Prostate Cancer Support Helpline 514-694-6412 email:fred.crombie @videotron.ca

March 2012 - Issue #73

Prostate Cancer Canada Network

Montreal West Island Support Group

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

On March 22, 2012, our speaker will be Scot Adams, Exercise Physiologist and Young Adult Program Coordinator with the JGH Hope and Cope Wellness Centre. The title of his talk is "**The Role of Exercise in Prostate Cancer Survivorship**."

April 26, 2012 **Annual General Meeting** followed by a presentation of the First Annual PCCN-WIPCSG Award for Outstanding Contribution.

On May 24. Robin Burns will be talking about **Procure Walk of Courage**. Mr. Burns is a co-founder of the Walk of Courage together with Father John Walsh.

Supporters

AstraZeneca

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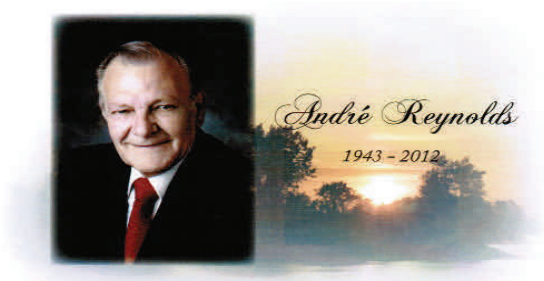
NOVARTIS ONCOLOGY

Abbott Laboratories

This Newsletter is available at our website:

http://mtlwiprostcansupportgrp.ca/, as well as at www.pccn.org

In Memoriam



It is with great sadness that we report on the passing away of Treasurer André Reynolds. André passed away peacefully at home on January 30, 2012, leaving behind his wife Linda Harrison, his children Judy, Andy and Barbara and his seven grandchildren, along with four sisters and numerous friends and associates. A funeral service was held at Rideau Memorial Gardens on Monday, February 6, 2012.

André had a very interesting background. He was a Councillor in Terrasse-Vaudreuil for fifteen years and the Mayor for four years. He was a member of the Grand Lodge of the Masonic Order of Quebec and the Treasurer of the Island Royal Arthur Lodge as well as our own Treasurer.

André was diagnosed with prostate cancer over ten years ago. Unfortunately it was discovered outside the envelope and therefore not operable. André has undergone twenty-five chemotherapeutic sessions and more recently was being followed in a study protocol for a new therapy.

Our sincerest condolences go out to his wife, children, sisters and other family members.

PCCN-WIPCSG Steering Committee

Prostate Cancer Canada Network Montreal West Island

Formerly
The Montreal West Island Prostate Cancer Support Group

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 PCCN 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.

JUNE 17, 2012
6TH EDITION
WALK OF COURAGE
PROCURE
REGISTER NOW!

The PROCURE Walk of Courage celebrates its 6th edition!

This 5 km Walk / Run was first created to increase prostate cancer awareness and raise funds for the fight against this disease diagnosed in 1 out of 7 men. Over the years, this event has become a dedicated moment to commemorate the ones who have lost the battle, to honor the courage of survivors and to build hope for the future.

Honorary Co-Chairpersons 2012: Pénélope McQuade and Mayor Gérald Tremblay .

Honorary Governors: Joey Saputo , Geff Molson (TBC) and Ray Lalonde (TBC).

Honorary Guests: Players, former players and mascots of the Montreal Impact, Montreal Alouettes and Montreal Canadiens.

Cofounders: Robin Burns, Jean Pagé and Father John Walsh.

Participants: men, cancer survivors, families and friends.

Targeted participation: 2000 walkers and sponsors.

Date: Sunday, June 17, 2012, on Father's Day

Location: Île Sainte-Hélène, Montreal

Schedule: 8:30 AM: Gathering for a father's day breakfast
9:30 AM: 5km Walk/run kick off
11:00 AM: End of event

On site: Family entertainment , continental breakfast , the pleasure to share moments and stories with celebrities and other participants and a Walk of Courage 2012 t-shirt. Bring the whole family!

Registration: $50 , fundraising goal at the discretion of the participants, free for children 14 and under.

Information and Registration: procure.ca or 514-341-5517

PROCURE
The Force Against Prostate Cancer.

Our 2012 Events
The PROCURE Walk of Courage (June 17th, 2012)
The PROCURE Tour du Courage (June 16th and 17th, 2012)
The Pat Burns Ride of Courage (July 10th, 2012)
Objective: 12,000 total participants and sponsors

Isabelle Gregoire of the Montreal Jewish General Hospital

Isabelle Gregoire to receive Outstanding Contribution Award from the PCCN – Montreal West Island

At its Annual General Meeting on April 26, 2012, Isabelle Gregoire will receive the Outstanding Contribution Award from the Prostate Cancer Canada Network – Montreal West Island. She is receiving the award from the prostate cancer support group "in appreciation of her distinguished career dedicated to the treatment of so many of us in the Montreal area so afflicted."

Ms. Gregoire is a graduate of McGill's Nursing School. She has been working in the Urology Department of the Jewish General Hospital for two decades, professionally assisting in the care of hundreds of prostate cancer patients and family members. While there, she established the first prostate cancer support group in Montreal. Subsequently, she participated in the formation of the Canadian Prostate Cancer Network (initially a support group including two of our long time members Charles Curtis and Joel Soul). CPCN became Prostate Cancer Canada Network several years ago, and our group became formally affiliated in the last year. In addition, for the last five years, she has been a member of the organizing committee of the Montreal Ride for Dad, an annual motorcycle ride on the South Shore that raises money in support of prostate cancer research.

Through her publications and conference presentations, Ms. Gregoire has made lasting contributions to the field. By herself and along with prominent urologists, she has published papers on the organization and effectiveness of prostate cancer support groups and on erectile dysfunction, a problem commonly associated with prostate cancer treatments. She has produced a video about one of the treatments for prostate cancer and an information booklet on one of the treatment options for men experiencing erectile dysfunction.

Ms. Gregoire is still contributing in helping men with prostate cancer, and we all appreciate her gracious efforts and hope that they continue for many years.

On the light side, Ms. Gregoire enjoys cross country skiing in the winter and golf in the summer.

The ceremony will take place in the Sarto Desnoyers Community Center in Dorval at 7:30PM on April 26th. The public is welcome to attend. There is no admission charge and parking is available and free. For further information, contact Monty Newborn at 514-487-7544 or at newborn@cs.mcgill.ca.

Botanical Formula Effective In Treating Prostate Cancer

Petra Rattue. "Botanical Formula Effective In Treating Prostate Cancer." Medical News Today. MediLexicon, Intl., 17 Feb. 2012. Web.

A study published online in The International Journal of Oncology reports findings from a team of scientists at Indiana University, Methodist Research Institute, who examined a botanical formula containing botanical extracts, phytonutrients, botanically-enhanced medicinal mushrooms, and antioxidants, that kill aggressive prostate cancer tumors.

The researchers conducted experiments in mice using a human prostate cancer tumor model. This is the third publication from a major university study reporting important findings of this particular multi-nutrient prostate formula to fight the invasive behavior of aggressive prostate cancer cells, tumor growth and metastasis.

Dr. Daniel Sliva, who led the research, commented: "Multiple studies demonstrate that this prostate formula is a possible treatment for hormone refractory (androgen independent) prostate cancer." The findings of the study demonstrate that the prostate formula substantially inhibited tumor growth in aggressive, hormone refractory, androgen independent human-prostate cancer cells. After evaluating the formula's potential toxicity, it was deemed safe, with no signs of toxicity at the highest dosages.

Dr. Isaac Eliaz, researcher and formulator, declared: "This study is a milestone in the research of this formula, demonstrating its safety and effectiveness in treating human prostate cancer in an animal model. These positive results offer a significant contribution to the field of prostate cancer research, and add to the growing body of published data substantiating the role of natural compounds in the treatment of prostate cancer."

The study, which used a xenograft tumor model of human prostate cancer in mice, revealed that in comparison to controls, oral administration of the formula achieved a statistically important suppression of 27% in tumor growth. What proved even more significant was that the formula suppressed the expression of several genes that affect cancer proliferation and metastasis, three of which, IGF2, NRNF2 and PLAU/uPA are connected to potentially producing metastasis, other than controlling aggressive prostate cancer growth. The formula was also observed to substantially increase the expression of CDKN1A, a gene that fights prostate cancer by specifically inhibiting other cancer promoting cellular mechanisms.

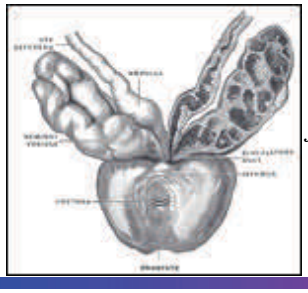
The formula's abilities to suppress specific genes that are associated with aggressive prostate cancer growth and proliferation, and increase the expression of cancer-fighting genes, proves that this integrative formula has multiple anti-cancer mechanisms and genetic targets. The pre-clinical in vivo study supports earlier published in vitro data, which also demonstrate the formula's ability of decreasing expression of PLAU/uPA genes in aggressive, hormone-independent prostate cancer cells.

Dr. Sliva concludes: "In summary, this dietary supplement is a natural compound for the possible therapy of human hormone refractory (independent) prostate cancer." The formula's ongoing research in prostate cancer models continues to demonstrate promising results, with further studies coming up.

New Way to Predict Prostate Cancer SeveritySize of Prostate

By Anna Azvolinsky, PhD | February 1, 2012

It is still difficult to gauge the probability that a low-risk prostate cancer patient may be upgraded to a higher prostate cancer stage. Upgrading, using the Gleason score, after a biopsy can occur in anywhere from 30% to 50% of prostate cancer cases. Low-risk disease is generally associated with low prostate-specific antigen (PSA) production and a Gleason score of six or lower. The Gleason score is a measure of the severity of the prostate cancer assessed by the initial biopsy.



Prostate with seminal vesicles and seminal ducts, viewed from in front and above; source: Gray's Anatomy

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Researchers at Vanderbilt University Medical Center have now determined that prostate size may be a good way to gauge whether a low-risk prostate cancer will upgrade to more aggressive disease. Smaller prostates were more likely to evolve into more serious, aggressive disease. The finding was published in the Journal of Urology. [1]

The severity of disease after surgical removal of the prostate was assessed among 1,251 prostate cancer patients at the Vanderbilt Medical Center who were initially classified as having low-risk disease based on a biopsy. Of these men, 31% had a more severe form of prostate cancer after a final pathology assessment post surgery. Gleason score upgrading was associated with a worse pathological and cancer outcomes. Men with smaller prostates were more likely to have a higher Gleason score after surgery (P= .03). Men with prostate volumes in the 25th percentile were 50% more likely to be upgraded to more aggressive disease.

Isolating low-risk patients who may not need more aggressive treatment is important. The low-risk patients who are truly low-risk with slow-growing disease are candidates for "active surveillance," or observation without any treatment. But some men with what is evaluated as low-risk disease do progress, and account for many of the men who end of dying of the disease, the second leading cause of cancer death among men.

It's still not possible to choose a treatment option based on prostate size, but it is a step in the right direction, giving physicians more evidence to make a more accurate assessment. Investigators are studying other potential markers to help separate seemingly low-risk patients that actually need more aggressive treatment and surgery and low-risk patients that would not benefit from less aggressive treatment because their disease is not life-threatening.

Larger-scale prospective trials of biomarkers and pathology characteristics are still necessary to identify these two types of patients.

Reference:

1. Davies JD, Aghazadeh MA, Phillips S, et al. Prostate size as a predictor of Gleason score upgrading in patients with low risk prostate cancer. J Urol. 2011;186:2221-2227

Johns Hopkins Health Alert

Diagnosing BPH With Special Diagnostic Tests

Men who experience moderate to severe symptoms of benign prostatic hyperplasia (BPH) may require one or more of the following tests to pin down the diagnosis: uroflowmetry, pressure-flow urodynamic studies, imaging studies, filling cystometry or cystoscopy. Here's a brief explanation of each …

BPH Test 1: Uroflowmetry. In this noninvasive test, a man urinates into an electronic device that measures the speed of his urine flow. A slow flow rate suggests an obstruction of the urethra. If the flow rate is high, urethral obstruction is unlikely, and therapy for BPH will not be effective in most instances.

BPH Test 2: Pressure-flow urodynamic studies. These studies measure bladder pressure during urination by placing a recording device into the bladder and often into the rectum. The difference in pressure between the bladder and the rectum indicates the pressure generated when the bladder muscle contracts. A high pressure accompanied by a low urine flow rate indicates urethral obstruction. A low pressure with a low urine flow rate signals an abnormality in the bladder itself, such as one related to a neurological disorder.

BPH Test 3: Imaging studies. In general, imaging studies are done only in patients who have blood in their urine, a urinary tract infection, abnormal kidney function, previous urinary tract surgery or a history of urinary tract stones.

Ultrasonography is the imaging study used most often in men with lower urinary tract symptoms. The test involves pressing a microphone-sized device (transducer) onto the skin of the lower abdomen. As the device is passed over the area, it emits sound waves that reflect off the internal organs. The pattern of the reflected sound waves is used to create an image of each organ. Ultrasonography can be used to

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detect structural abnormalities in the kidneys or bladder, determine the amount of residual urine in the bladder, detect the presence of bladder stones and estimate the size of the prostate.

BPH Test 4: Filling cystometry. This test involves filling the bladder with fluid and measuring how much pressure builds up and how full the bladder is when the urge to urinate occurs. It is recommended for evaluating bladder function only in men who have a prior history of urological disease or neurological problems that could be affecting bladder function.

BPH Test 5: Cystoscopy. In this procedure, a cystoscope (a small lighted viewing device) is passed through the urethra into the bladder to directly view the two structures. Cystoscopy is usually performed just before prostate surgery to guide the surgeon in performing the procedure or to look for abnormalities of the urethra or bladder.

Posted in Enlarged Prostate on March 6, 2012

Older Men With Prostate Cancer Do Not Always Benefit From Treatment

Treatment is not always warranted for older men with prostate cancer and a short life expectancy, Yale School of Medicine researchers report in the Feb. 27 Archives of Internal Medicine.

"Treatment can do more harm than good in some instances," said senior author on the study Cary Gross, M.D., associate professor of internal medicine at Yale School of Medicine. "Among men who are older and have less aggressive forms of prostate cancer, their cancer is unlikely to progress or cause them harm in their remaining years."

Gross and his team analyzed nine years of Medicare data and found that over the past decade, there has been a trend towards higher use of curative treatment for prostate cancer among men with certain types of tumors and a short life expectancy. The study included 39,270 patients 67 and older.

These results suggest that cancer treatment was increasingly aggressive in patients who had the lowest likelihood of seeing clinical benefits, Gross said, noting that while not treating potentially fatal cancer can reflect poor-quality care, aggressively managing disease that is unlikely to progress puts patients at risk for complications and increases costs without medical benefits.

"We found that the percentage of men who received treatment for their prostate cancer treatments increased over time from 61.2% to 67.6% from 1998 through 2007," said Gross, who is a member of Yale Cancer Center. "However, we were surprised to find that the biggest increase was among men with moderate-risk prostate cancer who had the shortest life expectancy. On the other hand, cancer treatment decreased among men with low-risk tumors and longer life expectancy."

Treating patients with shorter life expectancy may add costs or complications without contributing to quality of life, he said. The National Comprehensive Cancer Network practice guidelines in oncology recommend actively monitoring patients as an alternative to medication for patients with less aggressive tumor types and shorter life expectancies.

Gross said that the use of cancer therapies should be guided by clinical evidence and patient preferences. "Future work should explore how better to incorporate both cancer characteristics and patient life expectancy into decision making," said Gross.

Article adapted by Medical News Today from original press release.

When Does One Become a Survivor?

05. Apr, 2011

Dan Zenka, senior vice president of the Prostate Cancer Foundation was diagnosed with his own case of prostate cancer in April 2010 at the age of 51. He had a radical prostatectomy in June and was subsequently diagnosed with Stage 4 metastatic

cancer. He completed seven weeks of radiation treatment in December and is currently in three years of androgen deprivation therapy. He started this blog (http://mynewyorkminute.org/?p=1301#comments) within days of his original diagnosis to share information and patient perspectives and, most importantly, to encourage men to talk about prostate cancer.

"The more I ponder this, the more complex it becomes."

Survivorship. It's what every cancer patient is striving for…, to know that they've clinically defeated their cancer…, to believe that it's behind them and incapable of making another assault…, to feel healthy and unburdened once more. To be worry free of the disease. But in order to enjoy survivorship, one has to first become a survivor. Trying to decipher exactly when a patient passes this magic milestone and qualifies as a survivor is, in my opinion, the moving target.

Most medical studies classify any patient who has been treated and is still living as a survivor. Technically, I qualify for the title. Personally, I do not feel as if I can wear it yet. Yes, I survived surgery and radiation. And, for the next two and a half years, I will be surviving the side effects of ADT on a regular basis. But, have I survived cancer? That jury is still out and will be for quite some time. In my mind, the act of surviving is vastly different from having survived a threat to one's well being. Marooned passengers may have survived the shipwreck, but I don't consider them survivors until the whole of their ordeal is behind them.

In the past twelve months, I have talked with many fellow patients in the halls of treatment centers and in waiting rooms. It is interesting to hear how they view their place on the survivor scale. Some adhere to the concept that having been treated, they are indeed survivors. Others, like me, are waiting and hoping to hear those magic words, "you are cancer free…" in a few years. One patient (who has been treated for multiple cancers) even advised me to never label myself as a survivor. While I never had an opportunity to press this person for the reasoning behind his thinking, that statement still sticks in my memory.

I have come to believe that, scientific classifications aside, there is no right or wrong answer to this question. While our journeys have many shared experiences, we remain individuals. When one decides to consider him- or herself a survivor, is a matter of personal preference. (Of course, one's staging must also play a role in their point of view.) If the title supplies comfort when applied early on, excellent. If it supplies motivation to press on, that's wonderful too. Whatever it supplies to patients, if it's positive, they should go for it when it's meaningful for them.

All of this, of course, raises today's question for readers: When were you, or are you, willing to consider yourself a survivor? ***Your personal input would be welcomed at the following web site***.

http://mynewyorkminute.org/?p=1301#comments

Four new drugs will change prostate cancer care

February 16, 2012 in Cancer

After a decade and a half of near stagnation, four new drugs could help make advanced prostate cancer a chronic illness instead of a terminal disease, a leading Colorado prostate cancer expert says.

"It's not just chemotherapy. The drugs have different and innovative methods of action. One is a bone protective agent; another a more effective hormone agent; another is radiotherapy; and the final one is the first drug tested for cancer immunotherapy," says E.David Crawford, MD, investigator at the University of Colorado Cancer Center and Head of Urologic Oncology at University of Colorado Hospital.

"Even without the addition of any more drugs, we may now have the tools that in combination will allow us to extend the survival prognosis of a prostate cancer patient long enough to make prostate cancer a disease a patient is more likely to die with than from," Crawford says.

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Along with Thomas Flaig, MD, Crawford describes these advances in prostate cancer treatment in a recent review for the journal Oncology.

First is the drug Denosumab, which Crawford says, "has three uses in protecting the bones of prostate cancer patients." It can prevent bone fractures in patients with existing bone metastasis; it can prevent osteoporosis in patients whose calcium is depleted as a side-effect of hormone therapy; and (pending FDA approval) it has been shown to hold off the occurrence of bone metastasis for an average of four months in patients whose spiking PSA scores predict the likely onset of bone involvement.

Second is the drug Alpharadin, which is one of a novel and exciting class of "radiopharmaceuticals" – drugs that emit radiation and allow doctors to precisely deliver radiation to tumor sites. In the case of Alpharadin, it emits alpha rather than beta particles, which allows more precise tumor targeting of bone metastasis sites with less collateral damage to surrounding bone marrow.

Third, the drug Prostvac is the first "immunotherapy" drug used for the treatment of cancer. The drug acts like a vaccine, priming the immune system to recognize and thus fight against prostate cancer cells. In a phase II clinical trial of 125 patients, the drug extended the median survival time from 16.6 to 25.1 months.

Finally, the drug Abiraterone Acetate completely suppresses the body's ability to make testosterone, which many prostate cancers need to grow (as opposed to previous drugs, which hoped to outcompete testosterone with estrogen, or imperfectly controlled testosterone production).

Crawford notes that these drugs are being approved for use only after more established therapies have failed and hopes that in coming years science may accelerate the use of these drugs to first-line therapies. "Before we just had hormone therapy, then we got chemo, and each therapy we added packed on another couple months of survival. Now with these new drugs we're tacking on even more time. The light at the end of the tunnel is the hope that we'll turn this into a chronic disease and now we might have the tools that in some combination will do it," Crawford says.

Provided by University of Colorado Denver

In This Issue

NOTICE OF THE ANNUAL GENERAL MEETING

APRIL 26th, 2012

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 26th, 2012 at 7:30 p.m.

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

AGENDA

- Minutes of Meeting of April 22rd , 2011
- President's Report
- Treasurer's Report
- Nomination Committee Report
- New Business
- 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.

James Tremain

Secretary

REPORT OF THE NOMINATION COMMITTEE

The nominees recommended by the committee to be the officers and directors of the board for the year 2012/2013 are as follows, and the specific responsibilities are as listed:

POSITION	NOMINEE	RESPONSIBILITY
President	Ron Sawatzky	Officer
Vice-President	Allen Lehrer	Officer
Secretary	James Tremain	Officer
Treasurer	Owen Condon	Officer
Director	Fred Crombie	Past Treasurer
Director	Charles Curtis	Outreach
Director	*	Hospitality
Director	Dr. Irwin Kuzmarov	Consulting Urologist
Director	Allan Moore	Library
Director	Francesco Moranelli	Editor
Director	Monty Newborn	Publicity & Website
Director	Les Poloncsak	Library & Hall Setup
Director	Ron Sawatzky**	Speakers
Director	George Larder	Membership
Director	Ron Sawatzky**	Fundraising

* Position urgently to be filled

** Temporary

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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Senior Advisors:

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