



November 2012 - Issue #77

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 November 22, 2012, Our guest speaker will be **Isabelle Vermette, Specialty Representative, Abbott Labs..** Her subject is: **A Do-It-Yourself Patient Record Web Site.** This site is sponsored by Abbott Labs and has been designed specifically for prostate cancer patients. It allows the patient to record all tests, treatments, appointments and offers a tracking system to graph test results.



Make an In Memoriam Donation

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.

Special Members Meeting – Nov.22,2012

At our April, 2011 Annual General Meeting the members present approved a motion to affiliate with Prostate Cancer Canada Network and to change our name to Prostate Canada Network-Montreal West Island Inc. An application to amend our incorporation document had to be filed within six months of the meeting. This was not done. We have now retained Mr. David Pecko, who acquired the business of the law firm that filed our original incorporation papers. We now need to again vote on the motion to change our name as follows:

Whereas the Directors have adopted a resolution to apply for Supplementary Letters Patent to change the name of the organization to:

RESÉAU CANCER de la PROSTATE CANADA de l'OUEST de l'ÎLE de MONTRÉAL INC.

PROSTATE CANCER CANADA NETWORK-MONTREAL WEST ISLAND INC.

Be it and it is hereby resolved:

That the resolution adopted by the Directors to apply for Supplementary Letters Patent to change the name of the organization be and it is hereby ratified.



November 1 was an early morning for Ron Sawatzky . He and Leslie Woods, a member of Moustache Men DJs were invited to CBC 88.5FM studio at 6:40a.m. to talk about Movember with show host Shawn Apel. Both Leslie and Ron commented about the tremendous impact Movember has had on increasing awareness of prostate cancer and encouraging men to talk about their health.

Our Movember team is PCCN-Montreal West Island . If you would like to support the team with a donation just Google "Movember Canada".



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.

This Newsletter is available at our website:

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



Librarian's Corner

Mark A. Moyad, MD, MPH, is the primary author of over a hundred medical articles and numerous books. In addition to his writings, he has maintained a consulting practice on complementary medicine for the past fifteen years at the University of Michigan Medical Center, Department of Urology. Dr. Moyad is the Jenkins/Pokempner endowed Director of Preventive & Alternative Medicine. He is also the consulting Director of Medical Education & Research for the Eisenhower Wellness Institute, part of the Eisenhower Medical Center in Rancho Mirage, California. The most recent addition to our library is Dr Moyad's latest book entitled *Promoting Wellness Beyond Hormone Therapy*.



The subject and usefulness of this book is described on the back cover of the book as follows.

When a patient is told that his prostate cancer has progressed to a new stage, he has both questions and concerns. Promoting Wellness

Beyond Hormone Therapy is written specifically to answer questions for patients whose prostate cancer is considered "hormone-refractory," meaning that it no longer responds well to hormone therapy. The book provides a wealth of valuable resources for patients, caregivers, and health-care professionals alike.

- Comprehensive information on the many treatment options currently available
- The latest updates on an exciting number of therapies undergoing testing now
- Suggestions for patients to lessen or eliminate treatment side effects
- "Question-and-Answer" format gives direct responses to patient queries
- Health and wellness tips included throughout the book

Arm yourself with a wealth of new information to discuss with your health-care provider! Visit our library and check out this new volume.

Experts Predict Revolution In Prostate Cancer Treatment

Posted: 08/11/2012 http://www.huffingtonpost.co.uk/2012/11/08/health-new-way-fighting-prostate-cancer_n_2091809.html

A new way of fighting prostate cancer by targeting normal cells inside tumours could lead to a revolution in treatment, it has been claimed. Scientists switched on key genes inside non-cancerous connective tissue cells within tumours. In mice, the gene therapy procedure caused tumours to shrink dramatically by 75%. Researchers now want to know whether a similar approach will

work in humans. Like other solid cancers, prostate tumours are a mixture of malignant and normal cells. But recent work suggests that "healthy" cells in tumours can play an important role in stimulating cancer growth and spread.

The new research used a virus to infect prostate tumours and switch on certain key genes in fibroblast cell This appeared to activate signal pathways which led to the suppression of cancer. Lead scientist Dr Axel Thomson, from The Queen's Medical Research Institute in Edinburgh, said: "Our previous research identified a number of 'puppet-master' genes - so called because they enable fibroblast cells to control the growth of other cells during the formation of the prostate in the embryo. "In this follow-up study we found that activating these genes in fibroblasts in tumours enabled us to significantly reduce the growth of prostate cancer in mice. "This is an extremely exciting development that has the potential to form the basis of a revolution in prostate cancer treatments over time if replicated in humans.

"By targeting the fibroblasts that control the growth of the cancer these new treatments could be both more effective and likely to lead to significantly fewer side effects." Dr Rachel Macdonald, research manager at the charity Prostate Cancer UK, which funded the study, said: "This is an extremely encouraging development which could have positive and far-reaching consequences for prostate cancer treatments in years to come.

"To date, most prostate cancer research has focused on exploring the cancerous cells within the tumour. "By investigating the behaviour of the non-cancerous cells which control tumour development, the team has been able to make this groundbreaking discovery."

Each year, more than 40,000 men in the UK are diagnosed with prostate cancer, and around 11,000 die from the disease. Prostate Cancer UK recently launched its MANifesto campaign, which included a major boost in research funding.

Over the next three years, the charity will triple its research spending to £25 million.

The research appears in the journal Disease Models & Mechanisms.



Some food for thought...

Prostate Cancer Research Funding and Male Vanity (Posted in Aging and Illness)

“Yes, I’ve become stuck in my morning routine of making coffee, reading emails and puttering around the house. When everything else in my life is falling apart, it’s good to do the same thing every day.” S. Goldberg (2009) [examiner.com](#), July 9

As someone who’s living with prostate cancer, I applauded Louis Gossett Jr.’s testimony in Congress on the importance of prostate cancer research funding. If congress was listening, maybe I’ll live long enough for something else to kill me. But according to the American Cancer Society statistics, I shouldn’t hold my breath.

Fifty times more money is spent on research for breast cancer than is spent on prostate cancer. Does that mean there are 50 times more women dying from breast cancer than men dying from prostate cancer? Hardly. Every year 40,000 women die of breast cancer and 34,000 men die of prostate cancer. And yearly, there are only 15,000 more new cases of breast cancer than prostate cancer. Since mortality rates and occurrence figures are similar, what could explain why a woman with breast cancer is thought to be 50 times more important than I am? The answer may be related less to science than it is to male vanity. Even today, prostate cancer is one of those diseases that for many is spoken of in hushed tones with the same acceptability as talking about gonorrhea, and other “embarrassing” illnesses. Many men with prostate cancer are reluctant to self-disclose because they believe the term automatically implies incontinence, impotence, or both. Our silence, for whatever reason, makes it acceptable for oncologists to present treatment “options” as if all were on an equal playing field.

When comparing two procedures an oncologist said to me, “six of one, half-dozen the other,” implying that the research data wasn’t definitive enough for him to decide which was the better procedure for my particular case. And therefore, I had to choose, even though my medical knowledge was derived from watching ER on television. I responded with “So the only way you and I will know if I made the right decision is if I live?” My smart-ass question was met with an embarrassed silence.

While well-known figures such as Louis Gossett Jr., Senator Christopher Dodd, Ambassador Colin Powell, Harry Belafonte, Senator Bob Dole, Louis Farrakhan, and Robert Goulet, have courageously discussed their prostate cancer, other less well-known men

have not. Many of the 2 million are afraid that the general public (and especially women) will look at us and see only reduced sexuality and incontinence, whether or not it’s present and how mildly we might experience either.

I believe our fears parallel those experienced by women 20, 30, or 40 years ago when they received a diagnosis of breast cancer. We need to take a lesson from them. As they stopped looking at themselves as the disease, they took an active stand against it. On the internet I typed in “breast cancer fundraising March, 2010.” Just on the first 50 search pages, I found 70 events in 27 different states for March. When I substituted “prostate” for “breast” I found a pitiful 10 events in 8 states.

Maybe women are better organizers than we men. Maybe they are more likely to sponsor philanthropic events. Maybe they are more giving. Or maybe there is a reason that is more fundamental and related to our notions of what defines a “real man.” Our fears about real and perceived sexuality have consequences far beyond our own lives. Our silence perpetuates an inexcusable lack of research funds that not only may effect the length of my life, but millions of men who read this article, their sons, and male progenies that follow them. Women have known for a long time that self-worth is not related to the presence or absence of breasts. I think men need to understand that our value as human beings has nothing to do with what happens below our belts.

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Powerful Botanical Formulas: New Weapons Against Cancer

Latest Data Shows How Botanical Formulas Safely Fight Cancer and Metastasis

By Better Health Publishing

Published: Tuesday, Oct. 16, 2012

SANTA ROSA, Calif., Oct. 16, 2012 -- /PRNewswire/ -- In the battle against cancer, some of the most remarkable weapons are proving to be specialized botanical supplements. Recently, a significant and growing body of scientific data was presented to over 200 oncologists and doctors, demonstrating the anti-cancer benefits of three unique botanical supplements: A breast formula; a prostate formula, and a preparation called modified citrus pectin (MCP) derived from citrus peels. Researchers investigating these specialized supplements have found they suppress cancer invasiveness, modulate the expression of cancer cell cycle genes and decrease metastasis – without leading to toxic side effects. Daniel Sliva, Ph.D., associate professor at the Indiana University School of Medicine shared these findings during this year's Meeting of the Society for Integrative Oncology, in Albuquerque, NM.

Study after study shows these formulas fight cancer and metastasis

This evolving body of peer-reviewed evidence continues to further substantiate the powerful anti-cancer effects of these health formulas. Significantly, original in vitro results on the breast and prostate formulas were later confirmed in vivo, demonstrating through each phase of research that these formulas work through multiple mechanisms of action on the cellular and genomic levels.

"The more we investigate these specific supplements, the more we understand their abilities to thwart cancer via different pharmacological mechanisms," says Dr. Sliva, lead author on many of these studies.

"Importantly, these formulas have had positive results against some of the most difficult cancers to treat, such as triple-negative breast cancer and hormone-refractory prostate cancer."

Treatment for aggressive breast cancer

The most recent 2012 in vivo study published in the journal *Oncology Reports*, showed the breast formula substantially decreased tumor growth and breast-to-lung metastasis in aggressive, triple negative breast cancer. Gene analysis confirmed that the breast formula down-regulated genes associated with breast cancer proliferation and metastasis, such as PLAU (urokinase plasminogen activator, uPA) and CXCR4 (C-X-C chemokine receptor-4). As mentioned, similar results were also observed in previous in vitro studies on this formula. (visit BreastHealthFormula.ORG for supplement details)

This breast formula combines eight potent herbal extracts and active nutrients: quercetin; bio-enhanced curcumin (turmeric rhizome extract) (BCM-95®); a proprietary extract of *Scutellaria barbata* herb; *Astragalus membranaceus* root extract; three medicinal mushrooms species grown on a blend immune-boosting herbs; and 3,3'-diindolylmethane (DIM).

Treatment for aggressive prostate cancer

The botanical prostate formula also demonstrated significant results against aggressive, androgen-independent, (i.e. hormone refractory) prostate cancer in multiple published studies. This formula contains 33 botanical extracts and active nutrients, including: quercetin; saw palmetto berry; pomegranate; stinging nettle; bio-enhanced curcumin (turmeric rhizome extract) (BCM-95®); a blend of three botanically enhanced medicinal mushrooms; and other prostate-specific nutrients and herbs. (visit ProstateHealthFormula.ORG for supplement details).

The latest 2012 in vivo study on this formula, published in the *International Journal of Oncology* showed that it suppressed androgen-independent prostate tumor growth, with no toxicity. Results show the formula also decreased the expression of specific genes implicated in prostate cancer and metastasis, such as IGF2, NRNF2 and PLAU (uPA). It was also shown to increase the expression of CDKN1A (p21), a gene that inhibits prostate cancer. Again, these in vivo results confirm previous in vitro data published on this formula, underscoring its mechanisms of action against aggressive prostate cancer proliferation and metastasis.

"That these formulas can control cancer on the genetic and cellular level is significant," says integrative medicine pioneer Isaac Eliasz, M.D., study co-author. "By controlling the genetic mechanisms of cancer, we inhibit its activity at the most fundamental level."

Formulas show synergy with modified citrus pectin

Perhaps the most startling results came from a 2012 synergy study pairing the two formulas with MCP, a form of citrus pectin modified to increase bioactivity systemically throughout the body. Since 1995, Modified Citrus Pectin has been extensively researched in pre-clinical and clinical studies and is shown to inhibit cancer proliferation and metastasis; safely chelate heavy metals; boost immunity and provide support against a number of health concerns related to inflammation and fibrosis.

This synergy study, published in *Integrative Cancer Therapies*, showed that the combination of MCP with the breast and prostate formulas synergistically inhibited aggressive cancer cell behavior significantly. The combinations also further suppressed the metastatic characteristic of human breast and prostate cancer cells, in significant values. Data from this study highlights the importance of synergy in combination therapies. Results demonstrate that when MCP was used together with the breast and prostate formulas, the anti-cancer efficacy of all three

supplements was increased beyond a normal additive effect.

Research continues

"I was delighted for the opportunity to have this research and work presented at the important SIO conference," says Dr. Eliaz.

"These are sophisticated formulas shown to fight cancer while supporting overall health. As research continues to show their effectiveness against breast and prostate cancers, we look forward to human clinical trials and bringing these benefits to more patients seeking safe and effective natural cancer adjunct therapy."

SOURCE Better Health Publishing Read more here: <http://www.sacbee.com/2012/10/16/4915057/powerful-botanical-formulas-new.html#storylink=cpy#storylink=cpy>

Sildenafil Protects Sexual Function Following Prostate Radiation

By: NEIL OSTERWEIL, Oncology Report Digital Network

BOSTON – The drugs that have revitalized the love lives of millions of aging men may also help preserve sexual function in men undergoing radiation therapy for prostate cancer, investigators reported at the annual meeting of the American Society for Radiation Oncology.

Men who took sildenafil citrate (Viagra) before, during, and for 6 months after radiotherapy for prostate cancer had better sexual function and reported better overall satisfaction than did men who took placebo in a randomized double-blind trial, said Dr. Michael J. Zelefsky, a radiation oncologist at Memorial Sloan-Kettering Cancer Center in New York City.

Men who were also treated with androgen deprivation, however, did not appear to experience a benefit from sildenafil and were excluded from the analysis.

"We believe our study is a very important one, for it demonstrates proof of principle that penile rehabilitation is important in the population of radiotherapy patients treated for prostate cancer, and demonstrates a significant benefit for improved sexual function outcomes," Dr. Zelefsky said at a plenary session.

Studies in animal models have suggested that phosphodiesterase-5 (PDE5) inhibitors such as sildenafil, vardenafil (Levitra), and tadalafil (Cialis) could help to preserve or rehabilitate penile function by protecting the vascular endothelium of the corpus cavernosum of the penis and smooth muscle tissue involved in erections.

Dr. Zelefsky pointed to a European randomized trial showing that patients who had undergone bilateral nerve-sparing prostatectomy and were randomized to vardenafil had improved spontaneous erections compared with placebo-taking controls (*Eur. Urol.* 2008;54:924-31).

Pretreatment Potency Assessed

The current study enrolled 295 men who had excellent sexual function (defined as a score of 17 or greater on the International Index of Erectile Function 5 [IIEF-5]) and were scheduled to undergo radiotherapy to the

They were randomly assigned on a 2:1 basis to sildenafil or placebo, respectively.

Sildenafil was given in a 50-mg dose starting 3 days before therapy and continuing out to 6 months. Patients were followed with the patient-derived IIEF-5 (including domains of erectile function, orgasmic function, intercourse satisfaction, and overall satisfaction), International Prostate Symptom Score (IPSS), and a quality of life questionnaire every 3 months for the first year, and then every 6 months up to 2 years.

"Thirty one patients were treated with androgen-deprivation therapy, and when we looked at erectile function scores over time, there were no significant differences or improvements noted with the use of daily sildenafil compared to the placebo group, suggesting that there was no apparent benefit among this cohort of patients. For this reason, we excluded this cohort and turned our attention to a group of patients who did not receive androgen deprivation therapy, leaving us with an evaluable cohort of 142 patients," Dr. Zelefsky said. The analysis included patients who completed surveys before treatment and at least one additional time period.

There were no significant between-group differences at baseline in factors that might affect erectile function, such as smoking history, diabetes, or hypertension.

Overall total IIEF-5 scores were significantly higher among patients in the sildenafil arm at 6 ($P = .006$), 12 ($P = .02$) and 24 months ($P = .04$) after therapy. However, at 24 months, there were significant differences in favor of sildenafil only in the IIEF-5 domains of sexual desire ($P = .001$) and overall satisfaction ($P = .04$).

The investigators also noted that the differences between the treatment groups became less apparent beyond 12 months.

Does This Set a New Standard?

The study had a few minor limitations, including variations in treatment, once-daily rather than more frequent dosing, and the lack of information on a relationship or partner effect, but these do not detract from the conclusion, said invited discussant Dr. Thomas M. Pisansky, professor of radiation oncology at Mayo Clinic, Rochester, Minn.

"Nonetheless, this does serve as an additional test of proof of principle of early PDE5 inhibitor use. Does this represent a new standard? I believe that for the time being it certainly does, but additional study is warranted, and that is ongoing," he said.

Dr. Pisansky added that it is incumbent upon radiation oncologists, when evaluating patients for radiotherapy to the prostate, to incorporate a validated instrument of sexual function such as the IIEF-5.

Dr. Zelefsky and a coauthor disclosed receiving grants from Pfizer, maker of Viagra. Dr. Pisansky reported no conflicts of interest.



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

WE NEED YOUR SUPPORT

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IT'S OUR TIME.

To encourage
men over 40
to get tested.
Early detection
is key.



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!

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VOLUNTEERS URGENTLY NEEDED!