



We meet 7.30 pm every fourth Thursday of each month except July, August and December. All are welcome.

Sarto Desnoyers Community Centre
1335, Lakeshore Drive, Dorval
Contact us: (514) 694-6412

Our Next Meetings

On November 24, Dr. David. P. Labbé will speak on "Unravelling the role of diet in Prostate Cancer."

Dr. Labbé is a Post Doctoral Fellow at the Dr.Myles Brown's Laboratory, Harvard Medical School.

Editorial

For all those participating in "Movember" activities, congratulations. It is important that we raise awareness every month of the year, but the month of November is especially significant for the Prostate Cancer community.

Prostate Cancer Canada, with whom we are affiliated has produced its Annual Report for 2015/16 and it can be downloaded from their website in pdf format. The document provides useful insights to their wide range

of activities.

We are considering polling our members on the possibility of having a "Warriors" section at our meetings, similar to those in other support groups in Canada. "Warriors" are those who have Advanced Prostate Cancer and whose concerns are rather different from those whose cancer is in remission. More on this later in the Newsletter.

Jeff Watson

Local News

At our September meeting, Dr. Samuel Aronson of the Jewish General Hospital outlined his work on accurate diagnosis and treatment using Prostate MRI's. This is currently a very hot topic and much work is also being done elsewhere.

Newsletter Disclaimer: PCCN Montreal West Island does not assume responsibility for the contents or opinions expressed in this newsletter. All articles are for information only and not intended to be a substitute for the advice of a doctor or health care professional, or recommendations for any particular treatment plan.

Newsletter

Dr. Aronson showed us that with the advancement of MRI, new software, and well trained technicians, doctors are now able to view the entire prostate in high detail 3D imagery. The imagery allows identification of benign and malignant cells to the trained observer.

The potential for eliminating, or reducing random core biopsies by applying these MRI techniques is exciting and we look forward to the day when prostate MRI can be used routinely for active surveillance patients.

At our October meeting, Dr. Cindy Ibberson summarized the “CanDirect” research project that was mentioned in our September Newsletter.

Other News

Since this issue has two pages less space than normal, I have referenced the November Newsletter of PCCM Markham which reported on several studies that I have been following, including: “Hormone therapy may raise dementia risk...” and “How medical Cannabis helped a

Cancer survivor to live again.” Go to: www.pccnmarkham.ca to access the Newsletter.

A Warriors Group?

Personally, I am not enamoured with the military reference of a Warrior, but so be it, that is the name that has been chosen. People that have been included in this group have seen their cancer return and, in the worst cases, have developed metastases in the bones, or elsewhere, and have the incurable Metastatic Castrate Resistant Prostate Cancer (mCRPC).

Clearly, the issues are somewhat more grave than issues such as incontinence or erectile dysfunction. What “Warriors” are dealing with are life and death issues, expected survival, and palliative care with minimum pain.

If you are interested in a group that might share and discuss common concerns in some depth then please contact either myself (a mCRPC patient) or any member of the steering Committee (see page 6).

Newsletter

Advanced Prostate Cancer

In 2004, a person who was diagnosed with Advanced PC had an average life expectancy of 18 months. In 2015 this had risen to 3 years thanks to the approval of new treatment options.

In a Montréal Gazette article, November 27, 2015, Dr. Fred Saad, Chief of Urology at the CHUM said that when the cancer becomes resistant to treatment, it's really the worst case scenario.

As for other researchers in the Montréal area and the rest of Canada, much of Dr. Saad's research is focused on discovering new treatment options that can stem the cancer progression and prolong patients' lives with a reasonable quality of life.

I recommend a webinar produced by Prostate Cancer Canada – Expert Angle. This is in French, but the slides are easily understood. It is one of the best expositions on Advanced PC that I have seen.

<http://www.prostatecancer.ca/Support/Expert-Angle/2015/Le-cancer-de-la-prostate-rcidivant>

Treatment Options

As I understand it, there are currently 5 treatment options in Canada, outside of clinical trials. They are:

Docetaxel – Chemotherapy

Intravenous every 3 weeks for up to 6 treatments. Taken with Prednisone

Abiraterone – Hormone therapy

Four pills taken daily with Prednisone. Continued until it stops working

Enzalutamide – Hormone therapy

Four pills daily – no Prednisone. Continued until it stops working

Radium 223 – Radiation

One injection at 4 week intervals for 6 doses

Cabazitaxel – Chemotherapy

Intravenous at 3 week intervals for up to 10 doses

Sequencing

A number of clinical trials are attempting to evaluate the optimum sequencing of these treatment options for effective

outcomes. In fact, the move is towards finding ways for more personalized treatments.

In an article published in the 2016 Genitourinary Cancers Symposium (Daily News January 7, 2016), Dr. Fred Saad wrote:

« The last 5 years have seen some of the most important changes in the way we view and treat advanced prostate cancer. Ever since docetaxel showed improvements in overall survival (OS) in 2004,^{1,2} the search for additional therapeutic options for patients with metastatic castration-resistant prostate cancer (mCRPC) has been a major focus of research. Results reported and published using abiraterone and enzalutamide in the pre- and post-docetaxel setting were impressive in both the extent to which patient survival improved and how well treatments were tolerated.³⁻⁷ Today, these two agents offer well-tolerated and effective therapeutic options for patients with mCRPC prior to, or in place of, docetaxel. Some have questioned whether there remains a role for chemotherapy or what the role of chemotherapy would be in the treatment of metastatic prostate cancer.

Although abiraterone and

enzalutamide are appreciated given their adverse event profiles and ease of administration, a subset of patients does not respond on these drugs. Being able to predict resistance to androgen receptor–targeting therapies has been an intense focus of research. Recently, a study by Antonarakis et al. found that patients with detectable androgen receptor splice variant 7 (AR-V7) in their circulating tumor cells had worse outcomes when treated with either abiraterone or enzalutamide compared with patients without detectable AR-V7 in their circulating tumor cells.⁸ More recently, the authors found that the presence of AR-V7 did not render tumors more resistant to taxane-based chemotherapy. These findings are being validated in large-scale prospective studies, and they are a major step forward in our efforts to personalize and rationally choose therapeutic options for individual patients with mCRPC. »

Summary

Despite all the progress in recent years, Advanced PC remains fatal sooner or later. Researchers are optimistic that new treatments will be approved soon.

Newsletter

Annual Funding Request

Every November we solicit your generosity to help us continue our work in the community.

This year we hope for a strong response from you and your friends/contacts.

Please cut out or copy the support form that you will find below.

Please note that due to constraints in the cost of processing, tax receipts will only be issued for contributions of \$25.00 or more.

Prostate Cancer Canada Network – Montreal West Island

WE NEED YOUR SUPPORT

Newsletters – 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: _____ Telephone: _____

City: _____ Province: _____ Postal Code: _____

E-mail address: _____

Yes I would like to make a donation.

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

\$10 \$25 \$50 \$100 \$250 \$500 \$ 1000

Make your cheque or money order payable to:

Prostate Cancer Canada Network – Montreal West Island
P.O. Box 722, Pointe Claire, Que. Canada, H9R 4S0

Newsletter

Telephone Helpline (514) 694-6412

- v 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.
- v 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.
- v The PCCN—Montreal West Island Prostate Cancer Support Group is a recognized charitable Organization (registration # 87063 2544 RR0001). All donations over 25\$ are acknowledged with receipts for income tax deductions. Donations and membership fees (voluntary) are a very important source of funds vital to our operations such as paying the printing and mailing our newsletter, hall rental, phone helpline, equipment, library, etc.

Your support is needed now!

Please help us to help you!

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