



Strengthening Wellness Journeys: Adaptation of the Cancer & Chronic Disease PEP Program for Indigenous Communities

Rob Rutledge, MD and Gabriela Ilie, PhD
Associate Professors



Dr. Rob Rutledge, Rob.Rutledge@nshealth.ca, Dr. Gabriela Ilie, Gabriela.Ilie@dal.ca, pcpep.org

Native Council of Nova Scotia (NCNS) and Congress of Aboriginal People (CAP)





Dalhousie University operates and is located in the unceded territories of the Mi'kmaq, Wolastoqey, and Peskotomuhkati Peoples. We are privileged to live and work here.

These sovereign Nations hold inherent rights as the original peoples of these lands, and we each carry collective obligations under the Peace and Friendship Treaties. Section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty Rights in Canada. **We are all Treaty People.**



Rob and Gabriela



North Bay, Ontario, Canada

Bucharest, Romania

Congress of Aboriginal Peoples' Board of Directors



Agenda



1. History and Rationale of the PC-PEP (Prostate Cancer – Patient Empowerment Program)
2. Prostate cancer research trial results
3. PEP for Cancer and for Chronic Medical Conditions
4. Offering the program to Indigenous Communities in Canada

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How it all started

2006: Catalyst of Change Frank and Debbi

scrutinize a medical system focused on treating the disease rather than the whole person.

2010: Guiding Light

The Soillse Research Fund is established by Frank and Debbi, managed by the Dalhousie Medical Research Foundation, to light the way towards enhancement of the quality of life of cancer patients.

2016: Empowering Research

Dr. Gabriela Ilie joins as the DMRF Endowed Soillse Research Scientist in Prostate Cancer Quality of Life Research, marking a pivotal step in advancing knowledge and solutions in this field.

A Silent Epidemic of Mental Distress in Prostate Cancer Survivors across the world

Prevalence of Psychological Distress in Men Without Cancer: 9% of Canadian men screen positive for anxiety or depression (Brunckhorst et al., 2021).

Maritime Prostate Cancer Survivors: 20% of 500 PCa survivors screened positive for psychological distress; 18% had treatment regret (Ilie et al., 2020; Bradley et al., 2019; White et al., 2020).

Atlantic Path Survey: 6,585 men: PCa history linked to 2-3 times higher odds of anxiety and depression (Ilie et al., 2020; 2021).

Canadian Longitudinal Study on Aging: 25,183 men: PCa history linked to 2-3 times higher odds of depression (Moodie et al., 2021).

Danish Nationwide Study: 25,126 men: 2-4 times higher rates of prescribed depression medication 18 years post-PCa diagnosis (Friberg et al., 2021).

USA Long-Term Follow-Up Study: 18,134 PCa patients: Higher risk of mental health disorders and increased hazard ratios for death with depression diagnosis up to 16 years post-diagnosis (Hu et al., 2024).

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Designing the PC-PEP Intervention

Risk of MI, stroke or CV Death in PC patients is 2% per year (and 4% per year if on ADT)

Treatment Side Effects

Urinary incontinence
Fatigue
Erectile Dysfunction...



Mental Health Issues

Previous history
Social support
Intimacy , Sexuality, Relationship problems

Hormone Side Effects

Hot flushes
Metabolic Syndrome
Osteopenia...

PCPEP.ORG

Medical Co-morbidities

Cardiovascular Disease
Diabetes
Obesity.....

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Phase 1 trials → Phase 2 trials → Phase 3 trials → Phase 4 Implementation



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Designing the PC-PEP Intervention

Daily Videos

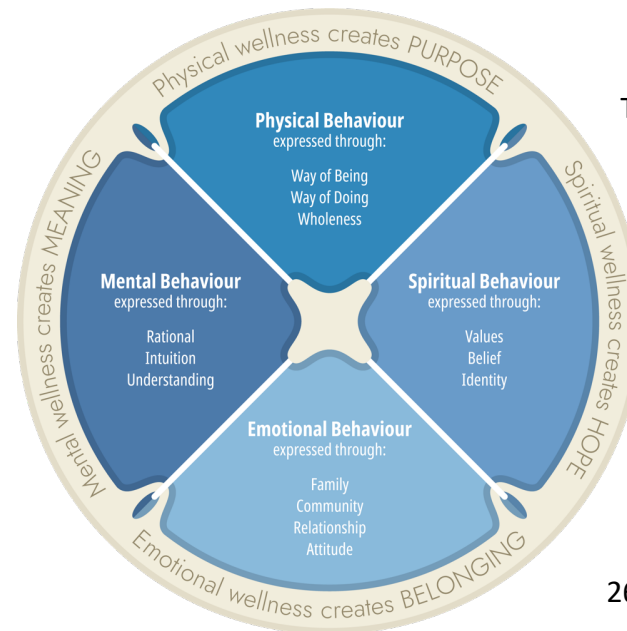
Empowering Attitudes to Health and Living
Focus on Authentic Self
Self-Compassion

Family and Communication

Empowering Communication and Sharing

Live Monthly Connections

Via Zoom



PCPEP.ORG

Aerobic and Strength exercise

Discourage Sedentarism

The role of Movement and Physical Coordination in Health and Healing
4 levels of strength exercise difficulty
Yoga, Qi-Gong

Attitudinal Healing

The role of Forgiveness and Spirit in Health and Healing
26 weeks (released every Sunday)

Dietary Recommendations

26 weeks of cooking videos and nutrition education

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5 seconds: “Here, visit PCPEP.org and sign up!” For Indigenous: PEPLife.org



The screenshot shows the homepage of pcpep.org. The navigation menu includes: Home, Film/Documentary – EMPOWER, PC-PEP Man of the Month, About Us, PC-PEP Canada, PC-PEP New Zealand, PC-PEP South Africa, Research & Publications, Media & Public Engagement, Find My Community, Health-Equity Initiative (PC-PEP & Movember), and Contact Us. There is also a language selector for English (Canada).

The main content area features the PCPEP logo, which consists of a stylized 'PC' in a blue square and 'PEP' in large blue letters. To the right of the logo is the text: **Prostate Cancer Patient EMPOWERMENT PROGRAM**.

Below the logo is a map of Nova Scotia and Prince Edward Island, highlighting several Mi'kmaq First Nations territories: Annapolis Valley, Bear River, Millbrook, Sipekne'katik, Pictou, Pictouak, Eskasoni, Membertou, and Wapmatook. The map is labeled 'Nova Scotia Mi'kmaq First Nations'.

To the right of the map, the text reads: "Dalhousie University operates and is located in the unceded territories of the Mi'kmaq, Wolastoqey, and Peskotomuhkati Peoples. We are privileged to live and work here."

Below this text is the statement: "We are all Treaty People."

At the bottom of the page, there is a paragraph of text: "These sovereign Nations hold inherent rights as the original peoples of these lands, and we each carry collective obligations under the Peace and Friendship Treaties. Section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty Rights in Canada. We are all..."

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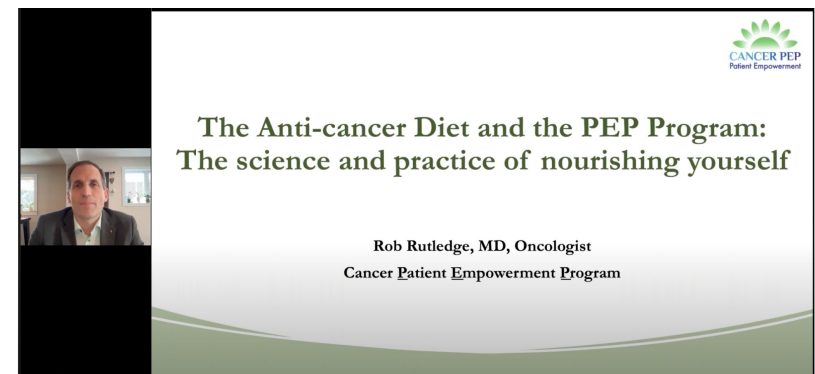
Education and Resources upon Sign Up

Screening for mental distress with resources

Referral to support groups and other program

Educational Videos:

- How to navigate medical system
- Overview of the Program
- Anti-cancer diet overview
- How to start an exercise program
- Supporting Men in Building Connection and Intimacy
- Opportunity to connect with Mentors or Buddies



PROSTATE CANCER - PATIENT EMPOWERMENT PROGRAM

DAY 123 - WEDNESDAY ©2022



182 daily emails and PEP videos



Schedule for today:

A. [Watch the Day 123 PEP Video](#) from Rob and Gabriela.

B. [Practice Relaxation Technique](#) for 10 minutes or more. Got to do it, do it!

C. [Pelvic Floor Muscle Training \(kegels\) exercises routine for the day.](#)

D. [Yellow and White Fruits and Vegetables Week](#) – Did you know that eating large amounts of brightly colored fruits and vegetables (yellow, orange, red, green, white, blue, purple), whole grains/cereals, and beans containing phytochemicals may decrease the risk of developing certain cancers as well as diabetes, hypertension, and heart disease.

E. [Aerobic Activity](#)- 30+ minutes. Stand up for your health - Five minutes on the Hour.

F. [Connection](#) - Walking Wednesday. We humans are designed to walk - and connect! Why not slather on some sunscreen and take a walk? Walking, after all, can be a great way to get the daily activity your body needs to fight off cancer. Walking also can help you maintain a healthy body weight. For women, walking lowers hormone levels that increase the risk for breast and endometrial cancers.

G. [Stress Reduction](#) - If you think of all the things you can do to reduce your overall stress levels (beyond everything in this program) choose the strategies you enjoy most. For instance, if you really enjoy singing and it improves your stress level, find a way to sing once a day. In contrast, you may not like journaling so don't try to create a journaling habit even though it may be helpful.

H. [Sleep hygiene.](#) Relax with a book or take a soothing bath. Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature. Remove electronic devices, such as TVs, computers, and smart phones from the bedroom. Avoid large meals, caffeine, and alcohol before bedtime.

EXTRA RESOURCES - [Click here.](#)

Take care everyone,

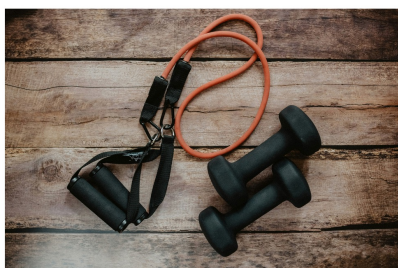
Rob Rutledge – cell: 902 489-6423

Gabriela Ilie – cell: 902 989-4114

PEP@nshealth.ca



Day 58 Cancer Patient Empowerment Program©



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Schedule for today:

A. Watch the Day 58 PEP Video from Rob and Gabriela.



B. Practice Relaxation Technique for 10 minutes or more. As your mind wanders practice coming back to the exercise over and over:
<https://youtu.be/jEi5UGop7Ck>

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C. Fruits Week - Raspberries and strawberries high in water means lower in calories. Think lots of colours in your food.



D. Strength Training Workout 'A'. Click on one of the links below. Keep pushing so you have a nice post-workout feeling. **Remember to stay within your limits!**

Level 1 - 15 seconds work followed by 30 seconds rest is for those newly back to strength training. [View here](#)

Level 2 - has same exercises with 20 seconds of work with 20 seconds of rest. [View here](#)

Level 3 - is 30 seconds of work and followed by 15 seconds rest. [View here](#)

Level 4 - is most intense with 45 seconds of work followed by 12 seconds rest for each exercise. [View here](#)

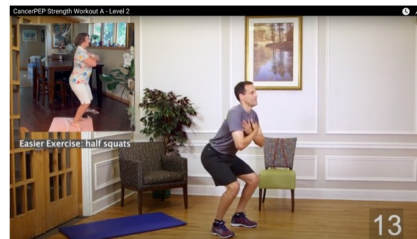
Optional Yoga as an alternative to the Workout A is available here:

Easy yoga - [click here](#)

Intermediate yoga - [click here](#)

Advanced Yoga - [click here](#)

QiGong (pasword: 6868):
<https://cancerpep.com/qi-gong/>



E. Connection - Encouragement & Connection

Take a few moments to reflect on the power of encouragement—both for yourself and for those around you.

Before reaching out to your PEP Partner or a loved one, pause and reflect:

- What is something kind or uplifting you can say to them today?
- How has their support or presence positively impacted your journey?
- What encouragement do you need right now, and how can you offer that same kindness to yourself?

Write down or **think about one thing you appreciate about yourself** and one thing **you appreciate about the person** you are reaching out to.

When you connect, share a genuine word of encouragement—a reminder of their strength, growth, or something they've done well. Notice how it feels to give and receive support.

Encouragement builds resilience, deepens connection, and reminds us we are never alone on this journey.



Extra Resources:
[CLICK HERE](#) - The password for these resources is 6868. Please do not share this password with anyone.

Check out what the Cancer PEP team has been up to:



[Media Page](#)

Interested to know more about the research behind the program?



[Research Page](#)

182 daily emails and PEP videos - multilingual



PROSTATE CANCER - PATIENT EMPOWERMENT PROGRAM

DAY 123 - WEDNESDAY @2022



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EXTRA RESOURCES - [Click here](#).

Take care everyone,

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Gabriela Ilic -- cell: 902 989-4114

PEP@nshealth.ca

Prescribed Aerobic Exercise

- 30+ minutes per day, 6+ days per week
- Any activity – think fun!
- Not sitting for long periods



Home-based Strength Training



Dietary Recommendations



Eat Food, Mostly Plants, Not Too Much

Swap in healthier foods

Decrease Red Meat

Increase Fruits and Veggies

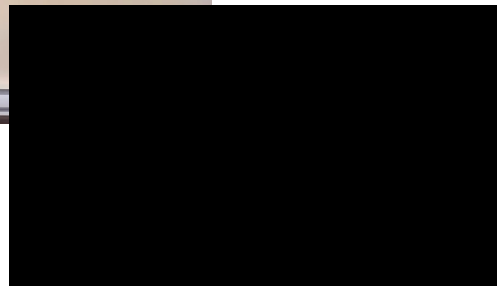
Time Restrictive Eating

Vitamin D

Food sharing with loved ones

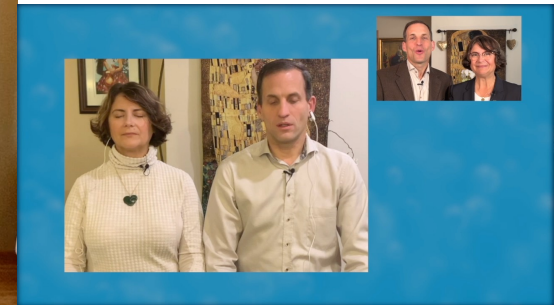
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Pelvic floor Muscle training (Kegels for Prostate Cancer) Arm Physiotherapy for Breast Cancer Patients



- 3 times a day x 10 minutes
- Videos with instructions
- Text Reminders
- Progressive training over 26 weeks

Relaxation Technique with Bio-Feedback



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Prescribed Intimacy and Connection exercises



- **Daily** video discussion
- **Prescribed Exercises:**
 - E.g., Walking Wednesday
- Presentations on Intimacy and **Sexuality**, group discussions, Facebook dialogue
- **Love Languages** and **Types of Intimacy**
- **The Role of Forgiveness**
- **Emotional Needs**

Social Support

Human-To-Human Connection – Monthly since 2020

- **Monthly LIVE zoom video** conference
- **Ongoing Scientific Updates**
- Small and large group discussion
- **Buddy System** – weekly phone call
- **Mentors**
- **Facebook** group
- **Live** recorded **events**



Weekly Compliance Surveys!

The screenshot shows a web-based survey titled "Weekly Participation Survey" for the PC-PEP (Prostate Cancer - Patient Empowerment Program). It includes a thank you message, instructions to complete the survey, and two main questions. The first question asks for the number of days per week for aerobic exercises, with a list of options from "not at all" to "7 days". The second question asks for the average minutes spent per day on these activities, with a text input field. Both questions include a "reset" or "expand" button and a note that values must be provided.

Weekly Participation Survey

Thank you for your participation in the PC-PEP (Prostate Cancer - Patient Empowerment Program)!
Please complete the survey below.
Thank you!

The following questions are about your engagement in AEROBIC EXERCISES:
We encouraged you to do aerobic exercises (walking or substitute) for 90-150 minutes a week.

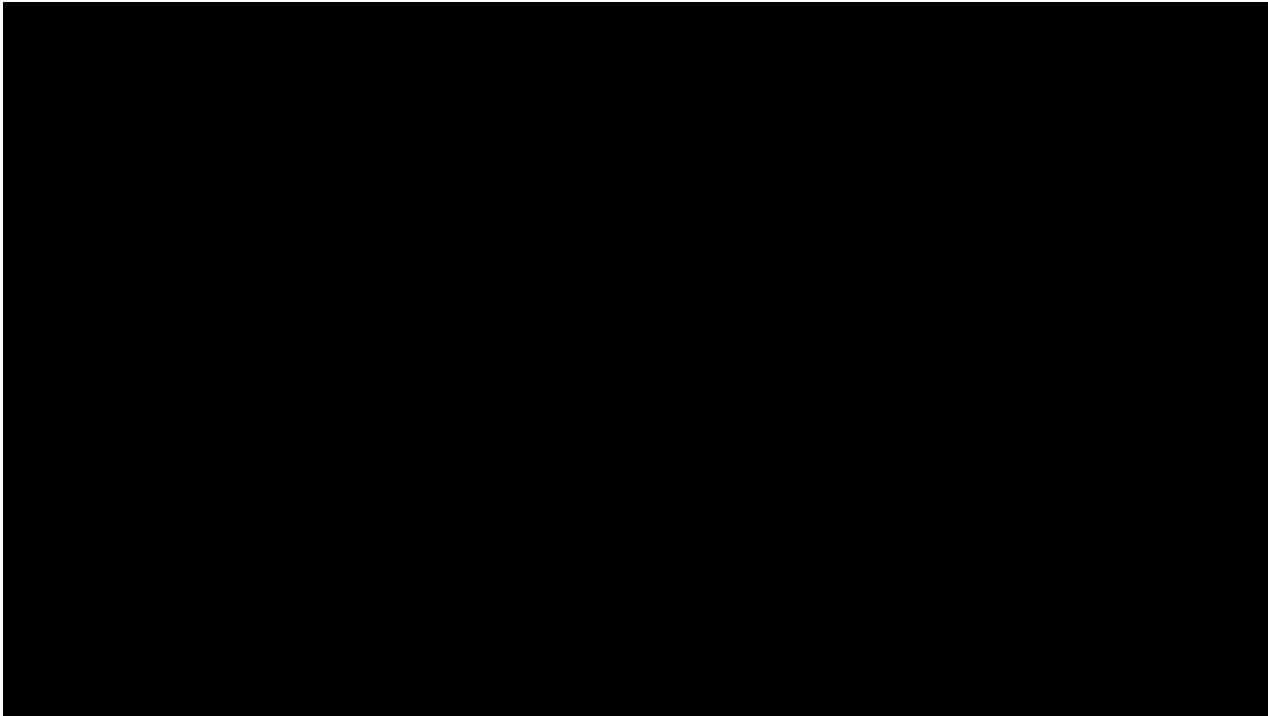
HOW MANY DAYS THIS WEEK, did you do the AEROBIC EXERCISES that you were prescribed by the Study's Exercise Expert?

Aerobic exercise includes activities that increase your breathing and heart rate. This includes but is not limited to: brisk walking, running, swimming, paddling, golf, cycling, tennis, pickleball, shovelling snow, etc.
* must provide value

not at all
1 day
2 days
3 days
4 days
5 days
6 days
7 days
reset

On days that you did aerobic exercise, how many MINUTES did you spend PER DAY, on average, doing these activities?
* must provide value
Expand

- Every Sunday online survey -5 minutes, over 26 weeks
- Measures the frequency and length of time of each activity:
- Aerobic exercise, strength, kegels, meditation, diet, intimacy/connection
- Acts as a reminder / keeps men accountable



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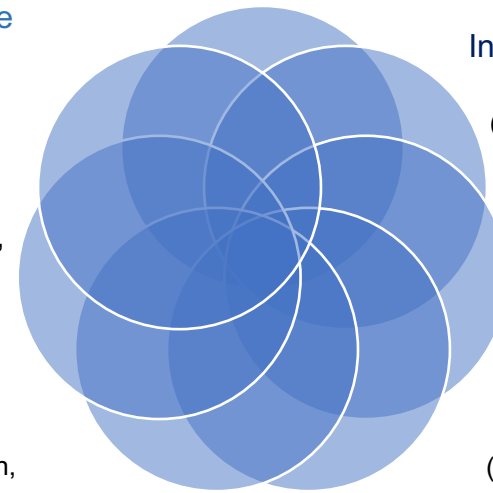
Reduces Cost to the
Medical System
(Nuyens et al., in
preparation, 2024)

Reduced Mental Distress,
Improved Quality Adjusted
Life Years

Better Stress Reduction
Management

(Ilie et al., European Urology,
2023; Foley et al., in preparation,
2024; Burge et al., 2024)

Improved Urinary & Sexual Symptoms
& Improved Quality of Life
(Lawen et al., Cancers, 2023)



Sustained Relationship
Satisfaction

Increased attendance to local
support group
(Burgher et al., Curr Onc, 2024)

Improved Physical Fitness
Reduced Weight
(McNevin et al., Curr Onc, 2024)

Less Treatment Regret,
(Bradley et al., 2019, Ilie et al.,
Curr Onc, 2023)

Increased Self-Efficacy
& Perceived Illness Control
(MacDonald, et al., Cancers, 2024)

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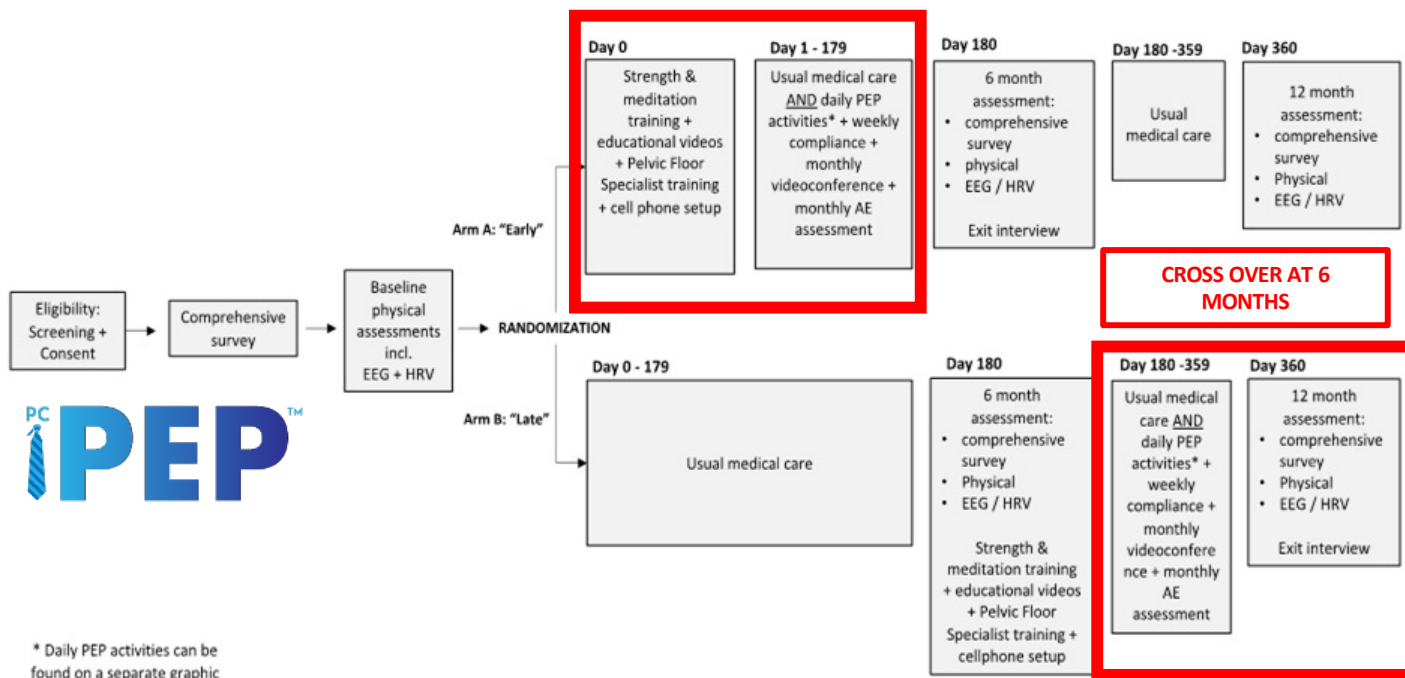


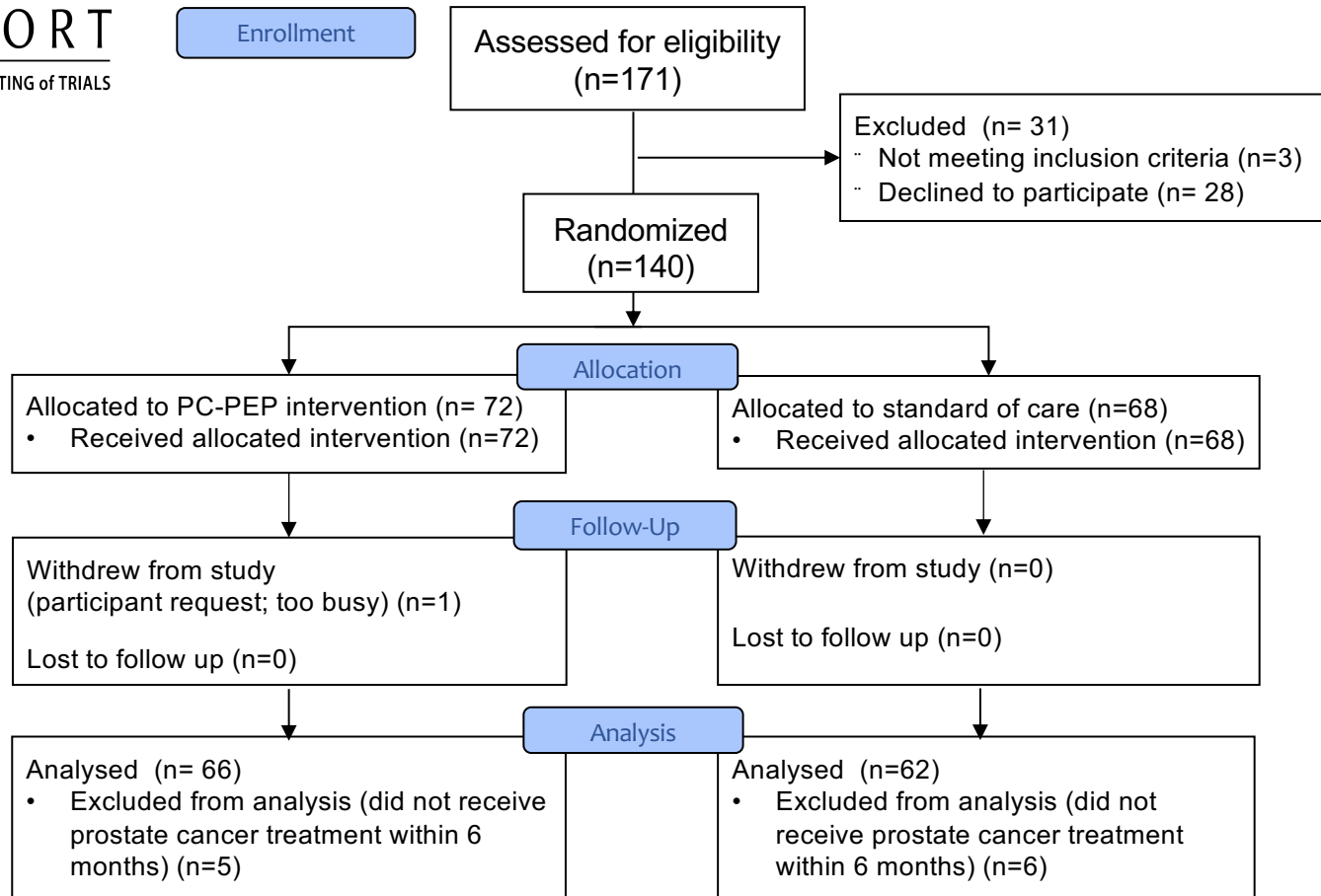
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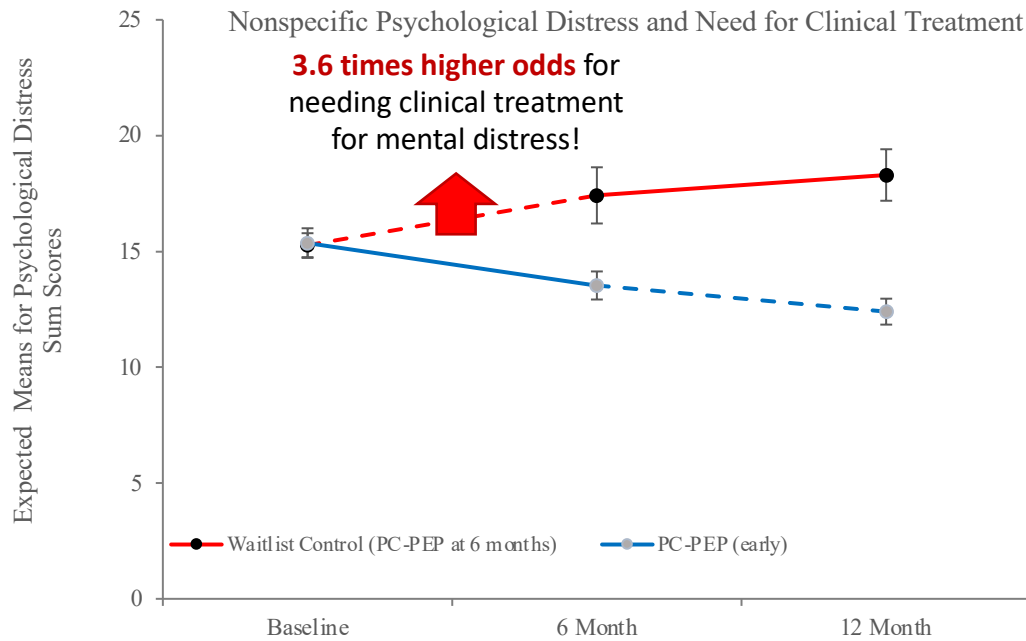
PC-PEP Phase 3 RANDOMIZED Trial

(n=128 Prostate Cancer with curative cancers)





PC-PEP TRIAL Primary Outcome results



EUROPEAN UROLOGY 83 (2023) 561–570

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Prostate Cancer

A Comprehensive 6-mo Prostate Cancer Patient Empowerment Program Decreases Psychological Distress Among Men Undergoing Curative Prostate Cancer Treatment: A Randomized Clinical Trial

Gabriela Ilie^{a,b,c,*}, Ricardo Rendon^a, Ross Mason^a, Cody MacDonald^b, Michael J. Kucharczyk^a, Nikhilesh Patil^a, David Bowes^a, Greg Bailly^a, David Bell^a, Joseph Lawen^a, Michael Ha^a, Derek Wilke^a, Peter Massaro^a, Jeffery Zahavich^a, George Kephart^a, Robert David Harold Rutledge^c

^aDepartment of Urology, Dalhousie University, Halifax, Nova Scotia, Canada; ^bDepartment of Community Health and Epidemiology, Dalhousie University, Halifax, Nova Scotia, Canada; ^cDepartment of Radiation Oncology, Dalhousie University, Halifax, Nova Scotia, Canada; ^dDepartment of Kinesiology, Dalhousie University, Halifax, Nova Scotia, Canada

Article info

Article history:
Accepted February 3, 2023

Associate Editor:
Todd M. Morgan

Statistical Editor:
Andrew Vickers

Keywords:

Prostate cancer
Curative
Mental health
Psychological distress
Depression
Anxiety
Survivorship
Patient activation
Patient education and empowerment intervention
Quality of life

Abstract

Background: Although survival rates for newly diagnosed prostate cancer patients are very high, most of them will likely suffer significant treatment-related side effects, depression, or anxiety, affecting their quality of life.

Objective: The aim of this study was to examine the effects of a 6-mo online home-based physical, mental, and social support intervention, the Prostate Cancer Patient Empowerment Program (PC-PEP), on preventing psychological distress among men undergoing curative prostate cancer treatment.

Design, setting, and participants: In a crossover randomized clinical trial of 128 men aged 50–82 yr scheduled for curative prostate cancer surgery or radiotherapy (± hormone treatment), 66 received the 6-mo PC-PEP intervention and 62 were randomized to a waitlist-control arm and received the standard of care for 6 mo, and then PC-PEP to the end of the year. The PC-PEP intervention consisted of daily e-mails with video instructions providing education, patient activation, and empowerment on healthy living including physical and mental health, dietary recommendations, social support, physical and pelvic floor fitness, stress reduction using a biofeedback device, social connection and intimacy, and social support.

Outcome measurements and statistical analysis: The primary outcome was nonspecific psychological distress (clinical cutoff ≥ 20) measured at baseline, and at 6 and 12 mo using the Kessler Psychological Distress Scale (K10).

Results and limitations: At 6 mo, patients in the waitlist-control group had 3.59 (95% confidence interval: 1.12–11.51) times higher odds for nonspecific psychological distress and need for psychological treatment than men who received the PC-PEP intervention.

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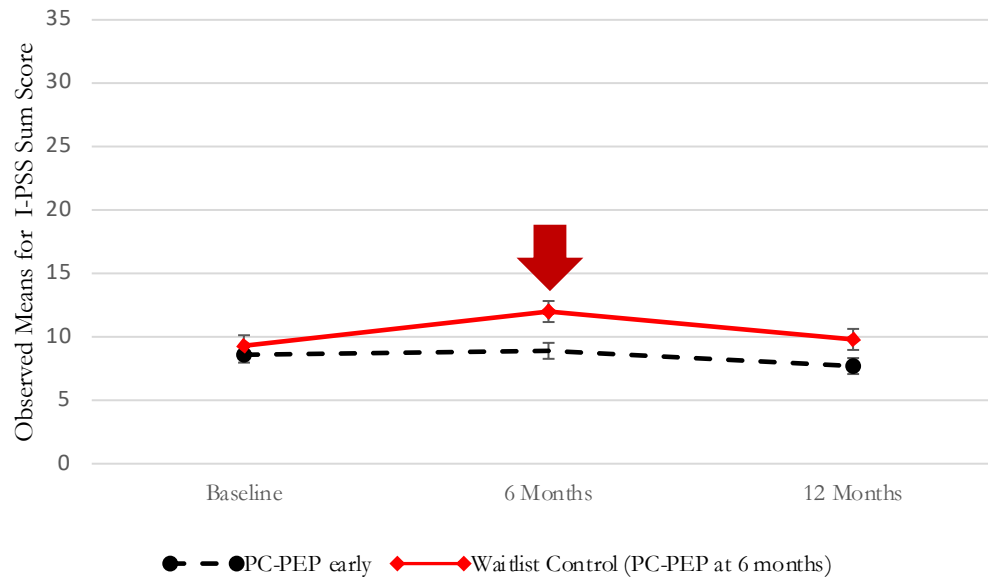


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PCPEP Results Secondary Outcomes: Urologic symptoms (Lawen et al., Cancers, 2024)

I-PSS (International Prostate Symptom Score) Sum Score
(higher scores worse symptoms)



Article Six-Month Prostate Cancer Empowerment Program (PC-PEP) Improves Urinary Function: A Randomized Trial

Tarek Lawen¹, Gabriela Ilie^{1,2,3,4,5,6}, Ross Mason¹, Ricardo Rendon¹, Jesse Spooner¹, Emmi Champion¹, Jessica Davis¹, Cody MacDonald², Michael J. Kucharczyk^{4,5}, Nikhilesh Patil², David Bowes², Greg Bailly¹, David Bell¹, Joseph Lawen¹, Derek Wilke², George Kephart^{1,5,6} and Robert David Harold Rutledge²*

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- Department of Community Health and Epidemiology, Dalhousie University, Halifax, NS B3H 4R2, Canada; codymacdonald@dal.ca (C.M.)
- Department of Oncology, Queen's University, Kingston, ON K7L 3N6, Canada
- School of Health Administration, Dalhousie University, Halifax, NS B3H 4R2, Canada
- School of Nursing, Umeå University, 901 87 Umeå, Sweden
- * Correspondence: gabriela.ilie@dal.ca; Tel.: +1-902-480-4114

Simple Summary: In this research, we explore the effectiveness of a unique home-based 6-month comprehensive program designed to empower prostate cancer patients during their treatment. The Prostate Cancer-Patient Empowerment Program (PC-PEP) aims to enhance the quality of life for men undergoing curative treatment for prostate cancer, focusing on improving urologic function. Through a blend of physical activities, dietary education and recommendations, stress management, and social support, PC-PEP offers an innovative approach to patient care. This study rigorously assesses the impact of PC-PEP through a detailed 6-month comparison with standard care, evaluating its potential to significantly improve patient-reported outcomes. Our findings hold the promise of reshaping patient care strategies, presenting a potentially valuable addition to clinical practices for men battling prostate cancer, with the hope of improving not just their physical well-being but also their overall quality of life.



Citation: Lawen, T.; Ilie, G.; Mason, R.; Rendon, R.; Spooner, J.; Champion, E.; Davis, J.; MacDonald, C.; Kucharczyk, M.J.; Patil, N.; et al. Six-Month Prostate Cancer Empowerment Program (PC-PEP) Improves Urinary Function: A Randomized Trial. *Cancers* **2024**, *16*, 958. <https://doi.org/10.3390/cancers16050958>

Academic Editor: Henrich Heeman
Received: 1 February 2024
Revised: 26 February 2024
Accepted: 21 February 2024
Published: 27 February 2024



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Abstract: Purpose: This is a secondary analysis examining a six-month home-based Prostate Cancer-Patient Empowerment Program (PC-PEP) on patient-reported urinary, bowel, sexual, and hormonal function in men with curative prostate cancer (PC) against standard of care. Methods: In a crossover clinical trial, 128 men scheduled for PC surgery (n = 62) or radiotherapy with/without hormones (n = 66) were randomized to PC-PEP (n = 66) or waitlist-control and received the standard of care for 6 months, and then PC-PEP to the end of the year. PC-PEP included daily emails with video instructions, aerobic and strength training, dietary guidance, stress management, and social support, with an initial FMT nurse consultation. Over 6 months, participants in the PC-PEP received optional text alerts (up to three times daily) reminding them to follow the FMT video program, encompassing relaxation, quick-twitch, and endurance exercises; compliance was assessed weekly. Participants completed baseline, 6, and 12-month International Prostate Symptom Score (IPSS) and Expanded Prostate Cancer Index Composite (EPIC) questionnaires. Results: At 6 months, men in the PC-PEP reported improved urinary bother (IPSS, p = 0.004), continence (EPIC, p < 0.001), and irritative/obstruction function (p = 0.038) compared to controls, with sustained urinary continence benefits at 12 months (p = 0.002). Surgery patients in the waitlist-control group had 3.5 (95% CI: 1.2, 10, p = 0.024) times and 2.3 (95% CI: 0.82, 6.7, p = 0.11) times higher odds of moderate to severe urinary problems compared to PC-PEP at 6 and 12 months, respectively. Conclusions: PC-PEP significantly improves lower urinary tract symptoms, affirming its suitability for clinical integration alongside established mental health benefits in men with curative prostate cancer.

Cancers 2024, 16, 958. <https://doi.org/10.3390/cancers16050958>

<https://www.mdpi.com/journal/cancers>

Native Council of Nova Scotia (NCNS)/Congress of Aboriginal People (CAP)

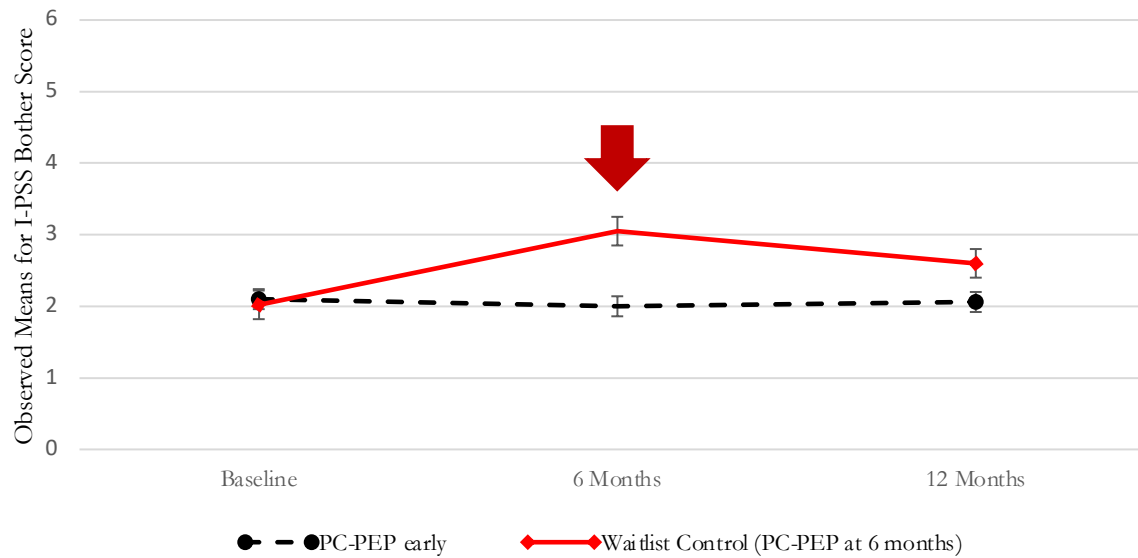


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PCPEP Results Secondary Outcomes: Urologic symptoms (Lawen et al., Cancers, 2024)

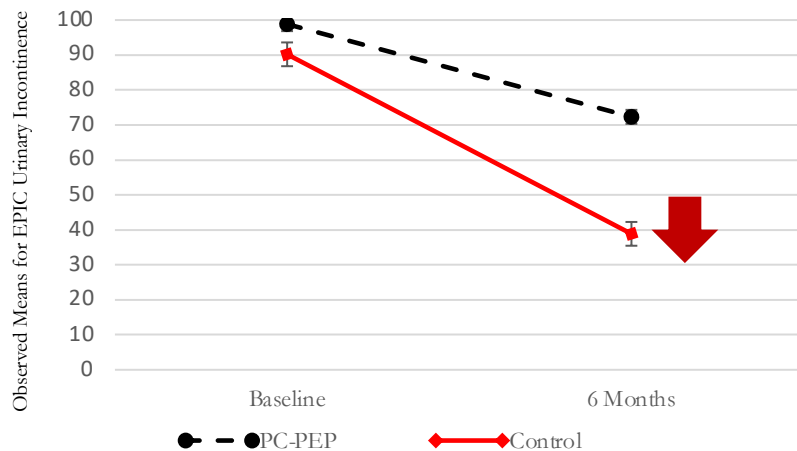
I-PSS (International Prostate Symptom Score) Bother Score
(higher scores worse symptoms)



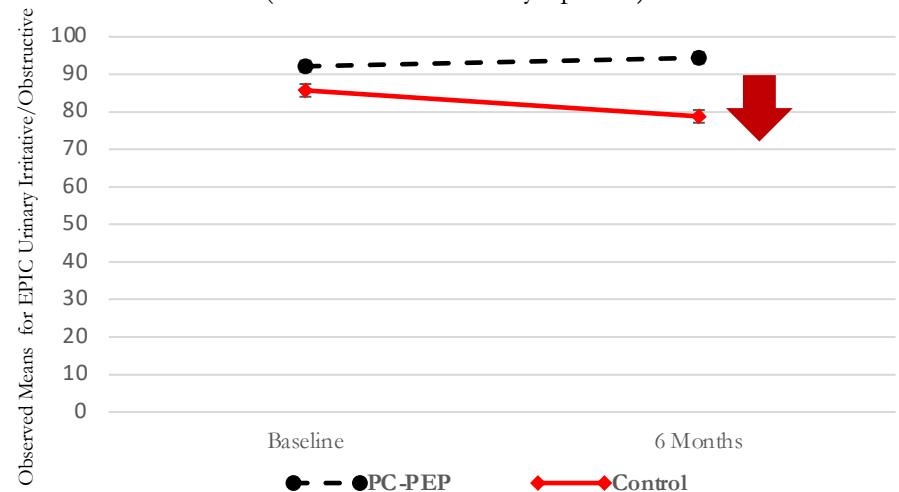
Native Council of Nova Scotia (NCNS)/Congress of Aboriginal People (CAP)

PCPEP Results Secondary Outcomes: Urologic symptoms (Lawen et al., Cancers, 2024)

EPIC (Expanded Prostate Cancer Index Composite)
Urinary Incontinence - **Surgery group, n=62**
(lower scores worse symptoms)

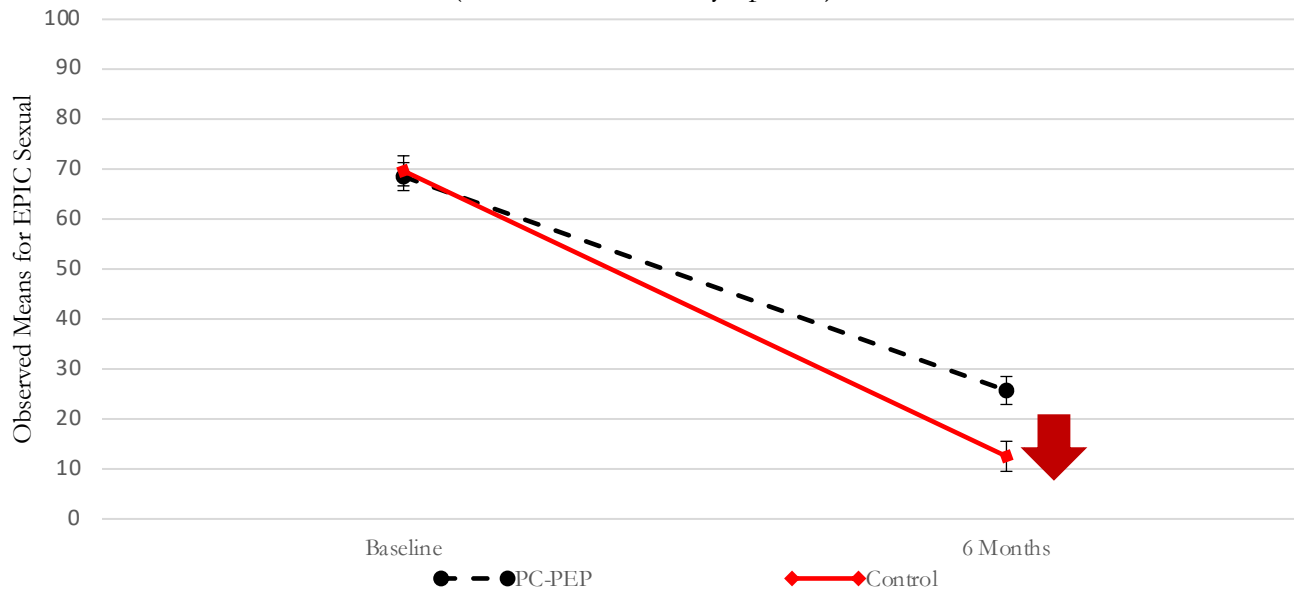


EPIC (Expanded Prostate Cancer Index Composite)
Urinary Irritative/Obstructive - **Surgery group, n=62**
(lower scores worse symptoms)



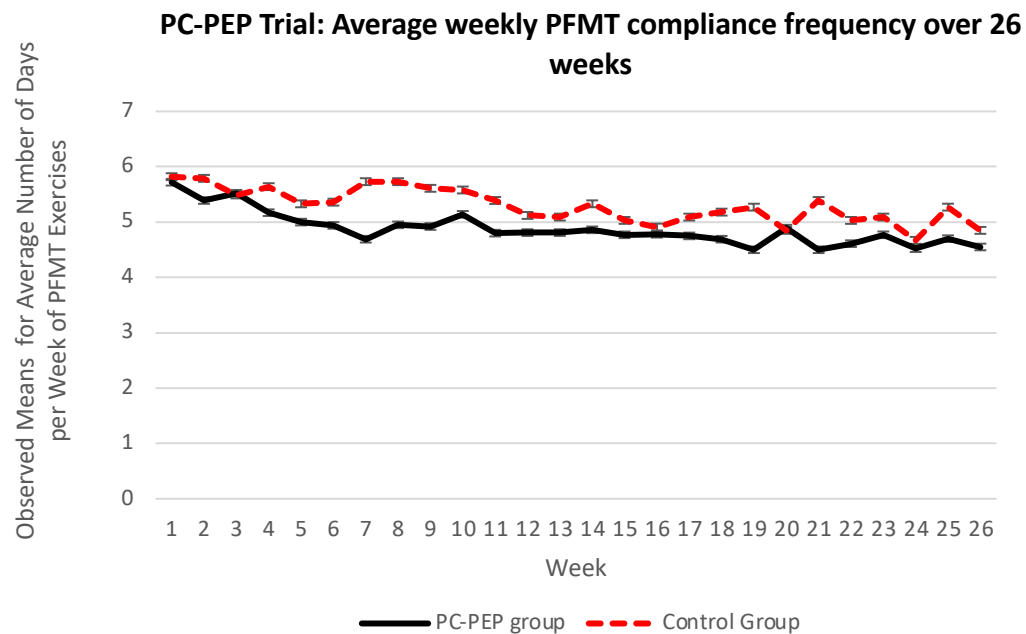
PCPEP Results Secondary Outcomes: Urologic symptoms (Lawen et al., Cancers, 2024)

EPIC (Expanded Prostate Cancer Index Composite)
Sexual - Surgery group, n=62
(lower scores worse symptoms)



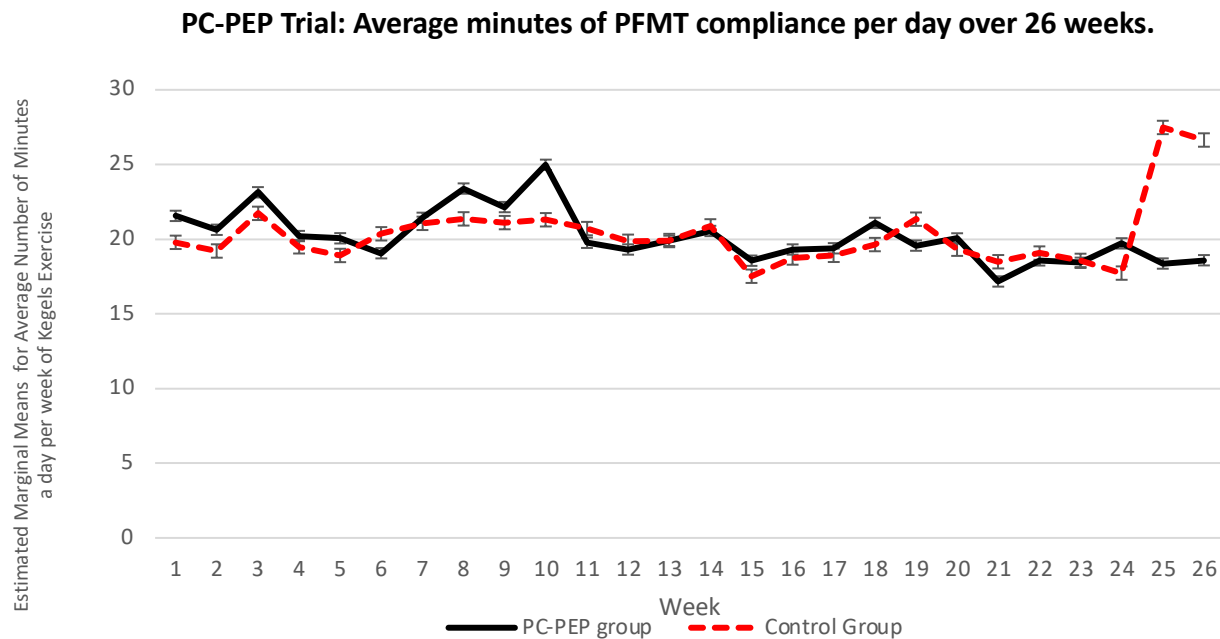
Native Council of Nova Scotia (NCNS)/Congress of Aboriginal People (CAP)

PCPEP Results Secondary Outcomes: Urologic symptoms (Lawen et al., Cancers, 2024)



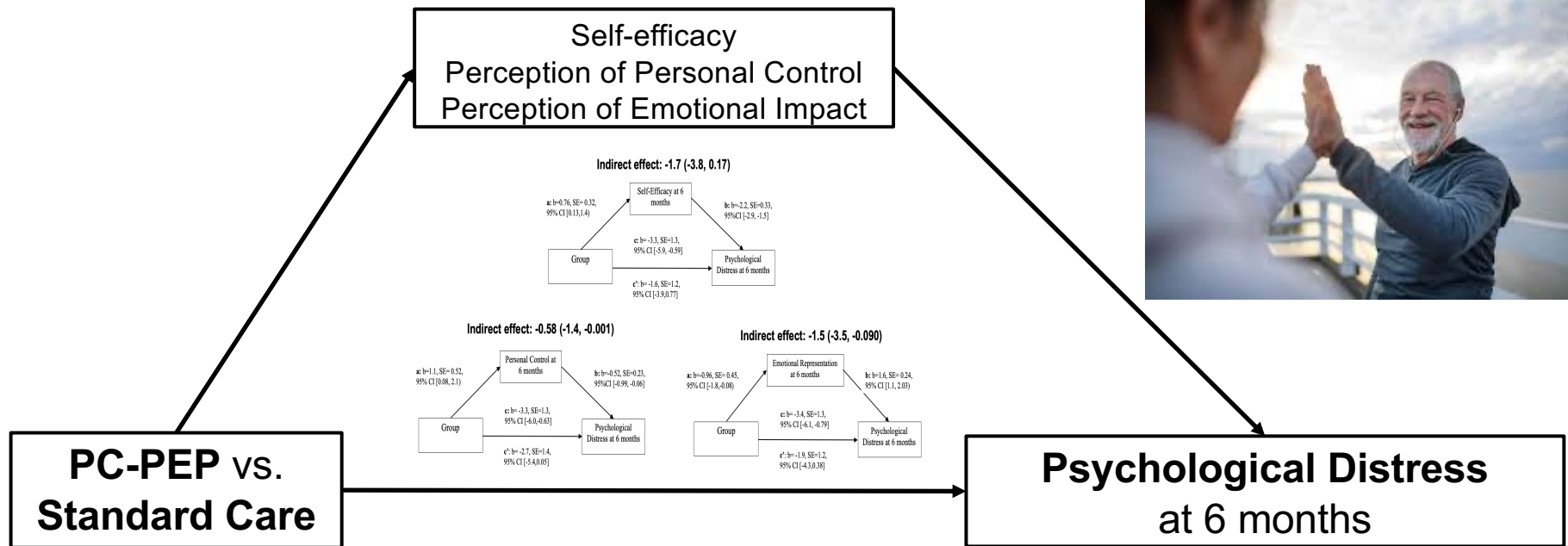
Native Council of Nova Scotia (NCNS)/Congress of Aboriginal People (CAP)

PCPEP Results Secondary Outcomes: Urologic symptoms (Lawen et al., Cancers, 2024)

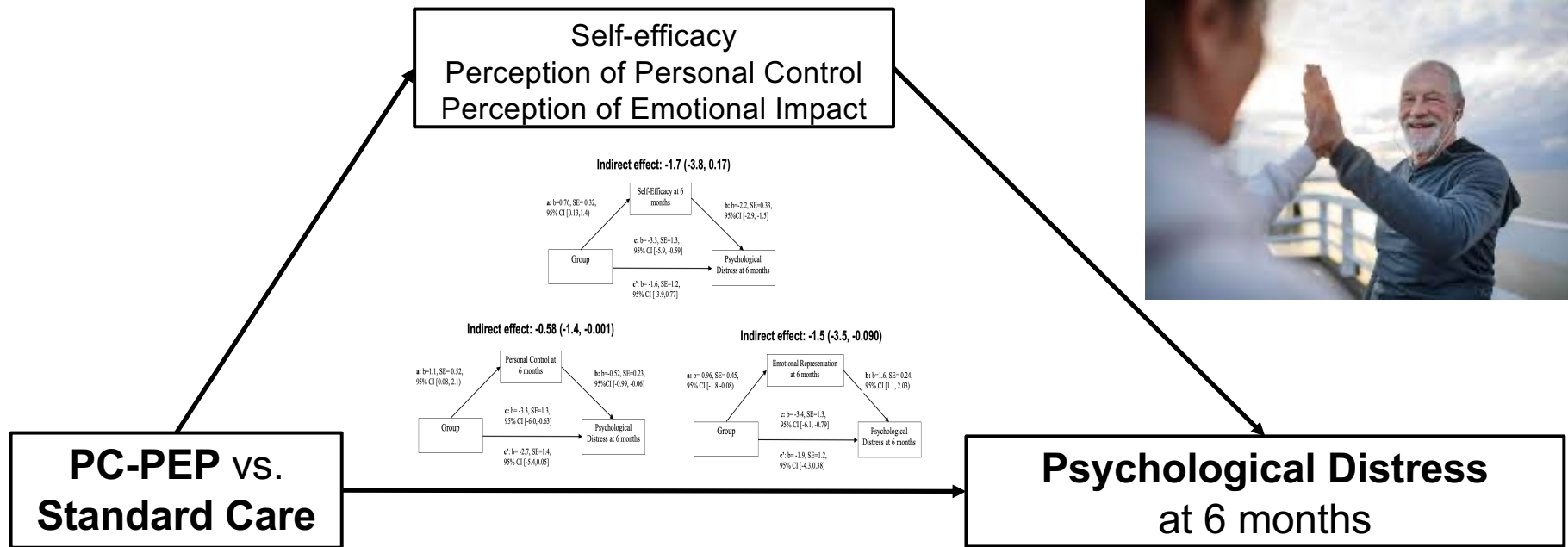


Native Council of Nova Scotia (NCNS)/Congress of Aboriginal People (CAP)

Self Efficacy, Perception of Personal Control, and Perception of Emotional Impact Mediate the Effect of the PC-PEP Intervention on Reducing Psychological Distress (Macdonald et al., 2024)

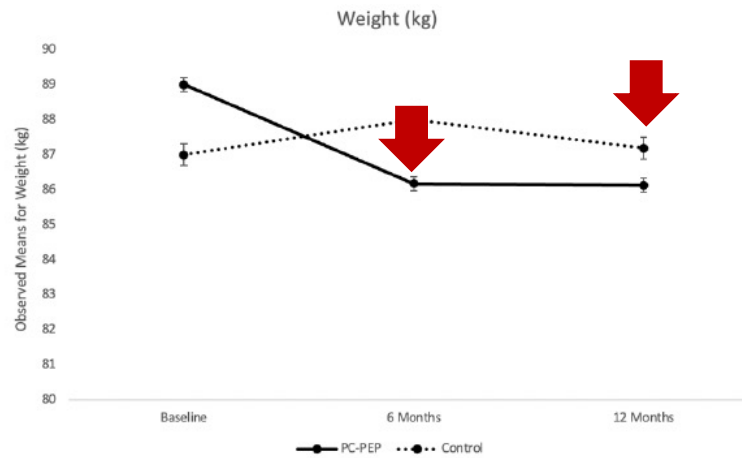
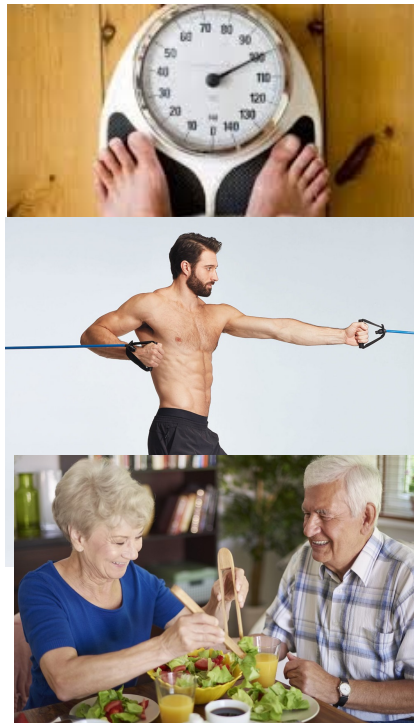


Self Efficacy, Perception of Personal Control, and Perception of Emotional Impact Mediate the Effect of the PC-PEP Intervention on Reducing Psychological Distress (Macdonald et al., 2024)



PCPEP Results: Weight Loss at 6 months and 1 year post Intervention

(MacNevin et al., Current Oncology, 2024, Special Issue)



PC-PEP, a Comprehensive Daily Six-Month Home-Based Patient Empowerment Program Leads to Weight Loss in Men with Prostate Cancer: A Secondary Analysis of a Clinical Trial

Wyatt MacNevin¹, Gabriela Hie^{1,2,3,4}, Ricardo Rendon¹, Ross Mason¹, Jesse Spomer¹, Emily Chedrawe¹, Nikhilesh Patel¹, David Bowes¹, Greg Bailly¹, David Bell¹, Derek Wilke¹, Jeffrey B. L. Zahavich⁴, Cody MacDonald⁴ and Robert David Harold Rutledge¹

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Abstract: Background: The Prostate Cancer—Patient Empowerment Program (PC-PEP) is a six-month daily home-based program shown to improve mental health and urinary function. This secondary analysis explores weight loss in male PC-PEP participants. Methods: In a randomized clinical trial with 128 men undergoing curative prostate cancer (PC) treatment, 66 received ‘early’ PC-PEP, while 62 were assigned to the ‘late’ waitlist-control group, receiving 6 months of standard-of-care treatment (followed by 6 months of PC-PEP). PC-PEP comprised 192 daily emails with video-based exercise and dietary (predominantly plant-based) education, live online events, and 30 min strength training routines (using body weight and elastic bands). Weight and height data were collected via online survey (baseline, 6 months, and 12 months) including medical chart reviews. Adherence was tracked weekly. Results: No attrition or adverse events were reported. At 6 months, the early PC-PEP group experienced significant weight loss, averaging 2.7 kg ($p < 0.0001$) compared to the waitlist-control group. Weight loss was noted in the late intervention group of PC-PEP, albeit less pronounced than in the early group. Early PC-PEP surgery patients lost on average 1.4 kg ($SE = 0.65$) from the trial’s start to surgery day. High adherence to exercise and dietary recommendations was noted. Conclusions: PC-PEP led to significant weight loss in men undergoing curative prostate cancer treatment compared to standard-of-care.

Keywords: prostate cancer; curative treatment; exercise intervention; radical prostatectomy; radiation; weight loss; Body Mass Index; physical fitness; behavioral intervention; weight management



Citation: MacNevin, W.C., Hie, G., Rendon, R., Mason, R., Spomer, J., Chedrawe, E., Patel, N., Bowes, D., Bailly, G., Bell, D., et al. PC-PEP, a Comprehensive Daily Six-Month Home-Based Patient Empowerment Program Leads to Weight Loss in Men with Prostate Cancer: A Secondary Analysis of a Clinical Trial. *Current Oncology* 2024, 31, 1667–1688. <https://doi.org/10.3390/curonc31081627>

Received: 22 February 2024
Revised: 13 March 2024
Accepted: 20 March 2024
Published: 29 March 2024



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Current Oncology 2024, 31, 1667–1688. <https://doi.org/10.3390/curonc31081627> <https://www.mdpi.com/journal/curonc>



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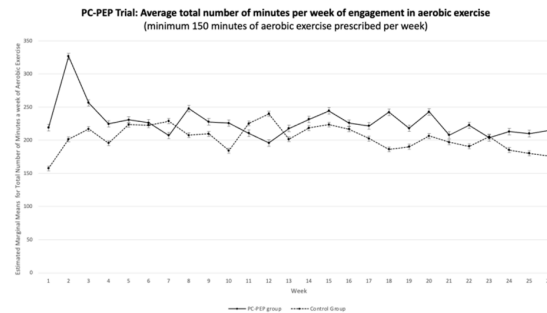
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PCPEP Results: Weight Loss at 6 months and 1 year post Intervention (MacNevin et al., Current Oncology, 2024, Special Issue)

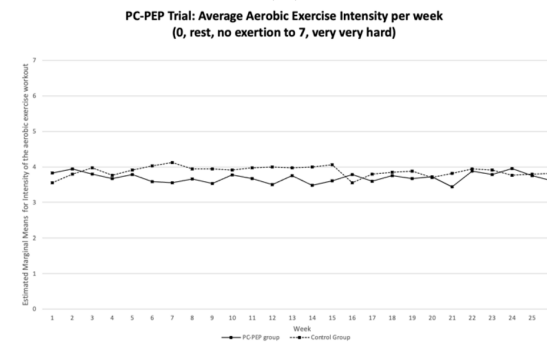
Early group and late group were compliant!

These graphs show averages for aerobic compliance:

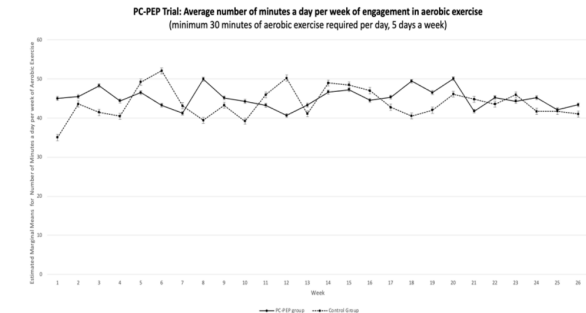
1. Exercise 5 days per week
2. 40 minutes per day
3. Moderate intensity



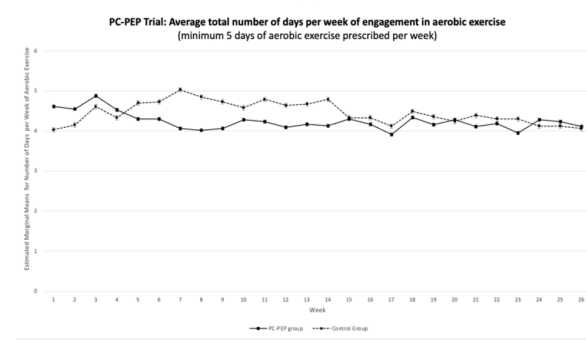
(A)



(C)



(B)



(D)

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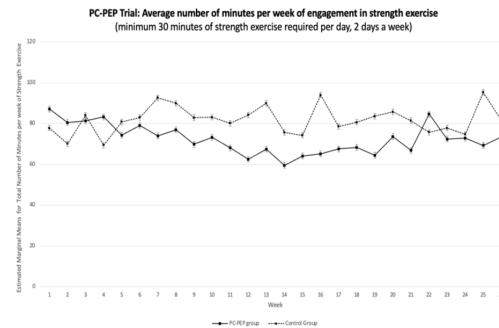
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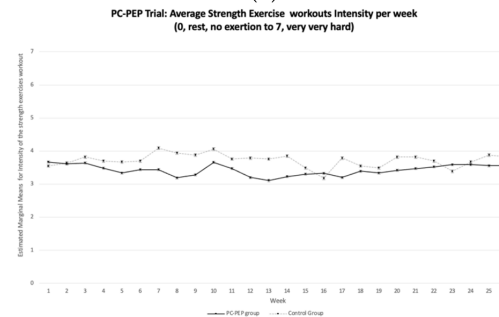
PCPEP Results: Weight Loss at 6 months and 1 year post Intervention (MacNevin et al., Current Oncology, 2024, Special Issue)

Both groups were compliant!
These graphs show averages for strength compliance:

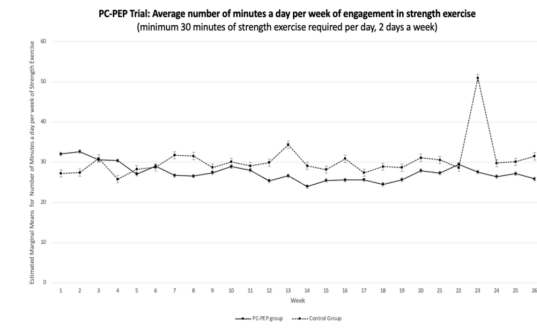
1. 2.5 times per week
2. 30 minutes per day
3. Moderate intensity



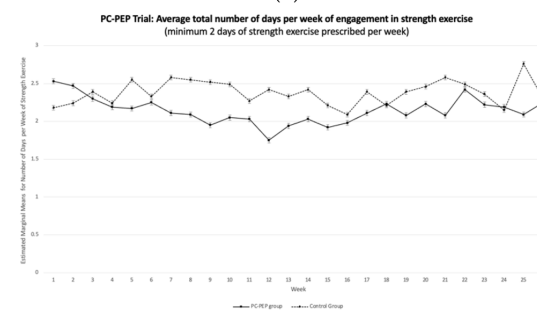
(E)



(G)



(F)



(H)

Native Council of Nova Scotia (NCNS)/Congress of Aboriginal People (CAP)



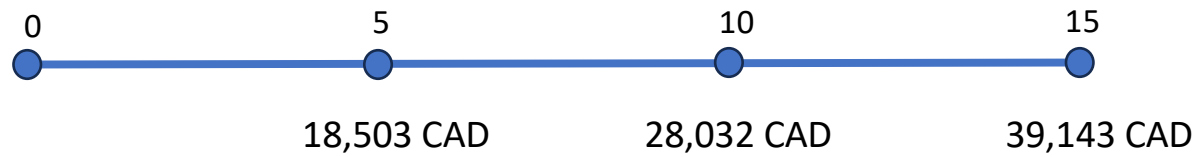
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Cost of prostate cancer treatment

Prostate cancer is one of four cancer types that has the largest economic burden in the year following diagnosis

The overall cost for each prostate cancer patient increased over 15 years

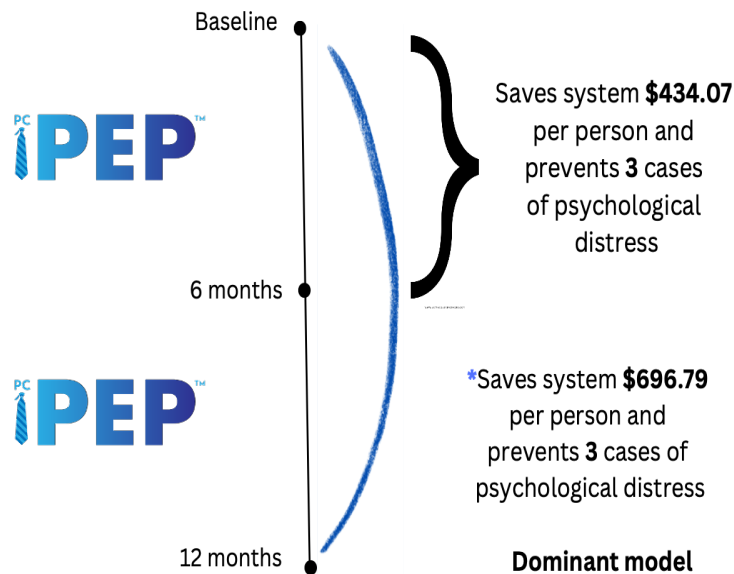


de Oliveira et al., 2013; Sanyal et al., 2016

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A cost effectiveness analysis of PC-PEP based on Provincial Medical billings (n=120)

Nuyens et al., CUAJ, 2025



These figures **do not capture potential indirect benefits** such as **reduced caregiver burden, improved workplace productivity, and fewer emergency healthcare visits**, suggesting that **the true economic value of PC-PEP** may be even greater.

Savings higher if exclude HRV monitor

~ **10000 patients**
Per year savings to medical system:
~ **6,600,000 CAD** annually

Realist Evaluation

1. Self-Efficacy and illness perceptions on mental health
– mediation analysis
(MacDonald et al., 2024)

2. Qualitative interviews
– phase 2 feasibility
(Ilie, MacDonald et al., 2023)

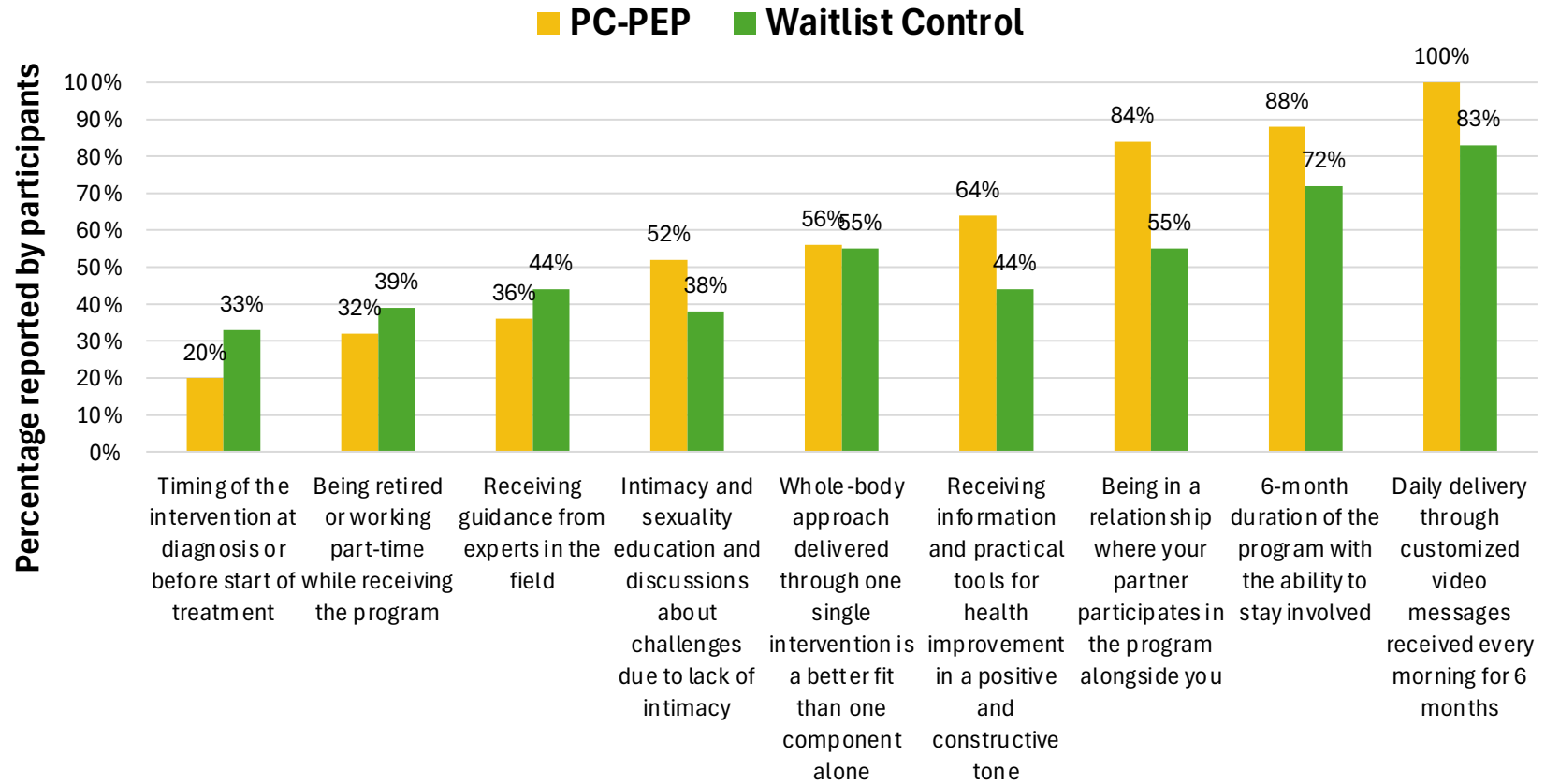


“What works, for whom, in which circumstances, and why?”

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Results

Key contexts facilitating program adherence and patient well-being



Healthcare System Adaptations

The realist analysis highlights that medical system support services (e.g., PFMT clinics, Sexuality clinics, Exercise for Cancer Patients clinics, etc.) must integrate with programs like PC-PEP, which reinforce principles through structured, patient-driven, and flexible engagement, ensuring sustained impact rather than one-time guidance.

Allow experts to create programming tailored for patients – give them protective time for KT.



Psychosocial support



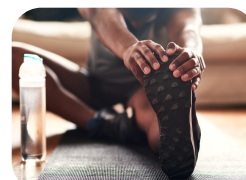
Intimacy and sexuality education



Safe spaces for emotional expression and vulnerability



Intervention from time of diagnosis

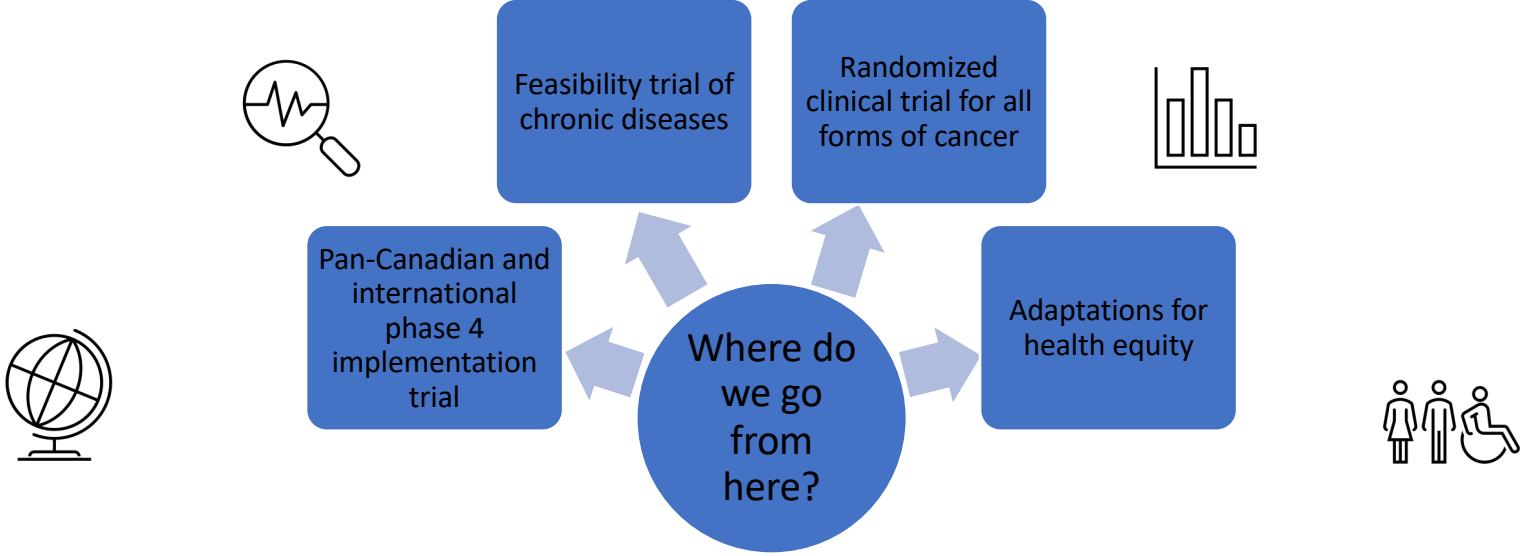


Personalization of diet and exercise programs



Opportunity for clinician involvement and training

Future Directions



PC-PEP Phase 4 International Implementation Trial

- Expanded eligibility to include **all stages of cancer**
 - Life expectancy greater than 2 years
 - Able to exercise safely
 - First 15 patients with spread to bone: **safe and beneficial**
- **Comprehensive Quality of Life Questionnaires:** at 0, 6, 12 and 24 months
- **Research Question:** Who benefits the most and the least from the PC-PEP intervention?
- Partnering with Site Leads nationally and globally
 - Program is now translated into French, Romanian

Native Council of Nova Scotia (NCNS)/Congress of Aboriginal People (CAP)



PC-PEP Phase 4 Trial, Canadian Sites and Enrolment worldwide (n = 720)

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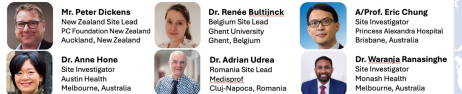
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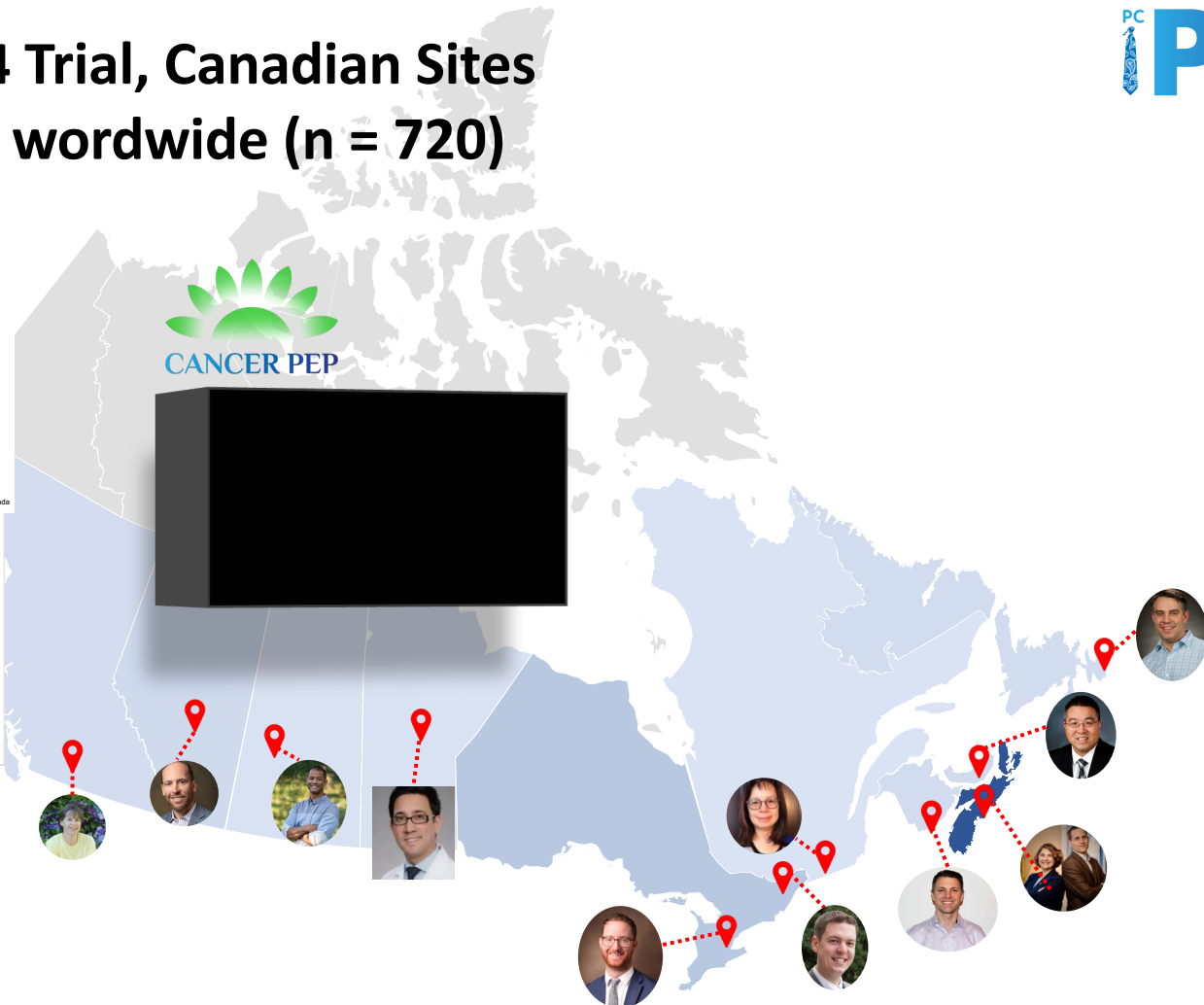
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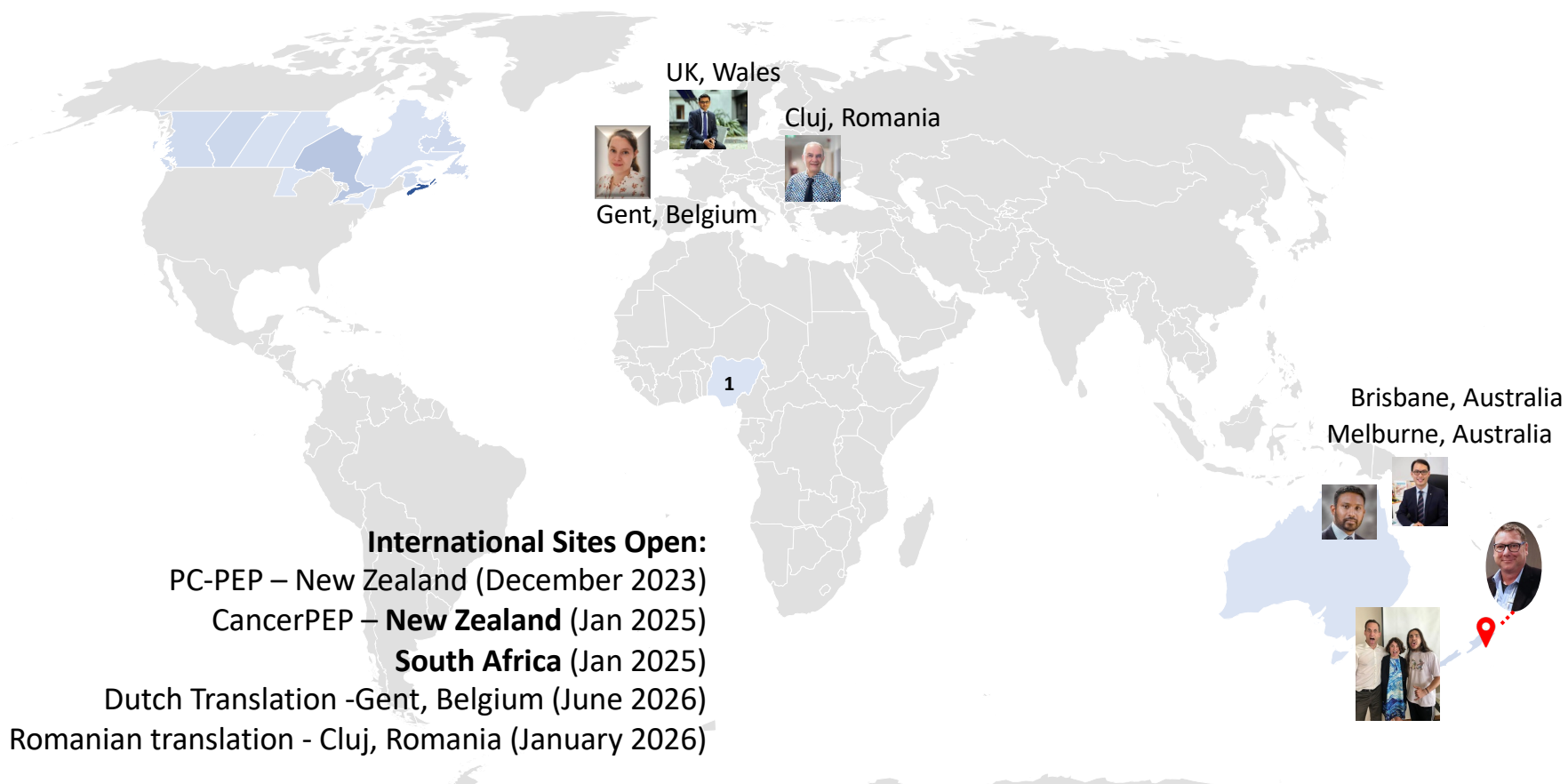
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UK, Wales



Gent, Belgium



Cluj, Romania



1

Brisbane, Australia
Melburne, Australia



International Sites Open:

PC-PEP – New Zealand (December 2023)

CancerPEP – **New Zealand** (Jan 2025)

South Africa (Jan 2025)

Dutch Translation -Gent, Belgium (June 2026)

Romanian translation - Cluj, Romania (January 2026)

Health Equity Movember Project

- Indigenous men
- Black men and men of African-Caribbean Descent
- Gay and bisexual community members
- Younger men

pcpep.org

Home Film/Documentary – EMPOWER PC-PEP Man of the Month About Us PC-PEP Canada PC-PEP New Zealand PC-PEP South Africa

Research & Publications Media & Public Engagement Find My Community Health-Equity Initiative (PC-PEP & Movember) Contact Us

English (Canada)

PCPEP™

Prostate Cancer Patient EMPOWERMENT PROGRAM

Dalhousie University operates and is located in the unceded territories of the Mikmaq, Wolastoqey, and Peskotomuhkati Peoples. We are privileged to live and work here.

We are all Treaty People.

These sovereign Nations hold inherent rights as the original peoples of these lands, and we each carry collective obligations under the Peace and Friendship Treaties. Section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty Rights in Canada. We are all

Congress of Aboriginal Peoples' Board of Directors

Dr. Rob Rutledge, Rob.Rutledge@nshealth.ca, Dr. Gabriela Ilie, gabriela.ilie@dal.ca, pcpep.org



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Trial of CancerPEP for all types of Cancer

Strong interest from National Cancer Groups for PEP programming

CancerPEP similar to PCPEP – more comprehensive daily home-based programming

- Randomized clinical trial +/- HRV monitor with waitlist control group

➤ **Accrued 104 pan-Canadian patients over week 2 weeks (58 with breast cancer)**



INTERESTED IN JOINING?

Please visit: www.southerncancer.org.nz/cancer-pep to learn more about the programme.

If you are interested in signing up please email our CancerPEP On-boarder Zoe Arden, leaving a contact phone number. Zoe will then be in touch to talk you through the steps to get set up and can answer any questions you may have along the way.

CONTACT US

W: www.southerncancer.org.nz/cancer-pep
 E: CancerPEP@southerncancer.org.nz
 P: 021 465 746

Scan Me

Southern Cancer Society
 Te Kaitiaki Matapuakapuka o Te Waiapuamutu

CANCER PATIENT EMPOWERMENT PROGRAM

In collaboration with the Southern Cancer Society of New Zealand

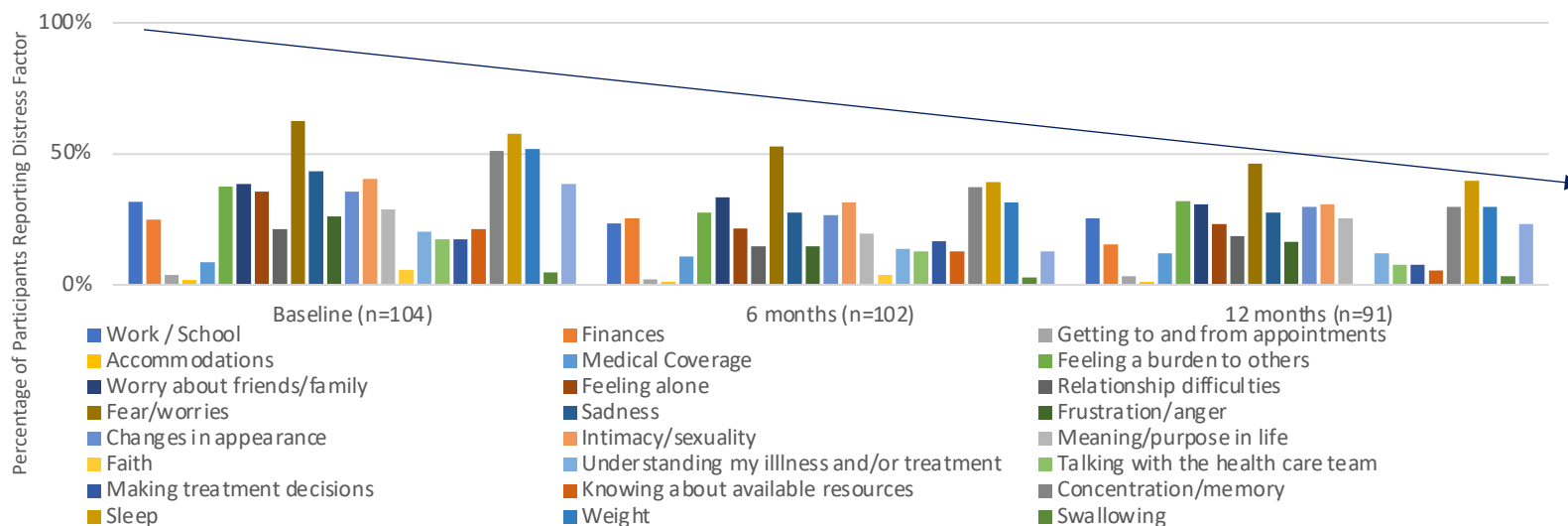
Southern Cancer Society
 Te Kaitiaki Matapuakapuka o Te Waiapuamutu

CANCER
 Patient Empowerment

CancerPEP *Cancers, 2024*

Mental Health results – 104 Cancer Survivors

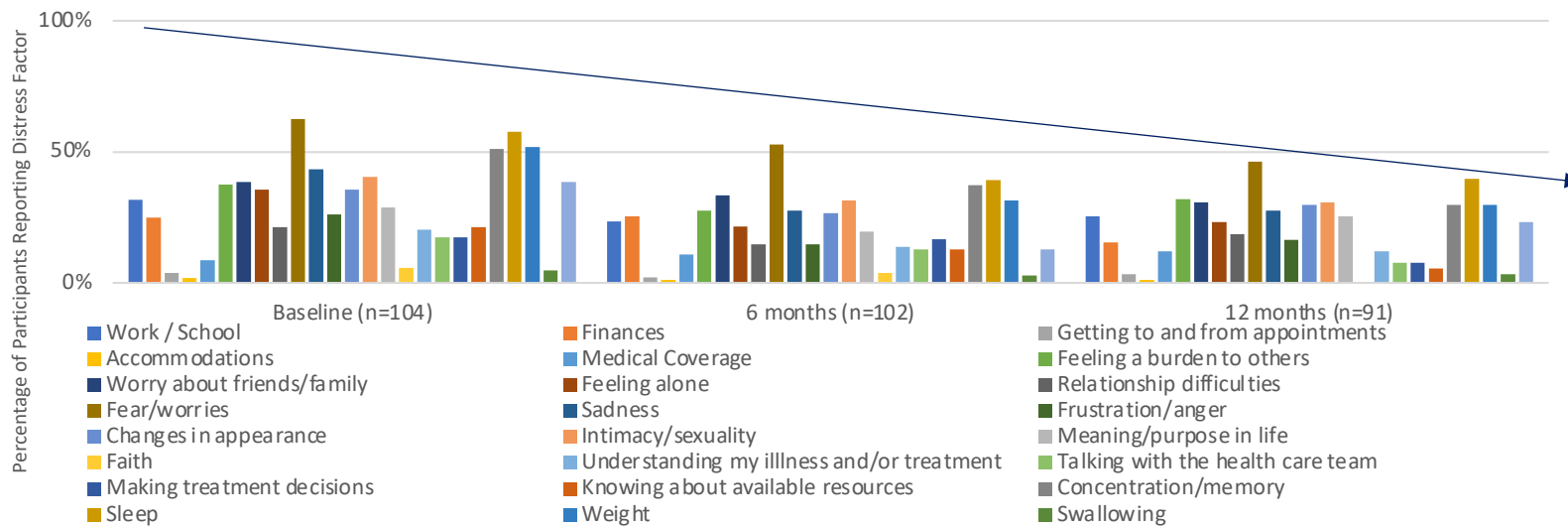
Distress Factors Among CancerPEP Participants at Baseline, 6 months, and 12 months (N=104)



CancerPEP *Cancers, 2024*

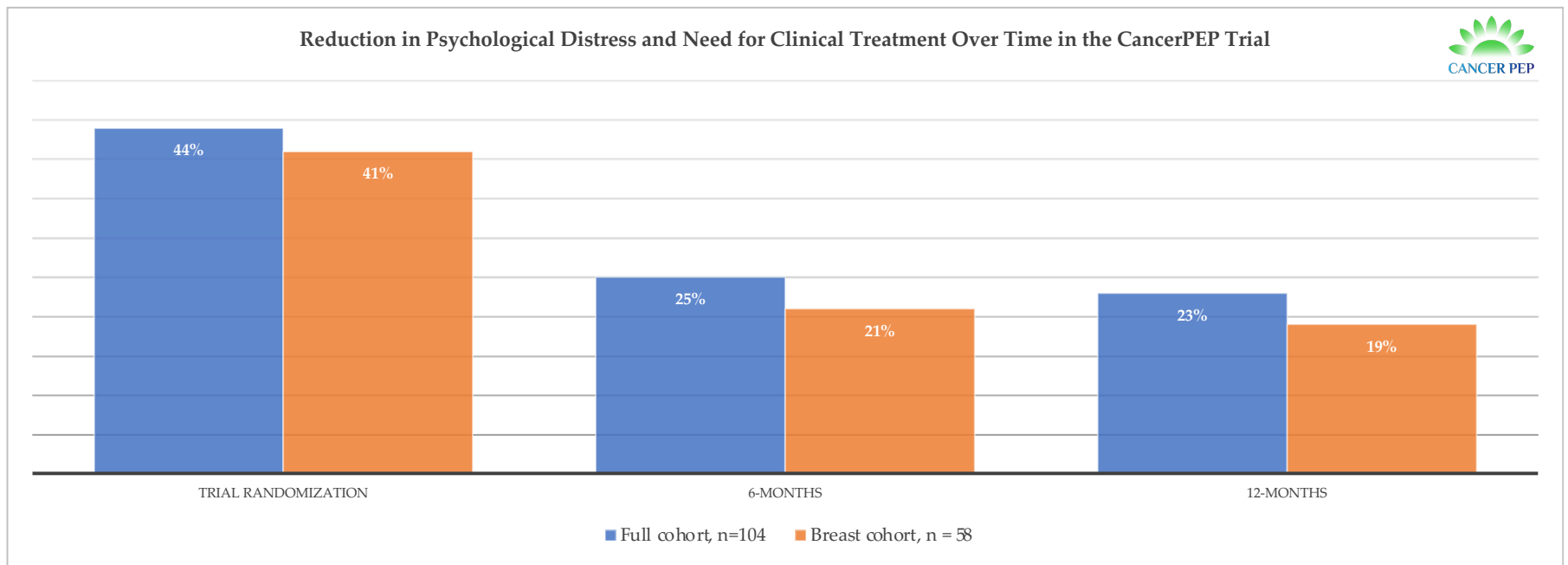
Mental Health results – 104 Cancer Survivors

Distress Factors Among CancerPEP Participants at Baseline, 6 months, and 12 months (N=104)



CancerPEP *Ilie et al. Cancers, 2024*

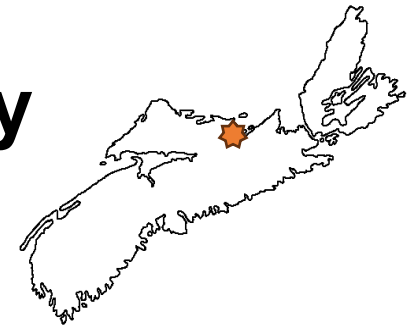
Mental Health results – 104 Cancer Survivors



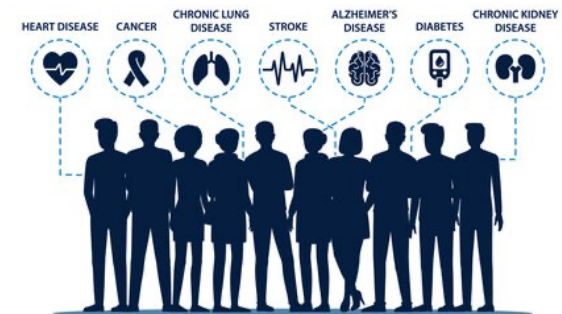
Other Take aways from the CancerPEP program

- **Improvement in weight:** Participants demonstrated sustained weight loss (7 lbs), showing the program's potential for chronic disease prevention and long-term health benefits.
- **Reduction in psychological distress:** The K10, GAD-7, CESD scores indicate significant improvement in mental health, validating the program's holistic approach.
- **Behavioral changes:** Participants reported improved dietary habits, sleep and reduced sedentary behavior, highlighting the program's role in promoting sustainable, healthy living

Chronic Conditions in Nova Scotia & Pictou County



- Nova Scotia has one of the highest rates of chronic disease in Canada
 - Approximately 1 in 3 Nova Scotian's are obese¹
 - 1 in 3 Nova Scotian's have pre-diabetes or diabetes²
- Pictou County has higher rates of obesity and behaviours such as smoking, compared to other regions of the province³.
- 25% *don't have a primary care provider*.



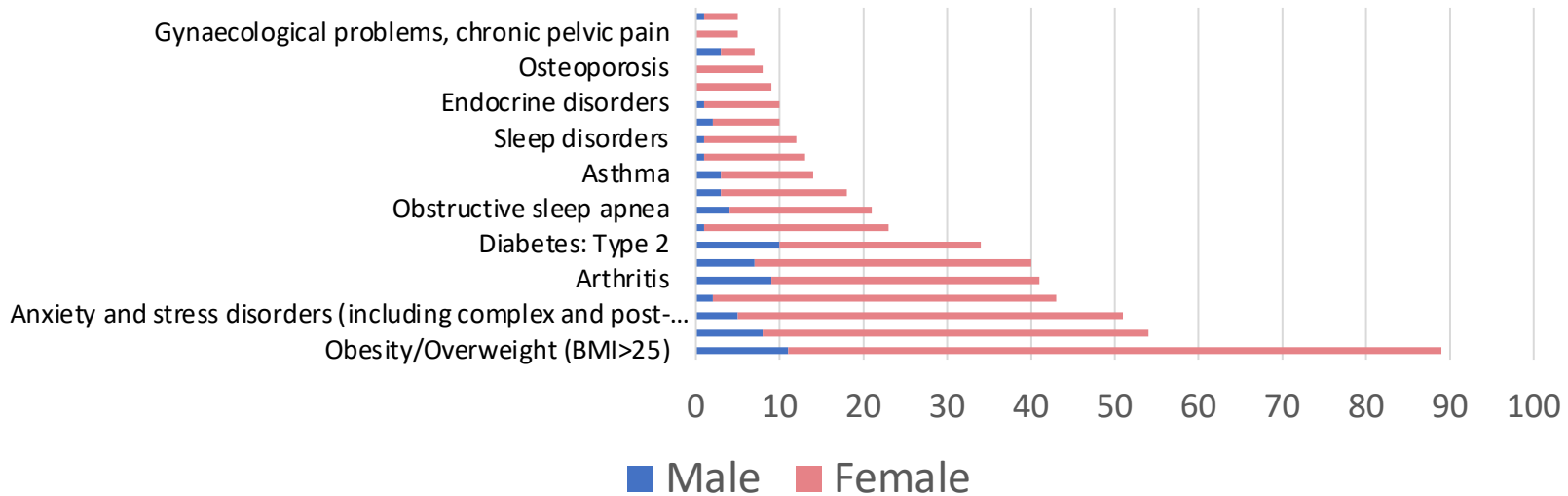
1) Statistics Canada. Overweight and obese adults, 2019; 2) Diabetes Canada. Canadian Diabetes Cost Model, 2016; 3) Community Foundation of Nova Scotia. Pictou County Vital Signs. 2020

ChronicDiseasePEP

N=182, Pictou County, Nova Scotia, Canada



Chronic Conditions by Sex (n=182)



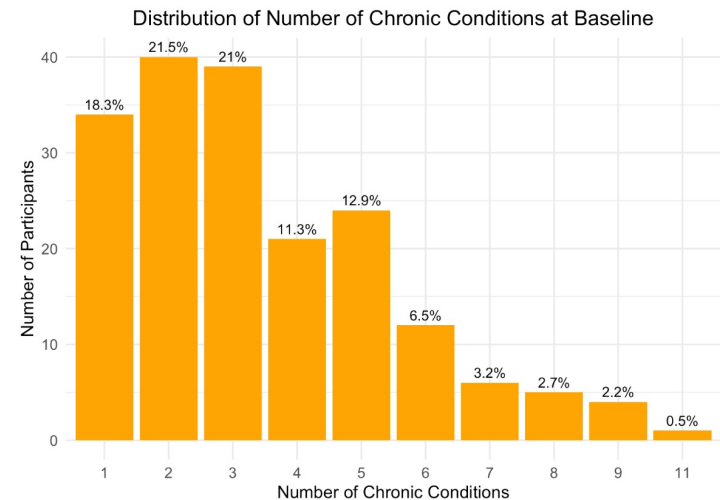


PictouCountyPEP for Chronic Conditions

(Digital Health, 2025, *accepted*)

- Accrual of 182 adults over 6 weeks in January 2023
 - 85% female, 95% Caucasian, 60% university educated
 - Age: median 60 years old;
 - Income <\$50K: 20%; \$50K-100K: 40%
 - 45% urban, 55% rural

Number of Chronic Conditions
N=182, Pictou County, Nova Scotia



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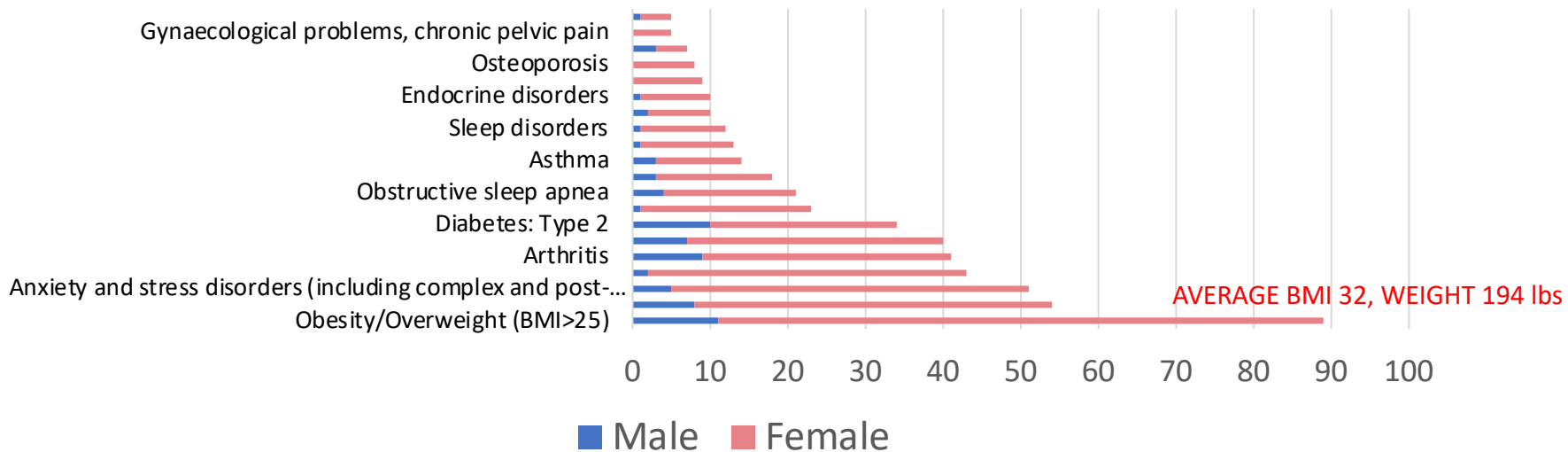
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Prevalence of Specific Conditions

N=182, Pictou County, Nova Scotia, Canada



Primary Chronic Conditions by Sex (n=182)

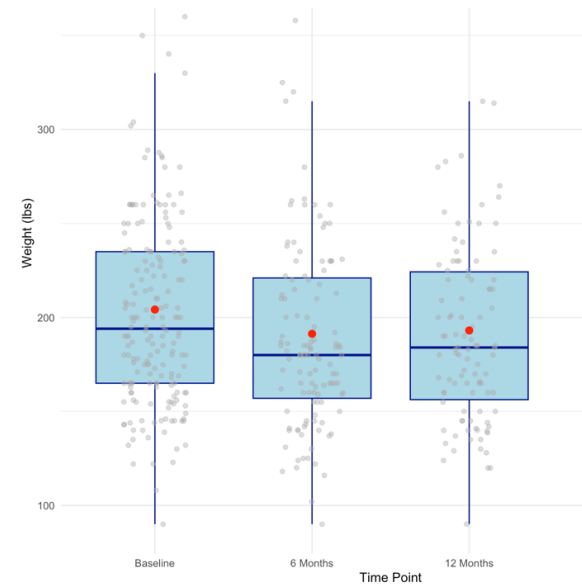


PictouCountyPEP 12-month Outcomes for chronic medical conditions

1. Physical Health Outcomes over 6 and 12 months

Weight / BMI Reduction: Participants experienced a significant reduction in weight:

**7.47 lbs at 6 months and
6.08 lbs at 12 months**

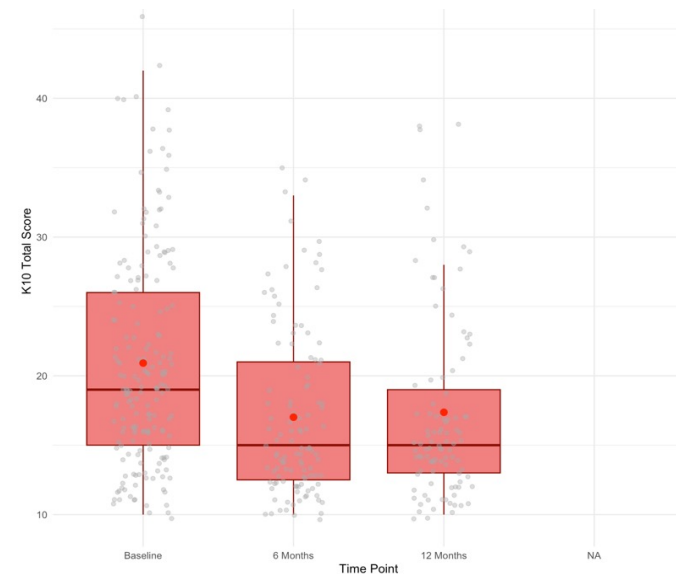


2. Mental Health

K10 Psychological Distress at 0,6,12 months

Average distress levels down

2.84 points at 6 months
and 2.44 points at 12 months.
23% of people meaningful improvement



PictouCountyPEP 12-month Outcomes for chronic medical conditions

Dietary Behavior Change

Dietary Quality (REAPS Score): Participants demonstrated **improvements in diet quality**, with a 3.14-point increase at 6 months and 2.13 points at 12 months

Sleep Quality

Sleep Improvements: Participants saw **improvements in sleep quality**, as reflected in a reduction of 1.36 points at 6 months and 1.28 points at 12 months

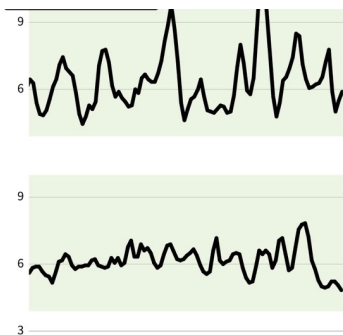
Sedentary Behavior

Reduced Sedentary Hours: The intervention significantly reduced sedentary behavior, with weekday sedentary time decreasing by 0.81 hours at 6 months ($p = 0.021$), and this was partially maintained at 12 months.

Patient Testimonials: PictouCountyPEP

“Something I am proud of/so pleased with....the top image is my blood glucose reading the day before I started PEP. The bottom is after 2 weeks of the program with loads of fruits, veggies and grains. To say I feel so much better is an understatement!”

– *Pictou County PEP Participant*



Thank you for incorporating these very mindful practices to our program, I really find these an essential part of starting my day. Love is so powerful and choosing love can be quite liberating

- *Pictou County PEP Participant*



Offering the Program to all Canadian Indigenous Communities



- Community Presentations – many possible topics like prostate cancer, all cancer, mental health, diet / healthy habits+
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Congress of Aboriginal Peoples' Board of Directors

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Watch our documentary, *Empower* at pcpep.org/empower



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Vision

Growing the Program

- Making the program more easily available to Indigenous men
- More appropriate for Indigenous men
- Empower men and their communities with the knowledge and practical information on how to engage in cancer prevention and how to navigate the medical system when diagnosed

PC-PEP Team



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Thank you!

Thank you!

NCNS/CAP
for the
opportunity
to Present



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