May 2012 - Issue #74

Prostate Cancer Canada Network

Montreal West Island Support Group

Prostate Cancer Canada Network Montreal West Island

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 June 28, 2012, @ 7:30 PM

Dr Joe Schwarcz, Director

McGill University

Office of Science and Society,

will speak to us on the topic of

"Chemical Confusion".

Supporters

AstraZeneca

sanofi aventis
Because health matters

NOVARTIS ONCOLOGY

Abbott Laboratories

This Newsletter is available at our website:

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

MUHC Men's Health Day – Alexis-Nihon Plaza (Atwater Metro) Thursday June 14, 2012 from 8:00AM to 5:00PM

Centre universitaire de santé McGill
McGill University Health Centre

This event will involve various activities to inform the public on various health issues related to men's health. Various health topics that will be covered during the event include: prostate cancer, sexual dysfunction, andropause, benign prostatic hyperplasia, voiding dysfunction, infertility, cardiovascular health, nutrition, exercise and fitness as well as many others. Activities of the event include: public educational presentations by MUHC Urologists and other healthcare professionals, distribution of information booklets on various men's health issues, free screening of diseases, free health evaluation including blood pressure and fitness measurement, free PSA and other blood tests, and free on-site appointment with follow-ups with our urologists.

The Department of Urology at the MUHC has been taking a leading role in men's health issues nationally and internationally. It has a major commitment to public health promotion for the prevention and early detection of diseases in our population.

In This Issue

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

Please register as part of our team, under the banner of PCCN-WIPCSG

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

PROCURE
The Force Against Prostate Cancer.

Monty Newborn, Isabelle Gregoire and Ron Sawatzky after award presentation.

Isabelle Gregoire received our 2012 Outstanding Contribution Award

Monty Newborn
April 27, 2012

Isabelle Gregoire was met with a standing ovation as she accepted our group's 2012 Outstanding Contribution Award at our April 26th Annual General Meeting. An infectious smile on her face reflected her appreciation for receiving the award. We gave her an engraved plaque — and a beautiful PCCN scarf — and placed her name on our group's perpetual plaque.

She subsequently delighted us all with some reminiscing on her long career at the Jewish General Hospital. She told us how the treatment for prostate cancer had evolved during her years at the hospital. And she told us how she initially couldn't get too enthused about working with urine as a career (Who could!), but gradually adjusted to it as she grew to realize the importance of the work she was doing!

Following her talk, Charles Curtis moderated a panel discussion on the general topic of prostate cancer. But while it began as a general question and answer period, it quickly turned to bringing Isabelle back to stage center to answer a slew of questions raised by an audience eager to call upon her broad experience.

We wished her many more years of outstanding work..

Prostate Cancer Canada
2 Lombard St., 3rd Floor
Toronto, ON M5C 1M1

Call for Nominations
Prostate Cancer Canada Network Advisory Council (PCCNAC)
Submission Deadline: August 13th, 2012

Prostate Cancer Canada is currently seeking nominations to its national Prostate Cancer Canada Network Advisory Council (PCCNAC).

PCCN Mission

Create, support and strengthen affiliated support groups from coast to coast to coast

PCC Mission

Prostate Cancer Canada raises funds for the development of programs related to awareness, public education, advocacy, and support of those affected, and research into the prevention, detection, treatment and cure of prostate cancer.

- Prostate Cancer Canada is the only national foundation dedicated to the elimination of this disease through research education, support and awareness.
- The threat of prostate cancer for men is far greater than is commonly known. During his lifetime, 1 in 7 men will be diagnosed with the disease, and this is expected to rise to 1 in 4 within a decade.
- Our logo is a symbol of hope – that we know we will achieve the goal of eliminating prostate cancer, and a symbol of unity – that we can only achieve this when working together.

Membership

The PCCNAC membership will consist of a maximum 15 individuals aiming for a survivor/non-survivor ratio of 80/20.
Appointments to PCCNAC are made to ensure that membership achieves a regional balance and the diversity of those impacted by prostate cancer as identified below.

Regional representation

Region	Number of Representatives
British Columbia/Alberta	3
Saskatchewan/Manitoba	2
Ontario	3
Quebec	2 (ideally 1 anglophone & 1 francophone)
Atlantic	2

Diversity

PCCNAC intends to represent the diversity of those impacted by prostate cancer and aims to have at least one member of the Council from each of the following constituencies:
Francophone, Black, Aboriginal, female and youth.

Should any of these constituencies not be represented through regional nomination, PCCNTF may appoint up to two other members to address any gaps.

Term

A commitment of one 2-year term is required, with the possibility of renewal, dependant on the position and at the discretion of the Chair and Managing Director.

PCC will cover all expenses related to participation in PCC-NAC meetings.

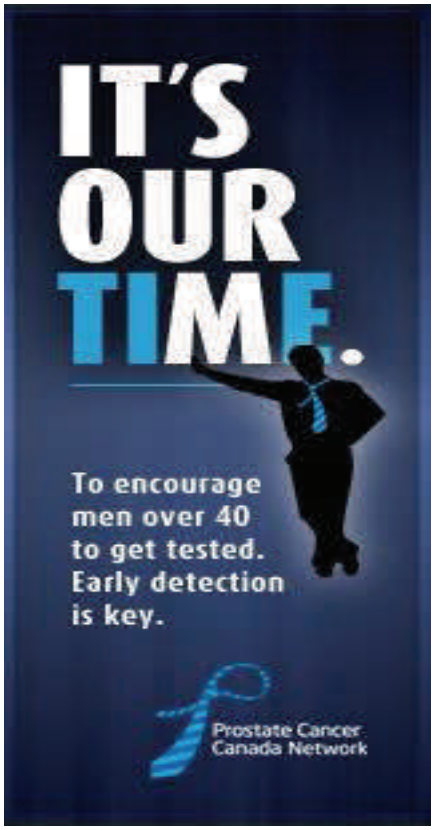
The minimum time commitment is approximately 60 hours per year to participate in meetings, pre-work and travel time.

All relevant forms are available for downloading from http://www.prostatecancer.ca/pccn.aspx.

Completed forms and supporting documents should be directed to:

Helene Vassos
Managing Director
PCCN
2 Lombard Street Suite 300
Toronto, ON
M5C 1M1

Or by email to: helene.vassos@prostatecancer.ca



Canadian Warnings About Finasteride and Dutasteride

Health Canada has issued new safety warnings about Proscar, Avodart, and Jalyn, which are used to treat an enlarged prostate, according to CNC news. Updates to labels for generic forms of these drugs will also be issued. The warnings come on the heels of two international clinical trials, which demonstrated that men aged 50 and older who used 5 mg of finasteride and dutasteride for four years had a small but statistically significant increased risk of high-grade prostate cancer. High-grade prostate cancer grows and spreads more quickly than low-grade prostate cancer. March 20, 2012.

J&J drug shows promise in high-risk prostate cancer

By Deena Beasley | Reuters – Thu, 17 May, 2012

(Reuters) - Adding Johnson & Johnson's advanced prostate cancer drug, Zytiga, to hormone therapy before surgery has been shown for the first time to eradicate tumors in some men with high-risk forms of the disease.

The mid-stage trial found that six months of treatment with the combination therapy completely or nearly eliminated the cancer in a third of patients, all of whom had localized, aggressive cancer.

"These results are very impressive, especially given these high-risk patients," Dr Mary-Ellen Taplin, Associate Professor of Medicine at Harvard Medical School and the study's lead author, said at a news conference.

Zytiga is already approved to treat advanced prostate cancer in patients who previously received chemotherapy. J&J expects to file in the second half of this year for U.S. regulatory approval of the drug as a treatment for men with metastatic prostate cancer who have not yet received chemotherapy.

Zytiga, also known as abiraterone, costs about $5,000 a month. It is a member of a new drug class designed to work inside cancer cells to block production of testosterone, the male hormone that fuels prostate cancer cell growth.

Localized high-risk disease is defined as prostate cancer in men with high levels of prostate-specific antigen and aggressive disease that has spread throughout the prostate.

Men with this stage of disease tend to have a poor prognosis, and the cancer often spreads to other parts of the body despite aggressive treatment with available therapies, according to the American Society of Clinical Oncology, which featured the Zytiga data ahead of its annual meeting in Chicago, June 1-5.

"Theoretically ... when you get a complete disappearance of the primary cancer, patient outcomes are much better," said oncologist Dr. Nicholas Vogelzang, chair of ASCO's cancer communications committee, who was not involved in the research. He noted that such pre-surgery treatment has become standard care for other types of cancer.

The Phase 2 trial looked at the effect of adding Zytiga to Lupron, a drug designed to trick the testicles into ceasing production of testosterone.

Of the 29 men who received the drugs for six months before having prostate surgery, the prostates of three had no evidence of cancer and seven had nearly complete elimination of the disease. In the group of men treated for three months before their surgery, 15 percent had little to no detectable cancer in the prostate.

Researchers said the therapy was well-tolerated by both groups. They reported five cases of elevated liver enzymes and three patients with lower-than-normal levels of potassium.

"Our findings suggest that this combination therapy approach could improve outcomes for a substantial number of men," Taplin said. "This is a 58-patient trial with a very, very expensive drug, so I don't think anybody is going to be encouraging this type of treatment without more data."

She said other trials are under way, including a similar trial combining Zytiga with experimental drug ARN-509, which is being developed by Aragon Pharmaceuticals.

(Reporting By Deena Beasley in Los Angeles; editing by Matthew Lewis)

http://ca.news.yahoo.com/j-j-drug-shows-promise-high-risk-prostate-035351162--finance.html

A Johns Hopkins Health Alert

TURP, TUMT, TUEV, TUIP, PVP and TUNA: What Do They Mean?

Known as simple prostatectomy, surgery for benign prostatic hyperplasia (BPH) typically involves removing only the prostate tissue that is surrounding and pressing on the urethra. The procedure is performed either transurethrally (through the urethra) or by making an incision in the lower abdomen. Here's a brief explanation of the most commonly-performed surgeries for BPH.

The most common surgical procedure for BPH, transurethral prostatectomy (TURP), is considered the "gold standard" treatment. Some newer treatments that use heat to relieve symptoms are less invasive, do not require a hospital stay and are associated with fewer complications. However, many men who receive these minimally invasive treatments need to undergo TURP years afterwards because their symptoms eventually recur.

TURP (transurethral prostatectomy) for BPH. In this procedure, a long, thin instrument called a resectoscope is inserted through the urethra. A wire loop at the end of the instrument cuts away excess prostate tissue that obstructs the urethra. The loose bits of tissue collect in the bladder and are flushed out of the body through the resectoscope at the end of the procedure.

In minimally invasive procedures, other types of devices are inserted through the urethra to obliterate tissue by means other than cutting it away.

TUMT (transurethral microwave therapy) for BPH uses a small antenna to emit microwave energy that heats the prostate to a temperature above 110° F. A cooling system in the catheter protects the urethra from heat damage.

TUEVP (transurethral electrovaporization of the prostate) for BPH uses a resectoscope fitted with a small grooved roller at the end to deliver electric current that vaporizes prostate tissue.

TUNA (transurethral needle ablation, TUIP (transurethral incision of the prostate) and PVP (photoselective laser vaporization of the prostate) for BPH all involve inserting an instrument through the resectoscope that delivers either low-level radiofrequency energy (TUNA) or laser energy (PVP or TUIP) to vaporize excess tissue. Some versions of TUIP use a miniature electric knife rather than a laser to cut the tissue. Shields in the instrument protect the urethra from heat damage.

Posted in Enlarged Prostate on March 27, 2012

Small High Intensity Focused Ultrasound Study Shows Promise

Although high intensity focused ultrasound (HIFU) is not approved for use in the United States, a small UK study by Ahmed et al, is reporting favorable results in the early online version of *The Lancet Oncology*. With HIFU, small lumps of cancerous prostate tissue are removed, making it somewhat similar to lumpectomy for breast cancer. Then soundwaves cause targeted tissue to heat up, which kills the cancer cells. Proponents claim that HIFU is extremely accurate, effective, and has fewer side effects than conventional treatments, such as radical prostatectomy. In this study of 42 men, 12 months after starting HIFU treatment (some men had treatment more than once), 40 men had pad-free continence, 31 men (out of 35 who were able to have penetrative intercourse at baseline) were able to maintain erections sufficient for penetration, and 95% of men were free of clinically significant cancer. While promising, larger long-term studies need to be conducted. April 17, 2012.

The New York Times

The Opinion Pages

EDITORIAL

To Screen or Not?

Published: May 29, 2012

A panel of experts that advises the government on screening tests stirred up controversy last fall when it proposed that healthy men should not routinely get a blood test to detect prostate cancer. It warned that the test may push them to undergo unnecessary invasive tests and treatments apt to harm more people than help. This month, the panel, after further review of the scientific evidence, issued the same recommendation in final form.

Men who undergo the prostate-specific antigen, or P.S.A., test do so in the common belief that it is always good to catch and eliminate a cancer early before it has a chance to spread. They seldom focus on potential harms from follow-up procedures. In this case, the United States Preventive Services Task Force concluded that the benefit of the test in preventing cancer deaths was minimal and was more than offset by the adverse effects of surgery or radiation to remove slow-growing tumors that would never have killed the patient.

As the leader of the task force summarized the evidence, for every 1,000 men screened, at most one will avoid a cancer death over the course of a decade. In that same group, two to three will have a serious complication of treatment such as a blood clot, heart attack, stroke, or even death, and up to 40 will have erectile dysfunction, urinary incontinence or both.

The professional society for urologists and some cancer experts have challenged the conclusions, saying they are based on studies that have methodological flaws and that only followed participants for a decade, not enough time, they claim, for a final judgment. But, as Otis Brawley, chief medical officer of the American Cancer Society, noted recently in the Annals of Internal Medicine, the task force is "ideally suited to provide an objective, unbiased assessment" because its members, unlike many of their critics, "have no emotional, ideological or financial conflicts of interest."

The best advice for perplexed patients is to have a frank discussion with their doctors of the potential risks and benefits before proceeding with screening or with any treatments to remove tumors found in the screening.

Some Prostate Cancer Statistics

- Most common cancer in males
- Second leading cause of male cancer deaths
- 200,000 men diagnosed each year
- Affects mostly men 60-80 years old
- Affects one in six American men
- More than two million American men live with prostate cancer
- A new case diagnosed every two minutes
- A majority of men over 70 have some form of prostate cancer
- 91% of prostate cancer stages are localized or regional
- 5% of prostate cancer stages are metastasized

Source: http://www.prostate-cancer.com/prostate-cancer-statistics.html

Harvard Health Publications
HARVARD MEDICAL SCHOOL

Aspirin for cancer prevention: promising, but not proven

Posted By Howard LeWine, M.D. On March 22, 2012

Will the increasingly high-tech war against cancer include aspirin—one of the oldest, least expensive medications around? A trio of new studies from the University of Oxford suggests that aspirin is worth testing as a simple way to help prevent cancer. But these are preliminary findings, and you shouldn't start taking an aspirin a day without having a conversion with your doctor. That's because aspirin has side effects that could offset any possible cancer-fighting benefit.

First, the latest evidence. The Oxford team, led by Dr. Peter M. Rothwell, combed the medical literature for studies that evaluated the effect of taking aspirin on cancer development. Data from several clinical trials—in which people were randomly assigned to take aspirin or a placebo—showed that the risk of developing or dying from cancer was lower among those taking aspirin. The chances of developing metastatic cancer (cancer which has spread to other parts of the body) were also lower.

The Oxford team also looked at data from studies of people who *chose* to take daily low-dose aspirin. Again, lower risks of several cancers, including colon, stomach and breast cancers, were seen among the aspirin takers. The papers were published March 21 in *The Lancet* and *The Lancet Oncology*.

Aspirin in perspective

Among people who have heart disease or are at high risk for it, taking a daily low-dose aspirin has been proven to help prevent heart attacks and strokes. The use of aspirin by seemingly healthy people to prevent heart attack and stroke is less settled. In that group, aspirin's possible harmful side effects—mostly stomach upset, gastrointestinal bleeding, and hemorrhagic stroke (bleeding in the brain)—may offset any benefits.

For many years, studies have suggested that aspirin might play a role in cancer prevention. The strongest evidence so far has been aspirin's potential protection against colon cancer. One study suggested that daily doses of 81 milligrams (a baby aspirin) to 325 milligrams (a standard full-strength tablet) could prevent the recurrence of colon polyps in people who have already had them. Most colon cancers start as polyps.

The University of Oxford team's analyses support—but don't prove—this possible role for aspirin. Why do I say "support" instead of "prove"? Because none of the studies from which the data were drawn were designed to test the effect of aspirin on cancer. The clinical trials were all performed to evaluate the effect of aspirin on heart disease—looking for a possible cancer connection came later. The long-term follow-up studies were done for a variety of reasons, none of which were to see if aspirin fights cancer. These design problems make it difficult to determine cause and effect. The only way to tally up the true balance of benefits and risks of aspirin for cancer prevention is with trials specifically designed to do that. Several are underway or in the planning stages.

The American Cancer Society and other groups haven't endorsed the routine use of aspirin for colon cancer prevention. The thinking is that the iffy evidence of protection is outweighed by the very real risks of internal bleeding.

Preventing cancer now

For right now, I put aspirin for cancer prevention in the promising but unproven category. Don't wait for the definitive trials. Here are eight ways you can help prevent cancer *right now*:

1. Avoid tobacco in all its forms, including exposure to secondhand smoke.

2. Choose a healthy diet. Eat more fruits, vegetables, and whole grain foods.

3. Exercise regularly. Physical activity has been linked to a reduced risk of colon cancer, and may help prevent breast and prostate cancer.

4. Stay lean. Obesity increases the risk of many forms of cancer. Calories count; if you need to slim down, take in fewer calories and burn more with exercise.

5. If you choose to drink, limit yourself to one to two drinks a day. Excess alcohol increases the risk of cancers of the mouth, larynx (voice box), esophagus (food pipe) and liver. It also increases a woman's risk of breast cancer.

6. Avoid unnecessary exposure to radiation. Get medical imaging studies only when you need them. Check your home for residential radon, which increases the risk of lung cancer. Cover up or use sunscreen when out in the sun.

7. Avoid exposure to industrial and environmental toxins,

such as asbestos fibers.

8. Avoid infections that contribute to cancer. Examples include hepatitis viruses, HIV, and the human papillomavirus (HPV). Many are transmitted sexually infections; practicing safe sex helps.

A Johns Hopkins Health Alert

Prostate Anatomy 101

Many men are not aware of the location and function of their prostate gland until it begins to cause health problems. The prostate gland is chestnut shaped and sits at the base of the bladder, in front of the rectum and behind the base of the penis. It produces prostatic fluid (a component of semen), functions as a valve to keep urine and sperm flowing in the proper direction, and pumps semen into the urethra during orgasm.

The prostate gland is about the size of a pea at birth and grows until it reaches its normal adult size (roughly 1.5 inches in diameter) in a man's early 20s. When a man reaches his mid-40s or later, the inner portion of the prostate tends to enlarge, a condition called benign prostatic enlargement, or BPE (also referred to as benign prostatic hyperplasia, or BPH).

Physicians usually divide the prostate into three main zones. The peripheral zone comprises the outermost portion of the prostate gland and accounts for about 70 percent of its volume. Because prostate cancer is most likely to develop in this area, doctors usually sample tissue from this section during a biopsy. Since much of the peripheral zone sits adjacent to the rectum, doctors can often detect prostate cancer with a digital rectal exam.

The transition zone is the innermost section of the prostate gland and accounts for roughly 5 percent of its volume in a healthy man. This zone surrounds the urethra, which passes from the bladder to the penis through the prostate. BPE begins in the tissues of the transition zone. Enlargement of this zone constricts the urethra and leads to the urination problems that are common in men with BPE.

The central zone, which sits between the peripheral and transition zones, makes up about 25 percent of the gland's volume. The ejaculatory ducts, through which semen enters the urethra, pass through this zone. Prostate cancer and BPE are unlikely to develop in the central zone.

Posted in Enlarged Prostate on April 17, 2012

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!