



Maplesoft Centre Provides Unique and Caring Cancer Support

When the Ottawa Regional Cancer Foundation (ORCF) opened the Maplesoft Centre in 2011, it created Canada's first facility to deal with cancer survivorship.

CRACKING OPEN THIS WALNUT

Replacing Arland Benn – Not so easy!

Our wonderful Walnut volunteer, Arland Benn, has chosen to step down from his role preparing the Walnut for mailing. We need a replacement – sooner than soon!

Here's a summary of the role:

- ▶ Buy stamped envelopes once a month.
- ▶ Obtain address labels from Hal Floysvik
- ▶ Attach labels to envelopes and put on the PCCN return address
- ▶ Meet with Any Proulx and his wife at St. Stephen's
- ▶ Andy will have copies of the Walnut to put in envelopes
- ▶ Stuff and seal the envelopes, which Andy will mail.

Please contact
John Arnold at
johna001@magma.ca or
Bill Dolan at b.dolan@
sympatico.ca. Or phone
(613) 828-0762



Melina Ladouceur, the centre's lead cancer coach, addressed the September PCCN Ottawa meeting and provided a detailed and informative overview of Maplesoft's services and successes. For instance, the ORCF has provided millions of dollars for research and cancer rehabilitation, including \$5.1 million for Dr. John Bell and his oncolytic virus work plus another \$5.5 million for clinical trials and research. Over \$5 million has also been given to create and expand facilities in the region.

But the thrust of her talk was on the centre's cancer coaching program, a remarkable service for cancer survivors and their families or caregivers offered any time during the cancer journey, and without medical referrals.

The array of services offered ranges from understanding treatments to nutrition advice, management of work-related issues to intimacy problems, dealing with children and pain. The centre's cancer coaches aim to listen and understand and help focus on priorities and wellness as the survivors and families meander through the difficult journey.

There's even a clever four-minute animated YouTube video that describes



how the coaching works. It can be found at: <http://www.youtube.com/watch?v=UY75MQte4RU>

Ms. Ladouceur further outlined that the cancer coaching is offered privately or in groups at any stage of the cancer journey. It should be noted that there are fees associated with group and healing therapy programs. Among the benefits of cancer coaching, she said, were:

- ▶ Develop the skills, knowledge and confidence to better understand and take charge of your cancer.
- ▶ Improve your overall health, well-being and quality of life.
- ▶ Manage common treatment side effects and reduce stress.
- ▶ Feel more confident working with your care team and getting the care you need.
- ▶ Connect with others who share similar experiences.

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Summary of Steering Committee Meeting, Thurs., Sept. 11, 2014

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PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

Co-chairmen	John Arnold and Bill Dolan
Past Chair	Wilf Gilchrist
Vice Chair	Vacant
Treasurer	Jim Thomson
Secretary	John Temple

Steering Committee

Program Director	Bill Dolan
Mentoring Director	Harvey Nuelle
Outreach/Awareness	John Arnold
Volunteer Coordinator	Bill Lee
Peer Support Director	Knowlton Constance
Newsletter	Editor: Richard Bercuson Layout: Shannon King Distribution: Andy Proulx, Arland Benn

Members at Large	David Brittain, Lionel Burns, John Dugan, Gerry Gilbert,
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Admin Support Team	Mike Cassidy, Doug Payette, Martin de Leeuw, Fil Young
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Website	Chris Brown
Database	Hal Floysvik
Thank you cards	Joyce McInnis

PCCN Ottawa does not assume responsibility or liability for the contents or opinions expressed in this newsletter. The views or opinions expressed are solely for the information of our members and are not intended for self-diagnosis or as an alternative to medical advice and care.

PCCN Ottawa Mission Statement

We provide information on prostate cancer to those in need, gathered from a variety of sources. We participate in events that provide a venue for promoting awareness of prostate cancer through our informed member interaction at public gatherings or as speakers. We collaborate with local organizations such as The Ottawa Hospital, the Ottawa Regional Cancer Foundation, the Canadian Cancer Society, urologists and oncologists for information and support.

1. The nomination committee met in August. Job descriptions for the two co-chair positions, community coordinator, program and fellowship coordinator & secretary were sent to the nominating committee.
2. Univ. of Ottawa's Centre of Global and Community Engagement is looking for community projects. We've submitted two potential projects: Engaging Women about Prostate Cancer and Changing Gear, a social media project, both for January, 2015.
3. A Mini-Prostate Cancer support group conference (organized by PCCN Brampton) will be in Huntsville in November.
4. The membership donation letter is being drafted for the October mail-out.
5. The September speaker is Melina Ladouceur who will describe the work of cancer coach at Maplesoft Centre.
6. Bill Dolan has approached the Ottawa Hospital Foundation about supplying speakers for us.
7. At the October meeting, Gerry Gilbert and Dan Faber will report on the Prostate Cancer Research Institute's conference they attended. Michelle Faber will share how PCCN Calgary support group set up a women's only group.
8. The medical firm Janssen is organizing a public meeting for our November meeting.
9. We'll have a booth at the Urological Nurses of Canada annual conference Sept.18-20 at the Chateau Laurier.
10. On Sat., Sept. 20 at the Chateau Laurier, PCCN Ottawa will host a presentation by Andrea Simone on "Penile Rehabilitation Education Program."
11. Will Lee has volunteers who will assist the ORCF's Epic Walk on September 27.
12. We will provide volunteers on Sunday October 19 for the ORCF's Nordic Walk.
13. Martien de Leeuw will distribute the Walnut through the Ottawa Public Library starting in October.
14. Hal Floysvik will work on an update to our procedures manual.
15. The Black Walnut Project is progressing and hopefully some memorial trees will be planted this fall.
16. The Tuit Project is progressing and hopefully we will have a "Tuit" supply by year end. ■



These fine-looking gentlemen “manned” the PCCN Ottawa booth at the Urological Nurses of Canada conference last month at the Chateau Laurier. Left to right, they are Richard Bercuson, Bill Dolan, and John Arnold. Mr. Dolan is holding a brilliantly clever sign meant to attract nurses strolling by to stop, chat and perhaps buy one of the last remaining copies of Bercuson’s book “Assume the position.” Some did; many chuckled; a handful didn’t quite get it. Highlight of the day though was the fabulous snack food, including wonderful chocolate chip cookies. ■

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Whether or not one is ready for cancer coaching was also addressed with the following questions:

- ▶ Do you have questions about your cancer, your treatment options and/or side effects?
- ▶ Do you feel ready to make a change and need help creating a personalized plan to achieve your goals?
- ▶ Have you begun to take action in addressing the barriers you are facing and/or improving your wellbeing or do you intend to work on your goal within the next month?
- ▶ Do you want to work collaboratively with someone who understands you, your lifestyle? Do you want to be actively involved in your cancer experience and your overall health and wellness?
- ▶ Are you facing a new challenge or transition in your cancer journey and are seeking help with decision-making and/or to explore strategies to help you move forward?

Answering yes to any of these, she suggested, meant cancer coaching might be helpful.

To begin the process and meet a cancer coach, people can register using the online form at ottawacancer.ca. ■

NEXT MONTHLY MEETING

Thursday, Oct. 16

- 6:30 – 7:30 p.m.: Mentoring for newly diagnosed in the Shalom Room
- 7:00 p.m.: PCCN Ottawa business
- 7:30 p.m.: Dan Faber and Gerry Gilbert will report on the PCRI conference they attended in L.A. at Sept. Michelle Faber will also give a short presentation on a “women only” workshop she attended at the conference.

We meet the third Thursday of each month at St. Stephen’s Anglican Church, 930 Watson Street. Follow the Queensway to the Pinecrest exit and proceed north, past the traffic lights, to St. Stephen’s Street on the left. Parking is at the rear of the church.

Please remember your contribution for the St. Stephen’s food bank.

“WARRIORS PLUS ONE” SUPPORT GROUP

Tuesday, Oct. 14

- 1:00 – 3:00 p.m.: There will be a discussion about the name change for the Warriors (Warriors vs. Warriors plus one) in order to include partners/spouses. BRING YOUR SPOUSE OR PARTNER.
- Dan Faber and Gerry Gilbert will also report on the PCRI conference they attended in L.A. in Sept. Michelle Faber will give a short presentation on a “women only” workshop she attended at the conference.

Warriors meetings are held the Tuesday BEFORE the regular monthly meeting at the Maplesoft Centre for Cancer Survivorship Care 1500 Alta Vista Drive (at Industrial in Cancer Survivors Park, across from Canada Post)

Understanding the TNM Prostate Cancer Staging System

from johnshopkinshealthalerts.com

Determining the extent of prostate cancer is important for predicting the course of the disease and in choosing the best treatment. The Whitmore-Jewett method or, more commonly the TNM (tumor, nodes, metastasis) staging system is used to describe a cancer's clinical stage, or how far it has spread. This Health Alert provides an explanation of this important prostate cancer staging system.

The TNM system assigns a T number (T1 to T4) to describe the extent of the tumor as felt during a digital rectal exam (DRE). The N number (N0 to N1) indicates whether the cancer has spread to any lymph nodes, and the M number (M0 to M1) indicates the presence or absence of metastasis (spread to distant sites). The T and M designations are divided into subcategories (designated a, b, and c) that provide further detail on the extent of the cancer.

The TNM clinical stage is used to help determine appropriate prostate cancer treatment options. Here's a description of this important staging system:

T1: Tumor cannot be felt during DRE or seen with diagnostic imaging

- ▶ **T1a:** Tumor found incidentally during surgery for benign prostatic hyperplasia (BPH) and is present in less than 5% of removed tissue
- ▶ **T1b:** Tumor found incidentally during BPH surgery but involves more than 5% of removed tissue

▶ **T1c:** Tumor found during needle biopsy for elevated PSA

T2: Tumor can be felt during DRE but is believed to be confined to the gland

- ▶ **T2a:** Tumor involves one half or less of one side of the prostate
- ▶ **T2b:** Tumor involves more than one half of one side but not both sides
- ▶ **T2c:** Tumor involves both sides of the prostate

T3: Tumor extends through the prostate capsule and may involve the seminal vesicles

- ▶ **T3a:** Tumor extends through the capsule but does not involve the seminal vesicles
- ▶ **T3b:** Tumor has spread to the seminal vesicles

T4: Tumor has invaded adjacent structures (other than the seminal vesicles), such as the bladder neck, rectum, or pelvic wall

NO: Cancer has not spread to any lymph nodes

N1: Cancer has spread to one or more regional lymph nodes (nodes in the pelvic region)

MO: No distant metastasis

M1: Distant metastasis

- ▶ **M1a:** Cancer has spread to distant lymph nodes
- ▶ **M1b:** Cancer has spread to the bones
- ▶ **M1c:** Cancer has spread to other organs, with or without bone involvement ■

What We Can Learn from Complexed and Free PSA

from johnshopkinshealthalerts.com

PSA in the blood is either bound (attached) to proteins (known as complexed) or unbound (known as free). PSA assays usually measure the total PSA (both free and complexed). Other assays measure the percentage of free PSA or the percentage of complexed PSA. Compared with men who have BPE, men with prostate cancer have a higher percentage of complexed PSA and a lower percentage of free PSA.

Research suggests that determining the ratio of free to total PSA in the blood helps distinguish between PSA elevations due to cancer and those caused by BPE. Using the percent free PSA result to help determine the need for biopsy might help reduce the number of unnecessary biopsies.

Evidence suggests that in men with PSA levels between 4 ng/mL and 10 ng/mL, performing a prostate biopsy only when the percent free PSA is 24 percent or below would detect more than 90 percent of prostate cancers while reducing the number of unnecessary biopsies by 20 percent. Some investigators support using complexed PSA measurements to detect cancer, believing that this provides the same information as free PSA and total PSA.

Percent free or complexed PSA, as well as PSA density and PSA velocity, also can be used to determine the need for a repeat prostate biopsy when the initial biopsy shows no evidence of cancer but cancer is still suspected.