Fall 2023 Newsletter

Prostate Cancer Supportive Care

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Dear Participants,

As we come to the end of summer, we hope you have had a safe and enjoyable season. For those who were affected by the forest fires, in the Kelowna and Shuswap areas, our thoughts are with you.

Throughout the summer, the PCSC team has been engaged in various projects. We have now updated all of our educational videos. These are now posted on our website and, with the assistance of the Provincial Language Services, we will translate each video into Mandarin, Punjabi, French, and Farsi. We hope to finish the translations by the end of 2023.

On Sunday, September 17th, the PCSC will be hosting a booth at the S.U.C.C.E.S.S. Health Fair. The S.U.C.C.E.S.S. Health Fair holds immense significance within the Chinese-speaking community across Metro Vancouver. With over 1,000 annual attendees, this event brings together health associations, healthcare professionals, and community agencies from across the region. By offering information and resources in multiple languages, the health fair contributes to enhancing community well-being. We encourage you to drop by and say hello! Judy Shih, the PCSC Program Coordinator, will be presenting the offerings of the PCSC Program in Mandarin.

We have been hard at work organizing the virtual 2023 Pacific Northwest Prostate Cancer Conference that will be held on Saturday, October 14th.The conference agenda and details on ticket purchases can be found on page 11.

Daniel Munns will again moderate the next Mindfulness Workshop scheduled for Tuesday, October 24th, from 2-4pm. This is a popular workshop, so please sign up now if you wish to participate. Attendance is limited to twenty participants.

September is Prostate Cancer Awareness Month, an annual campaign to increase awareness of prostate cancer, encourage screening and extend support to those affected. Approximately 1 in 8 men will receive a prostate cancer diagnosis in their lifetime, making it the fourth most common cancer in Canada.The PCSC Program is dedicated to providing prostate cancer survivorship support, free of charge, to anyone diagnosed with prostate cancer. We invited you to celebrate , Prostate Cancer Awareness month by making a tax-deductible contribution to our program so that we can continue to offer our program at no cost.
To make a contribution, please visit: https://join.vghfoundation.ca/fundraiser/3954083.

Warm regards,

Tia Higano MD, FACP
PCSC Program Medical Director

Monita Sundar, MA
PCSC Provincial Program Manager

STAFF UPDATES

Bill Wang

Bill is a Research Assistant for the PCSC program. He holds a BSc in Honours Cellular Anatomical Physiological Science from UBC. His thesis focused on the clinical significance of genes implicated in autism using fruit flies as a model. Before joining PCSC, he had experience working in clinical research at St. Paul's Hospital in various departments, including the Respiratory Clinic, ICU, Covid Ward, and Cardiac Ward. With a passion for patient-oriented clinical research, he supports the research team at PCSC in data entry and administrative tasks.

Calvin Wong

Calvin Wong is a registered physiotherapist with a keen interested in helping people with pelvic health issues including bladder and bowel incontinence training, pelvic girdle and genital pain, and musculoskeletal pain in the lumbo-pelvic-hip region. Calvin's work has allowed him to connect with and assist patients from a diverse array of cultural, gender and sexual backgrounds. He uses a client-centered and evidence informed approach when helping patients to achieve their goals. Calvin holds a Master of Physical Therapy (MPT) from the University of Western Ontario and has been a practicing physiotherapist for over 10 years. He is currently completing his Master of Rehabilitation Science at UBC.

James Kennedy

I am thrilled to share that I have been accepted into the prestigious Schulich School of Medicine and Dentistry in London, Ontario and will be pursuing a Doctor of Dental Surgery degree. Accepting this exciting opportunity means that I will sadly be departing from the PCSC Program. Although my time here was relatively short, the lessons learned and the connections made will forever hold a special place in my heart. To my fellow PCSC staff members, I want to express my sincere appreciation. Your support, guidance, and unwavering dedication have made my short but sweet time here truly remarkable. It has been an honour to work alongside such passionate individuals who bring their best every day. Your commitment to our patients' well-being is truly inspiring. I also want to extend my heartfelt thanks to our amazing patients. Your courage, strength, and resilience have left a lasting impression on me. Our interactions have been incredibly fulfilling and it is in part because of you that I am inspired to pursue dentistry, combining my passion for healthcare with the opportunity to make a positive impact on people's lives. With heartfelt appreciation, I wish the PCSC Program continued success on the vital mission of supporting prostate cancer patients and their families.

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
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

Research Study

Adults Living With and Beyond Prostate Cancer Needed for Research Study

Researchers at the University of Toronto are trying to learn more about how to help individuals living with and beyond prostate cancer move more and sit less.

WHO CAN PARTICIPATE?

We are looking for:

- Men diagnosed with prostate cancer
- 18+ years old
- Engaging in less than 150 minutes of physical activity a week
- Not receiving radiation therapy or chemotherapy
- Post-prostatectomy patients **ARE** eligible

WHAT'S INVOLVED?

- **Three assessments:** surveys, a strength test, and wear an activity monitor device for 7 days at each time point
- **12-week Program:** You will be randomly assigned to receive a 12-week program and a Fitbit or to only receive a Fitbit

You will be compensated $20 for each assessment for a total of $60, and will receive a Fitbit.

INTERESTED?

Contact us to find out more about the research study and if you're eligible to participate!

E: exercise.oncology@utoronto.ca **T: 416-946-5856**

Please note that communication via e-mail is not absolutely secure. Thus, please do not communicate personal sensitive information via e-mail.

This study has been approved by the Research Ethics Board of University of Toronto (#28981)

UNIVERSITY OF TORONTO
FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION

LIVING LIFE FULLY, EVEN WITH BLADDER CONTROL PROBLEMS!

The previous physiotherapy newsletter article (Summer, 2023) focused on how to live life fully, even with bladder control problems. The article discussed why some people experience urinary incontinence (leakage) after prostatectomy and how the intentional use of the pelvic floor can help address incontinence; it also examined in detail management strategies for incontinence during sexual activity. The focus of today's article is how to manage all other life events and activities, even when 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!

We encourage everyone to ask themselves if there is something they are not doing or enjoying because of their bladder control. If the answer is yes, then let's figure it out.

There are many products available to help contain or prevent incontinence including absorbent products such as briefs or pads, penile clamps, urethral inserts, and condom drainage devices. It is helpful to note that expenses for these products may be covered by extended health benefit (EHB) plans or be eligible as an income tax deduction. Check with your EHB plan advisor or accountant.

Absorbent products come in various shapes, sizes and absorbencies, and can be disposable or washable. These products absorb urine and wick moisture away from the body. Product absorbency varies from "light" to "full". Often, people will use a higher absorbency product when physically active compared to when resting or lying down.

Products can either be an adult brief (pull up) or pad (also known as a liner or guard). It is recommended to choose products for male anatomy/external genitals. Products for men/external genitals protect against leakage higher up than products for females/internal anatomy which tends to leak lower down. Also, pads designed for female/internal genitals are narrow with consistent width. Pads designed for male/external genitals are tapered and are placed with the wider side up. This helps catch leakage if the genitals are lying to one side or the other.

It can be a challenge to change a brief when using public toilets. Public washroom stalls are often small. If needing to change a brief, the person enters the stall and must first remove their shoes and pants, find a place to rest these, then remove the brief. Next, a new brief is put on, then follow the pants and shoes. A lot of activity in a small space! Often it is easier to simply place a pad inside the brief. Then, only the pad needs changing and removing clothing is no longer necessary. If using this technique, it is helpful to not use the adhesive on the back of the pad. If the pad adhesive is adhered to the inside of the brief, the brief comes away when the pad is pulled off. If the brief and pad fit well, the pad will stay in place within the brief. There are also disposable and washable bed pads or underpads that can be placed on the bed or furniture.

Different products fit and absorb differently. Some are more streamlined and less bulky. Many companies offer free samples. Check the internet to see if any samples are currently available. A combination of the following search words might be helpful: male, incontinence product, adult brief, incontinence pad, free samples.

Penile clamps can also be helpful in managing urinary incontinence. A clamp is an external device that is worn on the shaft of the penis. It applies pressure to compress the urethra and prevents urine flow. The clamp must be released to pass urine. It is important that the person using the clamp is cognitively intact, has normal genital sensation, healthy non-irritated skin, and awareness of bladder filling. It is also important to limit wearing time according to the instructions for the specific clamp being used and to never use the clamp at nighttime or other times when you might fall asleep or if you have an implanted penile device.

There is also a device that is inserted into the urethra to block urine flow. The device is removed when the person wants to pass urine. The individual is fit for this device by a health professional and learns to insert and remove the device themselves. Some physicians recommend waiting one year after your prostatectomy before using a clamp or urethral insert.

Some physicians prefer that their patients do not use clamps or inserts for the first year after surgery. There is some concern that the individual might not learn how to use their pelvic floor to self-manage bladder control or might not be aware of the improvement that could happen with time.

Condom drainage is another bladder management device. This consists of a condom with a short tube on the end. This condom is manufactured specifically for urine collection and is not used for contraception. It has a band of self-adhesive that keeps it in place when worn. A longer tube is connected to the condom tube and attached to a small leg bag. This bag is then gently held against the inner thigh or lower calf with a band and collects urine as it flows out of the body. When the user chooses, they go to the toilet, open the valve at the bottom of the bag to empty the collected urine into the toilet. The valve is then closed and the bag reattached to the leg. This device is usually worn under clothing and is not visible. It can be used when you are up during the day or in bed during the night.

There are many options for managing incontinence. The first step is being aware of them. As mentioned in Part 1 of this article in the previous newsletter, there are 3 resources at the Prostate Cancer Supportive Care Program that can be helpful for people struggling with incontinence. These services are available to people throughout British Columbia who have MSP coverage. The Pelvic Floor Physiotherapy for Bladder and Bowel Concerns module has physiotherapists with expertise in helping people develop 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.

The Sexual Health Module has sexual health clinicians with expertise in helping individuals and their partners with challenges in sexual activity and intimacy following treatment for prostate cancer. This includes sexual incontinence.

The Counselling Module has a registered clinical counsellor who is also a resource for individuals struggling with any concerns related to a prostate cancer diagnosis and/or treatment.

Another option, while not for everyone, is a surgical intervention to help decrease leakage. For those who have long-term urine leakage that is decreasing one's quality of life, surgery to manage urinary incontinence can sometimes be helpful. Surgery, if appropriate, is usually offered at some point at or after one year following your prostatectomy. Your physician would be able to help you explore this option.

Marcy Dayan BSR, MHA
Registered Physiotherapist

Anna Hudon-Kaide, BSc, MHScPT
Registered Physiotherapist

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

EMBRACING AND ENHANCING INTIMACY

Happy autumn! As Halloween slowly creeps upon us, we can't help but think of spooky relationship tales… like the couple who started loOOoooOOosing their intimacy. If this grim tale has also been haunting your mind, then we invite you to join us at our Couples Intimacy Workshop in October.

When: Mark your calendars for October 31, 2023 from 1:30-3:00PM. This workshop will be repeated throughout the year.

Where: The workshop will take place in person at the Gordon and Leslie Diamond Health Care Centre at 2775 Laurel St, Vancouver in room 9299 (9th floor).

Who: The Couples Intimacy Workshop is open to couples who have been previously seen in consultation with Christine and/or Meghan (Sexual Health Clinicians at the PCSC Program).

What: During the workshop, we talk about the impact that sexual changes can have on relationships and present strategies on how to enhance intimacy and talk about sexual issues. There is a resource package provided to each couple to take home and begin to work on re-establishing or strengthening their intimacy.

Why: Coping with sexual changes after prostate or bladder cancer treatment is difficult for patients and partners. Many individuals/couples find this can put a strain on their relationship. Recovering from cancer treatments can sometimes create opportunities for couples to redesign their sexual life together, which can bring new experiences, allowing the couple to grow closer together.

How: You can register by emailing pcsc@vch.ca or giving us a call at 604-875-4495, indicating that you wish to attend. Both you and your partner will need to attend together.

Seats are limited to 10 couples, so be sure to reserve your spot now! (Costumes are not mandatory)

Always remember the principles of Acceptance, Flexibility, Patience and Persistence

Christine Zarowski, RN
Sexual Health Clinician

Meghan Lui, RN
Sexual Health Clinician

WHERE DO ALL THESE FEELINGS COME FROM?

You know that inner voice? We all have one. Is your inner voice friendly, calm, and encouraging; or can it sometimes be critical, negative, and judgmental? Your critical voice might sound like “you should”, “why didn’t you” or “why can’t you get it together?” as just a few examples. While the inner critic can vary in frequency and intensity, we all experience it and, as it turns out, it can have negative impacts on our mental health and wellbeing. My name is Paul and I’m a clinical counsellor with the PCSC program and in this article we explore the inner critic – discovering why we have it, how it affects us, and how Mindful Self-Compassion can offer an alternative to that sometimes harsh inner critic of our mind.

What is the Inner Critic?

The Inner Critic is that internal voice or thought that often includes self-judgment, self-criticism, and negative evaluations of ourselves. This self-critical inner dialogue may manifest as thoughts that berate ourselves for perceived flaws or mistakes, compare ourselves unfavorably to others, or even set unrealistic standards and expectations for ourselves. The inner critic can be intrusive and persistent and often produces feelings of shame, deficiency, low self-esteem, and depression. It may also cause self-doubt and undermine self-confidence. When it comes to prostate cancer, this inner critic can become particularly harsh, highlighting feelings of inadequacy, guilt, comparison or shame about the diagnosis, treatment outcome and the impact it has on our lives. If the inner critic is so destructive, why do we have one?

The Value of the Inner Critic

I think it’s important to understand why we do the things we do – even when they cause us distress. I am curious why we have an inner critic in the first place. The inner critic must serve some kind of purpose otherwise why would we do it? As it turns out, the inner critic, despite its negative reputation, does serve a purpose that is actually rooted in our evolutionary history. From an evolutionary standpoint, the inner critic emerged as a means of identifying potential threats and dangers in our environment. It helped our ancestors avoid situations that could potentially harm them physically, emotionally, or socially. This heightened sense of self-awareness and self-monitoring contributed to their ability to adapt, learn, and thrive.

In modern times, the inner critic continues to offer certain benefits. It can motivate us to strive for excellence, encourage personal growth, and help us stay accountable for our actions. When the inner critic is balanced and constructive, it can promote self-improvement and enhance our decision-making. Sounds good to me! Inner Critic – bring it on!

However, problems arise when the inner critic becomes excessively harsh, relentless, and overly critical. When it dominates our thoughts and leads to self-doubt, perfectionism, and low self-esteem, it can hinder our well-being and mental health. This is particularly relevant when dealing with health challenges, like prostate cancer, where the inner critic can exacerbate negative feelings and emotional distress.

The key then is to find a balance between the protective aspect of the inner critic and the nurturing qualities of, say, self-compassion. This way we can reduce the negative and more harmful effects of negative thinking and take advantage of the more helpful qualities of empathy, kindness, and understanding. Embracing self-compassion allows us to acknowledge our imperfections, failures, and struggles with kindness and understanding, ultimately leading to greater self-acceptance and inner peace.

Mindful Self-Compassion

Mindful Self-Compassion (MSC) is a practice designed by psychologists Kristin Neff and Chris Germer in the early 2000s. Since then, it has gained recognition as a valuable approach for promoting self-compassion and overall psychological health.

MSC is about recognizing that being human involves imperfection, mistakes, and setbacks. Through mindfulness and self-compassion, we become aware of our thoughts and feelings without judgment and instead of berating ourselves for perceived failures, we offer ourselves words of comfort and understanding. When facing the challenges of prostate cancer and treatment, self-compassion allows us to acknowledge our struggles with a compassionate heart and instead of self-criticism, we develop an inner dialogue that fosters healing and growth.

Research provides compelling evidence for the effectiveness of MSC in counteracting the harmful effects of self-criticism. A study published in the Journal of Clinical Psychology found that practicing self-compassion was associated with lower levels of self-criticism and greater psychological well-being (Kelly et al., 2019. This shift from self-criticism to self-compassion was linked to reduced symptoms of depression and anxiety.

One of the challenges with MSC is that it can take some practice getting used to. It’s not something we are generally used to doing. For me, the first step is to become better at recognizing the harsh inner words we sometimes use for ourselves. In other words, can we bring an increased awareness when we are giving ourselves a hard time for our perceived flaws or mistakes, comparing ourselves unfavorably

to others, or setting unrealistic standards or expectations for ourselves? Can we get better at recognizing the times when we use words like “you should”, “you should have”, or “why didn’t you” for example. To help us get better at practicing more self-compassion and less harsh inner critic, consider trying the following exercise:

Short Mindful Self-Compassion Exercise
Putting it into Practice

- Find a quiet and comfortable place to sit or lie down.
- Close your eyes, take a few deep breaths, and bring your attention to the present moment.
- Begin by acknowledging any challenging thoughts or emotions you’re experiencing. Say to yourself, “This is a difficult time for me. I’m facing uncertainty and fear. It’s okay to feel this way.” Offer yourself words of kindness and understanding, like, “May I be kind to myself in this moment” or “May I give myself the compassion I need.” Take a few more breaths, allowing yourself to receive the warmth of self-compassion. When you’re ready, gently open your eyes and take a moment to notice how you feel.

MSC can be a helpful addition to your toolkit when navigating the emotional complexities of life and of life with prostate cancer. In my opinion, MSC is not just an individual practice; it can also create a ripple effect that extends to our family and to our community. When we learn to be kinder to ourselves, we naturally become more understanding and compassionate towards others.

I wish you luck with your journey into self-compassion.

If these ideas resonate with you or if the inner critic is something you would like to learn more about – let’s talk.

Paul Griggs, MC, RCC
Clinical Counsellor

we need butts.

- love being on the water?
- looking for a support team?
- got a competitive side?
- in the Lower Mainland area?

Butts IN MOTION

If you're a prostate cancer patient and check any of these boxes, check us out!

buttsinmotion.ca

NUTRITION AND BONE HEALTH WITH ADT

Calcium and vitamin D help optimize bone health which is important for decreasing the risk of bone fractures (broken bones). Calcium is also important for many body functions, including proper function of blood vessels, muscles, and nerves. When you don't get enough, your body will take calcium from your bones.

Getting enough calcium every day is important for everyone throughout life, but especially so for people on hormone therapy, such as long-term androgen deprivation therapy (ADT). Long-term ADT can accelerate the natural loss of bone that occurs with aging. With time, the loss of bone can lead to osteoporosis, or weak bones, and increased risk of bone fractures.

How much calcium do you need?

People on hormone therapy are recommended to have 1200 milligrams (mg) of calcium daily.[1]

When it comes to calcium, the goal is to meet the daily recommendation as closely as possible without regularly exceeding it. Some, but not all studies have linked high calcium intakes to increased risk of advanced prostate cancer. People 19-50 years should not get more than 2500 mg of calcium daily, and people over 50 years, not more than 2000 mg daily.

Where is calcium found?

Calcium is found in some foods, either naturally, or added to them, and is also found in supplements.

Dairy products are the main food source of calcium in the North American diet. Calcium is also found in almonds, leafy greens, soy foods, the bones in canned fish (such as salmon or sardines, and other foods, along with fortified foods such as soy beverage or other plant-based beverages and dietary supplements. Visit our additional resources page for a list of the calcium content of some common foods.

Is it okay to eat dairy foods? Some studies suggest eating high fat dairy foods, such as cheese and whole milk after prostate cancer diagnosis is linked to increased risk of prostate cancer progression, but eating low or non-fat dairy foods are not. If you eat dairy foods, we recommend choosing low or non-fat options and limiting your intake to about two servings daily.

Are you getting the right amount of calcium?

1. Check your diet: Keep a record of everything you eat and drink for three days. Include all meals and snacks. Tally up your daily calcium intake then take the average over 3 days. Use the calcium content list, an online food tracker such as My fitness Pal or a calcium calculator, like the one from Osteoporosis Canada, to find out how much calcium is in foods.
2. Add the amount of calcium you get from any supplement sources, such as calcium supplements or multivitamin-mineral supplements.
3. What is your total calcium intake? How does it compare to your recommended daily goal?

Tip: Try to meet your calcium needs with food and beverages. Use supplements to top up your intake when you are unable to meet needs with food and drink sources.

How much vitamin D do you need?

People on hormone therapy are recommended to have 800 to 2000 International Units (IU) of Vitamin D daily.[1] Food sources of vitamin D are limited. Your body can also make vitamin D from sunlight. We recommend a daily Vitamin D supplement of 1000 IU. Some people may need higher amounts of Vitamin D. Talk with your primary care provider about how much vitamin D is right for you.

Keeping strong bones goes beyond calcium and vitamin D. Other steps to take include getting enough protein, avoiding smoking, limiting alcohol, and being physically active.

For support to keep your bones strong, call to register for the PCSC Program's Nutrition and Exercise modules.

Calcium-Rich Very Berry Smoothie

INGREDIENTS

- 1 cup mixed frozen berries
- 1 small banana
- 1 TB almond butter
- 2 TB protein powder (optional for extra protein)
- 1 cup milk of your choice (e.g. fortified plant-beverage such as soy milk, almond or oat beverage, OR low fat cow's milk)

INSTRUCTIONS

Place all ingredients in a blender. Blend until smooth. Add water to thin as needed. Enjoy**!**

Andrea Holmes, RD
Registered Dietitian

1. Lavallée LT, McLarty R, Tran C, et al. Canadian Urological Association best practice report: Bone health in prostate cancer. Can Urol Assoc J 2021;15(12):375-82. http://dx.doi. org/10.5489/cuaj.7660

FLEXIBILITY

Why do we need to stretch and what does it do for our body? In this article we discuss the importance of stretching, it's benefits, and how to get started safely.

As our body ages, muscles and tendons become stiff leading to the loss of flexibility, mobility, and reduced function.[1] This causes a reduction in range of motion (ROM) which evidently can affect posture, lead to muscle imbalances, and eventually cause joint pain.

Furthermore, many of us spend a lot of time in a seated position either at our desk working or in front of a television. This can lead to tightness in the hamstrings (back of the leg) making it hard to extend your leg all the way causing potential knee pain. It can also lead to tight muscles in your shoulders, chest and neck leading to postural issues. Not to mention the stiffness in your low back!

By performing regular stretching, we can see improvements in many areas including:

- Improved muscle flexibility, ROM, and mobility leading to reduced injury risk with movement.
- Better alignment of your spine and a taller posture.
- Reduced muscle and joint tension leading to reduced pain and stiffness.
- Reduced risk of falls as you regain mobility in your ankles, knees, and hips.
- Relaxation as flexibility can be practiced with belly breathing leading to mental clarity.

Where should you start?

Frequency: It's best to practice stretching on days you exercise (most days of the week). At a minimum, perform stretching 2-3 days a week.

Intensity: You should feel a mild pull/tension with the stretch, and no pain.

Time: Perform 2-3 sets of 20-30 second holds per stretch.

Type: Flexibility exercises which target the major muscles of the body.[2]

A few tips to remember when stretching:.

- Start slow and gradually move into and out of a stretch. Don't rush the routine.
- Ideally, try to stretch when your muscles are warm, like after exercise to allow for a better stretch and lower chance of injury.
- Keep your joints slightly bent and not locked to prevent excess strain.
- Use controlled movements when stretching. They should never be forced.
- Remember to relax and breathe during the stretch. You cannot reduce stiffness in a muscle if you are tense and holding your breathe. By focusing on calm breathing, you will be able to stretch more effectively.

Ready to try a stretching routine for yourself?
Give the following video a try!
www.youtube.com/watch?v=vCvnl1e3HCc

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

Nicholas Pratap, BSc, CEP
Clinical Exercise Physiologist

1. Marcucci, L., & Reggiani, C. (2020). Increase of resting muscle stiffness, a less considered component of age-related skeletal muscle impairment. European Journal of Translational Myology, 30(2). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7385684/

2. ACSM Guidelines, (2021, Mar 18). Stretching and Flexibility Guidelines Update. https://www.acsm.org/blog-detail/acsm-certified-blog/2021/03/18/stretching-and-flexibility-guidelines-update

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 healthcare professionals

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

Department of UROLOGIC SCIENCES UBC

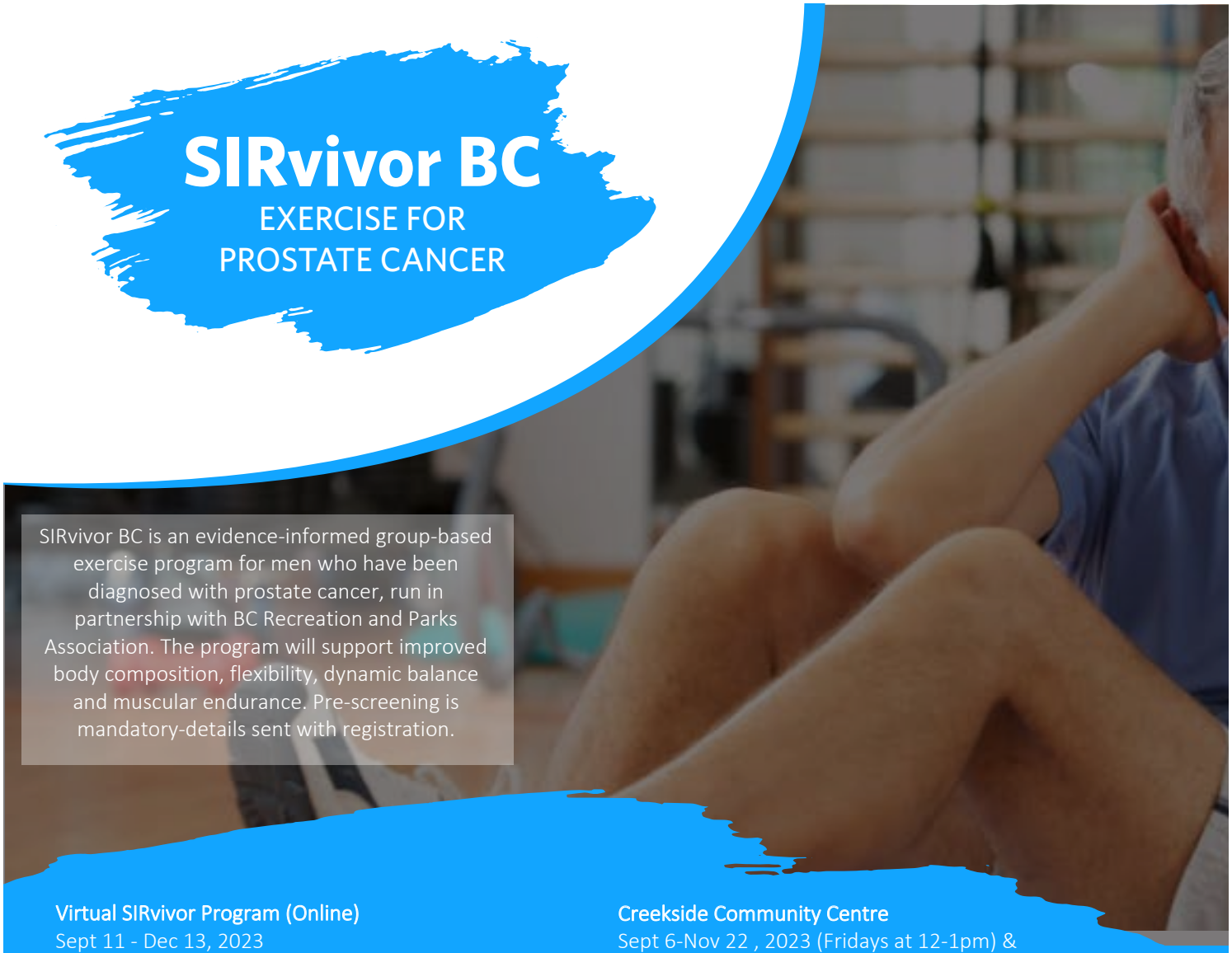
UNIVERSITY OF WASHINGTON

OHSU KNIGHT CANCER Institute

FRED HUTCH CURES START HERE®

SIRvivor BC

EXERCISE FOR PROSTATE CANCER



SIRvivor BC is an evidence-informed group-based exercise program for men who have been diagnosed with prostate cancer, run in partnership with BC Recreation and Parks Association. The program will support improved body composition, flexibility, dynamic balance and muscular endurance. Pre-screening is mandatory-details sent with registration.

Virtual SIRvivor Program (Online)
Sept 11 - Dec 13, 2023
(Mondays & Wednesdays at 10:30am - 11:30am).
To register please contact Lisa Neukomm at 778-281-0694, or email her at inspiredlifestyles@shaw.ca

Harry Jerome Recreation Centre
Oct 10 to Nov 16, 2023 (Tuesday and Thursday at 11:30-12:30pm). To register https://www.nvrc.ca/ or call 604-987-7529.

Creekside Community Centre
Sept 6-Nov 22 , 2023 (Fridays at 12-1pm) &
Sept 8 - Nov 24, 2023 (Wednesdays at 12-1pm).
To register please visit https://vancouver.ca/parks-recreation-culture/creekside-community-recreation-centre.aspx

Dunbar Community Centre
Sept 6 - Dec 20 , 2023 (Wednesdays at 4:45-5:45pm)
& Sept 8 - Dec 22 (Fridays at @1:15pm to 2:15pm).
To register please visit https://www.dunbarcentre.org/registration/

For more information, please contact us. Funding for the program is provided by a philanthropic donation to the Prostate Cancer Supportive Care (PCSC) Program.

Information on SIRvivor:

604-875-4485

pcsc@vch.ca

https://pcscprogram.ca/

PC SC Prostate Cancer Supportive Care

BCRPA BC RECREATION AND PARKS ASSOCIATION

UBC

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 newsletter, 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

pcsc_program pcscprogram

We gratefully acknowledge funding and support from the following:

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