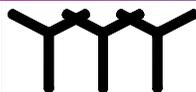


May 2013 - Issue #80



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 May 23, 2013: Dr. Assaad El-Hakim, Head of Robotic Urology, Sacred Heart Hospital, will be our speaker. The title of his talk is "Oncological and functional outcomes of the first robotic prostatectomy program in Quebec. A single surgeon's experience with over 250 cases."

On June 27, 2013: Dr. Joe Schwarcz, Director, Office for Science and Technology, McGill University, will speak to us. The title of his talk is "'Celebrity Science' Can Dr. Oz and others of his ilk be trusted?"



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

MUHC Men's Health Day – Complexe les Ailes (677 St. Catherine St. West) Thursday June 13, 2013 from 8:00AM to 5:00PM

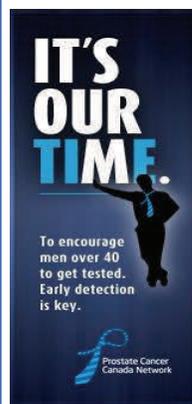


Centre universitaire de santé McGill
McGill University Health Centre

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.

Special Announcement and Appeal



As noted in our president's report, our activities are many, whereas our yearly financial resources to enable us to carry out these activities do not suffice to cover our expenses. To maintain this past year's activities we had to borrow from our reserves that were generated at better times. We cannot continue to draw from these reserves without risking our ability to provide the services we offer. For this reason I implore the membership for whatever contributions, no matter how small or large, whether pecuniary or support in terms of helping with their time, to support our efforts and thus ensure our continuing services. To make it easier to do so, I have included a donation form in this issue. Donations of suggestions on how we can overcome these financial restraints would also be welcomed.



**Support your local prostate cancer support group
PCCN - Montreal West Island**

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.

President's Report

Prostate Cancer Canada Network Montreal West Island For The Year Ending March 31, 2013

We are now officially registered as **Prostate Cancer Canada Network – Montreal West Island**. After a year of repeated promises but no action by the lawyer we had retained, we withdrew the file and were fortunate in retaining J. David Pecho who offered to volunteer his services and produced timely results.

In addition to our Sept. – June monthly public information meetings, newsletters, website, telephone Help-Line, library and literature table we participated in a number of other public events:

- MUHC Men's Health Day at the Alexis Neon Plaza which was highly successful with over 300 men taking advantage of a free examination including a blood test.
- Pointe-Claire Shopping Plaza Community Awareness Day
- Can – Support Prostate Cancer Information evening at the Montreal Neuro.
- Procure "Walk of Courage"
- Can – Support World Cancer Day at the Montreal Neuro.
- Movember - our team generated over \$1200 in donations
- CBC Morning radio interview in support of Movember
- Interviews with Masters anthropology student's re prostate cancer

None of this would be possible without the support of our members and volunteers. I thank our steering committee for volunteering their time and commitment to our mission. The contribution of Francesco Moranelli, newsletter editor, Allan More, librarian, and Owen Condon, treasurer are particularly noteworthy since they give their time and support even though they do not have prostate cancer. In particular I want to recognize Charles Curtis who recently resigned as a member of the steering committee. Charles is one of the founders of our group in 1995 and also participated in the founding meeting of the Canadian Prostate Cancer Network which subsequently merged with Prostate Cancer Canada. He has always been an active member of the steering committee, was President several times over the years, and the director responsible for "Outreach". He has devoted many hours over the years providing men with information and support on our telephone HelpLine. Thank you Charles!

We are extremely fortunate in living in an area with major teaching hospitals. When attending national conferences one of the major difficulties for groups in smaller communities is finding guest speakers. Rarely do we have that problem. The medical professionals at the Montreal teaching hospitals have been and continue to be extremely generous with their time as guest speakers at our monthly information meetings.

As you will see in our financial statements our expenses continue to exceed revenues and, although we have reduced expenses from previous years, we are gradually eroding the reserves built over a long time. This is of concern and we need to find ways to correct this.

We badly need volunteers willing to take on responsibilities in the steering committee. As mentioned, Charles has resigned and we need someone bilingual willing for "Outreach".

I have been responsible for fund raising and our financial statement shows I am doing a lousy job. I need to be replaced. Give us your time and you will be rewarded with a sense of satisfaction by giving something back.

Respectfully submitted,

Ron Sawatzky
President

The Seventh Procure Walk of Courage

Every year for the past 7 years the PROCURE Walk /Run of Courage aims to spread awareness of prostate cancer and invites men to take control of their health. Knowing that screening is the best weapon to prevent the progression of cancerous tumors, it is essential that the men and their families are aware of this fact. "Finally an event for men's health" says the PROCURE's spokesman, Jean Pagé, host of many sports programs. The Walk of Courage is also about bringing together men who have been diagnosed with prostate cancer, along with their families, to celebrate life together.

Due to limited human resources, it has been decided to move the Walk in September, thus the Walk will be held:

- Where: Parc Jean-Drapeau on Ile-Ste-Hélène
- When: **Sunday, September 15th 2013**
Time: 10:00AM (to be re-confirmed, when the final planning is published)

We are aiming to have a 1000 participants walking for prostate cancer - survivors, in memory of etc... Please feel free to contact, Nathalie Labelle at [514.341.3000](tel:514.341.3000), or visit Procure's web site www.marcheducourage.ca/ for registration and updates.

Outstanding Contribution Award for 2013

Monty Newborn
April 27, 2013



Dr. Peter Chan received our group's Outstanding Contribution Award at our April 23, 2013 Annual General Meeting. Dr. Chan, is an associate professor with McGill's Division of Urology where he serves as the Director of Male Reproductive Medicine. He came to the meeting armed with his two delightful young kids.

Dr. Chan received an engraved plaque in recognition of his many contributions to prostate cancer (see our Newsletter of March 2013) and his name was added to our perpetual plaque. This marked our second year that the award was given. Last year's award was given to Isabelle Gregoire, from the Montreal Jewish General Hospital.

After receiving the award, Dr. Chan, in his acceptance speech, discussed the importance of preventative measures and his efforts with the MUHC's Men's Health Day. This event has been a remarkable success, much to his credit – and to his hard-working assistant Lina Ordonselli. Dr. Chan's professional work has received world-wide recognition, affirmed through numerous awards. At our meeting, he showed himself to be a mix of humbleness, passion, and expertise as he lucidly answered questions from the audience.



Monty Newborn presenting Dr. Chan with the Outstanding Contribution Award for 2013

This may have marked the first time young children attended one of our meetings. They added a wonderful spirit to the evening as they proudly watched their father receive the award and talk with our attendees. An iPad occupied their attention for part of the time, while their beautiful smiles shone and brightened our evening all of the time.

We wish Dr. Chan continued success with his work. This award reflects our appreciation for his efforts thus far!

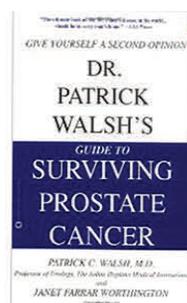
Librarian's Corner:



Dr. Patrick Walsh's Guide to Surviving Prostate Cancer
Patrick C. Walsh and Janet Farrar Worthington

From Publishers Weekly

Walsh, professor of urology at Johns Hopkins University, and Worthington, a medical writer, offer a thorough guide to one of the most frightening diseases for men. Starting with an explanation of how the prostate works. Surprisingly, it's not an essential organ Walsh then discusses why prostate cancer is prevalent in the U.S. and other developed Western countries, but not in Asia. He also details the reasons men develop prostate cancer, including age, race, family history and diet. The book describes a variety of symptoms, some of which indicate ailments other than cancer, and what steps should be taken to get a proper diagnosis. Complete with diagrams and charts detailing the results of biopsy, the book provides an exceptionally complete (albeit worrisome, for squeamish readers) overview of the disease. Many of these details not taking aspirin prior to a biopsy, taking antibiotics ahead of time should obviously be included in the information doctors routinely provide to patients, but given the state of today's medical system, having such information available in this ready guide is useful and reassuring. Similarly comprehensive and easy-to-understand explanations are provided for surgical and other types of treatment, side effects, postsurgical complications and more, as well as a glossary of medical terms, along with a brief resource section. While people shouldn't use this book as a substitute for a medical check-up, it is one of the best all-inclusive books on this subject. All men and their loved ones battling or concerned about prostate cancer should read this book.



Check it out. The book is available in our library ready to be borrowed and read at your leisure. Our catalogue number is 41.

Testing for prostate cancer is vital:

Published: Sat, May 4, 2013

You know your day, your year and the rest of your life will be impacted when a doctor informs you that you have cancer. I heard the dreaded six-letter word at the end of January this year when my urologist, Dr. James R. Stille, informed me that the results of my biopsy had come back positive for prostate cancer. Dr. Stille quickly told me, however, that the biopsy showed the cancer was confined to the prostate. It had not spread. Therefore, I was an excellent candidate for several treatment options. This column will tell you a little about my journey to remove cancer and also encourage all men, especially black men, to get tested yearly to determine if you have the disease, the most-common cancer in men. If caught early, the cure rate is high. Prostate cancer need not be a death sentence.

I did not exhibit any of the symptoms associated with someone who may have prostate cancer. That is why routine testing is so important.

I owe a great debt of thanks to my two childhood friends, both East High School graduates, who kept encouraging me to get tested. They are James in Texas and Kathy in Maryland. James is a prostate-cancer survivor. Kathy's husband is recovering from prostate cancer. Through telephone calls and emails, they showed their love and concern for me by imploring me to make yearly testing for prostate cancer a part of my annual physical.

In May 2012, while getting my physical, my family doctor, Dr. Denise Bobovnyik, noticed that my PSA level had risen. My level had been around a level 1. My PSA had risen to 2.3. She referred me to Dr. Stille.

PSA stands for prostate-specific antigen, an enzyme made by the prostate that can be checked in a blood test. Dr. Stille performed a digital-rectal exam in June and found no lumps or hard spots. He said to have another PSA test done in December and come back to see him. The results of the December test showed my PSA level had gone from 2.3 to more than 3 in six months. Dr. Stille performed another digital exam, but felt no lump or hard spot. He said I should have a biopsy done.

One of the great resources my friend James gave me was a book titled "Guide to Surviving Prostate Cancer" written by Dr. James Walsh, a distinguished service professor of urology at Johns Hopkins Medical Institutions and Janet Farrar Worthington, an award-winning science writer whose father also had prostate cancer. They combined to write a book that addressed every aspect of the disease, beginning with an understanding of the prostate itself, screening and detection and the various treatments for this particular cancer.

I had consultations with a radiation oncologist in Austintown and a prostate surgeon at the Cleveland Clinic. After much prayer, discussion with my wife and discussions with several men who are prostate-cancer survivors as well as with wives of men who had prostate cancer I decided on robotic-assisted laparoscopic radical prostatectomy.

The surgeon, Dr. Jihad Kaouk, and his practitioner, Dr. Humberto Laydner, did an outstanding job explaining the procedure, its risks and its outcomes.

I decided to have my prostate removed for two reasons. First, radical prostatectomy remains the "gold standard" if cancer is confined to the prostate, Dr. Walsh writes. He quickly adds, however, that the surgery should be for younger men with curable disease who are in good health otherwise and can reasonably expect to live an additional 15 years. I felt I was in that category. Second, my biopsy showed a potential trouble area that could develop into another tumor.

On April 1 — no joke — Dr. Kaouk and his staff performed the operation at the Cleveland Clinic. I was back home in the late afternoon April 2. The recovery time is about four weeks, so hopefully, I will be able to return to work and to my church activities next week. I have suffered no major setbacks.

During this time, my faith in God was put to the test. The two Scriptures that were my anchor were Isaiah 41:10 and I Peter 5:7. Isaiah 41:10 says, "*Fear not, for I am with thee. Be not dismayed, for I am your God. I will strengthen you. Yes, I will help you. Yes, I will uphold you with my righteous right hand.*" I Peter 5:7 says, "*Casting all your care upon him [God], for he cares for you.*"

Prayers were offered on my behalf from friends and colleagues throughout the country. Special thanks to my friends at New Bethel Baptist Church for their prayer support, and, of course, my church family at Rising Star Baptist Church. Our home is filled with get-well cards. My wife, Cherrie, was my rock during this time. God could not have chosen a better life partner for me. The Vindicator family sent gifts of food. Home-baked cookies and pastries were great treats from my church family.

If you are a man 40 and older, I beg you to get tested. Dr. Walsh writes that black men, particularly young black men, seem to get more-severe forms of prostate cancer and are more likely to have recurrences and die of the disease than young white men. Doctors from the Mayo Clinic, as well as Dr. Walsh, say they don't know why black men are hit so hard by prostate cancer. Dr. Walsh, however, suggests that genes may play a role. That is why it is important for black men to know their family history to learn if an uncle, father, a grandfather had prostate cancer or prostate problems.

I have told my son, my nephews and all the males in my family and on my wife's side of the family to get tested, the earlier the better. Get Dr. Walsh's book. Do your research on the Internet. Be proactive in your health care.

I still have some challenges to face down the road, but I believe the worst part is behind me.

It is my prayer that a year from now, I am still writing a column, and I will be able to say I'm still doing well.

[Ernie Brown Jr.](#), a regional editor at The Vindicator, writes a monthly column.



Update: Identifying the Genetic Roots of Prostate Cancer

Past efforts to find a "prostate cancer gene" have produced tantalizing clues, but few solid suspects. But now it appears that years of sleuthing have paid off. Researchers at Johns Hopkins, who worked in collaboration with scientists from several other institutions, recently announced an important breakthrough.

The researchers recruited 94 men who had been diagnosed with prostate cancer when they were 55 years old or younger or who had close blood relatives with prostate cancer. Past research led the investigators to suspect that one particular region of the human chromosome, known as 17q21-22, might be the location of one or more prostate cancer susceptibility genes. The team analyzed 200 genes located in this region. They found that four of the men had a mutation on a gene known as HOXB13, which plays an important role in the development of the prostate.

Next, the researchers turned their attention to the families of these four men and found that they had a total of 18 close male relatives with prostate cancer. Blood tests revealed that every one of these men had the HOXB13 gene mutation -- powerful evidence that it might be linked to hereditary prostate cancer.

To help build their case, the scientists then studied 5,100 men who had been treated for prostate cancer and found that 72 of them had the same mutation on the HOXB13 gene. What's more, these men were highly likely to have been diagnosed with prostate cancer at a young age or to have one or more relatives with the disease. For comparison, the team studied 1,400 men who didn't have prostate cancer. Just one man had the HOXB13 mutation.

The bottom line:

This study, which was published in the *New England Journal of Medicine*, found that men who carry the HOXB13 mutation are up to 20 times more likely than noncarriers to develop prostate cancer. It's important to keep in mind that the mutation discovered on the HOXB13 gene is rare and explains only a small number of prostate cancer cases -- probably between 2 percent and 5 percent.

Although this study has certain limitations, identifying the HOXB13 gene mutation and its association with prostate cancer raises hope that more discoveries lie ahead. It's conceivable that this evolving knowledge could eventually allow researchers to develop a genetic test that would tell a man if he's at increased risk for developing prostate cancer. In turn, this information would help doctors to identify patients in need of more frequent screening exams and preventive strategies. Stay tuned.

Genetic Test Can Predict Most Aggressive Cases of Prostate Cancer

By Alice Park May 08, 2013

Analyzing a tumor's genes can predict which prostate cancers won't need additional treatment and which cases require more intensive therapies.

Watchful waiting is a common strategy for treating prostate cancer, since in about 40% of cases the tumors are so slow-growing that they don't require additional invasive biopsies or treatment and men with the cancer are more likely to die of other causes.

But based on analyses of tissue from men whose prostates were surgically removed as a precaution even if they were deemed to be low-risk, anywhere from 15% to 20% of these low-risk cases actually turn out to involve tumors that were more aggressive. As a result, the tumors were mischaracterized by available predictive methods such as the blood-based prostate specific antigen (PSA) test and imaging to search for hidden growths.

So researchers at Genomic Health, the company that developed a gene-based test for predicting which breast cancers might recur, turned their attention to creating a similar assay for prostate cancer. The breast cancer assay, Oncotype Dx, provides women with a number between zero and 100 that indicates their risk of recurrence and their response to chemotherapy. The prostate cancer panel, known as Oncotype Dx Genomic Prostate Score, is now available following release of the study results. Dr. Peter Carroll, director of the department of urology at the University of California, San Francisco, led the independent trial that validated the new test. "We wanted to see if we could improve the issue of risk assessment for prostate cancer patients," says Carroll.

Working with biopsy samples from 400 patients who had prostate surgery and were determined to be at low risk of recurring tumors, Carroll and his team found that the panel of 17 genes in the assay could reliably predict how aggressive the cancers were. In some cases, the more active the genes were, the higher the risk of recurrence, while in others, less activity conferred the greater risk. When the researchers matched the activity of these genes to the men's prostate cancer outcomes, they were encouraged to see that in about half of the participants, the genetic assay proved to be an effective predictor of the tumor's aggressiveness; the genetic information moved the men's risk score (determined by the existing PSA and imaging tests) for developing additional tumors higher or lower by about five points. For about 23% of the men, the panel of genes changed the scores by 10 points or more. "You might say that for most patients, the test provides them with some information," says Campell. "We think the information is significant in about half of patients and very significant in about a quarter."

The test included not just the panel of 17 cancer-related genes but an additional five control genes to ensure that researchers accurately measured when the genes were more or less active. The 17 genes appear to be involved in cell growth, androgen hormone metabolism (which influences prostate function) and other tumor-related processes. Carroll and his team presented the results on the test at the annual meeting of the American Urological Association.

Carroll is already planning a follow-up trial that will track 1,000 men prior to prostate cancer treatment to see if the genetic panel can accurately predict which men went on to develop aggressive disease and which ones did not — and which men might avoid treatments altogether. The information could be helpful in providing more confidence in physicians' — and patients' — decisions to avoid treatments because men aren't likely to need them.

“We are trying to change the whole treatment paradigm here,” says Carroll. “Do you get treated or not? It's a big paradigm shift from what was done in prostate cancer treatment a decade or more ago.” In many cases, he says, men decided to undergo more radical treatments such as radiation therapy or additional surgery just to be safe, even if they might never have developed more advanced disease. But there was no way to tell patients with some assurance that they could rely on watchful waiting, which ultimately turned into watchful worrying for most men and put them at increased risk of complications from the unnecessary procedures.

“Will 100% of patients make different treatment decisions? The answer is no. But I think for a certain number of them it will be significant,” says Carroll. “If 5% more men in this country undergo surveillance, that's 10,000 lives that might be spared from unnecessary treatment. Now there are so many people treated who have low-risk disease who don't need [treatment] that we need to move the needle a little bit.”

A genetic test that could determine men at the highest risk of developing aggressive disease could change how prostate cancer is treated, he says, since doctors would be able to more accurately predict which men would need more rigorous follow-up and which men likely won't have to worry about their prostate that much.

Moderating Stress May Increase Immunity In Prostate Patients, Study Says

By [Better Health Research News Desk](#) Jan 31st, 2011

Research has shown that relaxation techniques may reduce depression and anxiety, but a new study added that this effect may even extend to the health of prostate patients. A physician at the University of Texas MD Anderson Cancer Center reported that stress relief may boost immunity in men undergoing prostate surgery.

Oncologist and behavioral scientist Lorenzo Cohen associated stress counseling prior to prostatectomy, or full removal of the of the gland, with higher post-operative levels of immune cells in the blood.

Cohen asked men with early-stage prostate cancer to attend bi-weekly therapy sessions, practice deep breathing, use positive visualization techniques and discuss their stress levels before and after surgery.

He found that men who were de-stressed prior to the operation were more likely to have a healthy immune system afterward. They also displayed fewer mood disruptions before the surgery.

The researchers concluded that stress management may be a valuable part of the preparation and recovery process for men with prostate cancer. He added that such techniques may naturally improve health while saving valuable public health funds.



The Link Between Early Baldness and Prostate Cancer

Researchers have long known about the potential link between baldness and the risk of prostate cancer, but studies have been conflicting. Now a study of African-American men shows a higher risk of prostate cancer among men losing their hair, supporting the results of a previous study that found similar results in a group of primarily Caucasian men. In the current study, published in *Cancer Epidemiology, Biomarkers & Prevention*, researchers focused specifically on African-American men, since they have the highest rate of prostate cancer among men in the U.S. and are twice as likely to die of the disease than these men.

The participants included 318 men with prostate cancer and 219 similarly aged controls who were enrolled in the Study of Clinical Outcomes, Risk and Ethnicity (SCORE) between 1998 and



2010. They were asked about any diagnosis of prostate cancer as well as the specific type of hair loss at age 30: none, frontal baldness or vertex baldness.

Overall, men with any type of baldness had a 69% greater risk of prostate cancer, and young men with frontal hair loss were six times as likely as those without such baldness to be diagnosed with advanced prostate cancer by age 60.

The pattern of baldness seemed to make a difference, with frontal hair loss associated with a higher risk of cancer than vertex baldness. That's in contrast to previous studies, which found no difference in risk depending on the pattern of baldness.

Although the study involved a small number of participants, the researchers say the findings point to a potentially important new way of identifying men who might be at highest risk of developing prostate cancer. Why balding patterns are connected to prostate cancer isn't known, but the researchers believe changes in hormone levels may be behind both; one of the breakdown products of the male hormone testosterone, for example, dihydrotestosterone (DHT) is linked to a higher risk of prostate cancer (and faster-growing tumors) as well as thinning of hair follicles.

The fact that the results were so dramatic among African-American men also suggests that there may be a race-related genetic explanation too. "Pending future studies to confirm our results, there is a potential to use early-onset baldness as a clinical indicator of increased risk for prostate cancer in some populations of men," said Charnita Zeigler-Johnson, a research assistant professor at the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania in Philadelphia in a statement. Given that African-American men are at higher risk of developing the cancer, that's welcome news that could help to identify more patients so they can receive treatment to save their lives.

Alexandra Sifferlin is a writer and producer for TIME Healthland. She is a graduate from the Northwestern University Medill School of Journalism.

[Cheech and Chong star claims cannabis helped cure prostate cancer](#)

Comedian and stoner Tommy Chong says 'I kicked cancer's ass!' with a variety of treatments including diet and supplements.

guardian.co.uk, Monday 13 May 2013

Tommy Chong, the veteran star of the dope-fuelled Cheech and Chong films, says he has beaten prostate cancer with a combination of cannabis use and a special diet.



Tommy Chong, left, and Richard 'Cheech' Marin at a celebrity golf tournament this month. Photograph: Richard Shotwell/Richard Shotwell/Invision/AP

Chong, 74, was diagnosed with cancer in June last year following a three-year period in which he said he had been drug free. He now says he is 99% free of the disease after a Canadian doctor helped him change his diet to include a variety of special supplements, as well as hemp oil. He then sat for a number of sessions with a practitioner named Adam Dreamhealer, described as a "world-renowned healer".

"That's right, I kicked cancer's ass!" Chong wrote on the website CelebStoner.com. "So the magic plant does cure cancer with the right diet and supplements. I'm due for another blood test, MRI, etc, but I feel the best I've felt in years. And now for a celebration joint of the finest Kush ..."

Together with collaborator Cheech Marin, Chong starred in eight films between 1971 and 1985, including the pair's classic debut *Up in Smoke*. During that period the duo also released eight albums, three of which hit the US top 10. The duo split in the mid-80s, but began touring together again in 2008.



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.

GETTING OLDER

*Your nooky days are over,
Your pilot light is out.
What used to be your sex-appeal
Is now your water spout.
Time was, when of it's own accord-
from your trousers it would spring.
But now it's a full time job,
just to find the blasted thing.
It used to be embarrassing,
the way it would behave.
For every single morning,
it would stand and watch you shave.
As your old age approaches,
it sure gives you the blues.
To see it hang it's withered head,
And watch you tie your shoes.....*

Author Unknown

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

WE NEED YOUR SUPPORT

Newsletter - General Meetings - Hospital Visits - One-on-one Visits - Speakers

**WE ASK FOR YOUR FINANCIAL HELP TO AID US IN OUR WORK -
NOW IS A GOOD TIME!**

Make a donation on the occasion of a celebration or bereavement

We will send a card acknowledging your generosity to the family or person

Please include full information: name and the address of the recipient and the occasion

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Yes, I would like to make a donation.

Enclosed is a cheque or money order for \$ _____ (a tax deductible receipt will be issued)

\$25 \$50 \$100 \$250 \$500 \$1000 Other

NOTE: It is NOT necessary to include this form, a receipt will be issued from the information on your cheque.
Make cheque or money order payable to:

Montreal West Island Prostate Cancer Support Group Inc. (or) MWIPCSGI

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!

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