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

September 2012 - Issue #75

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 **September 27, 2012**, our speaker is Dr. Simone Chevalier, Director of the Procure Cancer Biobank and McGill University Associate Professor, Dept of Surgery (Urology) and Director of Urology Research.

The title of her talk is "**The PROCURE Prostate Cancer Biobank: The Why, How, and What for?**"

Our guest speaker for **Oct.25** is Chantal Ann Dumas, N.D. - owner of Clinique Naturapathique Chantal Ann Dumas. Subject to be determined

Consider making a gift in memory of a loved one who has died of prostate cancer. While flowers are beautiful, many people today prefer to make memorial contributions in honour of a loved one's memory. A tax receipt will be issued upon receipt of a donation.

This Newsletter is available at our website:

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

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.

10 Years to Live? Get the PSA Test For Prostate Cancer

Dr. David Samadi, prostate cancer expert, shares latest PSA test recommendations based on 10-year life expectancy and a man's right to choose.

NEW YORK, July 19, 2012 /PRNewswire/ -- Life expectancy is the new metric for PSA testing and prostate cancer, according to the American Society of Clinical Oncology (ASCO). Dr. David Samadi, SMART robotic prostate cancer surgeon, explains how newly released ASCO guidelines put into writing what leading prostate cancer treatment experts have been espousing for years.

The ASCO advises men with a life expectancy of less than ten years to forgo routine PSA screening, suggesting the potential side effects of treating prostate cancer may outweigh the benefits. For men with a life expectancy of ten years or more they support a man's right to choose, encouraging a thorough discussion of the benefits and risks of testing.

"It's personalized medicine, plain and simple," says Dr. Samadi. "Whether ten years is the magic number for PSA screening depends on the patient, but the recommendation that men have a choice gets us back on track."

The PSA debate came to a head in 2012 fueled primarily by concerns over whether a man should expose himself to the potential side effects of prostate cancer treatment, chief among them problems with urinary control and sexual potency.

Dr. Samadi breaks down the crux of the issue. "Is it worth it? That's what they're asking. But that's a choice each man must make for himself. As experts, our role is to provide an accurate picture of their health and an education about the pros and cons of prostate cancer testing and treatment."

Going forward, it is unlikely that a man's general physician will automatically lump the PSA blood test in with their annual cholesterol and blood pressure screenings. The ASCO's step-by-step patient guide is another tool in what Dr. Samadi refers to as "personalization and collaboration" regarding the PSA decision.

"Choosing the PSA test means having a thorough understanding of the options your outcome will present. It's a good idea for men to determine what actions they might take should their results signal the possibility of prostate cancer," Dr. Samadi advises, "The counsel of an experienced prostate cancer expert should be central to the PSA decision."

Beyond life expectancy, Dr. Samadi knows firsthand that quality of life is a stronger factor for many. "I have performed successful robotic prostatectomy surgery on many patients in their late 70's. While some experts might suggest they had a medical life expectancy of less than ten years, these men chose peace of mind," he says, "For most patients, my robotic SMART (Samadi Modified Advanced Robotic Technique) surgery can deliver that and quality of life at any age."

Dr. Samadi and a great number of his colleagues are encouraged by the ASCO's expression of support for the PSA test and a man's right to choose. As prostate cancer screening tools improve, men will have even clearer results on which to base their prostate cancer treatment decisions.

A Johns Hopkins Health Alert

TURP - The Gold Standard for BPE Treatment

Known as simple prostatectomy, surgery for benign prostatic enlargement (BPE, also called benign prostatic hyperplasia, or BPH) typically involves removing only the prostate tissue that is surrounding and pressing on the urethra. The procedure can be performed in one of two ways: through the urethra (transurethrally) or by making an incision in the lower abdomen. More than 90 percent of simple prostatectomies for BPE are performed transurethrally; the procedure is called transurethral resection of the prostate (TURP). TURP is typically done in the hospital under general or spinal anesthesia. In men with smaller prostates and no other medical problems, TURP may be performed as an outpatient procedure.

In TURP, prostate tissue is removed with a resectoscope, a long, thin instrument that is inserted into the penis and passed through the urethra to the prostate. The resectoscope has a wire loop at the end to cut away prostate tissue piece by piece and to seal blood vessels with an electric current or laser energy. As the pieces of tissue are being cut away, they are washed into the bladder and then flushed out of the body through the resectoscope. A sample of the tissue is examined in the pathology laboratory to rule out the presence of prostate cancer.

Once TURP is completed, a catheter is inserted through the urethra into the bladder. Fluid is continuously circulated to prevent blood clot formation and to monitor for bleeding. Men typically experience little or no pain after TURP, and a full recovery can be expected within three weeks.

Improvement in BPE symptoms is noticeable almost immediately after TURP. Marked improvement occurs in about 90 to 95 percent of men with severe symptoms and in about 80 percent of those with moderate symptoms. This rate of improvement is significantly better than that which can be achieved with medication or through the self-help measures employed during watchful waiting. In addition, more than 95 percent of men who undergo TURP require no further treatment over the next five years.

The most common complications immediately following TURP are bleeding, urinary tract infection and urinary retention. Longer-term complications can include erectile dysfunction, retrograde ejaculation and incontinence, all of which can be treated. However, increasing evidence suggests that TURP may cause no more problems with sexual function than other treatments for BPE and, in some instances, may even bring about improvements in sexual functioning.

Aspirin could help prostate cancer patients live longer

New research shows that men with prostate cancer who take Aspirin regularly live longer.

Researchers at the UT Southwestern Medical Center looked at the records of more than 6,000 men who'd been treated for prostate cancer with surgery or radiotherapy.

About 2,200 of the patients (37%) were taking anticoagulation medications such as Aspirin. Of those, 3% died within 10 years, compared to 8% for the rest.

Aspirin is a brand-name drug in Canada. It's generic form is known as acetylsalicylic acid, or ASA.

"The results from this study suggest that (ASA) prevents the growth of tumour cells in prostate cancer, especially in high-risk prostate cancer, for which we do not have a very good treatment currently," said Dr. Kevin Choe, first author of the study, in a press release. "But we need to better understand the optimal use of aspirin before routinely recommending it to all prostate cancer patients."

The study's findings were published in the Journal of Clinical Oncology.

QMI Agency First posted: Wednesday, August 29, 2012

Rye diet against cancer of the prostate

After six weeks' consumption of whole grain and bran products of rye, the PSA value in men with prostatic cancer decreased. This protein proliferates when a prostate tumour grows. The reason may be that a rye diet reduces insulin concentrations, thinks one of the researchers behind this study that was published in Journal of Nutrition.

Cancer of the prostate is the second most common form of cancer among men in the whole world. The significance of the diet for both the occurrence and development of cancer of the prostate has been discussed for a long time, and different dietary components such as Vitamin E, fatty acids, selenium and phytoestrogens have been studied. Only a few studies have evaluated the significance of whole grain.

Whole grain contains many bioactive substances such as B vitamins, minerals, dietary fibres, phenolic acids and phytoestrogens. A high intake of whole grain has been consistently found to reduce the risk of several chronic diseases such as cardiovascular diseases, Type 2 diabetes and some cancers.

Less insulin

In animals with cancer of the prostate, rye whole grain and bran reduced growth of the tumour and PSA values.

A number of studies on humans have shown that rye whole grain and bran cause a lower secretion of insulin after a meal than other cereal products with the same fibre content. High secretion of insulin in connection with a meal can increase the risk of Type 2 diabetes, and studies have shown that there is a relationship between high blood insulin concentrations and the risk of dying of prostatic cancer.

Whole grain and bran tested Rye porridge.

After six week's consumption of wholemeal and bran products of rye, the PSA value in men with cancer of the prostate decreased. The prostate specific antigen is a protein that proliferates when a prostate tumour grows. Photo: Lantmännen

Only a small pilot study has been made to study the effects of rye bran on men with cancer of the prostate. Researchers at SLU, Örebro University Hospital and Umeå University have therefore conducted a larger study in which 17 test subjects with cancer of the prostate ate a diet based on rye whole grain and bran (soft bread, crisp bread, porridge and rye flakes) for six weeks. After that, they ate control products of refined wheat flour with added cellulose for the same length of time. Both diets represented one half of the daily energy intake.

After six weeks on the rye diet, the PSA value in the blood was 14 per cent lower than that after the wheat diet, which may indicate inhibition of tumour growth.

Insulin concentrations in the blood and urine were also lower after the rye diet. The researchers think that the inhibiting effect of rye on the growth of prostatic cancer may be associated with this lower exposure to insulin. There are also theories that oestrogen-like substances in rye may inhibit the growth of cancer.

Prostate Cancer Canada Network Advisory Council (PCCNAC)

Our fervent congratulations to our Steering Committee Member (Publicity and Website) **Monty Newborn** who has been accepted as a Quebec representative of the new PCCN Advisory Council.

Component of Pizza Seasoning Herb Oregano Kills Prostate Cancer Cells

ScienceDaily (Apr. 24, 2012) — Oregano, the common pizza and pasta seasoning herb, has long been known to possess a variety of beneficial health effects, but a new study by researchers at Long Island University (LIU) indicates that an ingredient of this spice could potentially be used to treat prostate cancer, the second leading cause of cancer death in American men.

Oregano

Prostate cancer is a type of cancer that starts in the prostate gland and usually occurs in older men. Recent data shows that about 1 in 36 men will die of prostate cancer. Estimated new cases and deaths from this disease condition in the US in 2012 alone are 241,740 and 28,170, respectively. Current treatment options for patients include surgery, radiation therapy, hormone therapy, chemotherapy, and immune therapy. Unfortunately, these are associated with considerable complications and/or severe side effects.

Dr. Supriya Bavadekar, PhD, RPh, Assistant Professor of Pharmacology at LIU's Arnold & Marie Schwartz College of Pharmacy and Health Sciences, is currently testing carvacrol, a constituent of oregano, on prostate cancer cells. The results of her study demonstrate that the compound induces apoptosis in these cells. Apoptosis, Dr. Bavadekar explains, is programmed cell death, or simply "cell suicide." Dr. Bavadekar and her group are presently trying to determine the signaling pathways that the compound employs to bring about cancer cell suicide.

"We know that oregano possesses anti-bacterial as well as anti-inflammatory properties, but its effects on cancer cells really elevate the spice to the level of a super-spice like turmeric," said Dr. Bavadekar. Though the study is at its preliminary stage, she believes that the initial data indicates a huge potential in terms of carvacrol's use as an anti-cancer agent. "A significant advantage is that oregano is commonly used in food and has a 'Generally Recognized As Safe' status in the US. We expect this to translate into a decreased risk of severe toxic effects."

"Some researchers have previously shown that eating pizza may cut down cancer risk. This effect has been mostly attributed to lycopene, a substance found in tomato sauce, but we now feel that even the oregano seasoning may play a role," stated Dr. Bavadekar. "If the study continues to yield positive results, this super-spice may represent a very promising therapy for patients with prostate cancer." The results of the study were presented at the Experimental Biology 2012 poster session on April 24.

Rye Whole Grain and Bran Intake Compared with Refined Wheat Decreases Urinary C-Peptide, Plasma Insulin, and Prostate Specific Antigen in Men with Prostate Cancer

Abstract

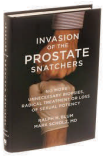
Rye whole grain and bran intake has shown beneficial effects on prostate cancer progression in animal models, including lower tumor take rates, smaller tumor volumes, and reduced prostate specific antigen (PSA) concentrations. A human pilot study showed increased apoptosis after consumption of rye bran bread. In this study, we investigated the effect of high intake of rye whole grain and bran on prostate cancer progression as assessed by PSA concentration in men diagnosed with prostate cancer. Seventeen participants were provided with 485 g rye whole grain and bran products (RP) or refined wheat products with added cellulose (WP), corresponding to ~50% of daily energy intake, in a randomized controlled, crossover design. Blood samples were taken from fasting men before and after 2, 4, and 6 wk of treatment and 24-h urine samples were collected before the first intervention period and after treatment. Plasma total PSA concentrations were lower after treatment with RP compared with WP, with a mean treatment effect of −14% ($P = 0.04$). Additionally, fasting plasma insulin and 24-h urinary C-peptide excretion were lower after treatment with RP compared with WP ($P < 0.01$ and $P = 0.01$, respectively). Daily excretion of 5 lignans was higher after the RP treatment than after the WP treatment ($P < 0.001$). We conclude that whole grain and bran from rye resulted in significantly lower plasma PSA compared with a cellulose-supplemented refined wheat diet in patients with prostate cancer. The effect may be related to inhibition of prostate cancer progression caused by decreased exposure to insulin, as indicated by plasma insulin and urinary C-peptide excretion.

http://jn.nutrition.org/content/140/12/2180

Prostate Cancer Facts :*Prostate cancer is the most common cancer to affect Canadian men. During his lifetime, one in seven men will be diagnosed with the disease. Over 90% of prostate cancer cases are curable if detected and treated in their earliest stages. It is a far greater threat for those with a family history of prostate cancer. Men, if your father, grandfather, brother had prostate cancer, ensure your family doctor is aware of this. Men of African or Caribbean descent are at greater risk.*

Librarian's Corner

The latest addition to our library is **book # 76**, entitled **"Invasion of the Prostate Snatchers—An Essential Guide to Managing Prostate Cancer for Patients and Their Families"** by Ralph H Blum and Mark Scholz, MD. It comes highly recommended by our Librarian Allan Moore who has recently read it.



The book has been reviewed by Lawrence J.Bookbinder, Ph.D . His critique is reprinted herein;

Review of: Invasion of the Prostate Snatchers

Prostate Snatchers, published in August of 2010, is the best book I know of to help newly diagnosed men decide what to do about their prostate cancer (PCa). Co-written by one of the best medical oncologists specializing in PCa (MOSPC) in the USA, it's filled to the brim with gems of cutting-edge, authoritative information. Below are some of these gems, which, unfortunately, only a small minority of PCa patients have seen:

There is not one but three basic categories of PCa--Low-Risk, Intermediate-Risk, and High-Risk. High-Risk, also known as "aggressive," should be treated aggressively whereas Low-Risk often can be safely managed with no treatment.

A typical scenario after a primary care doctor refers a patient to a urologist because of an abnormal PSA test and/or digital rectal examination (DRE): The urologist biopsies the patient's prostate and finds PCa. The patient views this finding as a death sentence, panics, and feels pressured to get rid of his cancer immediately. He avoids taking time for second opinions and agrees quickly to have the urologist cut out his entire prostate (radical prostatectomy or RP) - an aggressive treatment.

Unfortunately, of the 50,000 RPs done in the USA every year, more than 40,000 were not necessary. That is, the vast majority of PCa patients would have lived as long without having their prostates removed.

RP is no longer the most effective treatment for PCa. Radiation therapy (RT), another aggressive treatment, has evolved into being at least as effective. If the patient consults a radiation therapist for help with making a treatment decision, the doctor is often, of course, biased in favor of recommending RT.

A third type of PCa doctor is a medical oncologist. They are trained to treat all types of cancer--lung, blood, bladder, pancreas, etc, Their training in PCa treatment only focuses on advanced disease. Early-stage disease is left to the urologists.

Medical oncologists treat some PCa patients with testosterone inactivating pharmaceuticals (TIP, also known as "hormone blockade" or "androgen deprivation therapy"). *TIP has its own set of side effects but, unlike RP, RT, or cryotherapy, the side effects are often reversible when the medical oncologist discontinues the TIP. And he then, depending on the PCa's response to the discontinuation, may re-start the TIP a year or two or three later. Unfortunately, only a minority of urologists are as skilled as MOSPCs in providing TIP.

Of the more than 10,000 medical oncologists in the USA only less than 100 are MOSPCs.

MOSPCs often do a more comprehensive evaluation of PCa than some urologists. In addition to PSA tests, DREs, PSA velocity calculations, and PSA density calculations, they may use spectrographic endorectal MRI (S-MRI) scans, color doppler ultrasound scans, and PCA-3 urine tests to determine whether a patient is Low-, Intermediate-, or High-Risk. These tests also help monitor a patient's PCa (known as "active surveillance" or AS).

The comprehensive evaluation helps to determine whether the patient should have an immediate initial biopsy. If the patient has had a biopsy, the evaluation may reduce the number of repeat biopsies needed for AS.

Typically, a MOSPC will offer the Low-Risk patient the option of no treatment but with AS. If the patient rejects this option because he wants to kill his PCa, the MOSPC will mention the advantages and disadvantages of aggressive treatments such as RP, RT, and cryotherapy, and with less bias than most urologists, radiation therapists, and cryotherapists, respectively.

Chapters written by Ralph H. Blum, a patient of his co-author, vividly illustrate the struggles of and benefits received by a patient who educates himself about PCa, finds the right doctor for him, and avoids blindly following his and other PCa doctors' advice. Blum's knowledge and story of his 20-year PCa journey is likely to calm many patients, instill hope, and empower them to play an active role in their journey.

Blum traveled from the USA to Holland to have a recommended Combidex MRI because it was the only place in the world that performed the scan. My guess is that no more than 10 percent of PCa patients are able to take the time off and/or pay for out-of-state/country trips for tests or second opinions. I wish the book would have acknowledged this unfortunate obstacle to obtaining state-of-the-art help.

Snatchers adds much to the meager literature on the role of the MOSPC in working with Low-Risk patients and helping patients decide on a treatment.

The preliminary international list of MOSPCs might help some patients find the "right doctor." Also helpful are a glossary, annotated bibliography, and lists of acronyms and websites.

Snatchers replaces my former #1 choice, A Primer on Prostate Cancer:The Empowered Patient's Guide (2nd edition, 2005) by Stephen B. Strum,M.D. (a distinguished MOSPC) and Donna L. Pogliano. Snatchers is easier to read and understand-more up-to-date of course and destined to become a classic, which is the status of Primer.

Sex After Prostate Cancer Surgery: Here's How

Dr. David Samadi breaks down exactly how his SMART prostate removal surgery keeps men in the bedroom and out of the bathroom.

NEW YORK, Aug. 16, 2012 -- /PRNewswire/ -- A patient, a surgeon, and a robot walk into the operating room – but it's no joke. With prostate cancer as the punch line, preserving erectile function and enjoying sex after prostatectomy surgery is no laughing matter. Many men with prostate cancer are eager to get it out, but potential trade-offs are a big concern. How can I be sure my sex life will live as long as I do? In truth, prostate cancer treatment and recovery is highly individual, but one surgeon is setting the bar pretty high.

Mount Sinai Medical Center's robotic prostatectomy surgeon, Dr. David Samadi, explains how he and his robot are optimizing quality of life for men after prostate cancer.

"We shoot for three success factors – prostate cancer cure, sexual potency, and urinary continence," said Dr. Samadi. "To get there we need three critical components – the right patient with localized prostate cancer, a superior robotic surgery technique, and patient commitment to recovery."

For a man who spends nearly every day next to a robot, Dr. Samadi gives credit where credit is due; his electronic co-worker is just another member of his dedicated surgical team. Here's his take on making room for the robot:

"Robotics are an important part of my evolving surgical career, but I didn't just jump from traditional and laparoscopic surgery to the robot. There's a seasoned transition behind the way I operate. I found a way to improve outcomes by combing proficiencies in all three surgical principal," he said.

Those surgical outcomes speak loud and clear. In Dr. Samadi's care, and with proper compliance to post-surgery follow-up, 96 percent of patients regain urinary control in 2-3 months and 85 percent are sexually potent 12-24 months after surgery.

But how exactly does he do it? While some might think it's as simple as saddling up to the highly regarded da Vinci robot, Dr. Samadi says that's far from the answer.

"If my only responsibility was to remove the cancerous prostate, my job would be much easier," he acknowledges, "But patients deserve much more than that. It was paramount that I find a way to remove the prostate gland without damaging functions critical to a comfortable and enjoyable life after recovery."

SMART Surgery Explained

In essence, Dr. Samadi's SMART (Samadi Modified Advanced Robotic Technique) robotic prostatectomy surgery accomplishes more by doing less.

Unlike traditional prostate removal surgery that approaches the prostate from the outside in, SMART surgery accesses the prostate from the inside out. Without cutting or damaging three critical areas – the endo pelvic fascia, the neurovascular bundles, and the urinary sphincter – Dr. Samadi optimizes post-surgery sexual function and urinary continence.

Further, the dorsal vein complex is left unstitched until the end of the procedure, allowing Dr. Samadi to control the length of the urethra and minimize leaking after surgery. He uses only cold scissors and clips, never highly nerve-damaging cautery, and every surgery from open to close is completely in his hands.

Of course, the robot enhances each of these steps. Improved visibility, less blood loss, and greater dexterity all come from the precision of robotics. But as much as we love technology, patients still want to know: What happens if the robot breaks?

That's where Dr. Samadi's 3-in-1 expertise comes full circle. He cautions, "Robotic surgeons are becoming more widely available, but patients need to ask hard-hitting questions. Is your robotic surgeon experienced in traditional oncologic surgery or are they simply a newly-trained robotic technician?"

The answer for Dr. Samadi is perfectly clear to the more than 4,000 men and families for whom he's helped make prostate cancer a distant memory.

Dr. Samadi leaves men with these encouragements, "Choose treatment wisely, but choose your surgeon even more wisely. And don't hesitate to take advantage of ED tools such as oral medication or penile injections after surgery. You may only need them for a short time, but they'll get you back on track faster. Patients have to play an active role in their recovery from diagnosis to a happy, healthy life after surgery."

Johns Hopkins Health Alert

The Misconception About Palliative Care

If you or a family member has prostate cancer, you may be frightened when you hear the term palliative care. For many people, it means that the doctors have given up trying to cure the disease. Although this is a commonly held belief, it's a misconception. The confusion stems from the fact that the terms "hospice care," which is provided at the end of life and "palliative care" are often used interchangeably.

While palliative care is an important part of hospice care, in reality, it can enhance your cancer treatment plan at any stage -- even if you're still being treated on an outpatient basis and curing your disease is the goal. The problem is that palliative care, also known as "comfort care" or "supportive care," is so strongly associated with the end of life that it's typically initiated too late to have a meaningful effect on quality of life. Fortunately, efforts are under-

way to reverse that trend.

What is palliative care? Palliative care is any form of treatment that focuses on:

Preventing and relieving suffering, but the intent of the care is not to cure the disease

Achieving the best possible quality of life

Providing psychological, social, spiritual and decision-making support

Reduce pain and discomfort. Prostate cancer (and its treatment) may cause pain, fatigue, loss of appetite, nausea, shortness of breath, pneumonia and insomnia. Many of these symptoms can be relieved with medication, nutritional therapy, physical therapy or deep breathing techniques. Chemotherapy, radiation or surgery can also be used as palliative measures to improve quality of life by shrinking a tumor, slowing its spread or removing it. Useful non-drug treatments may include acupuncture, relaxation techniques, biofeedback and massage therapy.

Address emotional concerns. Palliative care specialists can help you and your family members cope with depression, anxiety, fear and other difficult emotions that often accompany cancer diagnosis and treatment. They may provide counseling, recommend support groups, hold family meetings or make referrals to mental health professionals.

Explore spiritual matters if desired. A cancer diagnosis can trigger questions of faith. A counselor with expertise in palliative care can help you explore your beliefs and values. He or she may also refer you to a hospital chaplain or faith-based organizations in the area. Other aspects of palliative care include coordinating care across a range of settings (hospital, home, nursing home and hospice), as well as arranging help with finances, medical forms, legal documents and advance directives. Your team may also direct you toward local and national resources for assistance with issues such as transportation or housing.

Posted in Prostate Disorders on August 30, 2012

A Candid Look At Sex After Prostate Cancer

Dr. David Samadi, top prostate cancer surgery, levels with men and their partners about what sex is really like after prostate cancer surgery.mean the end of my sex life? How will sex after prostate cancer be different? Mount Sinai Medical Center's robotic prostate surgeon, Dr. David Samadi, answers these questions every day. "The truth," he says, "is that prostate cancer treatment changes sex, but it does not end it."

Restoring an enjoyable sex life after prostate cancer is, in part, dependant on prostate cancer treatment choice. "My goal is to remove prostate cancer with the most precise surgery possible: SMART (Samadi Modified Advanced Robotic Technique) robotic prostatectomy," says Dr. Samadi.

"When men and their partners know what to expect, they can accelerate recovery, experiment, and work together," says Dr. Samadi, who encourages patients to resume sexual activity as soon as they're up for it – or sooner. Some changes are temporary and some are permanent, but all can be overcome.

Sex, Prostate Cancer, and Erectile Dysfunction (ED): What to Expect After Prostate Surgery

Impotence and ED – erection issues after surgery are temporary for most men. Don't hesitate to take advantage of oral medication such as Viagra and Cialis.

Orgasm without erection – you can experience pleasurable orgasm without an erection. During recovery, sexual pleasure is not dependant on sexual penetration.

No more ejaculation – no prostate gland or seminal vesicles means no ejaculation. Your orgasm may feel different, but it will still be pleasurable.

Leaking urine during sex – it might happen, it might not. If it does, it will likely be minor and temporary and will not harm you or your partner.

Changes in mood and libido – the psychological and physical impact of surgery can leave you tired and irritable; sex may be the last thing on your mind. Work toward intimacy, whether sex is involved or not, and desire will return.

Performance anxiety – self-esteem can take a hit during prostate cancer recovery. Talk to your partner and explore your intimacy together. Instead of worrying about what your partner will think, turn the focus on their pleasure.

With commitment to recovery and post-surgery follow-up, Dr. Samadi's patients can reasonably expect the complete return of erectile function in 12-24 months after surgery. Read more about how SMART (Samadi Modified Advanced Robotic Technique) surgery preserves sexual function better than other prostate cancer treatment methods.

Dr. David Samadi is Vice Chairman, Department of Urology and Chief of Robotics and Minimally Invasive Surgery at The Mount Sinai Medical Center in New York. To date, he has performed more than 4,000 successful robotic prostatectomy procedures.

The Montreal West Island Prostate Cancer Support Group operates on your donations

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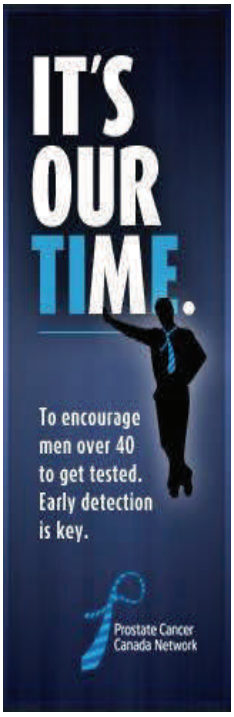
P.O. Box 722, Pointe-Claire, QC, Canada H9R 4S8



The PCCN—Montreal West Island Prostate Cancer Support Group is a recognized charitable Organization (registration # 87063 2544 RR0001)

Telephone Helpline (514) 694-6412

IMPORTANT NOTICES:

- **The PCCN—Montreal West Island Prostate Cancer Support Group 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 PCCN—Montreal West Island Prostate Cancer Support Group 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 PCCN—Montreal West Island Prostate Cancer Support Group is a recognized charitable Organization (registration # 87063 2544 RR0001). 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!