



March 2013 - Issue #79

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

March 28, 2013 will be an Open Forum Day. Please be sure to attend for an opportunity to share and exchange personal experiences with fellow members in an informal setting. Also the Steering Committee will be pleased to gather your thoughts and ideas on potential activities we could do as a group during our monthly meetings to make them more beneficial and memorable for the membership. We are here to serve you, thus your input would be greatly appreciated. Please attend and bring anyone you know that you think would benefit.



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.

This Newsletter is available at our website:

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

DOUGLAS POTVIN PhD, 1930-2013



It was with shock and sadness when we heard of Doug's passing on January 13th. Shock because as recently as December 5th he had joined us for our annual luncheon for the Steering Committee and sadness because he had played an important role as one of our directors in the early days of our support group. He joined our group in 1998 and took over as Secretary.

He resigned in April, 2000 to begin his assignment as a consultant to the Guyana government covering mathematics at all levels of their educational system. I took over his position as Secretary and he made my job easier as I had only to follow in his footsteps.

He returned to our group in September 2001 as Coordinator for speakers. In April, 2002 he was elected President, replacing Charles Curtis. He remained as President of our group until April, 2004 when he retired for personal reasons, but remained involved with our group as one of our Senior Advisors..

Cont'd on page 2

IT'S OUR TIME

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



"To be of use to others, but not only by treating them" that is what Peter Chan always wanted. When he was younger, he dreamed of becoming a social worker....Today he is not only a renowned practitioner but also a committed doctor. On April 25, 2012 we recognize Dr. Chan's outstanding achievements by awarding him our Outstanding Contribution Award. (see p 3)

On April 25, 2013, we will hold our Annual General Meeting, followed by the presentation of our Outstanding Contribution Award to Dr. Peter Chan.



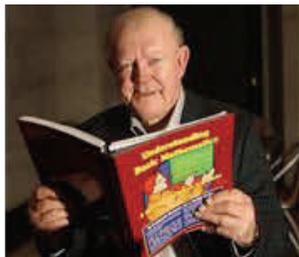
Formerly

**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.

(from p.1 Potvin) In his professional life he spent 30 years working at Catholic High, Loyola High School and Concordia University where he excelled both academically and in sports as a coach. On his retirement one of his projects was to publish a book on mathematics. He finally achieved this when on December 13, 2012 he launched his self-published book, "Mathematics for Seniors" at the Loyola campus.



George Larder

Prostate Cancer Canada:

Donald McInnes,
Chair of the Board of Directors



From The Globe and Mail, February 12, 2013

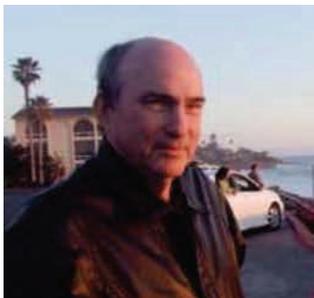
Prostate Cancer Canada is pleased to announce the appointment of Donald McInnes as Chair of the Board of Directors.

Donald is a Vancouver-based natural resources entrepreneur, and is currently the Vice-Chair of Alterra Power Corp., Chairman of the Clean Energy Association of British Columbia, and a Governor of the British Columbia Business Council. He is a recipient of a Doctor of Technology honoris causa from The British Columbia Institute of Technology, and received the Ernst and Young Entrepreneur of the Year Award Pacific Division Cleantech category in 2011. Prostate Cancer Canada is the only national foundation dedicated to the elimination of the disease through research, education and support. Prostate cancer will affect 1 in 7 men in their lifetime. For more information, visit prostatecancer.ca.



PCCN's New Advisory Council:

The new PCCNAC is made up of 13 members from across Canada, representing a set of previously identified key regions. The Advisory Council serves to advise PCC staff & Board on matters affecting the PCCN support groups.



Our Webmaster and Publicity Director Monty Newborn has been selected to represent the Quebec Region.

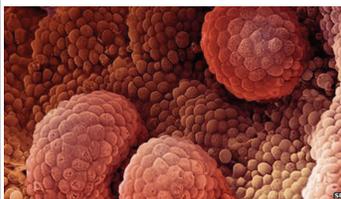
Monty is a prostate cancer survivor for almost five years. He is an emeritus professor in McGill University's School of Computer Science, and has been a member of the PCCN – Montreal West Island support group's Steering Committee from the time of his diagnosis. He developed and now maintains the group's website as well as manages its publicity.

Little known, is that he is in the Canadian Chess Hall of Fame for his involvement over many years with computers and chess. He was the organizer of the first chess match between IBM's Deep Blue and world chess champion Garry Kasparov in 1996. He served as head of the officials at the second match a year later. His own chess program called Ostrich came close to winning the first world championship between computers in 1973. He is the author of six books on computers and chess — the most recent in 2011 entitled Beyond Deep Blue — and one book on automated theorem proving.

He keeps active by playing tennis. As a member of the Mount Royal Tennis Club, he has been a co-organizer of two Canadian national senior tennis championships. He has a hobby designing stained glass lamps.

Skin patches 'tackle prostate cancer'

By James Gallagher
Health and science reporter, BBC News



Prostate cancer cells

Skin patches which deliver oestrogen into the blood may be a cheaper and a safer treatment for prostate cancer than current therapies. The main treatment is injections of a chemical to cut levels of testosterone - the driving force of many prostate cancers - but it causes side effects.

The Imperial College of London study that appeared in Lancet Oncology compared patches and injections in 254 patients. It found patches were safe and should help avoid the menopause-like side effects accompanying injections.

'Effective treatments'

Using oestrogen to treat prostate cancer is an old treatment. Both oestrogen and testosterone are very similar chemically, so ramping up the levels of oestrogen in the

(cont'd on p 7)

Dr. Peter Chan to Receive Outstanding Contribution Award from Prostate Cancer Canada Network—Montreal West Island

On April 25, 2013 at its Annual General Meeting, Prostate Cancer Canada Network — Montreal West Island will award the support group's annual Outstanding Contribution Award to Dr. Peter Chan. He is receiving the award from the prostate cancer support group "in appreciation of his distinguished career dedicated to the treatment of so many of us in the Montreal area so afflicted."

Dr. Chan has divided up his rich professional career between caring for patients, conducting research, teaching McGill University medical students, and providing volunteer support to the prostate cancer community. He is currently an associate professor in McGill's Division of Urology where he serves as the Director of Male Reproductive Medicine. Dr. Chan graduated from McGill's Faculty of Medicine. After graduation, he continued on at McGill with training in surgery. He then went on to specialize in Urology.

Dr. Chan's clinical and research work has focused around male reproductive and sexual function issues. Men who have received treatment for prostate cancer are often at a risk of developing significant sexual problems including erectile dysfunction, orgasmic disorders, penile deformity and lower sex drive. Dr. Chan has been part of a MUHC team of urologists and healthcare professionals who take care of these various sexual problems for prostate cancer patients.



Dr. Chan has received a remarkable number of awards for his research work. Most recently in 2011, he received First Prize for Basic Science Research from the Canadian Fertility and Andrology Society. In 2007, he received the Annual Clinical Diagnostic Award from the American Society of Andrology. A year earlier in 2006, he received First Prize for Scientific Research from the Canadian Environmental Health Research Network. In 2004, he was awarded First Prize for Research from the Society for Male Reproduction and Urology. The American Urological Association awarded him the First Prize for Research in 2003.

He has been a frequent speaker at a number of international meetings including the annual meeting of the American Urological Association, the Société Internationale d'Urologie and the American Society of Reproductive Medicine. At these meetings, he has also given symposia and post-graduate courses for practicing urologists. As a faculty member in the Department of Urology at McGill, he has been actively involved in the training of residents, fellows and students. Dr. Chan is currently the youngest McGill faculty member to have received the prestigious Everett Reid Teaching Excellence Award three times.

His major volunteer effort has been the yearly management of the MUHC Men's Health Day at various shopping centers in Montreal. Supported by the MUHC Department of Urology, two dozen doctors, nurses, and administrators all provide their time, energy and expertise giving as many as a thousand men information related to men's health matters. Several hundred men typically receive testing for prostate cancer. In addition to his volunteer effort with Men's Health Day, Dr. Chan has addressed our support group several times much to the interest and appreciation of the members.

Dr. Chan's involvement in the medical world is supplemented with an ongoing interest in music. He received early training in classical music and received a diploma from the British Royal School of Music. He is a composer, a violinist and a concert pianist, and a scholar of Oriental wood-wind instruments. He has given many solo and ensemble performances.

The ceremony will take place in the Sarto Desnoyers Community Center in Dorval at 7:30PM on April 25th. 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.

Librarian's Corner:

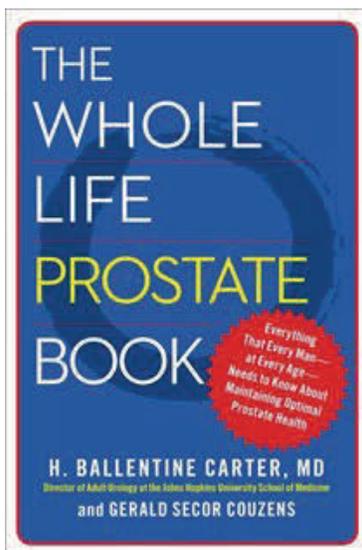


The Whole Life Prostate Book: Everything That Every Man-at Every Age-Needs to Know About Maintaining Optimal Prostate Health.

by Dr. H. Ballentine Carter, Gerald Secor Couzens Free Press | June 5, 2012

MEN TODAY face a growing health crisis. More than twenty million nationwide are affected by a prostate health issue, and more than two hundred thousand are diagnosed with prostate cancer every year. Many of these problems are preventable because they are related to the chronic diseases of age associated with poor health choices. Dr. H. Ballentine Carter is a preeminent expert in the diagnosis and management of prostate disease, and he believes that it's never too late-or too early-to make important changes to improve and maintain overall prostate health. Dr. Carter provides men of all ages the one resource that details what needs to be done when in crisis, but more important, he supplies crucial advice about how to prevent a prostate crisis from ever occurring.

Whether a man is in his twenties, thirties, or sixties, he is one day closer to being told he has a prostate problem. But positive lifestyle changes that incorporate diet, exercise, and health maintenance can significantly lower those odds. Dr. Carter shows you how in this comprehensive and authoritative guide, *The Whole Life Prostate Book*. With wisdom gleaned from his many years in the field, Dr. Carter cuts through the overwhelming amount of information-and misinformation-on the topic, arming men with the knowledge they need to make the best decisions about prevention, testing, and treatment. In clear language, he explains how to read test results and outlines the management options available for lower urinary tract symptoms; inflammation of the prostate; and management strategies for prostate cancer, including no immediate treatment-an approach pioneered by Dr. Carter himself that's designed to preserve quality of life. Filled with simple and nutritious recipes, easy-to-follow workout routines, and a straightforward approach to demystifying the complex medical jargon of prostate disease, .



The Whole Life Prostate Book is an empowering manual for maintaining optimal health throughout a man's life

Canadian-made Therapeutic Cancer Vaccine Showing Promise

A promising Canadian-developed cancer vaccine is about to go into clinical trials in Italy to see whether it can be used safely on patients diagnosed with breast and ovarian cancer.

Immunovaccine Inc. of Halifax announced Wednesday it has signed an agreement with researchers at the Busto Arsizio Hospital in northern Italy to continue a study of its experimental vaccine, called DPX-0907. Developed by Immunovaccine Inc., a publicly-traded biotechnology company created 10 years ago at Dalhousie University, DPX-0907 was designed to stimulate the body's immune system to seek out and destroy cancer cells in patients with breast, ovarian and prostate cancer.

DPX-0907 is part of a new approach called therapeutic cancer vaccines. The vaccines do not prevent cancer; rather, they are to help the immune systems of patients who already have cancer to fight the disease. Genevieve Weir, a research project manager for Immunovaccine, says the vaccine they're working on is unique both in its content and oil-based delivery system, called DepoVax.

"It contains seven different antigens to target seven different pathways in cancer," she told CTV Atlantic in Halifax. "The vaccine itself will stay in the body for two weeks, but the immune response is long-lasting and will be maintained over several years."

By incorporating seven antigens, DPX-0907 attacks cancer cells through multiple avenues, minimizing their ability to "escape" the impact of a single antigen. Dr. Neil Berinstein, an oncologist from Toronto's Sunnybrook Hospital who is not involved with DPX-0907 research, explained that cancer vaccines are designed to train the body's T cells, which are the white blood cells that play a key role in fighting cancer, to attack cancer cells.



"The idea is to augment the immune system, to make the immune system better recognize the cancer cells

and to fight the cancer cells,” he told CTV’s Canada AM Wednesday.

Berinstein notes that training the immune system to target specific cells could be a superior approach to traditional cancer therapies, which kill off many



Dr. Neil Berinstein, an oncologist from Toronto's Sunnybrook Hospital appears on CTV's Canada AM, Wednesday, Feb. 6, 2013

more cells than necessary.

“One of the values of cancer-immune therapies is that it will directly fight the cancer and leave the rest of the body intact and not have the same sort of side effects as chemotherapy and radiation,” he said.

Berinstein says Immunovaccine’s drug also appears to have a solution for one of the fundamental problems for cancer vaccine developers: the ability of cancerous tumours to “learn” how to suppress the immune system as they grow. “Not only do you need something to augment the immune system against the cancer, you also have to combine this with a strategy to reduce the inhibition that cancer places on the immune system,” he says.

He says it appears the Halifax team will use the work of the Italian team to skirt those problems. “They have a very promising vaccine formulation but they’re combining it with the technology being developed in Italy to take T-cells and lymphocytes to activate them and then culture them and re-infuse them,” he said.

A Phase I trial of the vaccine has already been carried out in breast, ovarian and prostate cancer patients. The results of that study, published in the Journal of Translational Medicine in August, 2012, showed DPX-0907 was safe and well-tolerated.

The next phase of study in Italy, which will likely take a year to complete, will evaluate how well the vaccine induces an immune response to different tumour types.

“It sounds very promising. And time will tell,” says Berinstein.

New Prostate Cancer Test Could Change Treatment

By Paul Mayne, Western News
February 07, 2013



Schulich School of Medicine & Dentistry professor Hon Leong has developed a new blood test which could detect the potential for prostate cancer earlier.

Thousands of men face a prostate biopsy following higher-than-normal results from their annual prostate-specific antigen (PSA) test, the traditional screening for prostate cancer. But recent studies have shown three in four of these biopsies were unnecessary, leading to 165,000 unnecessary procedures and 6,930 related hospitalizations each year. Schulich School of Medicine & Dentistry professor Hon Leong is looking to alleviate such unnecessary procedures with the creation of a new blood test. His non-invasive, inexpensive procedure could detect the potential for cancer earlier, thus providing a window of opportunity to allow clinicians to focus on high-risk prostate cancer patients, before the cancer spreads to the bone and lymph nodes.

Basic PSA tests look for protein produced by cells in the prostate gland – high levels are a warning sign for cancer. However, these elevated levels could indicate other benign conditions like inflammation or enlargement of the prostate. With Leong’s potentially more accurate prostate cancer-screening tool, his blood test measures actual prostate cancer fragments.

In his study, Leong and his team at Lawson Health Research Institute ran the blood test on a mix of 50 non-cancer and cancer patients. Leong’s test – looking for circulating tumour fragments, which he calls microparticles – was 90 per cent accurate in identifying the patients with actual prostate cancer. There were also no false positives found by the test.

(cont'd on p 6)

(cont'd from p 5)

"We expected it (the results) because of the markers we're using," said Leong, who was recently named one of Prostate Cancer Canada's Rising Stars, receiving \$150,000 each year for three years through its Movember Foundation. "It's in contrast to the PSA, which looks at proteins secreted by not only normal cells but also prostate cancer cells. So if you have an elevated PSA it doesn't necessarily mean you have cancer, just that you have something wrong with your prostate.

"What this test does is just look for actual prostate cancer fragments in the blood, and only for that." Based on these early results, and with the new funding allowing his study groups to grow the number of patients tested to well over 1,000 men (75 per cent of whom will have prostate cancer as confirmed by biopsy), Leong is confident his fragment method can more accurately identify prostate cancer than the PSA. He is anticipating an 80-90 per cent accuracy rate with these larger groups.

Leong said he still sees the importance of men getting screened with a PSA test and then, if there's a need to see their urologist and get this other test, he is developing, done, it would tell you definitively if you have cancer or not, without the whole rigmarole of getting a physical exam or biopsy.

The research has the potential to generate tremendous savings for the health-care system – with biopsies costing \$500 each – and provide improved health benefits to patients, Leong said.

"This award is really important because it means that we're doing something clinically relevant for all prostate cancer patients," he said. "Given the current state of how people are being diverted to whatever treatment, if we can reduce the 75 per cent false-positivity rate, I think it can have a profound impact. There is always going to be room for improvement, but the goal is for it to be implemented worldwide.

"It has the potential to change the way we treat men's health."

Moving forward, Leong also hopes to develop a similar screening process for pancreatic and ovarian cancers as well.

"It's the same concept. Instead of looking for protein that is secreted exclusively by the cancer, which is never, because the same protein is always expressed by other normal cells in the body, we're asking the question can we see tumour fragments in the blood," he said. "That kind of philosophy can be applied to all these other areas."

Could duration of prostate cancer hormone therapy be halved?

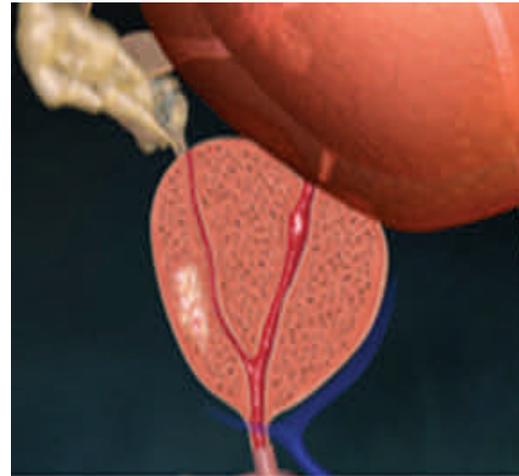


Image courtesy of Blausen Medical

February 13, 2013 by Amy Norton, HealthDay Reporter in Cancer

Preliminary research suggests it might be safe to shorten the current 3-year treatment. (HealthDay) —For some men with prostate cancer, hormonal therapy to

beat the disease could be safely cut from three years to half that time, a new clinical trial suggests. When men have cancer that is confined to the prostate gland but at high risk of worsening, one treatment option is radiation therapy plus drugs that cut testosterone levels, because this male hormone feeds the cancer. Right now, doctors routinely give that hormonal therapy for two to three years, during which time men may suffer unpleasant side effects. But that routine is based on a clinical trial from the 1990s that found that adding three years of hormonal therapy to radiation could cure certain prostate cancers. That doesn't necessarily mean three years is ideal. "We're still trying to figure out what duration of therapy is best," said Dr. Bruce Roth, an oncologist and professor of medicine at Washington University School of Medicine in St. Louis. Because hormonal therapy has significant side effects—from erectile dysfunction and hot flashes, to drops in bone density and muscle mass—everyone would like the treatment period to be as short as possible. That's what led to the new study, which Dr. Abdenour Nabid, an associate professor at Sherbrooke University Hospital in Canada, is presenting Thursday at the annual Genitourinary Cancers Symposium in Orlando, Fla. "These side effects can be huge for men," Nabid said. In the study, Nabid's team randomly assigned 630 prostate cancer patients to one of two groups. One group received radiation plus testosterone-lowering medication for three years; the other got hormonal therapy for just 18 months. Overall, there were no signs that the shorter therapy put men's lives at risk. After 6.5 years, 77 percent of the men who got three years of hormonal therapy were still alive as were 76 percent of those who received the 18-month regimen.

(cont'd on p 7)



(cont'd from p6)

The 10-year survival rates were also nearly identical, at just over 63 percent in both groups. "It looks like when you get to 18 months, you reach a threshold where you are not going to improve survival by treating for a longer time," Nabid said. Roth, who was not involved in the research, said the study might possibly change the standard of care. But he noted that findings presented at medical meetings are generally considered preliminary until all the data can go through peer review prior to publication in a journal. Once that happens, Roth said, "I would hope that this changes people's minds." The findings described at the meeting focused on patients' survival. Nabid said his team is still analyzing the data they collected on side effects and quality of life. The presumption is both would be better in the long run. Roth said that when a man is on hormonal therapy for three years, the chances of his testosterone levels returning to normal afterward are low. A shorter duration of therapy boosts those odds. Dr. Otis Brawley, chief medical officer for the American Cancer Society, urged caution in interpreting the results of a single study—particularly before publication in a journal. "I would not recommend that men choose to have 18 months of therapy based only on this study," Brawley said. However, if a man does stop at that point because he can't tolerate the side effects, this study offers some reassurance that it won't hurt his survival, he added. In other news from the same meeting, a large study of U.S. men found that blacks and men aged 75 and up were at relatively greater risk of having more-aggressive tumors diagnosed through PSA (prostate-specific antigen) screening. In general, although the risk was still small, black men were 80 percent more likely than white men to have high-risk cancer—those most likely to progress and threaten a man's life—while elderly men were over nine times more likely to have high-risk tumors than men younger than 50. Last year, the U.S. Preventive Services Task Force (USPSTF) came out against routine PSA screening for men, regardless of age, because the test often detects harmless tumors, leading to unnecessary treatment and side effects. But the USPSTF stance is controversial, and Roth said these new findings highlight how complicated the issue is. He and Brawley said the study doesn't offer any solid answers, either. For one thing, the findings do not show whether having intermediate- or high-risk tumors diagnosed by PSA screening actually cut men's risk of dying from the cancer.

Brawley said he is in the camp that believes PSA screening should be done on a very limited basis. Roth pointed to the recommendations of the American Society of Clinical Oncology (ASCO), which sponsored the meeting. ASCO suggests that doctors discuss PSA screening with men likely to live for at least 10 more years. The reasoning is that elderly men in poor health are very unlikely to see any benefits from PSA screening. "I don't think we can make a blanket recommendation for all men on PSA screening," Roth said.

Read more at: <http://medicalxpress.com/news/2013-02-duration-prostate-cancer-hormone-therapy.html#jCp>

Skin Patches

(cont'd from page 2)

body can reduce the amount of testosterone produced - and slow prostate cancer growth. However, taking oral oestrogen pills caused significant health problems by overdosing the liver. The organ then produced chemicals which caused blood clots, heart attacks and strokes.

The preferred treatment is injections of a drug, LHRHa, which reduces the production of both oestrogen and testosterone. However, this has side effects similar to the menopause in women - resulting in poor bone health and diabetes.

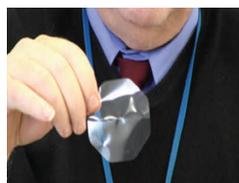
The patch releases oestrogen through the skin Prof Paul Abel, from Imperial College London, said: "We're not claiming this is equivalent to current therapies yet, but it does look like we are getting castration levels of testosterone." However, the researchers need to follow patients for longer.

"The next step is to test if the oestrogen patches are as effective at stopping the growth of prostate cancer as the current hormone treatments, we're now testing this in over 600 patients."

Kate Law, from the charity Cancer Research UK which part funded the study, said: "More men than ever are surviving prostate cancer thanks to advances in research, but we still urgently need to find more effective treatments and reduce side effects.

"This trial is an important step towards better and kinder treatments that could bring big benefits to men with prostate cancer in the future."

Dr Iain Frame, director of research at Prostate Cancer UK, said: "It is unclear as yet if hormone patches could be an effective alternative to hormone injections, but we await with anticipation the results of the further trials planned which could.



The patch releases oestrogen through the skin.

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

NOTICE OF THE ANNUAL GENERAL MEETING

APRIL 25th, 2013

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 25th, 2013 at 7:30 p.m.

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

AGENDA

- Minutes of Meeting of April 26rd , 2012
- 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

REPORT OF THE NOMINATION COMMITTEE

The nominees recommended by the committee to be the officers and directors of the board for the year 2013/2014 are as follows, and the specific responsibilities are as listed:

<u>POSITION</u>	<u>NOMINEE</u>	<u>RESPONSIBILITY</u>
President	Ron Sawatzky	Officer
Vice-President	Allen Lehrer	Officer
Secretary	James Tremain	Officer
Treasurer	Owen Condon	Officer
Director	Fred Crombie	Past Treasurer
Director	*	Outreach
Director	Michael Smyth	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 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!

Steering Committee:

Owen Condon , Treasurer	514-631-1115
owencondon72@gmail.com	
Fred Crombie , Past Treasurer	514-694-8149
fred.crombie@videotron.ca	
Charles Curtis , Outreach	514-697-4517
George Larder , Membership Secretary	450-455-8938
glarder@sympatico.ca	
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newborn@cs.mcgill.ca	
Les Poloncsak , Library & Hall	514-695-0411
lmpopol@videotron.ca	
Ron Sawatzky , President	514-626-1730
ronsaw@hotmail.com	
Michael Smyth , Hospitality	438-764-1404
michael.smyth@investorsgroup.com	
James W. Tremain , Secretary	514-739-7505
21wiggins@bellnet.ca	

Senior Advisors:

Lorna Curtis, Marcel D'Aoust, Tom Grant and Ludwick Papaurelis