



September 2014 - Issue #86

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 September 25, 2014 at 7:30 PM, **Monty Newborn**, our **Webmaster and Publicity Director** will moderate an open forum. A series of short videos on various aspects of prostate cancer will be shown, each followed by a discussion. The emphasis will be on complications that follow the initial prostate cancer treatments. Please join us and share your own personal experiences.



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



In September 2004, **William Brock** was diagnosed with **acute myeloid leukemia**, seven years after his father's death from the same diagnosis. William survived thanks to the skill and care of the doctors and nurses at Maisonneuve-Rosemont Hospital in Montreal, Quebec, the wonders of medical science and a bone marrow transplant from his brother.

After his recovery, William helped to establish The Fund for **Education and Research Into Blood Cancers** which supports blood cancer research. In the spring of 2010 he cycled across Europe to celebrate the five year anniversary of his transplant and raise money for the Fund. He has produced a book to support the Fund, to inspire and give hope to those suffering from blood cancers, and as a tribute to survival.

Please join us on Thursday October 23, 2014 when William Brock will speak, inspire us and give us hope.



Be sure to visit our table, and say hello to our Steering Committee Members, as well as pick up some of the latest information on prostate cancer during the **Pointe-Claire Community Awareness Day** on Saturday **September 20, 2014**, at **Plaza Pointe-Claire**, 269 boul. St Jean.

Support your local prostate cancer support group
PCCN - Montreal West Island
Get Involved!



**PCCN - 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.



Johns Hopkins Health Alert

A Question About Kegel Exercises

Here's an important question from a recent issue of the *Prostate Cancer Bulletin*. "I am 68 years old and am scheduled for prostate cancer surgery next month. In a conversation with my urologist today, he told me that he wanted me to begin Kegel exercises daily to strengthen my pelvic floor muscles. He said that these special exercises would help speed up the return of urinary continence following the surgery. I had never heard of these exercises before and was even more surprised to hear that I may have problems with urination after the surgery. What are your thoughts on the value of Kegel exercises before and after prostate surgery?"

Dr. Mostwin replies. At age 68, you should definitely be concerned about urinary continence after prostate cancer surgery. Increased age is one of the risk factors in developing post-prostatectomy incontinence. Although men can be considered good candidates for surgery up to the age of 70 and even beyond, urinary continence is an important consideration in my practice.

The Kegel exercises were derived from the work of Dr. Arnold Kegel, a Los Angeles gynecologist who, in the 1940s, developed a method for rehabilitating the strength of the vaginal muscles after childbirth. Dr. Kegel created these exercises to strengthen the muscles that travel from the front of the pelvis around the rectum. Actively contracting these muscles shortens, tightens and rehabilitates the vaginal muscles. In men, they have the same effect on the muscles that control the urinary stream.

Kegel exercises have been adopted over the years as part of a rehabilitation program for urinary continence, initially in women, and later, when the era of radical prostatectomy began, for men. After radical prostatectomy, patients can exercise the pelvic floor muscles as a means of interrupting the urinary stream. Kegel exercise is commonly recommended, although the ability to interrupt the urinary stream doesn't guarantee that total urinary continence will be preserved.

Your urologist is correct in suggesting that doing Kegel exercises before surgery will familiarize you with the kind of muscle contractions necessary to interrupt the urinary stream. However, there's very little data to suggest that you will actually strengthen the

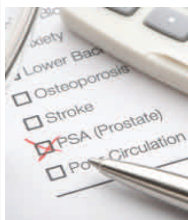
sphincter muscle in any meaningful way. So start doing the Kegel exercises now in preparation for utilizing them after the operation, but understand that there are other factors in regaining continence post-surgery.

Posted in Prostate Disorders on August 20, 2014

Study: Side Effects Outweigh Prostate Cancer Screening Benefits

August 11, 2014

<http://www.cancernetwork.com/news/>



By Anna Azvolinsky, PhD

A large European study with a 13-year follow-up shows that prostate-specific antigen (PSA) screening for prostate cancer can reduce deaths from the cancer by about one-fifth. But, the study authors do not believe that these benefits outweigh the harms that are caused by treatments and invasive biopsies, both of which can result in long-term adverse effects for men, including impotence, incontinence, and gastrointestinal complications. The study was published in the *Lancet*.

The European Randomized Study of Screening for Prostate Cancer (ERSPC) showed significant reductions in prostate cancer mortality after 9 years and 11 years of follow-up. PSA screening reduced prostate cancer deaths by 15% at 9 years and by 22% at 11 years.

The current 13-year follow-up shows that there was no further improvement in reduction of prostate cancer mortality, which was about 21%. Those men who were actually screened had a 27% lower risk of dying from prostate cancer.

The number of men needed to be screened to prevent a single prostate cancer death decreased from 1,410 men after 9 years of study to 781 men after 13 years of study, a steady decrease. The number needed to be diagnosed with prostate cancer and subsequently treated to prevent a single death from prostate cancer decreased from 48 to 27 men.

The ERSPC enrolled more than 162,000 men between the ages of 50 and 74 from eight European countries (Belgium, Finland, France, Italy, the Netherlands, Spain, Sweden, and Switzerland) and randomly assigned them to either screening every 4 years (every 2 years in Sweden) or no screening. Men were referred for a biopsy if their PSA score was greater than 3.0 ng/mL. The study began in 1993.

At the 13-year follow-up mark, 7,408 men were diagnosed with prostate cancer in the screening group compared with 6,107 men in the control group.

“Despite our findings, further quantification of harms and their reduction are still considered a prerequisite for the introduction of population-based screening,” concluded study author Fritz Schröder, MD, of **Erasmus University Medical Center** in Rotterdam, Netherlands, and colleagues.

“The main weakness of screening is a high rate of overdiagnosis and overtreatment. We conclude that the time for population-based screening has not arrived,” the authors further stated. “In the present situation, early diagnosis cannot be refused to men who are well-informed and request to be tested. Information must concentrate on the occurrence of overdiagnosis, which is also the main target of future research. Multiparametric MRI and the developments of new markers are the hope for the future. In the meantime, available instruments with multivariate risk stratification must be applied.”

As of 2011, the US Preventive Services Task Force does not recommend prostate cancer screening for healthy men. This recommendation is based on the 10-year US-based Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial, as well as from the current study reported here.

In a commentary on these results, Ian Thompson, MD, of the University of Texas Health Science Center at San Antonio, and Catherine Tangen, DrPH, of the Fred Hutchinson Cancer Research Center in Seattle, stated that PSA screening is “imperfect” and that “with an enormous reservoir of cancers in aging men, there is a major risk of detection of many cancers that will never cause symptoms or death.”

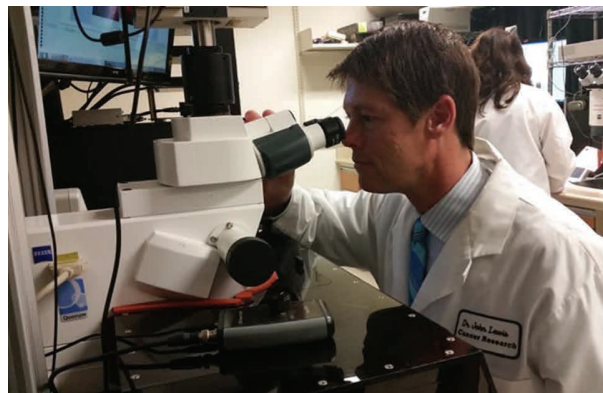
The commentary authors also pointed out that screening does not always prevent prostate cancer-related deaths. “It is this trio of drawbacks (overdetection, treatment complications, and disease progression) that leads to the uncertainty about the role of screening,” they said.

“The new findings from ERSPC are crucially important. In future publications from the study, the distribution of prostate cancer deaths by Gleason score and PSA at diagnosis will be important to understand how to tailor screening and treatment,” Thompson and Tangen concluded.

See more at: <http://www.cancernetwork.com/news/study-side-effects-outweigh-prostate-cancer-screening-benefits?GUID=3FCE14B4-3FEF-499C-8FBE-124523BD06D6&rememberme=1&ts=13082014#sthash.CRZjn5D3.dpuf>

U of A scientist puts a finger on cancer cell ‘tentacles’; New study looks at how cancer spreads through the body

By Alexandra Zabjek, Edmonton Journal September 1, 2014



University of Alberta researcher Dr. John Lewis peers into a microscope that was purpose-built to study how cancer cells form “tentacles” allowing them to spread through the body. His team’s findings were published in the most recent issue of the journal, *Cell Reports*.

Photograph by: Supplied, University of Alberta

EDMONTON - A study led by a University of Alberta research team has pinpointed how cancer cells form “tentacles” to spread from one part of the body to another, a finding that could open up new possibilities for treatment.

The team spent three years observing how micron-sized cancer cells develop tentacles, called invadopodia, that allow them to move from the bloodstream into another organ. Scientists had never before observed the phenomenon in a live model.

“At an airplane terminal, you have all of your paperwork in place and there are guards to check it and make sure you’re secure. The body is the same way,” said Dr. John Lewis, associate professor in the university’s department of oncology.

“The immune system checks cells as they escape and filters them ... This process of escape from the bloodstream is an important checkpoint where most of the cancer cells are destroyed. But if they’re able to produce these invadopodia — the right paperwork — they’re able to escape.”

Lewis noted the deadliest aspect of cancer is often its spread to other organs in the body. Ninety per cent of patients who die of cancer have metastasis, or the spread of cancer.

“No man will die of prostate cancer if it stays in his prostate. It becomes dangerous when it spreads ... The prostate is not life-threatening if you lose it,” said Lewis, who holds the Frank and Carla Sojonyk Chair

in Prostate Cancer Research.

That's why understanding how cancer spreads is so important. The team's research found doctors could use drugs or genetic means to stop the development of invadopodia.

The drug used by the team is already in clinical cancer trials, which Lewis called "encouraging." He also noted there is evidence showing that doing a biopsy or surgery on a cancer tumour can sometimes cause cancer to spread, which would make an invadopodia inhibitor particularly important in those cases. The development of an inhibitor that directly attacks invadopodia will likely take five to 10 years, he said.

Lewis and his team used a \$500,000 microscope and the protein of a deepsea jelly fish to do their work. The protein glows fluorescent green and clearly shows up in images as the cancer cell against a backdrop of red blood cells. The microscope was purpose-built for this study and is one of only two such microscopes in the world. The study and the microscope were partially funded by the Alberta Cancer Foundation, which helped bring Lewis from Western University in Ontario to Alberta.

"I don't have enough to say about John and his team; they're experts in the field," said Raja Mita, the foundation's director of program investments. "He has credibility on the research side and also on taking scientific discoveries from the bench to the bedside."

The team's work was published in the most recent issue of the journal Cell Reports. Some of the study work was done by scientists at the Lawson Health Research Institute in Ontario.

and elements of diet and lifestyle and eating they share in common. These similarities may be linked with their positive prostate health.

Unfortunately there is no quick-**fix** diet for good health. There is no big **money** to be made promoting the diets of these regions. The best "diet" for prostate health actually involves a healthy lifestyle and way of eating that follows the lines of the Mediterranean diet and the Japanese diet, which are part of an overall "prostate diet."

The prostate diet

The prostate diet is a sensible eating plan that that is designed to promote good prostate health. This eating plan helps protect against cancer and inflammation. Every day you make choices about what to put in your body, and these choices can support or work against good prostate health.

The foundations of the prostate diet include eating whole and natural unprocessed foods, choosing healthy fats over unhealthy fats, eating many fruits and vegetables, and choosing plant proteins over animal proteins. The Prostate Diet includes foods that are rich in omega-3 fatty acids, cancer-killing foods, and supplements. The prostate diet also promotes good hydration with water and involves consuming green tea, which has many health benefits for the prostate.

The Mediterranean diet

The prostate diet has a lot of overlap with the Mediterranean diet. The Mediterranean diet involves certain foods (such as whole, fresh, and natural foods) but it also represents a style of eating and living. This diet is based on the natural way of life for people living in and around Spain, Greece and Italy. This lifestyle involves a high activity level, an anti-**stress** attitude, and a slow and leisurely eating style. It even encourages drinking a moderate amount of wine. And surprisingly, all of these elements contribute to positive prostate health.

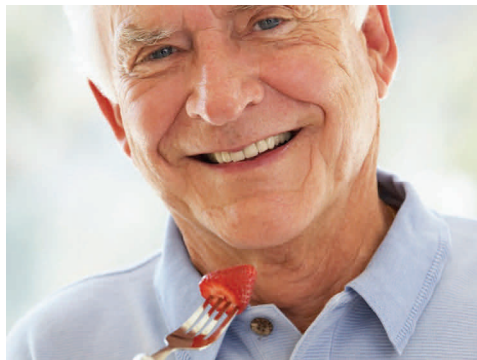
The characteristics of the Mediterranean diet include:

- Consuming healthy oils such as virgin olive oil.
- Eating oily fish three to four times per week.
- Having a high intake of fruit and vegetables.
- Drinking 1-2 small glasses of red **wine** with meals.
- Eating nuts.

Finding the best diet for prostate health

August 14, 2014 | Dr. Geo Espinosa

<http://easyhealthoptions.com/finding-best-diet-prostate-health/>



When you look around the world there are certain groups of men who have lower prostate cancer rates than other groups. Men from the Mediterranean and Japan have statistically low

prostate cancer rates. These men may be from vastly different cultures and regions, but there are certain habits

- Limiting consumption of meats and natural saturated fats.
- Eating legumes.
- Unprocessed carbohydrates.
- Eating 3-4 eggs per week.
- Avoiding trans-fat (hydrogenated oils).

Avoiding processed foods.

The benefits of the Mediterranean diet include helping to fight cancer and reduce inflammation. This diet is high in antioxidants, especially lycopene, which is found in tomatoes. This diet is easy for many men to follow because it is very satisfying and filling, due to the healthy fats and fiber. Because eating at a leisurely pace allows the body **more** time to feel full this lifestyle discourages overeating. This diet can help prevent obesity, which is a risk factor for both prostate cancer and enlarged prostate.

The Japanese diet

There are elements of the Japanese diet that also have some surprising things in common with the Mediterranean diet. It is important to note that men who live in Japan have a three times lower prostate cancer rate than men living in the U.S. You can find out how Japanese men prevent prostate cancer through diet, lifestyle and a high consumption of green tea. Incorporating some of these dietary and lifestyle changes into your life can help improve your prostate health as well.

Even though the lifestyle and culture of people living in Japan vs. the Mediterranean are quite different, certain elements of their habits and eating style and have some similarities that are worth noting. They share certain prostate-friendly foods, high activity levels, and attitudes about stress, which makes them more alike than they seem on the surface.

Men in both these areas of the globe walk to more places than they drive; certainly more than most men in the U.S. Men in either of these regions do not consume much processed **food** or sugar, and they eat a lot of fish, especially fish high in omega-3 fatty acids. Men in Japan drink a lot of green tea, which is in sync with the foundations of the Prostate Diet.

Eating for health and pleasure

If you want to have long-term success at following any diet or healthy habits, you need to enjoy what you are eating. If you are bored or deny yourself by limiting your diet to just a few types of foods you won't enjoy it and won't stick to it. That is why following a

Mediterranean diet and including elements of the prostate diet and the Japanese diet (along with staying active with regular exercise and supplementing with good prostate supplements) will provide you with the variety and flavor you crave while giving you the best odds for following a prostate-friendly lifestyle.

High-protein diets and other foods to avoid

Eating good quality protein is important, but high-protein diets that are low on carbohydrates are not good for you or your prostate long-term. Many men turn to the Atkins diet and other fad weight-loss diets because they help with rapid weight loss initially. However the bad outweighs the good when it comes to your health.

Eating a high-protein diet is bad for prostate health and may increase your risk for prostate cancer. The World Health organization says, "diets high in red meat, dairy products, and animal fat have frequently been implicated in the development of prostate cancer." Too many of the quick weight-loss diets and liquid protein diets do not provide variety, are not satisfying, and do not stress the importance of exercise. These short-term weight-loss diets limit your choice of foods and often leave out very healthy fruits, vegetables, and fiber that are important to good prostate health. There is not one magic super food, but there are many nutrient-dense foods that all work together in one healthy eating plan.

You want to eat to promote prostate health, but there also may be foods that you should avoid, especially if you suffer from prostatitis. You should avoid certain foods that can irritate the prostate. Men with chronic prostatitis/chronic pelvic pain syndrome may notice that certain foods aggravate pain or urinary symptoms. These common culprits include caffeine, alcohol, acidic and spicy foods. Even something like wheat, that seems innocuous, can increase prostate inflammation and worsen prostatitis symptoms. Pay attention to how foods affect your prostate health. If you notice changes to your prostate or urinary health after you these foods, try eliminating them from your diet. If you remove them and symptoms improve, try reintroducing them after a few weeks. If you bring the foods in question back and the symptoms return, you might consider cutting those foods out of your diet altogether.

Following these guidelines may help you support good prostate health. An added bonus is that these diets also promote good heart health and can boost your sexual health as well.



Dr. Geo Espinosa is the Director of the Integrative Urology Center at New York University Langone Medical Center and the Chief Science Officer at Prostate Research Labs. Before joining NYU, Dr. Espinosa was a clinician, researcher and director of clinical trials at the Center for

Holistic Urology at Columbia University Medical Center. He is a licensed naturopathic doctor, licensed acupuncturist, a Certified Nutrition Specialist and a Registered Herbalist. Dr. Espinosa is an author of the naturopathic entry in *1000 Cures for 200 Ailments* (Harper Collins, March, 2007) and “Prostate Cancer — Nutrients that may slow its progression,” *Food and Nutrients in Disease Management* (Maryland: Cadmus Publishing, 2009). Dr. Espinosa also serves on the editorial board of the *Natural Medicine Journal*. Dr Geo is a frequent speaker at universities, medical schools and conferences on Integrative Health, nutrition and natural treatments for prostate disease.



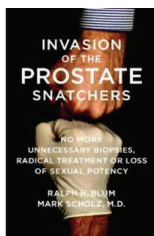
Librarian’s Corner

“Invasion of Prostate Snatchers”

Posted by Gary Schwitzer in Cancer, Health care journalism, Shared decision-making
New York Times writer Dana Jennings,

who’s been publicly sharing his own story of prostate cancer, writes about a new book about someone else’s prostate cancer story.

It’s “Invasion of the Prostate Snatchers,” by Ralph H. Blum and Dr. Mark Scholz.



Jennings writes:

“(The book) is a provocative and frank look at the bewildering world of prostate cancer, from the current state of the multibillion-dollar industry to the range of available treat-

ments.

About 200,000 cases of prostate cancer are diagnosed each year in the United States, and the authors say nearly all of them are overtreated. Most men, they persuasively argue, would be better served having their cancer managed as a chronic condition.

Why? Because most prostate cancers are lackadaisical — the fourth-class mail of their kind. The authors say “active surveillance” is an effective initial treatment for most men.

They add that only about 1 in 7 men with newly diagnosed prostate cancer are at risk for a serious form of the disease. “Out of 50,000 radical prostatectomies performed every year in the United States alone,” Dr. Scholz writes, “more than 40,000 are unnecessary. In other words, the vast majority of men with prostate cancer would have lived just as long without any operation at all. Most did not need to have their sexuality affected.

Yet radical prostatectomy is still the treatment recommended most often, even though a recent study in *The New England Journal of Medicine* suggested that it extended the lives of just 1 patient in 48.

And surgery, of course, is most often recommended by surgeons and urologists — who are also surgeons. Mr. Blum writes: “As one seasoned observer of the prostate cancer industry told me, ‘Your prostate is worth what Ted Turner would call serious cash money.’” As for patients, their rational thinking has been short-circuited by the word “cancer.” Scared, frantic and vulnerable — relying on a doctor’s insight — they are ripe to being sold on surgery as their best option. Just get it out.

Every urologist I met with after my diagnosis recommended surgery, even though it was believed then that I had a low-risk Stage 1 cancer. The best advice came from my personal urologist, who declined to do my operation because it was beyond him: “Avoid the community hospital guys who do a volume business in prostates.”

I did, but I’m still maimed. In my experience, doctors play down punishing side effects like incontinence, impotence and shrinking of the penis. Those are just words when you hear them, but beyond language when you go through them.”

Family matter: Prostate cancer not just a man’s disease



Continued on page 7

Handout Cancer survivor Jim Dorsey praises those who provided him and his wife with support after his diagnosis.

At age 54, Jim Dorsey was on top of the world.

“I was as healthy as a horse and doing great financially, physically and sexually,” says the retired Brampton, Ont.-based software consultant and trainer. But a sudden and unexpected diagnosis of advanced aggressive prostate cancer turned his world upside down.

“It was like being hit with a lightning bolt from a blue sky,” Dorsey recalls about his fast and fateful meeting with a urologist on a rainy night in October, 1999. “In an instant, I went from thinking I was going to be fine to being told that I needed life-saving surgery with a 50% chance I’d be left impotent and/or incontinent.”

Alone, afraid and confused, Dorsey drove himself home and shared the news with his equally devastated wife.

He went online to try and find out more about his condition and the possibilities for treatment.

“I got three million hits. It was almost impossible to know which sites and information were legitimate.”

But in what he calls “the first of many miracles,” Dorsey visited the website of the late Don Cooley, an American prostate cancer survivor who responded within minutes to the Canadian’s emailed plea for help.

Following Cooley’s advice, Dorsey got a referral from his family doctor to see Dr. Juanita Crook, an oncologist then working in the Toronto area who specializes in brachytherapy, a procedure in which radioactive seeds are implanted directly into prostate cancer cells to shrink tumours.

Dorsey saw her in early 2000. By then, however, the tumour in his prostate was determined to be too big for surgery. Worse, he was told that the cancer had most likely metastasized to other organs.

“Radiation was my only hope,” he says. “It was a horrifying time for my wife and me.”

Around that time Dorsey attended a meeting of the Brampton chapter of Us TOO, a Chicago-based

prostate cancer support group.

While at that meeting of the group, which has since joined the 75-chapter Prostate Cancer Canada Network (PCCN), Dorsey met a man who had already gone through the same treatment that he was facing and was now enjoying good health.

“He walked me through the entire process,” recalls Dorsey, who became – and remains – a stalwart group member. “Knowing helps. And for the first time I became aware that there is life after prostate cancer.”

Fortunately for Dorsey, he responded quickly to both tumour-shrinking hormone therapy and the 38 treatments of radiation he received in the fall of 2000.

Three years ago, he was told he was cancer free.

“Having up-to-date information and timely peer support are the keys to dealing effectively with prostate cancer,” says Dorsey, now the Brampton PCCN chapter president. “No one should have to endure the fear and uncertainty that my wife and I did.”

Maureen Rowlands agrees.

“Prostate cancer is not just a man’s disease, it impacts on whole families,” says Rowlands, a health educator and director of support services at Prostate Cancer Canada (PCC).

In addition to providing millions of dollars in funding for diagnosis and treatment research, Rowlands says PCC has developed several pathways to provide information and support for survivors and caregivers alike, as well as for multidisciplinary health care professionals and other cancer-fighting stakeholders.

“We use multiple channels to provide (and) fill information gaps,” says Rowlands.

She notes, for example, that PCC produces and provides a variety of written resources and online videos for survivors and caregivers to help them stay strong and to deal with changes in their households.

The group’s website also offers everything from healthy living tips and information about prostate cancer, treatment and side effects to emerging treatments and new drugs.

PCC also offers live webinars called Expert Angle, leads a National Collaborative Network, which brings together researchers and clinicians, and recently launched a national prostate cancer health information line – 1 (855) PCC-INFO or 1 (855) 722-4636 – in

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.

conjunction with the Canadian Cancer Society. "We try to provide both patients and medical professionals with credible sources of information," says Rowlands.



"There is an immediate need for people to get information when they are diagnosed with prostate cancer."

This story was produced by Postmedia's advertising department on behalf of Prostate Cancer Canada for commercial purposes. Postmedia's editorial departments had no involvement in the creation of this product

Special Appeal

We need new volunteers to join our steering committee!

Our steering committee desperately needs your help. If you would like to volunteer some of your time to our group, we would greatly appreciate it. Specifically, at this particular time, we are in need of a *Secretary* to record the minutes of our meetings and of a *Newsletter Editor* to carry on with our publication.

We are a group of dedicated individuals, committed to the important mission of providing support to prostate cancer patients and would-be patients. Please approach us via email, telephone, or in person at our general monthly meetings.

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 & Outreach	514-631-1115
owencondon72@gmail.com	
Fred Crombie, E-mail Contact	514-694-8149
fred.crombie@videotron.ca	
Charles Curtis, Outreach	514-697-4517
George Larder, Membership Secretary	450-455-8938
glarder@sympatico.ca	
Allen Lehrer, Vice President	514-626-1100
allen.lehrer@videotron.ca	
Allan Moore, Library	514-234-7583
nmoore@total.net	
Francesco Moranelli, Editor	514-696-1119
f.moranelli@sympatico.ca	
Monty Newborn, Publicity & Website	514-487-7544
newborn@cs.mcgill.ca	
Les Poloncsak, Library & Hall	514-695-0411
lmpol@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:

Charles Curtis, Lorna Curtis and Tom Grant.