

June 2015 - Issue #90



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 general meeting on June 25, 2015 will be an **OPEN FORUM** on a subject or subjects of interest to our membership, and will be chaired and coordinated by our president Ron Sawatzky.*



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



The Prostate Cancer Canada Network – Montreal West Island Support Group celebrated its 20th anniversary on April 23, 2015. The organization was founded by Dr. Irwin Kuzmarov with Joe Soul at the reins as the first president. Both were present at our celebration of the occasion. They both

addressed the audience with memories from the early days of developing the group. Over 40 people attended the event held at Dorval's Sarto Desnoyers Community Center. Ron Sawatzky, the group's current president, moderated the meeting.

The evening also featured the awarding of the group's 2015 Outstanding Contribution Award to Dr. Jacques Corcos, for his long impressive career as a professor with McGill University and as former head of the Department of Urology at the Jewish General Hospital for many years. Upon receiving the award, Dr. Corcos addressed the group with an excellent overview of the progress made in treating prostate cancer that he has witnessed during his long career.

Finally refreshments were served and the members discussed informally issues of personal and general interest to them as well as their personal concerns among themselves and with the professionals present.



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



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.



PCCN-WIPCSG president Ron Sawatzky addressing our membership on the evening of April 23, 2015 during which we celebrated 20 years of support for prostate cancer patients as well as the 4th Outstanding Contribution Award presentation to Dr. Jacques Corcos.

The first president of our organization Joe Soul sharing some of his memories on the challenges and difficulties faced during the early days of the support group. He also appreciatively recognized the efforts and dedication of all the volunteers involved in its upstart.



Jennifer Ferguson addressing our group during a sharing of her personal experience when her father was diagnosed and treated for prostate cancer. Her reflections confirmed the importance of a support group focusing not only on the patient but also on the whole family. Thank you Jennifer for a very touching presentation on your personal experience.





↑ Dr. Irwin Kuzmarov addressing the audience with his memories of the early days during the development of the group.. The task of starting up a support group for the first time in Quebec was not an easy one and many challenging issues were faced but successfully overcome by the efforts of all involved.



← Monty Newborn, Dr. Jacques Corcos and Ron Sawatzky (L to R) during the Outstanding Contribution Award made to Dr Corcos.

The group's 2015 Outstanding Contribution Award was awarded to Dr. Jacques Corcos for his long impressive career as a professor with McGill University and formerly as head of the Department of Urology at the Jewish General Hospital for many years.



Scenes from our 20th Anniversary Celebration evening



Dr. Irwin
Kuzmarov -
founding father ,
at the podium.

“An ABC of Prostate Cancer in 2015”

provides the reader with comprehensive information on the very latest diagnosis tests that are available and now becoming routinely used in leading clinics, hospitals and specialist practice around the world. The use of multiparametric MRI to detect prostate cancer; its ability to enable precisely targeted biopsies to be taken and its use in the guiding the subsequent ablation process of the detected tumours, is transforming prostate cancer diagnosis and treatment. Genetics are also providing an ever increasing insight into the diagnosis of prostate cancer. A leading urological surgeon who reviewed the book said: “All my registrars should get a copy of this book and fully digest its contents.” Another specialist said: “Every general practitioner (physician) in the country should read the book to bring them up-to-date on prostate cancer.” Not with standing these comments, the easy-to-read book, is targeted at the layman, and is written in easily understood language. The extensive glossary included again assists the reader.

The book provides the reader with more than 100 questions that prostate cancer sufferers should consider asking their doctors. Make sure you get the absolute most out of your time with your doctors, by preparing the vital questions to ask your doctors before your appointment. It also details “*My Journey over Four Continents to find the Best Cure*”. * (See note below on "cure" versus "remission").

The book (76,500 words over 285 pages) is presented in three parts:

Part 1: My Initial Diagnosis

Part 2: Treatment Options

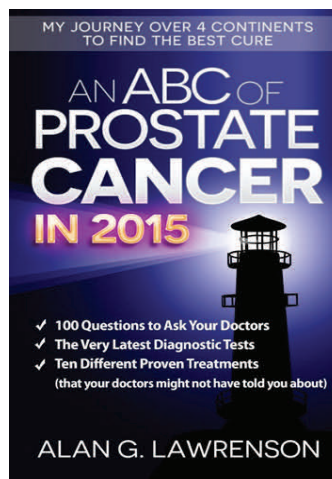
Part 3: My Prostate Cancer Experience

In Part 1, the book looks at what prostate cancer is and examines, in detail, PSA testing and its derivatives such as PSA density, PSA doubling time, free PSA, etc. It also looks in depth at the biopsy process and explains the increasing use of multiparametric MRI as a diagnostic tool. The staging and grading of prostate cancers are explained and the reader is introduced to prostate risk calculators.

Part 2 focusses on the top 10 treatments available to treat prostate cancer. Some of these treatments are broken down into multiple sub-sets. One such treatment is radiation, which is broken down into nine different forms of radiation, each of which is fully presented. Some of these, like proton beam therapy, might offer better alternative outcomes to some sufferers than more ‘popular’ treatments.

Whilst the book focuses mainly on the treatment of patients with low and intermediate risk prostate cancer that is localised, the treatment of metastatic prostate cancer is also briefly considered. This part of the book concludes with a chapter on the all-important prostate cancer support groups.

Part 3 of the book details my consideration of various treatment options, my visits to three urologists and a radiation oncologist, my treatment selection process and my subsequent proton beam therapy treatment at the National



Cancer Centre in South Korea. The book concludes by considering what I might do differently if I had to go through the process again. What the book spells out, is the need for a newly-diagnosed prostate cancer sufferer to take charge of their own destiny, by learning as much as possible about their condition and not to make quick and possibly rash decisions whilst under what I term to be the “Cancer Anxiety Factor.”

The book contains an extensive Resource Listing which provides details of further reading that is available via the Web. It also provides a comprehensive Reference Listing to support the statements made within the book.

Hopefully, the presentation of the technical aspects of the diagnosis and treatment of prostate cancer within the narration of the author’s own prostate cancer challenge makes compelling reading.

* The sub-title of the book refers to 'cure' rather than 'remission'. Many people say you are never 'cured' of cancer, but you are only in 'remission'. I too agree with this point of view, but use 'cure' instead of 'remission' for ease of use purposes.

Prostate cancer could be 'wiped out' by new treatment

Advanced prostate cancer could be destroyed by a radical new treatment which combines chemotherapy with a boost to the immune system, research on mice shows

By Laura Donnelly and agencies, 29 Apr 2015

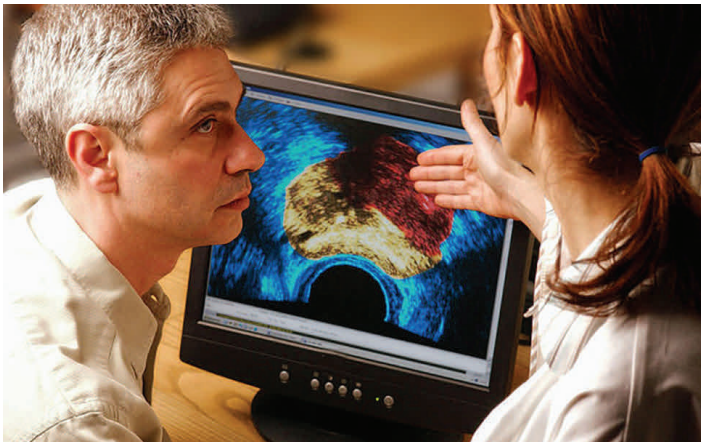
A new therapy that boosts the immune system could wipe advanced prostate cancer, early research suggests. In mice, human disease tumours were "almost completely destroyed" by the animals' own immune systems, scientists said.

The treatment, dubbed "chemoimmunotherapy", involved low doses of the drug **oxaliplatin** which has a unique ability to activate cancer-killing immune cells. Equally important to the treatment was removing or blocking immune system cells that put a brake on the body's defenses.

Each year in the UK around 41,000 men are diagnosed with prostate cancer and 11,000 die from the disease.

The immunosuppressive "B-cells" are especially abundant in the tumours of men who have advanced and spreading prostate cancer. Such cells can render conventional therapies ineffective and allowing tumours to grow unchecked. Because of immunosuppression, advanced and aggressive prostate cancer does not typically respond to chemotherapy. US lead scientist Dr Shabnam Shalpour, from the University of California at San Diego, said the new approach should now be tested clinically.

B-cells also undermine the effectiveness of promising new drugs called checkpoint inhibitors which "unmask" cancer cells allowing them to be recognised by the immune system.



While early treatment is often highly successful, there are few options for men with aggressive drug-resistant prostate cancer that has started to spread. B-cells play a number of vital immune system roles, including the production of antibodies. Sometimes they also signal the immune system to slow down when it is getting overheated. In the context of cancer, this can have undesirable consequences, researchers writing in the journal *Nature* said. Co-author Professor Michael Karin, also from the University of California at San Diego, said there may be implications for the treatment of other types of cancer. He said: "Similar immunosuppressive B-cells can be detected in other human cancers. "This indicates that B-cell-mediated immunosuppression might be the reason several other cancers are also unresponsive to checkpoint inhibitors, raising the hope that chemoimmunotherapy will have broader applications for many cancer types." Earlier this week Canadian research found prostate cancer sufferers treated with tiny radioactive implants are

twice as likely to be cancer-free as those given conventional therapy after five years. Scientists behind the first ever trial comparing low-dose brachytherapy with any other form of radiation said there was a "large advantage" to the implants, in terms of survival. However, the research found that men given the treatment – which involves permanently implanted radioactive "seeds" - suffered more severe side-effects, such as urinary problems. <http://www.telegraph.co.uk/news/health/news/11571730/Prostate-cancer-could-be-wiped-out-by-new-treatment.html>

Research Looks at Perfect Timing for Advanced Prostate Cancer Treatment

Doctors have a growing arsenal of medications to offer men whose prostate cancer has progressed after undergoing primary treatment with surgery or radiation. Mounting research shows that in many cases, there may be a "best" time to administer these drugs during the course of treatment to enhance effectiveness and limit side effects.

In fact, findings from a spate of recent studies, presented at the American Society of Clinical Oncology's (ASCO) annual meeting, have shed light on the appropriate timing of a number of prostate cancer medicines. Here's a brief overview of those findings:

Hormone therapy

It may not be necessary to start hormone therapy as soon as a man's PSA level shows signs of recurrence. Less aggressive treatment could offer men an improved quality of life and reduce costs without compromising survival.

Chemotherapy

If research results hold up, doctors may recommend using chemotherapy earlier in the course of treatment. Still, because chemotherapy is associated with a long list of side effects, such as infections, nausea, pain and others, the benefits of treatment need to be carefully weighed against the risks and the impact on quality of life.

Enzalutamide

Enzalutamide may provide men with metastatic, treatment-resistant prostate cancer who are not experiencing symptoms a less toxic alternative to chemotherapy that also slows disease progression and improves survival.

It's important to note that many of the results are still considered preliminary. Still, these findings could have important, even game-changing, implications for the way advanced prostate cancer is treated.

Mayo Clinic Urologists Present New Data on Radical Prostatectomy Clinical Outcomes

Patricia Silva June 1st, 2015

Urologists at the Mayo Clinic have presented new data on several subjects during the 2015 American Urological Association (AUA) Annual Meeting held recently in New Orleans, May 15 to 19. Data on topics like incontinence, obesity, bladder/bowel dysfunction in children and prostatectomy (surgical removal of the prostate gland) were presented.

One presentation entitled "Long-Term Patient-Reported Functional Outcomes Following Open, Laparoscopic and Robotic-Assisted Radical Prostatectomy Performed by High-Volume Surgeons" focused on the outcomes after radical prostatectomy. There are three types of prostatectomy that can be performed to remove prostate cancer: open surgery, laparoscopic surgery and robotic-assisted surgery.

The team analyzed data on self-reported surveys of 1,686 men who were submitted to one of the three types of radical prostatectomy at the Mayo Clinic or the Massachusetts General Hospital, between 2009 and 2012. Surveys were collected in average 30.5 months after surgery. Researchers reported that patients could basically expect similar results from

all three types of surgery, including the risks associated to it, namely after-surgery urinary incontinence and sexual dysfunction.

"I think it reaffirms the point that it's not necessarily the surgery that is being done but it's more likely the surgeon that's doing it," said the study's lead author Dr. Jeffrey Karnes in a news release. "The outcomes were independent of the technique, whether it was done robotic, laparoscopic or standard open. (...) It's probably more important to have a high-volume surgeon that does one technique than a low-volume surgeon that's just starting in that technique. If you're going to have somebody build a house, you'd probably want to know how many houses they've built rather than what kind of tools they have in their toolkit."

Another presentation entitled "Very Long-Term Oncological Outcomes of Patients Treated with Radical Prostatectomy for Node-Positive Prostate Cancer: A Multi-Institutional, Conditional Survival Analysis" also focused on radical prostatectomy outcomes. According to the researchers, men who had their cancerous prostate and nodes surgically removed, often have better clinical outcomes and long-term survival rates.

Researchers at the Mayo Clinic and San Raffaele Hospital (Milan) assessed 1,947 men whose prostates had been removed with associated lymph node spread. The median follow-up of these cases was more than 14

We are currently in need of an individual who is proficient and highly interested in navigating the internet in search of the latest information on prostate cancer, and compile interesting news items into a newsletter for our membership. Some knowledge in the use of Microsoft Publisher – a highly intuitive software, would be an asset, although training would be provided if necessary. We urgently require such an individual to fill the post of Newsletter Editor. If interested please approach any of the members of the Steering Committee.

Special Appeal

We need new volunteers to join our Steering Committee!

We are in desperate need of your help. If you would like to volunteer some of your time to our group, we would greatly appreciate it. Specifically, at this point in time, we are in need of a *Secretary* to record the minutes of our meetings, a *Treasurer* to manage our finances, and a *Newsletter Editor* to carry on with our publication.

We are 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:

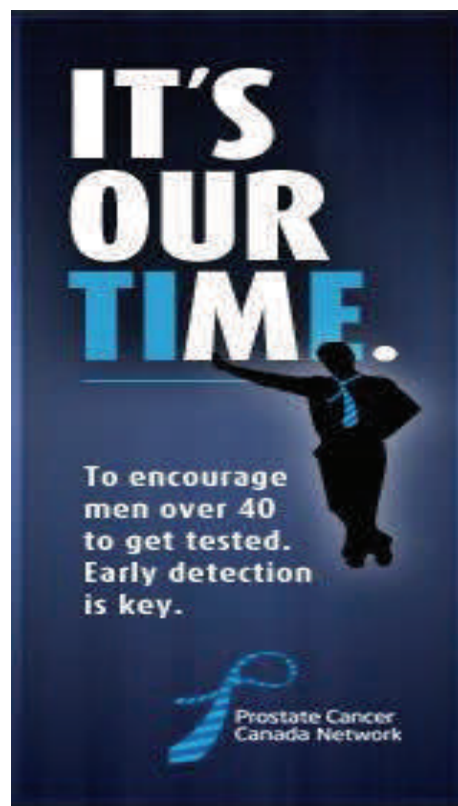
All articles appearing in this newsletter are for information purposes only and not intended to be a substitute for the advice of a doctor or healthcare professional or recommendations for any particular treatment plan. It is of utmost importance that you rely on the advice of a doctor or a healthcare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

years. The team found that in patients who experienced a biochemical recurrence after surgery, defined as a PSA (prostate-specific antigens) value greater than 0.2 ng/mL, the rates of remaining metastasis free (no cancer spread) for 10, 15 and 20 years were approximately 55%, 50% and 45%, respectively. On the other hand, patients without biochemical recurrence in the first 5, 10 or 15 years after surgery were not likely to die from the disease; however, follow-up and continued monitoring of PSA levels is essential because “your recurrence rate is never zero.” concluded study lead author Dr. Marco Moschini.

These results highlight the fact that surgeons’ experience in radical prostatectomy can have an impact on surgical clinical outcome and that prostate cancer patients without recurrence of up to 15 years after prostatectomy are not likely to succumb to the malignancy.

Ref:

<http://prostatecancernewstoday.com/2015/06/01/mayo-clinic-urologists-present-new-data-radical-prostatectomy-clinical-outcomes/>



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! Please help us
continue helping you!**

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