

# Prostate Cancer Canada Network - NEWMARKET

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**A support group that provides understanding,  
hope and information to prostate cancer patients and their families**

Our speaker for the February 20th meeting is Dr. John Preiner from Southlake Regional Health Centre. Dr. Preiner last spoke to our group when he came to Newmarket as the new Urologist in town. He also brought Laparoscopic Surgery his speciality with him. His subject that night was treating one of the problems we experience from the side effects of hormone medications. He talked about using Zometa to help reduce bone complications. Dr. Preiner plans to focus on Radical Prostatectomy. Go over the principles of Penile Rehab and review recent press on surgery vs radiation. Come and hear what he has to say and bring your questions.

**Meeting Date: February 20th, 2014**

**Place: Newmarket Seniors Meeting Place,  
474 Davis Drive, Newmarket (Side Entrance)**

**Time: 6:30 pm to 9:00 pm**

**Speaker: Dr. Preiner, Urologist, Southlake Regional Health Centre**

**Subject: Radical Prostatectomy, Penile Rehab and Recent Press on  
Surgery vs Radiation.**

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Assisted by the Canadian Cancer Society  
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*The Newmarket Prostate Cancer Support Group does not recommend products, treatment modalities, medications, or physicians. All information is, however, freely shared.*

# January SpeakerNotes . . . Sandra Robinson RN, Southlake Regional Health Centre

## Subject: The Prostate Assessment Clinic at Southlake

Sandra Robinson is a Nurse Navigator for the Prostate Assessment Clinic at Southlake Regional Health Centre. In our January meeting she spoke to us about the Diagnostic Assessment Program that was started all across the province by Cancer Care Ontario. It was set up to improve the diagnostic phase of our cancer journey. Sandra has been instrumental in setting up the Prostate Clinic at Southlake since its inception in Aug 2012. She explained in her talk what it is and what we can expect if you visit. This program is designed to track and improve the wait times throughout that emotional time when we are confronted with that "C" word. Here is what she had to say.



Thank you for inviting me here tonight. My objectives are to tell you about the Diagnostic Assessment Programs across the Province, funded by Cancer Care Ontario (CCO) and specifically to introduce you to the Diagnostic Assessment Clinic at Southlake Regional Health Centre. At the end, I'll also talk a little bit about

Prostate Cancer and healthy living.

The Ontario Cancer Plan for 2011–15 is the third Provincial Cancer plan aimed at improving cancer services across the Province. For my talk today we'll focus on its first 3 goals, which are: 1. To help Ontarians lessen their risk of developing cancer. 2. To reduce the impact of cancer through effective screening and early diagnosis, and 3. To ensure timely access to accurate diagnosis and safe, high-quality care. The strategic plan of the DAP's also addresses goals 4, 5 and 6, as follows: 4. To improve the patient experience along every step of the cancer journey. 5. To improve the performance of Ontario's cancer system. 6. To strengthen Ontario's ability to improve cancer control through research.

In order to roll out an organized Prevention and Screening program across the province, it was divided into Local Integrated Health Networks or LIHN's. For the purpose of our discussion, I will use information related to the Central LIHN #8, which is our locality.

So, what is a Diagnostic Assessment Program (DAP)?

A DAP works to decrease diagnostic wait times through a single point of access to coordinated diagnostic services and specialists. Through the use of clinical pathways, DAPs can provide an expected standard of care during the diagnostic phase. It works to optimize satisfaction among Primary Care Providers and Specialists by streamlining the diagnostic phase, facilitating transitions and improving communication between providers

They are made up of multi-disciplinary healthcare teams who provide diagnostic and supportive care services in a patient-focused environment. DAPs give patients access to support information and improve the patient experience

Currently in Ontario DAPs funded by CCO include:

Colorectal, Lung, Prostate and a Breast DAP (but it isn't really called a DAP, it's more or less related to Ontario's Breast Screening Program). All of these DAPs are available at Southlake. There are virtual assessment DAP's that serve as a central point of contact. The patient navigation through the system happens via phone and fax. They may also be doing it through e-mail, though at Southlake we do most of it by phone. We have two of these virtual at Southlake, Colorectal Screening and the Lung one.

How do Diagnostic Assessment Program's affect Diagnostic Imaging departments?. DAP's may request reserved appointment times. Appointments can be specifically coordinated with another study (common for staging appointments) We can also expedite exams so that they can happen faster. DI nurses are well suited to staff DAP's. Nurses with added oncology experience would be even better! We report wait times to Cancer Care Ontario and they are tracked along with Patient Experiences.

These reports are on the following wait times per disease site: wait time from referral to diagnosis: wait time from referral to navigator contact: wait time from request to test date and wait time from test date to diagnosis,

The Breast Assessment Affiliate (BAA) was opened in Southlake in April 2008, Unlike the other DAPs, the Breast Assessment Affiliation is funded by CCO as an extension of the Ontario Breast Screening Program. When there is an abnormal mammogram it generates a flag and our breast nurses will call these women and get them to come in and see a surgeon, get some imaging and get a diagnosis. Each abnormal OBSP generates funding to a BAA site to cover the costs of navigating a patient through the system.

Our Breast DAP is located in the Diagnostic Assessment Unit in the Medical Arts Building across from the hospital and is staffed by a nurse navigator, clerical support and one of the 6 SRHC General Surgeons. The BAA runs 2 clinics per week and on average sees 50 eligible referrals per month. (eligibility includes abnormal clinical or imaging findings suspicious for cancer) Average wait time from suspicion of a possible cancer to diagnosis with tissue sampling (biopsy) is 10 to 12 business days.

Our SRHC Colorectal DAP (virtual) started February 2011. The Colon Cancer Check has a dedicated fax line for the physician to refer a patient with a family history (first degree relative, i.e. mother, father, sister, brother) of Colon

Cancer or a positive FOBT. You have to be over 50 and within 10 years of your family member being diagnosed,

The second criteria would be a positive smear test ordered by your family doctor. If that comes back positive then you also qualify for this program. We can put you in to see a surgeon or a gastroenterologist within two weeks. Right now we're running about 15 or more a month. The nurse navigator (NN) collects referrals, contacts the patient and schedules the patient for an expedited colonoscopy.

The Lung DAP (virtual) opened in March 2012. The Regional Thoracic Program was already established before the LHINs started, resulting in different geographical boundaries. In order to integrate into the existing, well functioning thoracic program, the Nurse Navigator (NN) was relocated into the off site thoracic office. She contacts the patients, arranges appointments, preps the patient for procedures and surgery. The Lung DAP sees approximately 70 referrals/month that are suspicious for new primary Lung Cancer. Unfortunately, 61% of these referrals result in a malignant diagnosis



We started the Prostate Cancer DAP in August 2012 and that's the job that I was hired for. Our Prostate DAP fast tracks and coordinates care for patients with suspicions of a new Prostate cancer. The criteria to come through this program is an abnormal PSA, an abnormal Digital Rectal Exam (DRE) or family history. If you are concerned because your father or brothers have had it in the past, we will also see you to relieve those fears. Prostate cancer is less about wait times than any other disease site.

We are currently seeing approximately 20-30 referrals per month. Patients seen through the Prostate DAP are offered consultation with one of our four Urologic Surgeons and a Radiation Oncologist, to offer the patient choices in their treatment options. After the diagnosis of a cancer, the surgeon can bring any case to our twice monthly Multidisciplinary Cancer Conferences. These conferences are run out of each Regional Cancer Centre. Offsite loca-

tions can attend and or participate via video conferences. We link in to Markham-Stouffville Hospital. that way, They are also involved in our discussion of what needs to happen with the individual person that we are presenting. They have similar medical professionals sitting on their side. Everybody talks together and makes the best decisions of what needs to happen.

Multidisciplinary Cancer Conferences (MCCs) are regularly scheduled meetings/rounds where healthcare providers discuss the diagnosis and treatment of individual cancer patients at Regional Health Centres around Ontario. Organized screening offers many benefits over opportunistic screening

DAP's were first developed to address the needs of a given disease site and geographic area. There are currently more than 30 DAP's across the Province . Many of these DAP's have different entry and exit points. They have varying clinical pathways, volumes and ultimately sustainability.

Southlakes Prostate Assessment Clinic is located in the Diagnostic Assessment Unit situated in the Medical Arts Building at 581 Davis Drive, Suite 384, Phone 905 895 4521 ext 2960 - Reception. Sandra Robinson, RN, Nurse Navigator ext 2969. Currently the clinic runs one morning per week based on current referral volumes. Prostate referrals often result in surveillance versus biopsies. The Clinic is staffed by a Unit Secretary, Nurse Navigator and one of our four Urologists.

This Clinic was started in August 2012 as part the Diagnostic Assessment Program that was initiated by Cancer Care Ontario. A Nurse Navigator is available via phone Monday to Friday for any questions or concerns regarding your testing, or upcoming appointments. This initiative is to allow men to have access to specialized care providers from suspicion of an abnormal test/exam to diagnosis. A navigator is there to help guide and support them through the diagnostic phase of their journey. We encourage you to bring along your significant other to the interview as some men don't seem to want to divulge all their personal medical information and women do!

The Nurse Navigator will contact you via telephone and do a short interview. With your input an appointment will be agreed upon. Demographics of the clinic will be provided and a brief explanation of what to expect will be given. You will be greeted by our Unit Clerks, Fotini and Susan, at reception, where you will be handed a questionnaire to fill out of your personal medical history. These forms take approximately 10-15 minutes to fill out. There will be a second form called "International Prostate Symptom Score" (IPSS) which tells us about your urinary habits. These forms will be presented to you every time you visit a Urologist, this will allow them to compare previous scores to the current ones. They will be looking for trends in this also. You will then be taken into the clinical area for your appointment by the Nurse Navigator.

At some point in your visit you will be asked to void (pee) in a special toilet that measures the flow and strength of

your stream. On return visits to the Urologist this process will be repeated. The results from each visit are compared.

After you void in the special toilet you will be taken into an exam room where the Nurse Navigator will perform a short ultrasound called a bladder scan. The NN will take a short health history regarding your concerns, any symptoms you are having, and your sexuality.

The Nurse Navigator is available via the telephone Monday to Friday from 8am – 4pm. She follows up with all the patients that need to go onto TRUS Biopsy as this allows for any questions or concerns they may have.

Prostate cancer is the most common cancer to affect Canadian men. One in seven men will be diagnosed with the disease in their lifetime. Your risk increases if you are over 50, have a family history of Prostate Cancer, are of African or Black Caribbean decent, and are overweight. Prostate cancer can also affect someone without any of these factors. Prostate cancer is a disease where some prostate cells have lost normal control of growth and division. They no longer function as healthy cells.

Prostate Specific Antigen (PSA) is a blood test to help detect prostate cancer. It is also a measurement to see how a person is responding to treatment if already diagnosed. There is no special preparation for a PSA test. However, PSA levels may be temporarily increased by an inflammation of the prostate (prostatitis), transrectal ultrasound or prostate biopsy, sexual activity and digital rectal examination (DRE) It is recommended that a PSA test not be done for a few days after ejaculation, a prostate biopsy or an infection, the PSA can be artificially increased for up to 3 months.

If your PSA levels remain high x2 test results, then your Urologist may recommend a TRUS Biopsy of your Prostate. The prostate also produces the milky white (prostatic) fluid that helps carry and nourish sperm. It is in this prostatic fluid that prostate specific antigen (PSA) is found. Some PSA naturally leaks into the blood stream. An elevated PSA can be an indicator of prostate trouble.

### Transrectal Ultrasound Biopsy (TRUS Bx)

This is a minor procedure that will take tissue samples of the prostate for analysis to determine if you have cancer or not. Routinely approximately 12 samples are taken and the results are available within 2 weeks. You will return to the Urologist's office to discuss the results. IF negative you will continue to be monitored by the Physician. If positive the pathologist will assign a Gleason Score to your results. This score indicates how aggressive your cancer is and will play a part of what treatment options are available to you. You will also have a consult set up with one of our Radiation Oncologists so you can learn about that part of the treatment. Then you will be given time to make your own decision of what treatment you would like. It is important to do your research/homework and read over everything. Take the time so you can make an informed decision.

### Choices of Treatment!

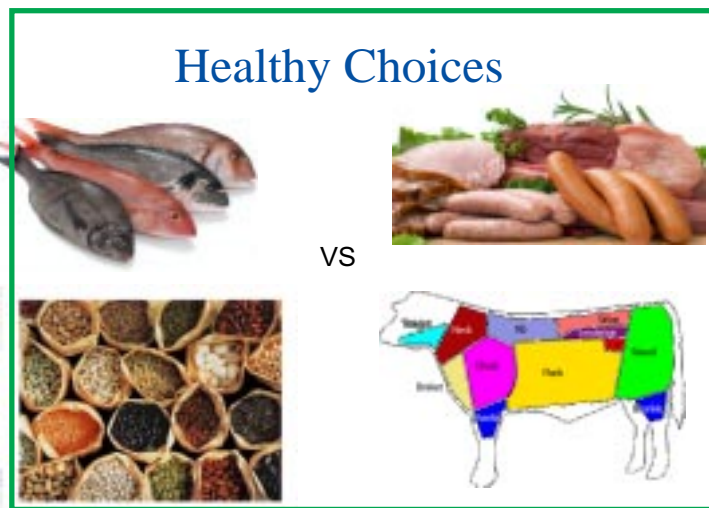
Active Surveillance – or Watchful Waiting: This is

where you will be monitored by an Urologist every 3-6 months as your disease is slow growing and requires no intervention at this time. Monitored by PSA levels/TRUS Biopsies yearly.

Surgery – a Prostatectomy is removal of the Prostate but you will continue to be monitored by a Urologists with regular PSA levels done

Radiation/ Hormone Therapy: You undergo Radiation Therapy by a Radiation Oncologist and are monitored by Radiologist and/or Urologist. PSA is still monitored. Depending on the extent of your disease you may be given 3 choices. Active Surveillance, Prostatectomy or Radiation/Hormonal therapy

Leading a healthier lifestyle will significantly help you aim for a healthy eating pattern. Eat at least five servings of fruits and vegetables every day. Go for those with deep, bright color. Choose whole-grain bread instead of white bread, and choose whole-grain pasta and cereals. Choose healthful fats, such as olive oil, nuts (almonds, walnuts, pecans), and avocados. Our bodies need protein to build tissue for growth and repair. The protein in our diets comes from two sources: Animals or plants. Meat is protein rich, but most cuts are also high in fat. Fish is a “heart-healthier” and leaner source of protein. The Canadian Food Guide will help guide you to what you should eat and portion sizes. Soya Bean is the only plant protein that contains all of the essential amino acids in some degree. It is usually in the form of Tofu.



In order to get all your amino acids from other sources you would need to eat a combination of these: Legume family: chickpeas, peanuts, lentils, split peas, kidney beans, pinto beans, fava beans. Grain family: barley, corn, oats, rice, rye, wheat, triticale. Nut and Seed family: Almonds, walnuts, cashew, chestnuts, pumpkins, sesame, pecans and any other nut or seed

So keep in mind when choosing plant proteins, make sure you get all nine essential amino acids from plants, eat a combination of legumes, grains, nuts, and seeds. Diets that include tofu — a product made from soy beans — have been linked to a reduced risk of prostate cancer. It's thought that the benefit of soy comes from a specific nutrient called isoflavones.

Note: Avoid non-fat soy beverages, since soybeans lose some of their beneficial properties when completely defatted. Choose regular or low-fat varieties. If you are drinking soy as a substitute for milk, select soy beverages fortified with calcium.

Drink green tea. Studies of men who drink green tea or take green tea extract as a supplement have found a reduced risk of prostate cancer. If you like to drink tea, consider choosing green tea.

Drink alcohol in moderation, if at all. If you choose to drink alcohol, limit yourself to no more than a drink or two each day. There's no clear evidence that drinking alcohol can affect your risk of prostate cancer, but one study found men who drank several drinks each day over many years had an increased risk.

Lycopene is a type of antioxidant found chiefly in tomatoes (it's what makes them red), as well as in papaya and watermelon. Researchers have found that men with prostate cancer have low levels of lycopene in their blood and prostate tissue. The evidence supporting a lycopene-rich diet is very convincing. Studies suggest that men who eat more than 5 servings a week of cooked tomatoes reduce their incidence of prostate cancer by one third. Some examples of where it can be found: in cooked tomatoes, tomato juice, stewed tomatoes, watermelon, ketchup, tomato soup made with milk, pasta sauce.

### **Foods to avoid, you must read labels!!!!!!**

Limit saturated fats from dairy and other animal products. Avoid partially hydrogenated fats (trans fats), which are in many fast foods and packaged foods.

Avoid sugar-sweetened drinks, such as sodas and many fruit juices. Eat sweets as an occasional treat.

Cut down on salt. Choose foods low in sodium by reading and comparing food labels. Limit the use of canned, processed, and frozen foods.

### **Stay active, Maintain a healthy weight!**



In addition to eating a healthy diet, you should stay active. Regular exercise pares down your risk of developing

some deadly problems, including heart disease, stroke, and certain types of cancer. And although relatively few studies have directly assessed the impact of exercise on prostate health, those that have been done have concluded, for the most part, that exercise is beneficial. Studies of exercise and prostate cancer risk have mostly shown that men who exercise may have a reduced risk of prostate cancer. But not all studies have agreed. Exercise has many other health benefits and may reduce your risk of heart disease and other cancers. Exercise can help you maintain your weight, or it can help you lose weight.

If you don't already exercise, make an appointment with your doctor to ensure it's OK for you to get started. When you begin exercising, go slowly. Add physical activity to your day by parking your car farther away from where you're going, and try taking the stairs instead of the elevator. Aim for 30 minutes of exercise most days of the week.

### **Kegels**

Kegel exercises are easy exercises you can do before and after your prostate cancer treatment to help strengthen your pelvic floor muscles. These muscles help control your urine flow. Kegel exercises are one of the most effective ways of controlling incontinence without medication or surgery

Everyone should be doing Kegel Exercises!! Like the old saying... If you don't use your muscles you will lose them! As we age or if we have a sedentary lifestyle our muscles begin to atrophy (disappear/become weaker). Over time Kegels will strengthen your muscles and give you more control over incontinence issues. There are several ways that you can find your pelvic floor muscles. One way is to try to stop and start your urine stream while you stand at your toilet to urinate (pee). Try to do this two or three times. Another way to find your pelvic floor muscles is to imagine that someone walks in to your bathroom while you are urinating (peeing) and you need to stop your urine flow. This is best performed 3 times per day starting at 10 reps and building up. The length of holding the Kegel is also important building up from 5 seconds to 30 seconds. Over time this will strengthen your muscles and give you more control over incontinence issues.

### **To Summarize**

Organized screening offers many benefits over opportunistic screening

DAP's were first developed to address the needs of a given disease site and geographic area. There are currently more than 30 DAP's across the Province. Many of these DAP's have different entry and exit points. DAP's have varying clinical pathways, volumes and ultimately sustainability.

### **You Should be . . .**

- Eating and maintaining a Healthy Diet
- Maintaining a Healthy Weight for your Body Type
- Exercising on a Regular Basis
- Being Pro-Active about getting Screened



**Doug Bowers took his stint as chair for the January Meeting.**



**Gerry Pielsticker of the Oakville Prostate Cancer Support Group took in our meeting.**