

# The Digital Examiner

[www.prostaidcalgary.org](http://www.prostaidcalgary.org)

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The local voice for prostate cancer

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at a time of challenge and controversy."

– Dr. Martin Luther King Jr.

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### PROSTAID Calgary

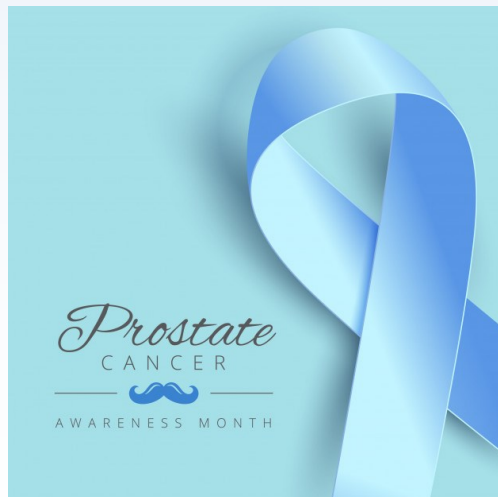
is a proud member of the Prostate Cancer Canada Network of support groups.

## September is Prostate Cancer Awareness Month

National **Prostate Health Month** (NPHM), also known as **National Prostate Cancer Awareness Month**, is observed every September in North America by health experts, health advocates, and individuals concerned with men's **prostate** health and **prostate cancer**.

In **Canada**, the 5-year net survival for prostate cancer is 93%. This means that about 93% of men diagnosed with **prostate cancer** will **survive** for at least 5 years after their diagnosis. ([Canadian Cancer Society](#))

When should I get prostate exam Canada? (Monty Kruger/CBC) Despite that, the **Canadian** Urological Association recommends "starting PSA testing at age 50 in most men and at age 45 in men at an increased risk of **prostate cancer**." **Prostate Cancer Canada** offers conflicting advice, encouraging men in their 40s to **get** their PSA test. ([CBC, Apr 2018](#))



**Meeting Schedule**  
**Next regular meeting TBD, 2020**  
**- watch website/FB for news about October General Meeting!**

[info@prostaidcalgary.org](mailto:info@prostaidcalgary.org)

## SIDE BAR:

### Of particular note:



Prostate Cancer Awareness month is upon us!

**Even though we can't celebrate the prostate cancer community in person this year due to COVID-19, we can still come together online to make a difference for patients, survivors, and caregivers during this pandemic. Please consider making a donation this month to honour someone who has fought and won, or is still fighting.**

This month, the DE content is intended to provide awareness to anyone new to the prostate cancer community, as well as provide hope and support to those who keep moving forward.

Look for details about the Prostate Cancer Patients & Caregivers Conference 2020 on page 4. Registration for this virtual event, September 11-12, is now open.

Regards,

**Dorothy Rodehutsors**  
**Program Director**  
**PROSTAID Calgary**

## Recent Articles of Interest:

### Self-Help Tactics for Urinary Incontinence After Prostate Cancer Treatment

(June 30/20)

Surgery or radiation therapy for prostate cancer may irritate the urethra or bladder or damage the urinary sphincter (muscles that contract to prevent urine from flowing out of the bladder). As a result, some degree of incontinence (inability to control bladder function) can occur after treatment.

In the initial period after radical prostatectomy for prostate cancer, men typically experience stress incontinence, in which urine leakage occurs during moments of physical strain (such as sneezing, coughing, or lifting heavy objects).

Recovering bladder control may take up to six to nine months. Fortunately, severe incontinence occurs in less than 5 percent of men following radical prostatectomy or radiation therapy for prostate cancer. The following approaches can be taken to manage incontinence:

**1. Use absorbent products.** Wearing absorbent pads or undergarments is the most common way to manage incontinence. These products are often used right after surgery and are effective for managing mild to severe incontinence. Absorbent products are also ideal for men who have minimal leakage on occasion.

**2. Make lifestyle changes.** Simple changes in diet and behavior can be helpful. Excess weight increases pressure on the bladder and worsens incontinence. Weight loss through calorie restriction and increased physical activity will help. Because constipation can worsen symptoms, it is important to eat high-fiber foods, such as leafy green vegetables, fruits, whole grains, and legumes. Alcohol increases urinary frequency and should be limited. Some men report being bothered by caffeine. If nighttime urination is a problem, avoid consuming liquids during the last few hours before bed.

**3. Do Kegel exercises.** These exercises are performed by squeezing and relaxing the pelvic floor muscles that surround the urethra and support the bladder. Strengthening these muscles may improve bladder control after radical prostatectomy.

To do Kegels, you must first be able to locate where the pelvic floor muscles are (an easy way to do this is to stop and restart your stream of urine and note which muscles you are using— though you shouldn't regularly be doing this while urinating). Contract the muscles for three seconds and then relax them for an equal time; repeat 10 to 15 times. Gradually work up to 10-second contractions. Another way is to contract and relax the muscles quickly. Many experts recommend slowly contracting the muscles until you reach a maximal contraction and then slowly release them.

You can do Kegels in sets, such as 15 to 20 repetitions, spaced throughout the day. Be sure not to use other muscles, such as your abdominal, buttock, or thigh muscles, while doing Kegels; using those other muscles won't target the pelvic floor properly. In fact, contracting your abdominal muscles simply puts pressure on the bladder, which is counterproductive. And don't hold your breath while doing them.

If you have trouble isolating the proper muscles, your doctor can instruct you. Kegel exercise apps are also available, but quality is variable and not all have been tested. Finally, be patient. It may take a few months before you notice any improvement.

If these self-management measures are not sufficient, your doctor can work with you to find other options that may help. These include collagen injections, surgical treatments, penile clamps, external collection devices, catheters, and medications.

*University of California, Berkeley, School of Public Health - Health and Wellness Alerts*

### Articles of Interest:

[Rates of Primary and Secondary Treatments for Patients on Active Surveillance for Localized Prostate Cancer \(Sept 2020\)](#)

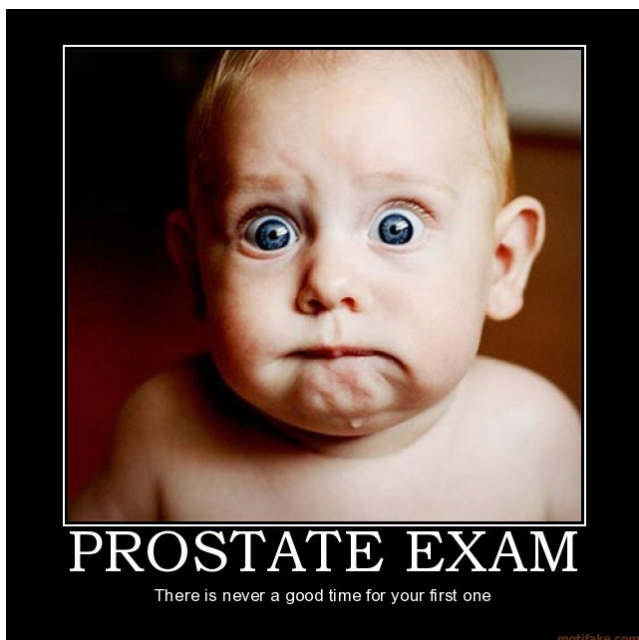
[American Society of Clinical Oncology \(ASCO\) Conference Highlights 2020](#)

- collection of papers presented at this years virtual conference.

[Is prostate brachytherapy a dying art? Trends and variation in the definitive management of prostate cancer in Ontario, Canada.](#)

We are always learning more about cancer. Researchers and healthcare professionals use what they learn from research studies to develop better practices that will help prevent, find and treat prostate cancer. They are also looking for ways to improve the quality of life of people with prostate cancer. (CCS)

[Learn more about research showing promise for prostate cancer prevention and treatment.](#)



### FREE Book Offer:

In honour of Prostate Cancer Awareness Month, Gogs Gagnon, a prostate cancer survivor, is making his book, *Prostate Cancer Strikes: Navigating the Storm*, available as a free e-book to anyone during September 26-30, 2020. The book is an excellent read, and comes highly recommended, including an endorsement by Dr. Tom Pickles, radiation oncologist at the BC Cancer Agency, and co-author of *The Intelligent Patient Guide to Prostate Cancer*.

Please contact:

[Marcus.vaska@ahs.ca](mailto:Marcus.vaska@ahs.ca) to request your free e-book version. Tell him Dorothy sent you.

### Other Newsletters:

## Canadian Partnership Against Cancer -

### Actions for better post-pandemic cancer care

A team of experts at the International Cancer Benchmarking Partnership (ICBP), including our Senior Scientific Lead, Heather Bryant, and Expert Lead, Christian Finley, have made several recommendations to strengthen cancer care in a post-COVID-19 world

[Learn More](#)

[See the full newsletter here](#)



Videos:

10 June 2020 Prostate Cancer Highlights

- virtual discussion about the main prostate cancer highlight

Active Surveillance 101 | Ask a Prostate Expert, Mark Scholz, MD

- Dr. Scholtz talks about active surveillance, imaging, biopsy, second opinion, and more.

Why a Vegetarian Diet Helps

- Dr. Scholz gives three lines of evidence that show why a vegetarian or vegan diet is ideal for men with aggressive prostate cancer.

**2020 PROSTATE CANCER PATIENTS & CAREGIVERS VIRTUAL CONFERENCE**  
 SEPTEMBER 11-12, 2020 | 8:30 AM PDT

MARK SCHOLZ, MD | MARK MOYAD, MD

**TOPICS:**

- DIET AND NUTRITION
- ADVANCED PROSTATE CANCER
- RADIATION TREATMENTS
- PROSTATE IMAGING
- ACTIVE SURVEILLANCE
- PATHOLOGY

**GET YOUR QUESTIONS ANSWERED FROM PROSTATE CANCER EXPERTS IN EVERY FIELD.**

The PCRI conference is a full-featured educational experience for prostate cancer patients and caregivers. Each day consists of straightforward presentations, extended Q+A sessions, giveaways, and more. You can expect to gain a comprehensive knowledge of your disease and become empowered to make the best decisions for your life.

In light of Covid-19, we are presenting this conference virtually in order to put your health first. While we will miss seeing everyone in person, we are very excited to be able to provide this highly educational conference 100% free for our audience! RSVP today!

**RSVP NOW**

**SUBMIT YOUR QUESTION**

New in Our Library

Look for all the new material on the library table at our next in-person meeting. The resources are physically located at the Kerby Centre and not accessible at this time.

If you require assistance in locating online resources, please contact us and someone will be happy to help.

School of Public Health  
**Lung Disorders**  
 Stephen C. Mathai, M.D., M.H.S.  
 Your annual guide to prevention, diagnosis, and treatment

**COPD and heart failure**  
 They often go hand in hand, with added risks  
 PAGE 28

Could pulmonary rehab help you?  
 The therapy is challenging—but the benefits are significant  
 PAGE 36

Travel-related blood clots  
 How to recognize the symptoms, steps to minimize your risk  
 PAGE 58

A less familiar type of pneumonia  
 Difficulty swallowing or coughing ups the risk of aspiration pneumonia  
 PAGE 68

Planning ahead as lung disease advances  
 Advice for patients and family members  
 PAGE 52

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