



Montreal West Island

Prostate Cancer Support Group

In This Issue

EVERYONE IS INVITED TO ATTEND OUR MEETINGS

We meet every fourth
Thursday of each month except
July, August and December

OUR NEXT MEETINGS

March 26, 2009 @ 7:30 PM
Dr. Jacques Corcos - McGill Univ.
Professor of Urology
"New Technologies in the
Treatment of Prostate Cancer"

April 23, 2009 @ 7:30 PM
Dr. Avrum Jacobson
"Diagnosis & Treatment of Prostate Cancer"

May 28, 2009 @ 7:30 PM
Dr. Louis Bégin - Pathologist
"The Gleason Score"

- ❖ A summary of the panel discussion "Women and Prostate Cancer" from the 2008 CPCN National Conference on Prostate Cancer. The video was presented at our meeting of February 26, 2008. The conclusion of this report will appear in our next issue. p 2-3
- ❖ Bill Corless provides us with a summary of Dr. Maurice Anidjar's presentation of January 22, 2009 entitled "Robotic Prostatectomy" p 4
- ❖ Tom Grant gives some background information on the Steering Committee of the Support Group, in his usual colourful dictum. p 5

Special Notice: The speaker for the March 26th meeting is Dr Jacques Corcos, McGill University, Professor of Urology. His subject will be "New Technologies in the Treatment of Prostate Cancer". It will include a discussion on robotic surgery now and in the future, as well as other procedures. Dr. Corcos is also the Director of the Urology Department of the Jewish General Hospital.

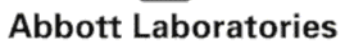
The WALK OF COURAGE—June 21, 2009

The walk contributes in a positive way to paying tribute to all those who have fought and who are still fighting this type of cancer, which affects the lives of many thousands of men. In addition, the walk enables the public to participate in an event that brings hope, because the money raised will be used to fund essential activities in the fight against prostate cancer. If interested in participating, please contact Procure at 514-985-1320.

MEETING LOCATION

Sarto Desnoyers Community Centre
1335 Lakeshore Drive, DORVAL

Supporters



sanofi aventis presents
the 3rd edition of
THE PROCURE WALK OF COURAGE

Father's Day
Sunday
June 21, 2009
Ste-Hélène's Island

WALK INFO
514 985-1320

Our New Website

Our new website is now up and running. Its internet address is <http://mtlwiprostcansupportgrp.ca/> The website provides information about our group, links to CPCN and Procure and gives access to current and past issues of our newsletter as well as up-to-date information about our meetings and other items of interest. Check it out and give us your feedback. Our Director Monty Newborn is the creator and manager of the site and our WEBMASTER.

This Newsletter is available at our website:

<http://mtlwiprostcansupportgrp.ca/>,
as well as at www.cpcn.org

Women and Prostate Cancer by Karen Taylor

When men are diagnosed with prostate cancer, the women who love them "are deeply affected, sometimes even experiencing greater distress than their partners." So said Andrea Beck, doctoral student in clinical psychology, when introducing the remarkable panel of "Women with Prostate Cancer" at CPCN's national conference held in Calgary in August 2008.

Four very different women told their stories, examining how this disease affected them and their most intimate relationships. Donna had been married to her husband John for 13 years when they got the news in 2003 that he had metastatic prostate cancer. They were told he was "terminal." "I went into the fight mode," reports Donna. "I think we went through denial, depression, and fear, but my most common mode was fight." So she armed herself with information. "I read and I researched and I went in search of alternative treatments."

Jo-an Baldwin Peters brought to the panel discussion not only her personal experience as the wife of a prostate cancer survivor but also her doctoral research on how prostate cancer and its treatment affected the sexuality of 13 couples. "I was in total shock," Jo-an says, remembering the day they got the news. So, facing up to these emotions, she devised a very clever method of keeping an accurate record of medical information. "We always went together to the appointments, because of my medical background, and I took a tape recorder in."

Sandee has been married to Bill for 38 years, and they have lived with prostate cancer for almost 10 of those years. They have experienced as a couple the effects of hormone therapy, surgery, and radiation. Bill is currently undergoing hormone therapy to combat bone metastases, so they have also faced the recurrence of cancer. "My very, very first reaction when we got the phone call was to just put my arms around Bill and cry with him, and then I went into nurse mode," says Sandee. She and Bill went looking for information and support, and they found help from a "gentleman who was

also living with prostate cancer and who had just started a prostate cancer support group in Red Deer"; he was "a wonderful support."

Diana and her partner Rick Brown have been together now for over 20 years, but they had to cope with the prostate cancer diagnosis at a relatively young age. "At the time, I was 42," says Diana about Rick's diagnosis, "and I wasn't very happy about it." "I was shocked and upset, and I have to admit that I was feeling quite hurt selfishly as well." As she recalls, she thought, "This is too young; I can't deal with this."



The insights of these four women are too numerous to do justice in a brief article. But here are some of the highlights.

Facing the disease as a couple and family

All the women on the panel faced the challenges of prostate cancer as an equal partner within a strong, loving relationship. They report attending their husbands' medical appointments, collecting information, participating in treatment decisions, discussing how to communicate with family and friends, and being the caregiver and main cheering section for their husbands during the difficult days of treatment and waiting for test results. Diana and Rick were able to take 2 months off work, and they spent a whole summer "reading up on treatment options" and discussing side effects. Jo-an decided to get her husband "as fit as possible" while they waited for biopsy results. That these women were so actively involved in their husbands' health is not surprising. An Internet survey conducted this August reported that about half of the Canadian men who responded had been reminded by women to book an annual medical appointment.

How do you tell your family and friends?

Informing family and friends was another challenge these couples faced together. "Some of the time we wanted to communicate with our friends and family, and some of the time we didn't," reports Donna. "Maintaining privacy and still involving other members was very important to us"

she recalls. Sandee and Bill were very open about Bill's diagnosis, but they had problems because of the anxiety of others. "Some people didn't know how to talk to us; they sort of pulled back a little bit," says Sandee. Their solution was to have Bill write a letter to friends. "I'm still me," he wrote. "I want to talk about this. Please don't be afraid to come and ask me questions." It worked.

What about sex?

The women were very forthright about how their sexual relationships changed because of prostate cancer and its treatment. "Cancer took the stuffing out of us," says Diana. "Our reaction to it caused a great chasm between us. It was very difficult for us to communicate afterwards; it was very difficult for us to be intimate afterwards, even barring the sexual stuff, which we weren't trying, finally. It really pushed us to the brink." But they are working it out, with help. Diana recommends finding a professional counsellor to talk to, someone with whom you can "openly discuss all those challenges that couples face with this disease." The trained professionals who provide this type of counselling are usually located in the psychosocial oncology, supportive care, counselling services, social work, or psychology departments of cancer centres, hospitals, and clinics.

Sandee and Donna, whose husbands were on hormone therapy, also experienced changes in sexual intimacy. "When Bill's testosterone dropped so low, the desire was gone for him," says Sandee. "For me, it was fine. We did other things to fill that void, and I still think we have a sex life. Our ... love for each other has just become stronger and stronger through all of the things we have faced in life. I don't think we are lacking anything in our sexual intimacy, other than intercourse. But, for us, that's not the most important thing."

Donna reports a similar situation --- "a depleted testosterone level and, eventually, no physical sex and no desire for sex" because of her husband's hormone therapy. She found herself without a desire for sex either.

"Pressure trumps passion," she remembers reading. "And that was it for me, so I was in the same cage as he was." The couple substituted other activities: talking, visiting family, massages, reading out loud in bed, and rituals such as a daily coffee hour or, in summer, a regular "Miller time." "We just became closer, and we shared our feelings more," she recalls.

"I wish I knew at the time, what I know now," says Jo-an. Doing research for her doctorate, she discovered that, within the 13 couples she studied, 11 of the women were willing to settle for not having penetrative sex while only 3 of the men were not concerned about penetrative sex or erectile function. Why this discrepancy? She thinks it is mainly down to lack of information. Here is what she regrets not knowing when she and her husband were facing the sexual side effects of prostate cancer treatment:

- ❖ According to The Hite Report on female sexuality, only about 30% of women report achieving "vaginal" orgasm because of thrusting intercourse; the other 70% have orgasms in response to clitoral stimulation.
- ❖ According to Schnell and others (2003), 58% of men over 75 are impotent and an additional 16% have moderately severe erectile dysfunction.
- ❖ Most women report clitoral orgasms as being stronger than vaginal orgasms.
- ❖ Men can have an orgasm without having an erection or ejaculation.

So, according to Jo-an, what these pieces of information tell us is that erection and penetration are not the be-all and end-all of sexuality. Both men and women can achieve sexual satisfaction and the joys of physical intimacy without penetrative intercourse. But Jo-an didn't know then what she knows now: "Unfortunately, or fortunately, we had to work things out the hard way, but we have a very active sex life. We cuddle; we have orgasms, both of us.... There are a whole pile of alternative things; there is no reason why you should forego orgasm if that is important to you." ...*To be continued in our next issue*

Reprinted with permission from the CPCN

LECTURE NOTES January 22, 2009

Dr. Maurice Anidjar—Robotic Prostatectomy

Dr. Anidjar started by introducing us to Intuitive Surgical Inc which is a global technology leader in robotic assisted, minimally invasive surgery (MIS). The use of their da Vinci Surgical Systems has been growing rapidly over the past few years. With a monopoly and 2000 employees, it is prepared for more growth. As of year end in 2008, over 700 da Vinci systems were installed world wide: 500 in the US, and over 200 in Europe and the rest of the world. There are less than 10 in Canada. These systems are expensive. Some systems are donated. More funding has been requested from government. Dr Anidjar suggested that government funding could cover the \$2000 required for disposables for each operation. These systems have been used in support of a wide range of MIS applications: Urology, Gynaecology, Cardio-thoracic, and general surgery. He made the point that this technology is not coming in the future, "it is today".

The da Vinci System has been designed to improve upon conventional laparoscopy, in which the surgeon operates while standing, using hand-held, long-shafted instruments, which have no wrists. In general, with conventional laparoscopy, the surgeon must look up and away from the instruments, to a nearby 2D video monitor to see an image of the target anatomy. The surgeon must also rely on his/her patient-side assistant to position the camera correctly. In contrast, the da Vinci System's ergonomic design allows the surgeon to operate from a seated position at the console, with eyes and hands positioned in line with the instruments. To move the instruments or to reposition the camera, the surgeon simply moves his/her hands.

To carry out a procedure, the surgeon uses the console's master controls to maneuver the patient-side cart's three or four robotic arms (depending on the model), which secures the instruments and a high-resolution endoscopic camera. The jointed-wrist design of the instruments exceeds the natural range of motion of the human hand; motion scaling and tremor reduction further interpret and refine the surgeon's hand movements. The da Vinci System incorporates multiple, redundant safety features designed to minimize opportunities for human error when compared with traditional approaches. At no time is the surgical robot in control or autonomous; it operates on a "Master:Slave" relationship, the surgeon being the "Master" and the robot being the "Slave."

By providing surgeons with superior visualization, enhanced dexterity, greater precision and ergonomic comfort, the da Vinci Surgical System makes it possible for more surgeons to perform minimally invasive procedures involving complex dissection or reconstruction. For the patient, the procedure can offer all the potential benefits of a minimally invasive procedure, including less pain, less blood loss and less need for blood transfusions. In summary, the da Vinci System can enable a shorter hospital stay, a quicker recovery and faster return to normal daily activities.

Dr Anidjar's lecture included comparisons between Prostate Cancer (PC) treatments. The basic therapies are surgery, radiation, and hormones. Often two or three or more combina-



Dr. Maurice Anidjar receiving a token of our appreciation from our President Ron Sawatzky (February 22, 2009)

ions of these therapies may be required over the life of the cancer cells. In the case where the first level therapy is based on surgery such as the Robotic Prostatectomy, radiation therapy may be used to attack any remaining cancer cells and thus be useful as the second level.

However, when radiation is used as the first step it is likely that the radiated cells would be severely damaged. Therefore in the case where radiation is used as the initial process, and if the cancer is still active the patient would have to use hormone treatment as the second therapy.

Several other features were highlighted.

This is the world's first robotic surgical system with 3D HD vision.

The camera offers twice the effective viewing resolution with improved clarity and detail of tissue planes and critical anatomy. This increased resolution has improved the surgeon's vision to the degree that the blood loss from the area of the nerve tissue is no longer a concern.

The need for enhanced dexterity, precision and control is critical to the system. Equipment depends on fingertip control and fully articulating Endo Wrist Instruments (5mm & 8mm). Powered by state-of-the-art robotic, the surgeon's hand movements are scaled, filtered and seamlessly translated into precise movement.

In summary, **general patient benefits** from the da Vinci system may include:

- ❖ Significantly less pain
- ❖ Less blood loss
- ❖ Smaller incisions and hence less scarring
- ❖ Shorter recovery time and hence shorter hospital stay and return to normal activities
- ❖ Less risk of infection

Bill Corless

To view a video of the Da Vinci Robot in action, visit the following link: http://www.jgh.ca/SITES/003-34-public-affairs-communications/index.asp?C=1&DB=052_003-34-public-affairs-communications&M=32&L=E

MEET THE COMMITTEE

This is the Steering Committee of the Support Group. First we should note that there is nothing exclusive about this committee. All members are welcome to attend the meetings and, if you are so inclined, to participate. The meetings are held on the first Wednesday of every month at the Valois United Church, 70 Belmont in Pointe Claire. Space is limited so please tell us in advance so we can be sure to accommodate you. You will see in the following, some of the functions; if there is anything that you think you can help with, you will be welcomed with open arms.

These meetings are used partly to set up the duties for the General Meetings, such as who will chair, who will introduce the speaker and who will thank the speaker. If it is an Open Forum meeting, the subject will be selected from a collection of very interesting DVD's from PCa conferences and a Moderator/Animator will be chosen. Recently, it has usually been Charles Curtis. Also, the Group participates in PCa awareness events held in shopping centers and, at the meetings, teams are assigned to man booths to distribute brochures and to encourage men to get tested. Mainly though, the meetings are consumed with reports by individuals on their responsibilities. There is some crossover and the discussions can be quite lively. If the chairman of the meeting can control this gregarious lot, we can get away in less than two hours.

Starting at the top, we have been fortunate to have a line of great presidents. The first was Joe Soul who set the standard. Joe created the Newsletter and still participates by chairing the AGM's and providing technical help with the electronics. My first president was Charles Curtis who had four separate terms as president. It is a hard post to fill and any time there was a gap, Charles forgot to duck and was reappointed and did a super job.. Doug Potvin was next. Doug is an academic with a doctorate, a teacher/professor who wrote a mathematics textbook and was a basketball coach par excellence. We don't know how he got mixed up with our crowd but he was a very good leader/

Joe Applebaum followed Doug. Joe was and is a dynamic fund-raiser who took us to a new level of solvency and reinvigorated or established paths that we still use. Not many could say no to Joe and he used this persuasiveness to obtain for us an array of excellent speakers. Currently, the president is Ron Sawatzky. Ron is a quiet man who leads by example. He works very hard at fund-raising, lining up speakers and responding to the various demands of other related organizations. He is a high-class guy, a perfect face for our Group. We just worry that too much of the burden is shouldered by one man and if you want to help, taking even a little of this work on would be a good place to start,

The Vice-President is Allen Lehrer. He is the big fellow who meets you at the door. He is the Grand Pooh-Bah of Greeters who guides first-timers through their introduction to the Group. He also assists as needed with Publicity, the Library and Hospitality. Allen is always front-and-center in the shopping center Awareness representations. Our Treasurer is Fred Crombie. Fred is the ideal treasurer: Incoming good-outgoing bad. We are on a solid financial footing with the surplus of current accounts conservatively invested and all our bills are promptly paid. Some of the expenses are mentioned below but the complete financial report will be provided at the AGM. The Secretary is George Larder. A song of praise to George was included in the last issue of the Newsletter. George thought it was over-the-top but I meant every word of it.

Les Polonczak is in charge of the Library and Hall Set-up. But this doesn't begin to describe his contribution to this organization. Besides being the custodian of all the books, DVD's, etc. and the very valuable projection equipment, he arranges the layout of the hall with the City of Dorval employees, displays the brochures and hand-outs, prepares the library table and tunes up the electronics, even playing some beautiful music for those arriving early. Also, Les produces the gifts for our speakers. There are no stipends but instead the speakers receive incredibly fine pens with top-quality mechanisms encased in exotic woods lathe-turned by Les. Each pen is a work of art and is obviously much appreciated by the recipient.

The biggest task undertaken by Les though is the distribution of these Newsletters. It is very labour-intensive. Les receives a 4,6 or 8 page template from the editor, and in a short time has 270 copies printed, then they are folded, stuffed into envelopes, sealed, stamped and addressed before delivery to the post office. In this work, he is usually helped by his dear wife Jol and sometimes by Allan Moore. Amazingly, his system never breaks down and everyone gets their Newsletter on time. We should note that Les has undergone chemotherapy, with hair-loss and other manifestations, for an illness unrelated to PCa and hasn't missed a beat.

We digress for a bit to mention that, aside from all this work, the cost to the group for each issue is in the order of \$700. Contrast that with the cost of distributing by email, which is nothing. You get it immediately and in colour-printing in colour for the mailing would almost double the cost. So far, we have 60 members on email. If you can, please consider this option. Just email George or Francesco to make this happen.

Allan Moore assists Les in the Library and Set-up and participates fully in all the other endeavours of the committee. Allan is a special person; he never had PCa. He joined the Group in memory of a brother-in-law who was lost to PCa. Talk about selfless, we think this is just noble. Monty Newborn is relatively new to the Committee but he hit the ground running. Monty is the Web Master. He created and updates our Website. Everything of interest can be found on that site including the last four issues of the Newsletter and links to other related organizations. See the website address elsewhere in this issue.

When George Larder took over the publishing of the Newsletter after Ludwick Papaurelis moved to Ontario, he probably despaired of finding help in this area. He needed someone who could accept this onerous task and maintain the standards set by Ludwick and himself. Then a white knight appeared in the person of Francesco Moranelli. First, let's get Francesco's name right. The first 'c' is the 'ch' sound and the second 'c' is the 'k' sound. Francesco is enthusiastic, energetic and he handles the language like a professional. It will be interesting to see his innovations. His first issue-January 2009- was a brilliant success. George, you can relax, the NL is in good hands.

Someone who is not a member of the committee but who makes a huge contribution to the Group is Bill Corless. He does the write-ups of the presentations made by the guest speakers. Working from notes and recordings, he transcribes the hour-long talks into a report for the Newsletter. It is not easy to convert talk with half-finished sentences and digressions into intelligent narrative but Bill does a fantastic job.

Tom Grant is in charge of the Hospitality table. He learned this trade from Charles and Lorna Curtis. He hasn't quite mastered the formula for brewing coffee-is it one or two scoops for ten cups?- but he buys the juices and Timbits well. He also tries to do other useful things like occasionally writing for the NL.

We cannot close without mentioning our Senior Advisers. These are the good people who over the years have given so much of themselves to the Group that we cannot let them slip from our memory. We try wherever possible to show our appreciation. Already mentioned above were the former presidents Joe Soul and Doug Potvin and the "hostess with the mostest" Lorna Curtis. There is also Ron McCune, a much-respected former Treasurer, and Ron Schurman, who did just about everything but primarily worked on the tough task of getting speakers. Marge Schurman and Jol Polonczak, though not Advisers did and do help in many ways. We cannot forget Marcel D'Aoust, the distinguished gentleman who was such a large part of this organization for such a long time. Le Colonel was very generous with his time and he was a spellbinder when behind a microphone.

In the next issue of the Newsletter, we will tell you more about Ludwick Papaurelis. He is a very interesting man who made important contributions to our cause.

Tom Grant

NOTICE OF THE ANNUAL GENERAL MEETING

APRIL 23rd, 2009

In accordance with Article X of the General By-Laws, the Annual General Meeting will be held at the Sarto Desnoyers Community Centre, 1335 Lakeshore Drive, Dorval on Thursday, April 23rd, 2009 at 7:30 p.m.

This meeting will take place just prior to the monthly general meeting.

AGENDA

1. Minutes of Meeting of April 24th, 2008
2. President's Report
3. Treasurer's Report
4. Nomination Committee Report
5. New Business
6. Adjournment

It should be noted that opinions and questions are welcome from all participants. However, only those who have paid their membership fee are eligible to vote.

Nominations for the position of Officer or Director must be accompanied by the signed approval of the nominee and the signed endorsement of two other members. These are to be submitted to the Secretary.

George Larder, Secretary

REPORT OF THE NOMINATION COMMITTEE

The nominees recommended by the committee to be the officers and directors of the board for the year 2009/2010 are as follows, and the specific responsibilities are as listed:

POSITION	NOMINEE	RESPONSIBILITY
President	Ron Sawatzky	Officer
Vice-President	Allen Lehrer	Officer
Secretary	George Larder	Officer
Treasurer	Fred Crombie	Officer
Director	Charles Curtis	Outreach
Director	Francesco Moranelli	Editor
Director	Tom Grant	Hospitality & Writer
Director	Monty Newborn	Internet Communications
Director	Dr. Irwin Kuzmarov	Consulting Urologist
Director	Allan Moore	Library
Director	Les Poloncsak	Library & Hall Setup

Telephone Helpline (514) 694-6412

IMPORTANT NOTICES:

- ❖ **The Montreal West Island Prostate Cancer Support Group Inc encourages wives, loved ones and friends to attend all meetings. Please ask basic or personal questions without fear or embarrassment. You need not give your name or other personal information.**
- ❖ **The Montreal West Island Prostate Cancer Support Group Inc does not recommend treatment procedures, medications or physicians. All information is, however, freely shared. Any errors and omissions in this newsletter are the responsibility of the authors.**
- ❖ **The Montreal West Island Prostate Cancer Support Group Inc. is a recognized charitable Organization. All donations are acknowledged with receipts suitable for income tax deductions. Your donations and membership fees (voluntary) are a very important source of funds vital to our operations. Together with contributions from several pharmaceutical companies these funds pay the cost of printing and mailing our newsletter, hall rental, phone helpline, equipment, library, etc.**

Your support is needed now!

Steering Committee:

Joe Applebaum, Past President joerita@sympatico.ca	514-694-5667
Fred Crombie, Treasurer fred.crombie@videotron.ca	514-694-8149
Charles Curtis, Outreach	514-697-4517
Tom Grant, Hospitality & Writer tomgrant@total.net	514-631-9293
George Larder, Secretary gflarder@sympatico.ca	514-630-9632
Allen Lehrer, Vice President allen.lehrer@videotron.ca	514-626-1100
Allan Moore, Library nmoore@total.net	514-630-1865
Francesco Moranelli, Editor f.moranelli@sympatico.ca	514-696-1119
Monty Newborn, Internet Comm. newborn@cs.mcgill.ca	514-487-7554
Les Poloncsak, Library & Hall imppol@videotron.ca	514-695-0411
Ron Sawatzky, President ronsaw@hotmail.com	514-626-1730

Senior Advisors:

Lorna Curtis, Marcel D'Aoust, Ron McCune, Ludwick Papaurelis, Doug Potvin, Ron Schurman, Joe Soul

VOLUNTEERS URGENTLY NEEDED!

Mailing Address:

Montreal West Island Prostate Cancer Support Group Inc.
P.O. Box 722, Pointe-Claire, QC
Canada H9R 4S8