

Montreal West Island

Prostate Cancer Support Group



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EVERYONE IS INVITED TO ATTEND OUR MEETINGS
 We meet every fourth
 Thursday of each month except
 July, August and December

MEETING LOCATION
 Sarto Desnoyers Community Centre
 1335 Lakeshore Drive, DORVAL

OUR NEXT MEETING
Thursday, October 28th.
 Dr. Yosh Taguchi, Head of Urology
 Royal Victoria Hospital
 will speak on
 “Androgen Deprivation Therapy (ADT)
 The Good and the Bad”

Thursday, November 25th.
 Marie- Josée Lord, Physiotherapist,
 will discuss urinary incontinence
 “Let’s Talk Plumbing”



IN MEMORIAM; Ron Schurman

We have lost a great friend and colleague in the passing of Ron Schurman. Ron was a faithful member of the Support Group and served for many years on the Steering Committee, for a time having the difficult task of arranging for the guest speakers. Ron and his dear wife, Marge, always sat in the last row, the first two seats on the left of center, where they would greet everyone with a cheery hello, even though Ron was having a very difficult time.

For too many years, Ron was troubled with severe incontinence. He tried several different methods and devices to cope with this affliction, and unselfishly shared information and results with others similarly afflicted. Later, Ron had to undergo regular dialysis. He faced all his difficulties with courage and unfeeling good humour. He died from complications of a stroke at the age of eighty.

Ron was a loving family man. His business career was in ocean shipping and was a dedicated member of the Island City Chorus, an *a cappella* (barbershop) group for many years. The love of music played a big part in his life. As expected, he gathered close friends wherever he went, as reflected in an overflow of people paying their respects at the chapel for the funeral service. Ron will be greatly and sincerely missed.

Our Website

Be sure to check out our website. Our 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.

Supporters



This Newsletter is available at our website:
<http://mtlwiprostcansupportgrp.ca/>,
 as well as at www.cpcn.org

Prostate Cancer 101 — Understanding the Significance of Gleason Grade and Gleason Score (continued from Issue 65)

Gleason Score

Prostate cancer is notably heterogeneous. One tumor can contain different grades. As the system was being developed, Dr. Gleason noticed that, by combining the two most prevalent patterns in a tissue sample, he could better predict the patient's prognosis. The Gleason Score is therefore the sum of the most prevalent grade and the second most prevalent grade present in the tissue sample. Since there are five grades, then mathematically nine different scores are possible with 25 different number combinations. Although possible, many of these combinations are seldom seen in actual practice. Since the advent of PSA testing, the most common scores are GS 6 (3 + 3) and GS 7 (3 + 4), (4 + 3)

Well Differentiated ----- Gleason Scores: 2, 3, 4 and 5

GS (1 + 1), (1 + 2), (2 + 1), (1 + 3), (3 + 1), (2 + 2), (2 + 3), (3 + 2), (1 + 4), (4 + 1)

Moderately Well Differentiated ----- Gleason Score: 6

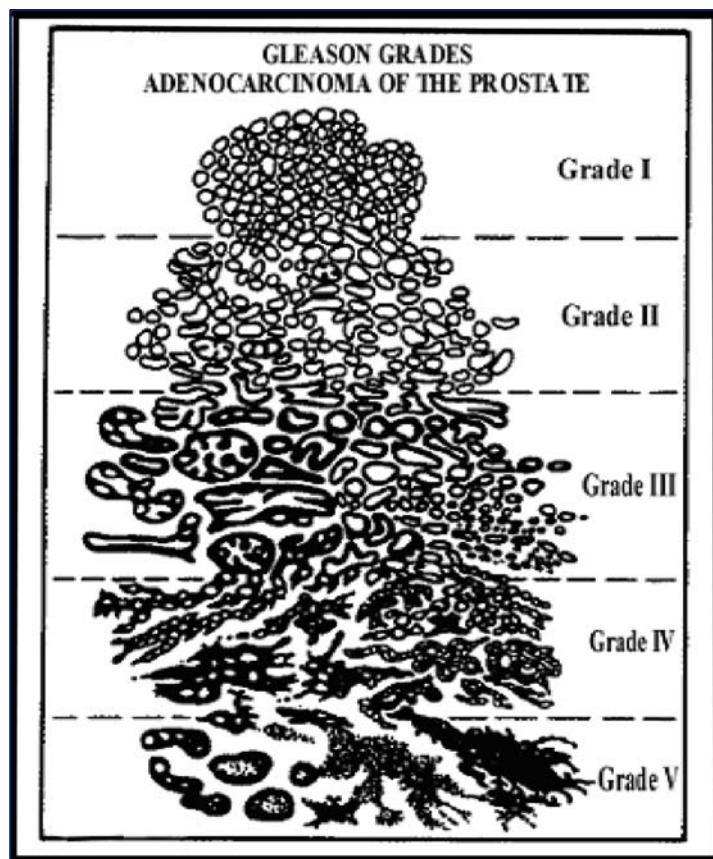
GS (3 + 3), (2 + 4), (4 + 2), (1 + 5), (5 + 1)

Moderately Poorly Differentiated to Poorly Differentiated ----- GS 7, 8, 9 and 10

GS (3 + 4), (4 + 3), (2 + 5), (5 + 2), (3 + 5), (5 + 3), (4 + 4), (4 + 5), (5 + 4), (5 + 5)

What is the significance of the Gleason Score?

The grade of a prostate cancer specimen is very valuable to doctors in helping them to understand how a particular case of prostate cancer can be treated. In general, the time for which a patient is likely to survive following a diagnosis of prostate cancer is related to the Gleason score. The lower the Gleason score, the better the patient is likely to do. The Gleason Score is a measurement of how aggressive the cancer can potentially be and significantly impacts treatment decisions. It is important to understand that the score represents the evaluation of the tissue samples obtained from the pros-



tate gland and although there is a significant correlation it is not necessarily a total representation of the tumor load in the gland. The multifocal character of prostate cancer has been well established. Thus, to minimize the potential of missing the presence of aggressive cancer foci, the number of biopsy sample cores has been increased to better map the gland in order to obtain a closer representation of the tumor load. This plus expert evaluation provides the patient with a better tool to make a treatment/no treatment decision. Still, it should be understood that the score provided represents the score of the biopsy sample provided and not of the whole prostate gland. It has been noted that there is a significant tendency to undergrade scores.

Discussion

Prostate cancer is a multi-step progressive disease with a wide-range, variable time span. In most men the disease progresses slowly, but in others progression is fast and unrelenting. In either case, the common factor is that disease progression is a continuum and, given enough time, it evolves into a lethal disease by the process of dedifferentiation.

In his histological observation of tumors, Dr. Gleason recognized the multi-step process that characterizes the heterogeneity of prostate tumors and was able to more closely characterize a patient's prognosis by grading the two most prevalent patterns present in a tissue sample.

Dr. B. Tribukait and coworkers in Sweden have supported the multi-step progression of prostate cancer with their work on successive needle aspirations of prostate tumors. They evaluated the yearly rate of mutation accumulation as determined by DNA ploidy measurements. In each cell of their bodies, except their germ cells, humans have 23 pairs of chromosomes that dictate the person's genetic makeup. Normal cells containing 23 pairs of chromosomes are said to be diploid. Dr. Tribukait was able to show that, as time goes by and mutations accumulate, there is a loss or gain of chromosomes in prostate tumors. This process changes the cells from diploid to aneuploid. Aneuploid cells are cells containing an abnormal number of chromosomes. There is a close relationship between DNA ploidy and Gleason Grades. Higher Gleason Grades are mostly aneuploid and tend to metastasize or invade local tissues more readily.

In his March 15, 2005 lecture at the Prostate Cancer Information and Support Group of the Mid-Hudson Valley, New York State, Dr. Howard Scher commented on this gradual process in which well-differentiated tumors become more aggressive in time and evolve into higher-grade cancers with the potential to become metastatic and invade distant tissues. Further support for this process exists from autopsy results of younger men dying an accidental death. Although the presence of prostate cancer is apparent at even the third decade of life, all those cancers are classified as insignificant and always well differentiated. The implication is that, if those cancers had more time to progress, more aggressive tumors would have developed in time (higher Gleason grades) —which is what typically happens when men are diagnosed at a later point in their life-span.

Summary

The importance of a proper Gleason Grade evaluation is THE most important diagnostic tool prostate cancer patients presently have. The treating physicians and newly diagnosed patients do not always recognize this fact. It is up to the patient to request a second opinion by an expert in prostate pathology who should examine the tissue samples and render an opinion. Because of its ultimate significance in the treatment decision-making process, this is an important fact to disseminate in support groups and today's prostate cancer advocacy movement, because of its ultimate significance in the decision-making process for treatment and treatment outcomes.

The Future

A microarray is a tool presently in use by researchers to analyze gene expression. It consists of a small membrane or glass slide containing samples of a great number of genes arranged in a regular pattern. When exposed to genetic material it tells which genes are switched on and which are off. This technique had been made possible by the completion of the Human Genome Project and the development of a very advanced tissue dissection (sampling) technique known as laser capture microdissection and the availability of technologies such as unbiased RNA amplification.

In place of a subjective Gleason Grade observation of a tissue sample, in time pathologists will be able to create a molecular profile that more closely correlates with the true nature of the disease. It will identify disease that requires treatment and disease that does not. This will be a major step in the identification of patients that will benefit from treatment, as well as those that do not. The science is not commercially available as yet, but it will certainly be a great benefit to patients in the not too distant future.

*The Prostate Cancer InfoLink originally developed part of the text used for the Gleason Grade description. It is reproduced here with the permission of Vox Medica. Visit: <http://www.phoenix5.org/Infolink/>

Meet Les Poloncsak

Les is the Librarian. That title does not begin to describe his efforts and responsibilities on behalf of the Support Group. To begin, he works with the City of Dorval Community Center janitorial staff in the hall arrangement for the General Meetings. Then, he is the custodian of very valuable projection and sound system equipment which he brings from home and sets up. The projector is used by guest speakers for PowerPoint and DVD presentations and the sound system is used by Les to play beautiful music, from his own collection, in the hour or so before the meeting. Come early, you will enjoy it.

Now, the library work: First, he lugs seven or eight boxes from the Center's basement to the hall. Most often, he has the help of his good friend and colleague, Allan Moore. The boxes contain brochures, pamphlets and assorted publications relating to prostate cancer. These items are spread out on the free-issue table. There are also books and DVD's, usually the most recent acquisitions, which are held at the librarian's desk along with the record ledgers. Of course, after the meeting, this material has to be packed up and stowed again.

Further, Les assembles and delivers much of this material, along with signs and an easel, for the display tables manned by our group at community gatherings related to health services. These sessions are held two or three times each year, usually in local shopping centers. In addition, Les holds at home, books, DVD's and VCR's –perhaps over two hundred items- all neatly catalogued and available on demand from lists held at the librarian's table. Les also has a copy of each Newsletter published since day one and a record of all guest speakers, making him the unofficial historian of the group. His

wife Jol is a very understanding lady. (More on Jol below)

Now, Les's biggest job: He receives the original of the bi-monthly Newsletter from the Editor, Francesco Moranelli, through the Secretary, George Larder. (George distributes the email version and provides the updated mailing list). Les has the Newsletter printed, about 250 copies, and with the help of Jol and sometimes Allan, the Newsletters are stuffed into envelopes. The envelopes are addressed and stamped and delivered by Les to the Post Office. This alone is a lot of work and is an invaluable service to the cause.



Les (right) posing with webmaster Monty Newborn at a recent Man's Health Day on the West Island

Lastly, members are probably aware that our guest speakers receive a wonderful little fabricated memento from the group. Can you guess who makes these gifts. Yes, it is Les. As a member of the Woodturners, he developed the skills and expertise which led him to be able to produce beautiful fountain pens and letter openers. The pens are made from exotic woods, each one different, encasing top quality mechanisms. The letter openers are equally spectacular; Les is a true artisan.

The medical story is that Les is a fifteen year survivor of prostate cancer but recently had to deal with lymphoma. He was treated by chemotherapy, had the hair loss, etc., but feels he has licked it and he looks great. One odd side effect is that Les thinks one of his shoulders is lower than the other, affecting his golf swing. The result is scores around 100 for a guy used to shooting in the mid to high 90's. Golfers among you will know what a tragedy this is.

A little personal history, Les is soon to be eighty; he is married to a delightful lady- they met while camping, would you believe it- and they bowl together. Les, of course, is the star but Jol is better looking. Les worked for CN for thirty-eight years and at retirement, he was Manager Customer Service Center, Transportation.

Tom Grant



McGill University Health Centre's chronic disease self-management program "My Tool Box: The Building Blocks to Self-Care" resumes November 1st 2010. These fun, practical, and interactive workshops help individuals manage the day-to-day challenges of living with

chronic health conditions such as asthma, arthritis, chronic pain, cancer, heart disease, diabetes, multiple sclerosis, etc. These six week, 2.5 hour workshops are offered in French and English at various times including morning, afternoon, evenings. Workshops are free of charge and are held in multiple locations including downtown, Westmount, DDO, and Point Claire.

The evidenced-based (Stanford) Chronic Pain Specific Program will be launched for the first time in Quebec in November.

To register for My Tool Box or the Chronic Pain Specific program please visit www.mytoolbox.mcgill.ca or call **514-934-1934 ext. 71585**

Le Centre Universitaire de Santé McGill programme « L'atelier : L'ABC de l'autogestion des soins »

recommence le 1er novembre 2010. L'atelier est une série d'ateliers conçus pour aider et informer les personnes ayant une maladie chronique comme l'asthme, l'arthrose, la douleur chronique, diabète, maladie du cœur, sclérose en plaques, le cancer, etc., à mieux gérer sa vie. Les ateliers sont offerts gratuitement pour six semaines consécutives, en anglais et en français à différents moments dans la journée : matin, après-midi, soir et fin de semaine. Certains emplacements incluent le centre-ville, Westmount, Dollard-des-Ormeaux et Pointe-Claire.

Le programme de Stanford sur la Douleur Chronique précis sera offert pour la première fois au Québec en novembre.

Pour plus d'information sur les deux programmes L'atelier et La Douleur Chronique, ou pour enregistrés en ligne, visitez notre site web mytoolbox.mcgill.ca ou appelez-nous au (514)934-1934 poste 71585

[Support from Relationships](#)

Studies suggest that people who have strong relationships are healthier and happier.

Since women are traditionally more proactive than men about their health, women may also play a role in encouraging men to have prostate cancer screening and take other steps toward prostate cancer prevention.

Predicting Prostate Cancer With a Genetic Variation

The underlying cause of prostate cancer is unknown. As with other cancers, however, multiple events over a period of many years are probably necessary to produce a cancerous change in a prostate cell.

The development of cancer is broadly viewed as a two-step process. The first step is initiation, when the cell is exposed to substances (such as a chemical), agents (such as a virus), or forces (such as radiation) that cause an alteration (mutation) in the genetic machinery of the cell. The second step is promotion, in which other chemicals, hormones, or diet and lifestyle patterns stimulate the growth and reproduction of the abnormal cell. A promoter does not set the process in motion, but it creates an environment favourable for the runaway growth that causes a cancerous tumor to form and progress.

Age, race, and family history are all important risk factors for prostate cancer. In addition, diet and lifestyle factors may influence whether a man will develop prostate cancer.

Now a study from Johns Hopkins and the National Institutes of Health suggests that testing men for a specific genetic variation may improve the ability of PSA screening to more accurately identify men with prostate cancer.

Researchers tested 505 men from the Baltimore Longitudinal Study of Aging for the presence of variations on chromosomes 10 and 19. All of the men had undergone PSA testing, and 61 had prostate cancer.

After an average follow-up period of 17 years for men with prostate cancer and 19 years for those without, the researchers found that overall, men were 18% more likely to have prostate cancer for every one-unit increase in PSA. In contrast, those with a specific variation on genotype analysis were 28% more likely to have prostate cancer for every one-unit increase in PSA.

Those without the variation were only 10% more likely to have prostate cancer for every one-unit increase in PSA.

Genotyping is an expensive process that could increase the cost of PSA screening by as much as 10-fold. But if the test can improve the accuracy of PSA screening, it might become a worthwhile endeavor.

This study was reported in *The Journal of Urology* (Volume 182, page 101).

What Is Active Surveillance and Should You Consider It?

Some men who are diagnosed with low-grade prostate cancer choose to forego immediate treatment. Instead they meet with their doctor regularly and undergo testing to monitor cancer progression. A reader writes: I have newly diagnosed prostate cancer and am considering active surveillance. What's the likelihood that I will eventually need treatment? Here's our advice.

Doctors are still learning about the long-term results of active surveillance for prostate cancer. One study in *The Journal of Urology* found that of 262 men who chose active surveillance, 43 (16%) underwent treatment after a median follow-up of 2.5 years. Treatment with radical prostatectomy, radiation, cryotherapy, or androgen-deprivation therapy was successful in the short term in 42 of the 43 patients (95%). One man did develop metastatic cancer three years after beginning active surveillance.

Why choose active surveillance if there is even a tiny chance that the cancer could spread? Between 30 and 50% of men with newly diagnosed prostate cancer in the United States have a disease that would have remained undetected during their lifetimes in the absence of screening. These men will not benefit from treatment. But if they choose treatment, they put themselves at risk for urinary and sexual problems that can dramatically impair their quality of life.

Therefore, it's a reasonable option for some men to forestall treatment until it's clear that it is necessary. Only about 10% of men with newly diagnosed prostate cancer choose active surveillance. If studies with longer follow-up continue to support the advantages of this treatment option for carefully selected patients, expect more men to follow suit.

Johns Hopkins Health Alerts:

Should You Try Phytotherapy for Your BPH?

Some men with benign prostatic hyperplasia (BPH) elect to use saw palmetto or other plant-derived substances to manage their symptoms. Does it help? Here's what the research suggests.

Saw palmetto is the most well-known remedy for BPH, but African plum, trinovin, South African star grass, flower pollen extract, soy, stinging nettle, rye pollen, purple cone flower, and pumpkin seeds also are used to manage BPH symptoms, as are supplements of the minerals zinc and selenium. A dietary supplement called beta-sitosterol has shown some benefits in BPH, including improvements in urinary symptoms and urine flow rates. However, well-conducted studies of beta-sitosterol are limited.

In contrast, an analysis of 21 well-conducted

studies of saw palmetto (including more than 3,000 men with BPH) found that men taking saw palmetto were 76% more likely to have experienced BPH symptom improvement than men taking a placebo. However, a randomized trial published in The New England Journal of Medicine found no significant differences in BPH symptoms among men taking saw palmetto or a placebo. Side effects related to saw palmetto are usually mild and infrequent. They include headache, dizziness, nausea, and mild abdominal pain.

Bottom Line: If saw palmetto is going to work, it usually does so within the first month. Therefore, saw palmetto should be stopped if symptoms do not improve after a month of use. If saw palmetto does relieve symptoms, you may want to continue taking it, but inform your doctor that you are doing so. The typical dose of saw palmetto is 160 mg taken twice a day. Supplements that contain at least 85% free fatty acids and at least 0.2% sterols are the most likely to be effective.

Food is a powerful medicine in the body, and research suggests that dietary choices can promote, protect against, and help prevent prostate cancer.

Foods to Eat	Foods to Avoid
Vegetables	Red meats
Fruits	Animal Fats
Grains	Sugars
Legumes	Dairy products
Nuts	Trans-fats

Newsletter Disclaimer:

All articles appearing in this newsletter, are for information purposes only and not intended to be a substitute for the advice of a doctor or healthcare professional or recommendations for any particular treatment plan. It is of utmost importance that you rely on the advice of a doctor or a healthcare professional for your specific condition.

Nomination of Charles Curtis for the PCCN's Founders Award for 2010

The Montreal West Island Prostate Cancer Support Group nominates Charles Curtis for the PCCN's Founders Award for 2010. Charles is a founding member of our Group and has served three separate stints as President.

Charles currently provides the Outreach service where potential new members make their first contact with the Group. The callers often are very concerned about how to deal with this new situation in their life. As a twenty-year survivor of this disease, Charles offers comfort and reassurance and invites them to our General Meetings where they can talk to members who have experienced all manner of treatments and procedures. Further reassuring, they will meet members, who like Charles, are eighty-plus and vigorous.

Several times during the year, the Group sends representatives to various men's health sessions held at local shopping centers or hospitals. Charles always participates, front and center, and being a strong advocate of testing, sports a big red badge stating "WHAT'S YOUR PSA".

When we do not have a guest speaker for a General Meeting, we hold what we call an Open Forum. Charles is the moderator/animator for this and leads a rousing discussion of all aspects of incontinence. Since Charles has tried every method and device available, he has developed a certain expertise in this area. These discussions are frank, informative and a lot of fun.

A legacy from Charles is the Hospitality Table. Charles and his wife, Lorna, started serving refreshments after the meetings. It continues to be very popular, providing opportunities to establish friendships.

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!

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VOLUNTEERS URGENTLY NEEDED!

<http://mtlwiprostcansupportgrp.ca/>