

November 2014 - Issue #87



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



Our next meeting
will be held on
Thursday, November 27, 2014 at
7:30PM. Our speaker is Dr. Emad
Rajih, Urologist and

Assistant Professor at Taibah University, Saudi-Arabia and currently a Fellow of Robotic and Minimally Invasive Urology at the Université de Montréal. His talk will focus on his research.



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

Prostate Cancer Canada reminds men that early detection using 'Smart Screening' for prostate cancer can save lives

Toronto, ON – October 27, 2014 – Prostate Cancer Canada responds today to guidelines released from The Canadian Task Force on Preventive Health Care (CTFPHC) recommending that the [Prostate Specific Antigen \(PSA\) test](#) should be eliminated as a screening tool for prostate cancer. Prostate Cancer Canada disagrees with the recommendations and wants to remind Canadians that when performed appropriately, the benefits of PSA screening far outweigh the negatives. According to new research based on modelling estimates, if PSA testing was eliminated, the cases of advanced (metastatic) prostate cancer would double, resulting in an estimated 13-20 per cent increase in prostate cancer deaths annually. [\[i\]](#) (continued on p 2)

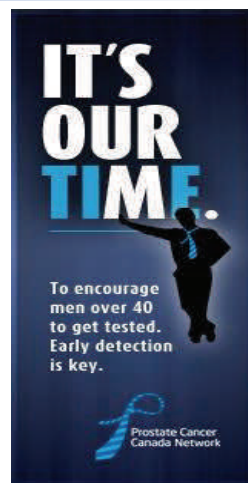
Notice

Please note that we have conducted a survey of our members who have been receiving the newsletter by regular mail asking them if they would like to continue receiving the newsletter and if so would they consider receiving it by e-mail or continue receiving it by regular mail. The result of this survey has resulted in a large reduction of regular mailings and an increase in e-mails.

No survey is absolutely perfect and if we have inadvertently deleted anyone please let us know by calling our Helpline at 514-694-6412.

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.

(from p 1) “It’s simple. Early detection saves lives, especially when it comes to prostate cancer. Eliminating the PSA test would mean not screening for prostate cancer, and if that happens, where does that leave us? Men deserve the right to know their risk,” says Rocco Rossi, President and CEO of Prostate Cancer Canada. “In an age of informed healthcare, we believe the PSA test is one of the most powerful tools we have; early detection can be the difference between life and death.”

Prostate Cancer Canada believes PSA testing should be used as part of “smart screening”, a personalized approach where men are tested to establish a baseline number. Subsequent tests are performed to monitor any changes to the baseline. If a change is detected, the patient and his health care provider should discuss a course of action based on his personal risk factors. This could include other diagnostic procedures such as a digital rectal exam, biopsy or even an MRI.

Many individuals within the health care community agree with Prostate Cancer Canada and think it would be irresponsible to discontinue testing: “The PSA test is merely the first step in the process to detect prostate cancer in its earliest stages when there are more treatment options. While a single PSA test on its own will not diagnose prostate cancer, it is used as another variable to calculate an individual’s personal risk of prostate cancer and allow for tailored clinical follow-up,” explains Dr. Laurence Klotz, a urologist with Sunnybrook Health Sciences Centre in Toronto. “We need to remove the association of the PSA test as a diagnostic for prostate cancer and instead regard it as a valuable predictor of risk.”

The PSA test may not be perfect but it’s the best indicator in clinical practice today and an important red flag to show something may be wrong. The goal of screening is to reduce late detection when death from the disease becomes much more likely.

“This isn’t a black and white issue,” says Dr. Stuart Edmonds, Vice President, Research, Health Promotion and Survivorship at Prostate Cancer Canada. “You can’t abandon testing when there’s research out there that says it’s useful, particularly in the absence of anything better. We believe that when the results are properly interpreted, the benefits of PSA screening outweigh the risks of not screening.”

Currently, statistics show that more than 90 per cent of prostate cancers are found locally for which the five year survival rate is close to 100 per cent.^[ii]

“The statistics for survival thanks to early detection are unprecedented when compared to other cancers so why wouldn’t we want to ensure every man has those odds,” says Rocco Rossi. “The PSA test is a simple blood test, and combined with other risk factors, it’s an important indicator a doctor can use to save your life.”

About the PSA Test

An elevated PSA reading is currently the best early warning sign available that can provide a red flag to explore issues further, which is why Prostate Cancer Canada strongly disagrees with the CTFPHC recommendations around PSA testing for asymptomatic men and instead encourages health care professionals to practice “smart screening”.

“PSA testing saved my life. When I was 45 my doctor was reluctant to perform a PSA test because of my age, but I insisted. Thankfully I did because it was the only test that we did that flagged there was an issue,” says Jim Sullivan, prostate cancer survivor. “People like me – fathers, brothers and husbands – may not be so lucky if PSA testing is no longer used as a screening tool.”

About Prostate Cancer

Prostate cancer is the most common cancer among Canadian men (excluding skin cancers) and is the third leading cause of death from cancer in men in Canada^[iii]. The risk of prostate cancer increases as men age. It usually grows slowly and can often be completely removed or managed successfully if detected and treated early. Estimated amount of new cases and number of deaths due to cancer in 2014:

- 23,600 men will be diagnosed with prostate cancer representing 24 per cent of all new cancer cases in men
- 4,000 men will die from prostate cancer
- Roughly every day, 65 Canadian men will be diagnosed with prostate cancer
- On average every day, 11 Canadian men will die from prostate cancer^[iv]

To learn more, visit www.supportpsatests.ca.

About Prostate Cancer Canada

Prostate Cancer Canada develops, offers and funds

innovative programs related to awareness and public education, advocacy, support of those affected, and research into the prevention, detection, treatment and cure of prostate cancer. For more information visit prostatecancer.ca and follow us on [Twitter](#) and [Facebook](#).

Visit www.supportpsatests.ca for more information and to share facts about PSA testing.

Ref.:

[i] Gulati, R. et al. Expected population impacts of discontinued prostate-specific antigen screening. Cancer doi:10.1002/cncr.28932

[ii] American Cancer Society, 2012

[iii] Cancer Statistics at a Glance. Retrieved from <http://www.cancer.ca/en/cancer-information/cancer-type/prostate/statistics/?region=on> (Last accessed October 13, 2014)

[iv] Prostate Cancer Statistics. Retrieved from <http://www.cancer.ca/en/cancer-information/cancer-type/prostate/statistics/?region=on>

Jim Sullivan's PSA Story

It all started because I wasn't feeling well.

After almost 2 months, I decided to visit my doctor. It's hard to articulate something you can't quite put your finger on – let alone diagnose it. Together, we decided to run a series of tests to see what could be wrong.



The one test we couldn't agree on was the PSA Test. He thought I was too young, at 45, to be concerned with prostate cancer. I said, "It's one extra tick on your list of tests. What's one more blood sample?" The conversation became so heated that we quite literally broke out into a yelling match. Finally, he agreed to run the test.

When I went back for my results, I was running through all of the possibilities in my mind. As my doctor listed the results of each test, one-by-one, it was all good news. Eventually I said, "It's the PSA test, isn't it?" He hung his head in response.

When he finally looked up, there were tears in his eyes. He told me there was a urologist waiting to speak to me and I walked across the street, to the next building, and tried to begin wrapping my mind around what this meant.

I didn't pause to feel sorry for myself – it just wasn't an option. I knew that my doctors and I needed to learn more, and that an elevated PSA could mean other things, outside of prostate cancer. I didn't want to jump to conclusions. I had my biopsy within that first week.

At first, I didn't tell anyone about what I was going through. I drove myself to appointments – even to my own biopsy. That was a mistake. Every bump on the drive home was excruciating. After the procedure, I was on antibiotics, however, by the end of the day, I wasn't feeling well. Two days later, I was in the hospital again. I had a fever over 104.5, and a terrible infection. They managed to get the fever, and the infection, under control. But that was not an easy experience to manage alone.

The results from my biopsy came back and confirmed that I had prostate cancer. As soon as I found out, I had my questions ready and began looking for the answers. My doctor tried to book me in for surgery right away – I had to advocate for a second opinion. I did as much research as I could. I decided that I wanted to find an oncologist at Princess Margaret Hospital. I attended my first 'info' session and was shocked. I was the youngest in the room by more than 25 years. I thought, 'I can't be in the right place – there's got to be a mistake'. My oncologist assured me that the test results were accurate and, unfortunately, I was exactly where I needed to be.

When it came time to decide on a treatment option, my oncologist was a big help; I remember one, 4-hour phone call with her. She said, "I can't tell you what to choose. Whenever you make a decision, I want to see that you're invested in it. You can't rush something like this." When I decided on Brachytherapy, she insisted I come in to the hospital to book it – she wanted me to look her in the eyes, and show her my conviction. When I did, she knew I was ready.

Prior to the treatment, I began going to a naturopath and tried to make healthier lifestyle choices. I figured, one of us is getting out alive, and it's not going to be cancer. The treatment went well and there was nothing left to do but watch for the results.

Today, I'm doing great. It's been 11 years and my PSA number is less than 0.05. The whole experience has ultimately been for the greater good; a cancer diagnosis changes everything. Being diagnosed with this disease doesn't mean your life is over, even though it may be different. The things that used to agitate me, I've let go of. I used to live life, now I get life. I feel like every moment I have, from the time I was diagnosed, to now, is a bonus. One of the hardest parts about facing prostate cancer was dealing with people's reactions. There's a lot of misinformation and a lot of stigma around the disease – especially as a young man. Everyone has a different way of reacting to the news, some good, some bad. In a lot ways, this is also why I've become an advocate for the cause. If there's anything I can do to change just one attitude, I'll do it.

I'm often asked for my opinion of my GP – the man who didn't want to administer a PSA test. I hold no ill will towards him, and I still hold him in esteem. I appreciate that he was following the guidelines, and that he was basing his recommendations on the accepted practices of his field. But I am glad I trusted my gut.

My advice to men? We need to talk more and be outspoken. We need to mobilize and be proactive – not reactive. There's so much I wish I had known earlier. Get a PSA test to establish your baseline. Surround yourself with the right people; doctors and specialists. Remember that you're in charge and you are your own advocate – no one else is going to look after your life but you.

In October, 2013, Jim received the great news that he is officially cancer free.

"After 12 years, I received the best news of my life – I no longer have prostate cancer. I have truly gone from a survivor to a victor. This disease can be beaten and I am living proof."

<http://supportpsatests.ca/stories/jimsullivan/>

Among other health benefits walnuts slow prostate cancer growth

Researchers at UC Davis and other institutions have found that diets rich in whole walnuts or walnut oil slowed [prostate cancer](#) growth in mice. In addition, both walnuts and walnut oil reduced [cholesterol](#) and increased insulin sensitivity. The walnut diet also reduced levels of the hormone IGF-1, which had been previously implicated in both prostate and [breast cancer](#). The study was published online in the *Journal of Medicinal Food*.

"For years, the United States government has been on a crusade against fat, and I think it's been to our detriment," said lead scientist and research nutritionist Paul Davis. "Walnuts are a perfect example. While they are high in fat, their fat does not drive prostate cancer growth. In fact, walnuts do just the opposite when fed to mice."

Davis and colleagues have been investigating the impact of walnuts on health for some time. A previous study found that walnuts reduced prostate [tumor](#) size in mice; however, there were questions about which parts of the nuts generated these benefits. Was it the meat, the oil or the [omega-3](#) fatty acids? If it was the omega-3 fats, the benefit might not be unique to walnuts. Since the fatty acid profile for the soybean oil used as a control was similar, but not identical, to walnuts, more work had to be done.

In the current study, researchers used a mixture of fats with virtually the same fatty acid content as walnuts as their control diet. The mice were fed whole walnuts, walnut oil or the walnut-like fat for 18 weeks. The results replicated those from the previous study. While the walnuts and walnut oil reduced cholesterol and slowed prostate cancer growth, in contrast, the walnut-like fat did not have these effects, confirming that other nut components caused the improvements - not the omega-3s.

"We showed that it's not the omega-3s by themselves, though, it could be a combination of the omega-3s with whatever else is in the walnut oil," Davis said. "It's becoming increasingly clear in [nutrition](#) that it's never going to be just one thing; it's always a combination."

While the study does not pinpoint which combination of compounds in walnuts slows [cancer](#) growth, it did rule out fiber, zinc, magnesium and selenium. In addition, the research demonstrated that walnuts modulate several mechanisms associated with cancer growth.

"The energy effects from decreasing IGF-1 seem to muck up the works so the cancer can't grow as fast as it normally would," Davis said. "Also, reducing cholesterol means cancer cells may not get enough of it to allow these cells to grow quickly."

In addition, the research showed increases in both adiponectin and the tumor suppressor PSP94, as well as reduced levels of COX-2, all markers for reduced prostate cancer risk.

Although results in mice don't always translate to humans, Davis said his results suggest the benefits of incorporating walnuts into a healthy diet. Other research, such as the PREDIMED human study, which assessed the [Mediterranean diet](#), also found that eating walnuts reduced cancer mortality.

Still, Davis recommends caution in diet modification. "In our study the mice were eating the equivalent of 2.6 ounces of walnuts," he said. "You need to realize that 2.6 ounces of walnuts is about 482 [calories](#). That's not insignificant, but it's better than eating a serving of supersized fries, which has 610 calories. In addition to the cancer benefit, we think you also get cardiovascular benefits that other walnut research has demonstrated. "It's the holiday season, and walnuts are part of any number of holiday dishes. Feel free to consume them in moderation."

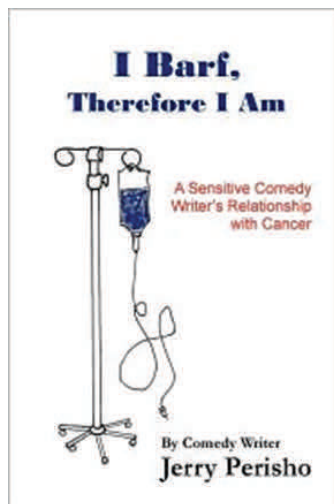
<http://www.medicalnewstoday.com/releases/285512.php>

Librarians' Corner



I Barf, Therefore I Am

Jerry Perisho has written an amusing book about his experiences with prostate cancer. Here's the opening paragraph:



There was shock on everyone's faces when I told them. A book about cancer that contains humor; what is the world coming to? You'd think I was violating something sacred. People wrinkled their brows when they heard my book idea, like I'd pinched everyone's mom on the ass, hocked up a big green loogie right in the mid-

dle of the ail-American apple pie, or tricked the innocent girl next door into posing for naked Internet photos. Come on, folks. Cancer isn't sacred. It's not immune to fair and frank discussion. It's even okay if we make fun of it. Cancer is not something that belongs up on a pedestal. It's a terrorist and we should be doing everything we can to expose it for what it is, and to beat it out of our lives. We should treat cancer with extreme caution, but not with reverence, and we should not cower in fear. We need to rise up and knock the chip off cancer's shoulder.

We should not be gently and respectfully handling it with kid gloves like it deserves the key to the city; we should be man-handling it with pick axes and blow torches and we should spit in its eye and defiantly tell it we hate it.

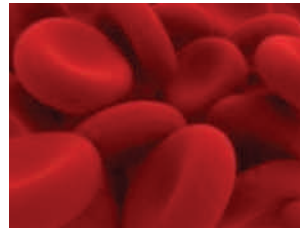
If you want to read more - and it's a good story, both informative and amusing - you can order a copy from [Amazon.com](#), [Barnes & Noble.com](#) or [Lulu.com/jerryperisho](#).

ISBN is 978-0-6152-0884-8

Higher Cholesterol Levels Linked to Prostate Cancer Recurrence

[News](#) | October 14, 2014 | [Prostate Cancer](#), [Genitourinary Cancers](#)

By [Anna Azvolinsky, PhD](#)



Higher levels of triglycerides and cholesterol in the blood may signal...

When abundant, two types of fat molecules circulating in the blood—triglycerides and cholesterol—may in-

crease the risk of recurrence for men with prostate cancer, according to a new study funded by the National Institutes of Health. The results of the study were [published](#) in *Cancer Epidemiology, Biomarkers & Prevention*.

"Our findings suggest that normalization, or even partial normalization, of serum lipid levels among men with dyslipidemia may reduce the risk of prostate cancer recurrence," said study author Emma Al-lott, PhD, a postdoctoral associate at Duke University School of Medicine in Durham, North Carolina, in a statement.

Patients who had serum triglyceride levels of 150 mg/dL or higher had a 35% increased risk for prostate cancer recurrence compared with patients who had normal triglyceride levels. Of the patients who had higher blood lipid levels, for every 10 mg/dL increase in total serum cholesterol above 200 mg/dL, there was a 9% increased risk for prostate cancer recurrence, according to the analysis.

For every 10 mg/dL increase in what is known as "good" cholesterol—high-density lipoprotein (HDL)—in men who had an abnormally low HDL level (below 40 mg/dL), the relative decrease in risk of disease recurrence was 39%. The total serum cholesterol, low-density lipoprotein (LDL), and HDL were

not associated with a risk of recurrence in all men in the study population as a whole.

These results are based on a retrospective cohort analysis of 843 men who were diagnosed with prostate cancer and had a radical prostatectomy. None of the men in the study had taken statins prior to their surgery. A total of 35% (293 men) had biochemical recurrence after a median follow-up of 74.3 months.

“Given that 45% of deaths worldwide can be attributed to cardiovascular disease and cancer, with prostate cancer being the second most common cause of male cancer deaths in the United States, understanding the role of dyslipidemia as a shared, modifiable risk factor for both of these common causes of mortality is of great importance,” said Allott.

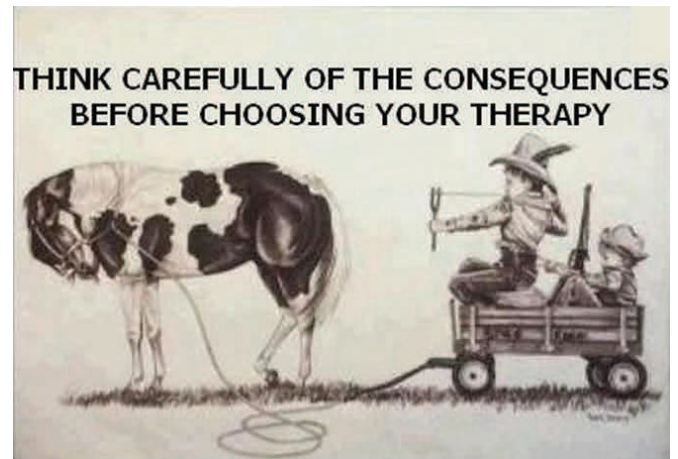
Prior studies have shown that cancer cells use and metabolize fat molecules, including cholesterol, differently from normal cells. Cholesterol in particular may contribute to prostate cancer progression, as it has been shown to play a role in the signaling during normal prostate cell growth and during prostate cancer growth. Yet, epidemiology studies of prostate cancer patients have led to varying results on the link between cholesterol and prostate cancer.

One study, [published](#) last year, showed that among men with prostate cancer, those who were already taking statins had a lower risk of dying from their prostate cancer compared with men who were not taking statins. Still, for prostate cancer patients who are taking statins, the precise benefit is not clear, nor is it clear how diet, obesity, and blood lipid levels affect development and progression of the disease. Statins are currently not recommended for treatment or prevention of prostate cancer.

“Although it cannot be determined from this study if these observed associations are causal, given the biological evidence supporting an important role of cholesterol in prostate cancer growth, in addition to epidemiologic data demonstrating that statin use is associated with reduced risk of recurrence, we believe that serum lipid levels should be explored further as a risk factor for prostate cancer recurrence,” concluded the study authors.

- See more at: <http://www.cancernetwork.com/news/higher-cholesterol-levels-linked-prostate-cancer-recurrence?GUID=3FCE14B4-3FEF-499C-8FBE-124523BD06D6&rememberme=1&ts=15102014#sthash.foZ0h9KP.dpuf>

CHOOSING A THERAPY



Don't rush into choosing a therapy - take the advice in this cartoon.

Cockroach Analogy

Prostate cancer is similar to finding a cockroach in the middle of your kitchen table. You panic, knowing that where there is one there are probably more and they do multiply. You call several exterminators. The surgeon recommends removal. He'll use a chain saw and remove the kitchen from the rest of the house and repair the plumbing as best he can with what remains.

The external beam radiation exterminator wants to stand outside the kitchen and blast away with a twelve gauge shot gun hoping he will miss the plumbing.

The seed implant exterminator is really slick. He just wants to drill holes in the wall and toss in grenades. The cryosurgery exterminator wants to drill holes in the walls and pump in liquid nitrogen, hoping he doesn't freeze the plumbing.

The hormone guys.. well they just want to pump in sleeping gas. Knowing all too well that in a couple of years the cockroaches will wake up pissed off and hungry.

Chemotherapy boys will offer to poison everything in the kitchen and will promise you that if you eat the poison they will give you an antidote which may or may not work.

The alternative medicine people will give you a bit of eye of newt and toe of frog plus a couple of other exotic ingredients and hope to hell that chases the cockroaches away.

And then there are the watchful waiting folks, some of whom are not real sure that there was a cockroach and some of whom think it may have been just

an old bachelor 'roach with no kids that they saw.

The active surveillance men are a little different - they set up their equipment color dopplers, infra-red cameras - ready to pounce on those pesky cockroaches if they ever show themselves again.



Now if there is only the one cockroach the odds are good - you can get rid of the infestation. However if the little buggers laid eggs elsewhere or more of his buddies are lurking about in other places... well you get the picture. In any case, life in the kitchen will never be the same. One of these days an exterminator will come along who just swats the cockroach and puts out poison bait for the others!! You'll never know he was there. Until then good luck on your choice of exterminators, and low or non-existent PSA's to you all.

And remember - Don't take life too seriously. You won't get out of it alive anyway!

<http://www.yananow.org/troopc.shtml#walnut>

Talking TUMT

The goal of minimally invasive treatment for benign prostatic enlargement or BPE is to reduce lower urinary tract symptoms and thereby improve quality of life, while minimizing treatment side effects.

A variety of minimally invasive procedures have been introduced as alternatives to transurethral resection of the prostate (TURP), which is considered the gold standard for BPE treatment. These therapies use heat to vaporize tissue in the prostate, a process known as thermablation. Here's a look at transurethral microwave thermotherapy (TUMT).

In TUMT, a catheter inserted through the urethra delivers microwave energy that heats prostate tissue to temperatures above 113 degrees F, causing death (coagulative necrosis) of prostate tissue. At the same time, a cooling system prevents damage to the surrounding tissue, particularly the urethra. TUMT requires only a local anesthetic, which is placed within the urethra.

TUMT is most appropriate for men who have moderately sized prostates (30 to 60 g, approximately 1 to 2 oz.) and symptoms that are moderate to severe (International Prostate Symptom Score of 8 or higher). Research shows that TUMT typically results in a 40 to 70 percent reduction in symptom scores.

Side effects of TUMT. TUMT is less likely than TURP to cause bleeding or sexual dysfunction, but it is associated with a higher risk of urinary tract infection. These infections usually result from catheterization, and the longer the catheter is in place, the higher the risk. Men undergoing TUMT usually have a catheter in place for two to 14 days. Antibiotics are often prescribed either after the procedure or after catheter removal to reduce the risk of infection. Other side effects of TUMT include short-term incontinence and urinary retention.

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.

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.

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

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

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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<http://mtlwiprostcansupportgrp.ca/>

Your help is urgently needed
Please offer your services