Daniella Sare, Research Coordinator
Phone: 604.875.4111 ext 62338 Email: pcscresearch@vch.ca

**Lend a hand. Help find hope for future generations.**

*Say yes to research!*

**vchri.ca/participate**

Vancouver CoastalHealth
Research Institute

## STUDY TIME/ DURATION

April 2018 to December 2025

## STUDY LOCATION

Gordon and Leslie Diamond Health Care Centre
6269-2775 Laurel St, Vancouver

## PRINCIPAL INVESTIGATOR

Dr. Margot Davis
Clinical Assistant Professor, UBC
Research Investigator with VCH Research Institute

To learn more about this study, visit vchri.ca/participate

Version date: 18 April 2023

# HELP IMPROVE PROSTATE CANCER TREATMENT FOR LGBTQ+ MEN.

**TAKE OUR QUALITY-OF-LIFE SURVEY:**

**https://redcap.link/Compass_Study**

**PARTICIPANTS RECIEVE A 1/5 CHANCE TO WIN $100 USD.**

## CHRISTINE'S AND MEGHAN'S WORDS OF WISDOM (WOW) MOMENT

# EMBRACING AND ENHANCING INTIMACY

Happy summer everyone! We hope everyone has been enjoying the longer days and moments of sunshine between the rain.

On April 24th, Christine and I ran our first Couples Intimacy Workshop since 2018. After a 5-year hiatus, a lot of content needed revamping, but the workshop was a success nonetheless! A big thank you to the folks who attended and we look forward to our next session on October 31 at 1:30pm.

One of the components of our workshop included a table displaying sex toys. People often have curiosities around sex toys, but are not sure where to start, who to ask, or are hesitant to learn because of feelings of shame and the stigma around sex toys and adult love shops.

While the market for sex toys is constantly changing, in this newsletter, Christine and I hope to shed some light on some curiosities you may have and to introduce sex toys in an approachable way. The following are some examples of toys you may see online or in an adult love shop.

**Vibrators**

Some vibrators can be used internally, some are for external use (wand vibrators), and some can do both (ex: rabbit vibrators)!

Wand vibrators tend to deliver stronger vibrations and can be used all over the body. Some vibrators will be marketed towards women and some towards men. However, it is more important to consider how you will be using the vibrator.

**Penile Tension Bands**

Penile tension bands (also know as cock rings, or tension rings) are worn at the base of the penis. They help to keep blood in the penis to sustain the erection for a longer period of time. Some penile tension bands vibrate as well.

Do not wear the ring or band for longer than 30 minutes. Take it off, wait 1 hour, and then you are safe to use it again. This is to allow the penile blood to circulate. Another tip is to trim back the pubic hair, so that hair does not get caught in the ring.

**Sex Furniture/Positioning Cushions**

Sex furniture and positioning cushions can help turn your space into an adventurous and safe sexual zone. Trying out wedges, ramps, swings, benches etc. can help you explore new positions (potentially more comfortable ones). Be sure to read the product care guide on how to wash the item.

There is a myriad of sex toys that come in different colours, materials, sizes, textures, functions, etc. For those who feel comfortable visiting a local adult love shop, we often find that the shop attendants or owners are knowledgeable about the products they sell and happy to help. As well, you (and your partner) are welcome to speak to us one-on-one.

**Quick Tips**

- If you are partnered, shop together! This ensures you are both on the same page about what you are comfortable trying as a couple.
- Check out drugstores like Shoppers Drug Mart, London Drugs, or Walmart. Sex toys can be expensive…some toys even cost a few hundred dollars. Purchasing less expensive options from department stores might make more sense if you are still trying to figure out what you want.
- Keep your sex toys clean! Follow the cleaning directions on the packaging. If you are not sure, you try contacting the manufacturer or gently cleanse with warm water and soap.
- Using lubricants can help make sex toys easier or more pleasurable to use. Do not use a silicone based lubricant with your silicone sex toys as it can degrade the material.

**Online Shops**

Lelo
Love Honey
Dame
Hot Octopuss
Eddie (By Giddy)
The It Collection
BangOn

**Physical Shops**

The Art of Loving Sex Shop
369 W Broadway, Vancouver | 604-742-9988

Honey Gifts
3448 Cambie St, Vancouver | 604-708-8065
350 Water St, Vancouver | 604-684-8065

Womyns' Ware
896 Commercial Dr, Vancouver | 604-254-2543

Ultra-Love Products
151 Davie St, Vancouver| 604-687-2337

**It is important to keep an open mind with exploring sexual toys and aids. Having negative judgement can impede your sexual success. Remember sexual toys and aids can be an enhancement to your sexual activity and pleasure. Enjoy!**

***Christine Zarowski, RN***
*Sexual Health Clinician*

***Meghan Lui, RN***
*Sexual Health Clinician*

# EXERCISE FOR BONES

Did you know that there are exercises you can do that will help strengthen your bones as well as your muscles?

Many of you are aware that one of the risks of androgen deprivation therapy (aka ADT or hormone therapy), as well as aging, is loss of bone density. This may result in increased risk of fracture. What can you do to make sure your bones are as robust as they can be?

There are several places to start when thinking about maintaining or improving bone health. Talk to your dietitician about dietary choices that support bones or supplements such as calcium and Vitamin D. There are also medications that can also target bone strength that your physician may recommend.

Exercise is also an effective way to promote bone strength. But is it safe to perform exercise that loads bones? This is an important consideration. If you have bone metastases or have been diagnosed with osteopenia (10% loss of bone density) or osteoporosis (25% loss of bone density), please consult with a physician or clinical exercise physiologist before starting exercises that target bone strength such as the exercises described below. This is because these exercises increase the force going through the bony tissue. A weakened or porous bone may be less able to withstand this type of direct force. The intent of this article is to offer suggestions for people who are at risk of developing low bone density and wish to act proactively with bone loading exercise.

Bones are living tissue and can adapt to load that is placed on them. Basically, bones become denser where a muscle tendon has pulled on it's bony attachment site. This is how resistance training (lifting weights) is helpful for bone strength. Rapid loading is even more effective at generating bone response – meaning that activities like playing tennis or jumping rope would be especially effective. Loading in this way is referred to as impact training and involves ground reaction forces being applied up through the long bones of the body such as the leg and arm bones.

Many people, however, are not able to jump because they may be experiencing issues in their joints that would make jumping uncomfortable. Or, it may have been many years since the last time they jumped off something. Some may wonder if it is safe to jump because of balance concerns.

Does this mean that you can't try bone loading exercise? Not at all. As with all exercise, it's important to figure out your starting point and progress from there gradually. Below are some examples of places to start and progressions as you consider bone loading exercise.

For the bones in the lower body and spine, you can start by simply raising your heels and dropping them to the ground. Start with lifting heels an inch, and progress to a higher drop of 2 to 3 inches, keeping the toes on the ground. When ready, use your upper body for support and allow your feet to come off the ground. Gradually increase to a higher jump. Watch the training video here.

A particular site of concern is the neck of the femur. This is the part of the thigh bone that goes from the top of the long bone into the hip joint. To target this part of the leg bone, forward lunges and side step-ups are effective. Both target the neck of the femur. In this video, we can see several progressions or these exercises. Watch the training video here.

A common fracture site in the upper body is at the wrist – we often instinctively reach out to with the arm to break a fall. We can strengthen the bones in the upper arms by applying force through our palms and up into the arms. In this video, you can see this demonstrated through arm step ups, and wall or counter push ups. As you push away from the wall or counter, land on the heels of your palms with a small amount of force. Gradually increase the distance from the wall and as your hands land, look for a hard, stiff landing. Increase the impact as your body becomes accustomed to the amount of force you are using. Watch the training video here.

Lastly, we can march or stomp to increase the strength of our long bones. Start by marching and gradually begin to use increasing force as you land. Stomping can be added to many activities, as you can imagine – here is an opportunity to get creative!

Whatever your starting point is, start within your comfort range and build slowly… there is always a way for you to be proactive when it comes to exercise! Let us know if we can help – we'd love to see you in the Module 3 Exercise Clinic!

| **Activity** | **Peak Ground Reaction Force** (relative to body weight) |
|---|---|
| Walking | 1.1 |
| Marching on the spot | 1.5 |
| Lateral step ups (15cm) | 2.1 |
| Heel drops | 3.6 |
| Foot stomps | 4.6 |
| Vertical Jump | 4.7 |

***Joy Egilson, CSEP-CEP, CATA(C)***
*Clinical Exercise Physiologist*

***Nicholas Pratap, BSc, CEP***
*Clinical Exercise Physiologist*

# LIVING LIFE FULLY, EVEN WITH BLADDER CONTROL PROBLEMS!

When will I be dry?  I want to go out with friends, be sexual, go hiking, dance at the wedding, travel, play tennis...

Urinary leakage (incontinence) improves with both time and by learning to use your pelvic floor muscles to stop leakage from happening during certain movements or activities. Within the first 1-2 years after surgery, the automatic bladder control system improves as blood supply and blood flow to the surgical area improves and remaining muscle and nerve fibres recover. During this time, people may notice a spontaneous improvement in bladder control. Some people become completely dry, others notice very little improvement. The range of change in bladder control varies greatly between people. Learning to contract and intentionally use the pelvic floor is another method to help stop urine leakage. However, this bladder control method is intentional, not automatic. Everyone can learn to contract their pelvic floor. It's like a tool that we carry around with us everywhere we go, but we need to know how to use the tool, when to use the tool and remember to use the tool when it's needed. Pelvic floor exercises teach us how to use this tool to stop incontinence. However, equal to the question "When will I get dry?", is the concern and question, "How do I participate in and enjoy my life when I'm leaking?". In the physiotherapy module we aim to address both concerns.

This article is the first in a 2 part series addressing how to live life fully even with incontinence. This article will discuss urine leakage with sexual activity, the next newsletter article with discuss ways of managing all other life events and activities, even if experiencing incontinence. The goal is to figure out how to live life fully participating in everything you want to do, when you want to do it and with full confidence in your bladder management strategies!

Incontinence can occur at different times during sexual activity. It can occur with arousal or at orgasm. A good place to start is to know that unless you have an infection, urine on or in someone's body is not harmful. Sometimes this information itself can be very freeing. However, not for everyone. Some things to prevent leakage include making sure you fully empty your bladder right before being sexual and to limit fluid intake a few hours before. Alcohol is an important one to be aware of as it increases the amount of urine the body produces.

Sometimes part of the concern is that urine will wet the surface you are on. Some people keep a towel or pad by the bed that is easily reachable and place this underneath. Being sexual in the shower or tub eliminates the need to worry about things getting wet!

If possible, a condom with a tension band at the base of the penis can be effective at catching urine. If using a tension band it is important that you do not leave it on for more than 30 minutes. The tension band may also help compress the urethra (the tube where urine flows out of the body). The "Urostop" is a device that can be purchased. When applied, it compresses the urethra and is worn without a condom. Purchase one here.

Sometimes the physical position you are in simply increases pressure on the bladder causing leakage. This is the same mechanism that causes leaking when someone coughs, sneezes or stands up. Trying different positions might be helpful.

Pelvic floor exercises that address both skill and strength training have also been shown to decrease incontinence associated with orgasm and may also help decrease incontinence with sexual activity in general [1]. It is important that the exercises are done correctly and with enough intensity.

Although not an option for everyone, for those who have long-term urine leakage that is decreasing your quality of life, surgery to manage urinary incontinence can sometimes be helpful. Your physician would be able to help you explore this option.

There are three resources at the Prostate Cancer Supportive Program that can be helpful for people struggling with incontinence. These services are available to people throughout British Columbia who have MSP coverage.

1. The Pelvic Floor Physiotherapy for Bladder and Bowel Concerns module is provided by physiotherapists with expertise in helping people with a personalized pelvic floor skill and strength training program to help stop urine leakage, as well as help in figuring out how to manage urine leakage so life can be enjoyed with full confidence in one's chosen bladder management strategies, including incontinence products.
2. The Sexual Health Module is provided by sexual health clinicians with expertise in helping individuals and their partners with challenges to sexual activity and intimacy following treatment for prostate cancer. This includes sexual incontinence.
3. The Counselling Module allows you to connect with a registered clinical counsellor who is also a resource for individuals struggling with any concerns related to a prostate cancer diagnosis and/or treatment.

***Marcy Dayan BSc, MHA***
*Registered Physiotherapist*

***Anna Hudon-Kaide, BSc, MHScPT***
*Registered Physiotherapist*

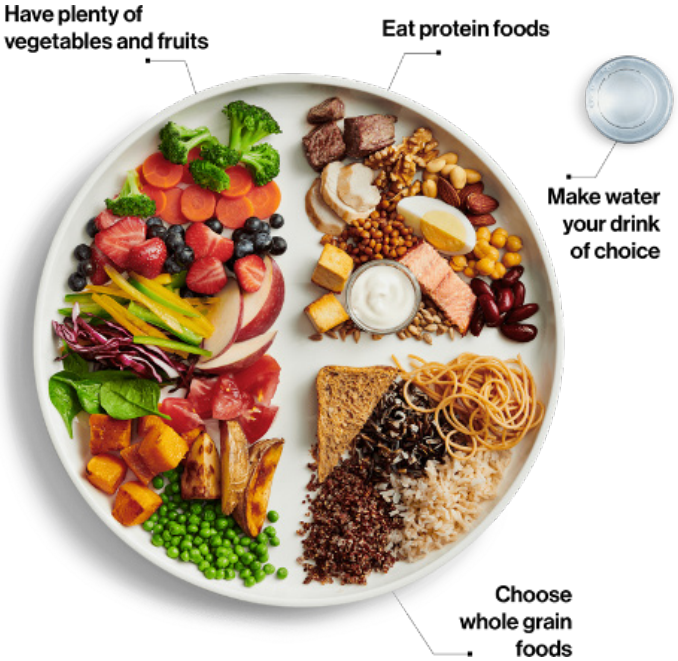
1. Geraerts, I., Van Poppel, H., Devoogdt, N. et al. Pelvic floor muscle training for erectile dysfunction and climacturia 1 year after nerve sparing radical prostatectomy: a randomized controlled trial. *Int J Impot Res* **28**, 9–13 (2016). https://doi.org/10.1038/ijir.2015.24

# WHOLE FOOD PLANT-BASED EATING

Are you eating a whole food plant-based diet? If not, maybe it's time to start building more plant foods into your daily menu. A few studies have shown that adopting a plant-based diet improves health, and possibly slows prostate cancer growth[2]. Plant based foods are a rich source of important vitamins and minerals, and also provide fibre and phytonutrients, compounds only found in plant foods. This combination has powerful anticancer and anti-inflammatory properties that provide "head to toe" health benefits. Additionally, plant-based eating has the potential to lower the risk of, and help manage conditions such as heart disease, high blood pressure and diabetes. This is important especially for people on androgen deprivation therapy (ADT), as ADT can increase risk for heart disease and diabetes or make these conditions worse in people who already have them.

**What is plant-based eating?**

Whole food plant-based eating in the simplest terms means you eat more foods that come from plants, rather than animals. The other key characteristic is that most of those foods are closest to the natural state of how they were grown or harvested. Plant foods include vegetables, fruits, whole grains, legumes (e.g., beans, peas, and lentils), nuts and seeds. A plant-based diet does not need to exclude animal foods, but animal foods such as fish, poultry, eggs, and low-fat dairy, and even small amounts of red meat, when included fill up less of your plate than plant foods do.




(2). Gupta, N et al. Systematic review of the impact of a plant-based diet on prostate cancer incidence and outcomes. Review Prostate Cancer Prostatic Dis. 2022 Sep;25(3):444-452. doi: 10.1038/s41391-022-00553-2. Epub 2022 Jul 5. Systematic review of the impact of a plant-based diet on prostate cancer incidence and outcomes - PubMed (nih.gov)

Here is an easy breakfast idea to start your day off the plant-based way (serves 1).

## Overnight Oats

**INGREDIENTS**

- 1/2 cup rolled oats
- 1 Tablespoon chia
- ½ cup milk of your choice (e.g. soy milk, almond, oat, low fat cow's milk)
- ¼ cup plain non-fat Greek yogurt or substitute non-dairy yogurt
- ¼ tsp vanilla extract
- 1/2 cup fresh or frozen fruit (e.g. berries, kiwi, mango, apple, pear, banana)

**ADD-INS**

- Based on preference, add extra 1 to 3 TB chia seeds, hemp hearts, ground flax, seed (adjust the portion to your preference), 1-2 TB nut butter (e.g. peanut or almond butter), 2 TB unflavoured protein powder, 1 TB sweetener, such as honey or maple syrup or sprinkle of cinnamon.
- Toppings: Sliced almonds, pumpkin seeds, chopped pecans or walnuts, shredded coconut

**DIRECTIONS**

1. Mix all base ingredients (except the fruit) along with any add-ins into a sealable jar or container and stir until combined. Top with any frozen fruit, cover, and place in the fridge overnight. (The longer the oats soak the creamier the consistency will be)
2. In the morning, top with any fresh fruit along with any other toppings of your choice.

**FLAVOUR COMBINATIONS IDEAS**

Tropical: mango and pineapple, topped with 1 TB shredded dried coconut

Funky Monkey: 2 tablespoons chocolate chips, 1 banana, 2 TB peanut butter

Fibre berry blast: use raspberries and blackberry for the fruit and add 1 TB ground flaxseed

Apple pie: ½ a grated apple, dried cranberries, toasted pecans

**Is a plant-based diet right for everyone?**

Possibly not. If you need help deciding if switching to a diet focused on plant-based foods is right for you ask to speak with a dietitian.

***Andrea Holmes, RD***
*Registered Dietitian*

# WHERE DO ALL THESE FEELINGS COME FROM?

We all experience feelings and emotions. Some of them good and some of them more challenging. Sometimes our feelings are subtle – coming and going without much notice. Other times our feelings might arrive with such great force, stay with us for a long time and cause considerable distress for us.

But where do these feelings come from?

My name is Paul and I am a clinical counsellor. I work with patients who experience all kinds of feelings and emotions and I think it can be helpful for us to better understand where our feelings come from and what we can do about the ones that cause us distress.

Many years ago psychologist Robert Plutchik determined that humans can experience up to 34,000 unique emotions. That's a lot of feelings! Generally however, we can distillate these emotions to what Plutchik and others describe as primary emotions which include: joy, trust, fear, surprise, sadness, anticipation, anger, and disgust. Every day we all experience some combination of feelings and emotions and if you have ever looked at an "emotions wheel" you can quickly see how many feelings, both positive and negative, humans can experience.

If you want to do a deeper dive into the Robert Plutchik's emotion wheel check out this article by Positive Psychology https://positivepsychology.com/emotion-wheel/

Whatever we call our feelings or however we label them: we all have them (and quite a lot of them). In fact we might experience hundreds of different emotions every day. Generally, I think, our feelings can fluctuate without too much notice and blend naturally from one to the next throughout the day. And that's probably a good thing. We don't need to be too preoccupied with the subtle feelings as they come and go through our lives. Other feelings however, seem to arrive more suddenly and, at times, can be very overwhelming. Anger and rage for example are feelings that often seem to arrive quickly and 'out of nowhere' which can be quite distressing and destructive to ourselves (and to others). Feelings like hopelessness, sadness, and despair might be seem to come on more gradually but can be equally destructive and distressing. It's my opinion that if we understand where our feelings come from we can work towards experiencing more positive feelings like joy, gratitude, and love and experience less of the more distressing feelings like worry, anxiety and fear.

**Where feelings come from – from a CBT point of view.**

CBT (cognitive behavioural therapy) suggests that our feelings come from our thoughts. That is to say how we think effects how we feel. Personally, I tend to follow this line of theory. However, there is much to be said about the various other theories and modalities addressing the origins of feelings. All of which, I think, are worthwhile and can be very helpful. In fact, as I often say in sessions, the best therapeutic approach is the one that resonates and works for you. Continuing then, with the idea that how we think affects how we feel, how do we address negative feelings? As you can imagine, the answer lies in what we think.

**Bringing awareness to our thoughts.**

If feelings arise from our thoughts, how do we make improvements to our feelings? For me the first step is to become aware of our thoughts and the feelings that arise from our thoughts. Research suggests that we can have anywhere from 6,000 to 70,000 thoughts in a day and, as discussed above, we can have thousands of feelings. Sounds exhausting! Fortunately for us, most of our thoughts come and go without too much notice. In therapy however, we want to notice our thoughts more often. In sessions, for example, I will often introduce patients to a mindfulness exercise that can help us become more aware of the thoughts that are occurring for us at this particular moment. In fact simply becoming more aware of your thoughts is an important first step in changing how you feel. I should comment that if recognizing thoughts is difficult for you, it might be easier to recognise feelings. For example, if you pause for a moment right now and look up from your reading, what feelings do you have? Are you feeling impatient, irritable, relieved, exited? Maybe bored! Whatever feeling you have right now - where is it coming from? My guess is: from your thoughts. How you think effects how you feel.

For those of you that participated in last month's mindfulness workshop with Daniel, this was a basic premise. We want to bring an increased awareness to our thoughts and in particular to become more aware of how our thoughts effect our feelings.

Once we become more aware of our thoughts, we might begin to notice patterns. When we are more mindful of our thoughts, we will discover that when we concentrate and think deeply about something – feelings often follow. With practice we can get better at recognizing the thoughts that can lead to distressing feelings before the feelings take hold of us. This takes practice. When our thoughts go unnoticed and if they lead to distressing feelings it can be helpful to become more aware of thoughts we are having and the feelings they create.

***Paul Griggs, MC, RCC***
*Clinical Counsellor*

# 2023 Pacific Northwest Prostate Cancer Conference

## Saturday, October 14th, 2023

A collaborative virtual conference presented by UBC's Department of Urologic Sciences, Oregon Health & Sciences University's Knight Cancer Institute, the University of Washington and the Fred Hutchinson Cancer Research Center.

This conference brings together the leading experts on prostate cancer who will present and discuss the latest findings regarding prostate cancer treatment, prevention, survivorship and scientific progress.

Where: Virtual conference
When: Saturday, October 14th 2023, 8:30am – 2:30pm
Who: Patients, their families and health care professionals

Register now: https://pnwc2023.eventbrite.ca

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# CONTACT

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 newsletters, please contact PCSC Program Coordinator: Judy Shih

604-875-4485 pcsc@vch.ca

**Website:** www.pcscprogram.ca **Patient Intake Form:**

**Social Media:** pcscprogram @PCSC_Program

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We gratefully acknowledge funding and support from the following:

We also thank the philanthropists who have provided support to the PCSC Program