



November 2011 - Issue #71

Prostate Cancer Canada Network



Montreal West Island Support Group

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 November 24, 2011, Dr. Jacques Lapointe, Ph.D., with McGill's Division of Experimental Medicine, and the MGH, will be our speaker. The title of his talk will be "Molecular characterization of prostate cancer; a step towards personalized medicine"

On January 26, 2012, Dr. Jacques Corcos, Professor of Urology, McGill University and the JGH, will be our guest speaker. His talk is entitled "Focal Therapy - New Treatment Avenue of Prostate Cancer."

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In This Issue

- ❖ Understanding Chronic and Terminal Illness: A Guide for Healthy People..... P..... 2
- ❖ Olivia Chow empowers survivors at Prostate Cancer Canada Network Leaders' Conference P.....3
- ❖ Purdue Researchers Create Prostate Cancer 'Homing Device' for Drug Delivery P.....4
- ❖ The Use of Viruses as Anti-Cancer Agents.....P... 5
- ❖ Purdue Takes Prostate Cancer Treatment from Concept to Clinical TrialP.....5
- ❖ Early Detection Guidelines Update..... P.....6
- ❖ Movember Changing the Face of Men's Health.....P.....7
- ❖ Prostate Cancer Canada (PCC) Merchandise Available.....P.....7

A Special Appeal

As you may very well know, our operational budget comes primarily from a handful of corporate donations and any donations made by the membership. In the past while however, our corporate sources, for whatever reason, have not been coming through for us. At the same time our operating expenses necessary to meet our mandate and cause have been increasing significantly. For this reason we would like to appeal to you for any donations, direct, or indirect through the marketing of PCC products described on p 7., to enable us to continue the pursuit of our objectives. We appreciate any help, both financial and/or through volunteering your time that you may be able to offer..



Formerly
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.

This Newsletter is available at our website:

<http://mtlwiprostcansupportgrp.ca/>,
as well as at www.pccn.org

Understanding Chronic and Terminal Illness: A Guide for Healthy People

“When I feel lousy I always wonder when I’ll get some relief. When I have relief, I always wonder how long it will last.” S. Goldberg (2009) examiner.com September 15.

A client who was dying once said to me, “Every day I feel as if I’m on one of those exercise boards that rest on a ball. Just when I steady the damn thing, it starts moving and I’m struggling again to balance myself. Why don’t people realize that’s what my life has become?”

I’ve heard similar descriptions for thirty years from clients and patients living with chronic and terminal illnesses. Many believed that not only did they have to deal with the effects of their illness, but also the unskillful acts of friends and loved ones who didn’t understand what they were experiencing. And that’s the purpose of this article: to explain it.

There’s a constant interaction of elements that contributes to mood unpredictability in people with chronic and terminal illnesses. From my experience, the most critical ones appear to be a lack of control, loss, physical effects of the illness or medication, and uncertainty.

THE ELEMENTS

Lack of Control

Imagine for a moment that your attitude about living is heavily shaped by people, objects, and activities. It could be an abusive boss, a landlord intent on evicting you, or a car that constantly breaks down. While oppressive, you could act. You could move on to another job, find a new apartment, or use public transportation.

But what if none of these choices resulted in acceptable consequences? If you quit work, you might not find another job in this economy. If you gave up your apartment, you might become homeless. If you couldn’t afford to repair or replace your car and there was no public transportation available, you’d be stuck

in your neighbourhood. A lack of control would, at the very least, make you disagreeable.

People who live with chronic or terminal illnesses constantly experience a lack of control. If I have an advanced case of CPOD (chronic pulmonary obstructive disease), I know that without proper medication and the constant use of oxygen I’ll die. On one side of the scale is death. On the other, the side effects of the medication, minimal movement, and oxygen. No contest. I’ll choose the medical protocol—not because it’s something I desire—but rather because it’s something more acceptable than the alternative.

Loss

The feeling of losing something that gave your life meaning is profoundly upsetting. And it happens often with chronic and terminal illnesses. Unfortunately, the magnitude of loss is often thought of in terms of someone else’s sense of what’s important. An active person might think that no longer being able to walk is tragic, but the inability to knit is inconsequential. Yet for someone with rheumatoid arthritis whose entire life centered around knitting, the loss is devastating. Many chronic and most terminal illnesses result in life-changing losses. The ability to knit may disappear, but its memory is constantly present.

Physical Effects

We think with our minds, not our bodies. But we know the relationship between mind and body is strong. In my hospice work, I’ve watched how the physical effects of a tumor changed a calm, peaceful man into a paranoid, aggressive person. While he sometimes understood that the cancer was changing him, during those lucid moments he realized that he had no control over what was happening to him. The ability to think and act rationally can be effected by changes in metabolism and the occurrence of pain. I’ve never had a client or patient who chose to be moody or act irrationally. There always appeared to be a cause. And often it was a physical change.

Uncertainty

Most of us want predictability in our lives. If I buy an apple tomorrow I expect that it will taste similar to the one I ate yesterday. When the traffic light turns green for me, I expect cars to my left and right to stop so I can go through the intersection without being hit. But what if that apple I had yesterday tastes like an onion today or it became optional for anyone facing a red light to wait until it turned green? I could stop eating apples and wait until no cars were present before going through a green light. But what if the unpredictability spread into other areas of my life? My anxiety would become palpable. We may want some uncertainty and a bit of spontaneity to spice up our lives, but it's predictability that allows us to function sanely on a daily basis.

For many people with chronic or terminal illnesses, predictability may be an illusive state of being. One day, the illness is controlled either by medication or who knows what, the next day it comes on with the power of a sledgehammer. On good days, although there's jubilation, there's also the fear that the reprieve will end. On bad days, there's the fear that it will persist and never relent. Wondering if the pain will ever stop might make it difficult for someone to be supportive when a friend complains how his wife never lets him choose the movie they're going to.

For someone with a terminal illness, there is certainty, but it's not desirable: there's the knowledge that the illness will continually progress. The uncertainty involves the course it will take. People with terminal illnesses often wonder how much pain they will have to endure or the extent of reduced abilities until the body just gives up.

THE INTERACTION

It is difficult to prevent the effects of any one of the above elements from having a negative impact on relationships. Living with all of the elements, and quite often having to deal with them simultaneously, is mind-boggling. Experiencing chronic and terminal illnesses is not a static event. It's constantly changing as each of the elements takes its turn affecting one's mind and personality.

Some very wise people maintain that illness doesn't necessarily have to control the mind. By understanding that pain and suffering aren't internal, but rather our reaction to events, the effects of chronic and terminal illnesses can be reduced or eliminated. As a Buddhist for most of my adult life, I would like to believe that. But as someone who has been involved in the lives of people who have chronic and terminal illnesses, I know the difficulty in believing in a concept when all you can think about is the loss of something that was critical to your happiness, unrelenting pain, or a future envisioned, but unobtainable.

What I have found that's comforting to people I serve, is the expression of acceptance and compassion for what they are experiencing. The anger and sarcasm vented in my presence is rarely about something I have done (I certainly hope not!). But rather, it's the effects of trying to balance that board on top of the ball. As a monk once said to me, "We do the best we can, given the circumstances of our lives." So when someone you know who has a chronic or terminal illness appears to be cranky, unappreciative, aggressive, or distant, it's not about you. The balance is probably out-of-wack.

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Olivia Chow empowers survivors at Prostate Cancer Canada Network Leaders' Conference

HALIFAX, Oct. 13, 2011 /CNW/ - In a keynote address at a luncheon for the Prostate Cancer Canada Network Leaders' Conference in Halifax today, the Honourable Olivia Chow, NDP Member of Parliament for Trinity-Spadina, empowered, motivated and encouraged a room full of delegates - most of whom are prostate cancer survivors - with personal messages of hope, inspiration and encouragement. Perhaps most important, was a powerful call-to-action message by Ms. Chow for Canadians not in attendance. "To begin with, think about PSA screening for early detection - it should be free, in every province of Canada! Hats off to Nova Scotia. PSA screening is covered here, as it should be everywhere," said Ms. Chow.



Purdue researchers create prostate cancer 'homing device' for drug delivery

A new prostate cancer "homing device" could improve detection and allow for the first targeted treatment of the disease.

A team of Purdue University researchers has synthesized a molecule that finds and penetrates prostate cancer cells and has created imaging agents and therapeutic drugs that can link to the molecule and be carried with it as cargo.

A radioimaging application used for body scans is expected to enter clinical trials this fall, and an optical imaging application used to measure prostate cancer cells in blood samples is already in clinical trials.

Philip Low, the Ralph C. Corley Distinguished Professor of Biochemistry who led the team, said a targeted treatment could be much more effective in treating cancer and would greatly reduce the harmful side effects associated with current treatments.

"Currently none of the drugs available to treat prostate cancer are targeted, which means they go everywhere in the body as opposed to only the tumor, and so are quite toxic for the patient," said Low, who is a member of the Purdue University Center for Cancer Research. "By being able to target only the cancer cells, we could eliminate toxic side effects of treatments. In addition, the ability to target only the cancer cells can greatly improve imaging of the cancer to diagnose the disease, determine if it has spread or is responding to treatment."

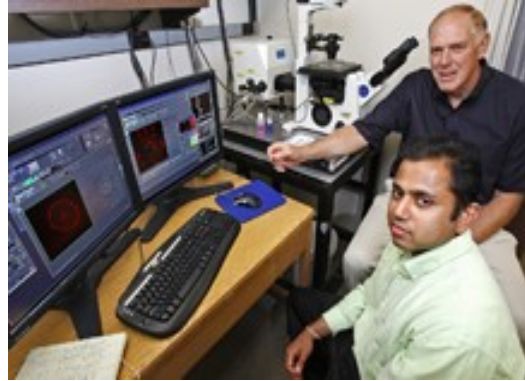
Prostate cancer is the most common cancer, other than skin cancers, and is the second leading cause of cancer death in American men, according to the American Cancer Society. It is estimated that about 192,280 new cases will be diagnosed and 27,360 men will die of prostate cancer in the United States this year.

The molecule Low's team created attaches to prostate-specific membrane antigen, or PSMA, a protein that is found on the membrane of more than 90 percent of all prostate cancers. It also is found on the blood vessels of most solid tumors and could provide a way to cut off the tumor blood supply, Low said.

"A lot of new drugs are being designed to destroy the vasculature of solid tumors, and, if they could be linked to this new targeting molecule, we could have a two-pronged attack for prostate cancer," he said. "We could not only kill the prostate cancer cells directly, we could also destroy the vasculature that feeds the tumors."

There also is potential for the targeting molecule to be used to attack the vasculature of solid tumors of other types of cancers, Low said.

Two papers detailing the work of the Purdue team were published in the June 1 issue of *Molecular Pharmaceutics*. Endocyte Inc. funded the work.



**Sumith Kularatne
and Philip Low**

The team's animal study data shows an ability to eliminate human prostate cancer cells in mice with no evidence of collateral toxicity in normal tissue.

Sumith Kularatne, a graduate student in Purdue's chemistry department and first author of both papers, compared the targeting molecule to a homing device.

"The molecule acts like a homing device for prostate cancer," he said. "PSMA, which is found only on prostate cancer cells and tumor blood vessels, acts as the homing signal that the molecule targets. The molecule and its cargo go only to cancerous tissue, leaving healthy tissue unharmed."

Once the molecule reaches the PSMA protein, it binds to it. The molecule is designed with a specific shape that fits with the protein like a key to a lock, Kularatne said. The molecule and its cargo are then carried inside the cell with the protein as it goes through its normal cycle.

In 1995 Low developed a similar method to infiltrate cancer cells by attaching treatments to the vitamin folate, which many cancers rapidly consume. This method provided a "Trojan Horse" entry of large treatment molecules that otherwise would not be able to enter cancer cells.

Low was inspired to find a similar way to target prostate cancer, which does not have the same appetite for folate, he said.

A clinical trial of the radioimaging application is expected to begin at the Indiana University Medical Center in the fall through a collaboration between the Purdue Cancer Center and the Indiana University Melvin and Bren Simon Cancer Center with additional support from Endocyte Inc.

A radioimaging agent linked to the targeting molecule will be injected into prostate cancer patients and pictures will be taken using a special camera that detects radioactivity. The pictures show where the cancer is present to help doctors determine if it has metastasized, or spread, to any other areas of the body. It also will help doctors decide on the best course of treatment, Low said.

There is currently only one radioimaging agent for prostate cancer approved by the Food and Drug Administration.

"The current imaging capabilities available for prostate cancer are very poor," Low said. "The existing imaging agent is limited because of its large size, which is difficult to get into a solid tumor. Also it seeks out a target located inside the cancer cell and is only able to mark injured cells that are falling apart as opposed to actively growing cancer cells."

The targeting molecule and radioimaging agent combination designed by Low's group is more than 150 times smaller than the existing agent and has much easier penetration through a solid tumor to reach all of the cells inside, he said. It also has the advantage of targeting an area of PSMA exposed on the outside of cancer cells.

Already in clinical trials is an optical imaging application that involves attaching a fluorescent dye to the targeting molecule and mixing it with a patient's blood sample. Circulating prostate cancer cells in the sample fluoresce and are easily measured to help in diagnosing patients with prostate cancer. Researchers also are investigating whether this could be used to evaluate a patient's response to therapy, Low said.

Low's research group modeled the targeting molecule after a naturally occurring molecule that strongly binds to PSMA, called DUPA. Several alterations were necessary to create a molecule that fit the needs of a homing device and delivery vehicle, Kularatne said. The team created an area on the molecule that would link to various imaging or therapeutic agents to bring them along as cargo and created a spacer that would stretch the molecule so that its cargo would not keep it from properly fitting into the binding site. The spacer also was designed to improve binding of the targeting molecule to PSMA.

In addition to Low and Kularatne, co-authors of the papers include Endocyte researchers Kevin Wang and Hari-Krishna R. Santhapuram, graduate student in medicinal chemistry Zhigang Zhou, graduate student in chemistry Jun Yang, and professor of medicinal chemistry and molecular pharmacology Carol B. Post. Low is the chief science officer for Endocyte, a Purdue Research Park-based company that develops receptor-targeted therapeutics for the treatment of cancer and autoimmune diseases. Endocyte holds the license to many of Low's drug-targeting technologies. Writer: Elizabeth K. Gardner, 765-494-2081, ekgardner@purdue.edu

Sources: Philip Low, 765-494-5273, plow@purdue.edu

The use of viruses as anti-cancer agents

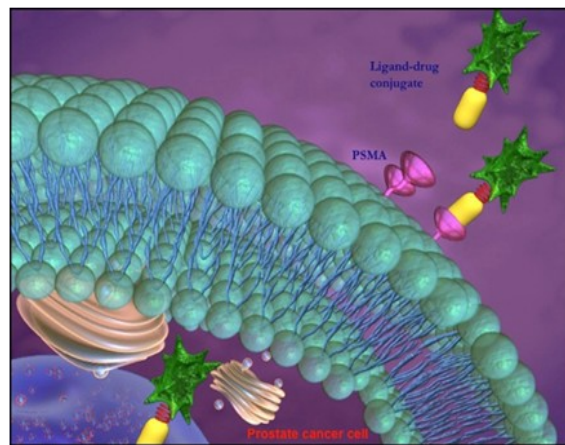


In 1998, Dr. Patrick Lee (on left) and others, reported that the human reovirus, which is a benign virus not linked to any known human diseases, exploits the host cell Ras signaling pathway for its own replication. Cancer cells with activated Ras or activated elements in the Ras pathway are particularly susceptible to reovirus infection and subsequent cell killing. Results from in vivo studies involving the use of human tumours (from breast, brain, ovarian, colorectal cancer) grown in immune compromised mice have been very promising: treatment with a single intratumoral

injection of reovirus leads to total tumour regression. Moreover, there is evidence that reovirus is able to seek out and destroy susceptible tumours in remote sites via systemic spread in the animals. Treatment of tumours grown in immune-competent mice also results in tumour regression when combined with other anti-cancer agents. Reovirus is presently undergoing clinical trials as a potential anti-cancer therapeutic.

Research in Dr. Lee's laboratory is now focused on the precise mechanism whereby reovirus infects and kills cancer cells. There is evidence that an activated Ras signaling pathway is required for robust viral protein synthesis. His team is trying to understand how elements in the Ras signaling pathway could be linked to the viral protein translation machinery.

Purdue takes prostate cancer treatment from concept to clinical trial



This image depicts transporter molecules carrying therapeutic drugs to PSMA targets on a prostate cancer cell. A Purdue research team designed a

molecule that finds and penetrates prostate cancer cells and can transport drugs or imaging agents into the cell. (Image courtesy of Low laboratory)

WEST LAFAYETTE, Ind. — A clinical trial for a new technology to diagnose and treat prostate cancer marks the first time Purdue University has directed the entire pathway of a therapeutic product from early research to patient treatment.

Therapeutics developed from research at the university are typically licensed to a pharmaceutical company that takes it through the pipeline of preclinical studies, manufacturing and then clinical trials, said Timothy Ratliff, the Robert Wallace Miller Director of the [Purdue University Center for Cancer Research](#) who is leading the project.

"Purdue has a long history of research that has been the basis of life-saving treatments, and now we've shown that we can take a therapeutic drug or technology through every step from concept to clinical trial," Ratliff said. "By managing the process all the way through to a clinical trial, the scientists behind the advancement maintain control of its development as it goes through the trials and get the satisfaction of seeing their discovery impact patients and improve lives."

Eventually most therapeutic treatments developed at Purdue will have to be sold to a company in order to be manufactured and widely distributed. The further along in the process a product is, the better it is for the university and the state, he said.

"The value of a potential treatment increases as it makes its way through each step of the process, which means the scientists and the university will receive more revenue to continue the research process," he said. "Managing the design, development and testing also means more money stays in the state and more Indiana workers are involved in the process."

The ongoing clinical trial is testing the combination of a radioimaging agent and a prostate cancer-targeting molecule developed by Philip Low, Purdue's Ralph C. Corley Distinguished Professor of Chemistry.

Low and his research team designed a targeting molecule that seeks out and attaches to prostate-specific membrane antigen, or PSMA, a protein that is found on the outer membrane of the cells of more than 90 percent of all prostate cancers.

"The targeting molecule is in essence a homing device for prostate cancer that can link to a variety of therapeutic agents, including imaging agents and drugs," said Low, who also is a member of the Purdue Center for Cancer Research. "PSMA acts as the homing signal for the molecule, which binds to the protein and then is carried inside the cancer cell. The molecule and its cargo go only to cancerous tissue and leave healthy tissue unharmed."

Ratliff and Low are working with scientists and physicians at the Indiana University School of Medicine and the Indiana University Melvin and Bren Simon Cancer Center to perform the clinical trial. The clinical trial is the first to test the technology in humans and will evaluate the targeting molecule's ability to recognize prostate cancer and deliver an imaging agent. The patients included in the study have prostate cancer that can be seen by computerized tomography scan, or CT scan, so that it can easily be determined how well the radioimaging agent is reaching the cancerous tissue.

"If the new technology picks up the cancer that we know and can see, we will have more confidence that it can also pick up cancer that can't be seen by a CT scan," Low said. "If the trial goes well, we will begin a new imaging trial to determine if we can image prostate cancer well enough to help physicians stage the disease."

Dr. Thomas Gardner, the urologist at the Indiana University Melvin and Bren Simon Cancer Center who treats the patients involved in the trial, said the technology may help reduce unnecessary procedures and allow other treatments to be given earlier.

"Treatment of prostate cancer depends on how far we think the disease has progressed, or its stage," Gardner said. "If the cancer is confined to the prostate, we aggressively treat the organ itself, but if it has spread beyond the prostate a more systemic approach is necessary. It doesn't make sense to put someone through focused treatments of their prostate and the side effects that go along with it if they will need to go through systemic treatments. Better detection would allow physicians to know that the cancer had spread at a much earlier point."

There is currently only one radioimaging agent for prostate cancer approved by the Food and Drug Administration.

"The current imaging capabilities available for prostate cancer are very poor," Low said. "The existing imaging agent is limited because of its large size, which is difficult to get into a solid tumor. Also, it seeks out a target located inside the cancer cell, so it is only able to mark injured cells that are falling apart as opposed to actively growing cancer cells."

The targeting molecule and radioimaging agent combination designed by Low's group is more than 150 times smaller than the existing agent and can much more easily penetrate a solid tumor to reach all of the cells inside, he said.

Three patients currently have been treated in the clinical trial that will include around 25 patients. The trial should be complete in about a year, Low said.

Dr. Song-Chu Ko, in the Department of Radiation Oncology at the IU School of Medicine and a member of the IU Melvin and Bren Simon Cancer Center, leads the clinical trial. In addition to Gardner and Ko, the IU team also includes Noah Hahn of the Department of Hematology and Oncology, Peter Johnstone of the Department of Radiation Oncology, James Fletcher of the Department of Nuclear Medicine, Michael Koch of the Department of Urology and Gary Hutchins of the Department of Radiology.

The clinical trial is funded by the Purdue Center for Cancer Research, IU's radiation oncology and urology departments, and Endocyte Inc.

Low is the chief science officer for Endocyte Inc., a Purdue Research Park-based company that develops receptor-targeted therapeutics for the treatment of cancer and autoimmune diseases. Endocyte holds the license to many of Low's drug-targeting technologies and recently purchased the rights to the prostate cancer targeting agent.

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Sources: Timothy Ratliff, 765-494-9129, tratliff@purdue.edu
Philip Low, 765-494-5273, plow@purdue.edu
Thomas Gardner, 317-278-3179, thagardn@iupui.edu

Early Detection Guidelines Update

Prostate Cancer Canada (PCC) strongly believes in the merits of screening for prostate cancer and actively encourages all men over the age of 40 to have the prostate cancer discussion with their doctor and begin PSA (Prostate Specific Antigen) testing.



During November each year, Movember is responsible for the sprouting of moustaches on thousands of men's faces, in Canada and around the world. With their "Mo's", these men raise vital funds and awareness for men's health, specifically prostate cancer.

On Movember 1st, guys register at Movember.com with a clean-shaven face. For the rest of the month, these selfless and generous men, known as Mo Bros, groom, trim and wax their way into the annals of fine moustachery. Supported by the women in their lives, Mo Sistas, Movember Mo Bros raise funds by seeking out sponsorship for their Mo-growing efforts.

Mo Bros effectively become walking, talking billboards for the 30 days of November. Through their actions and words, they raise awareness by prompting private and public conversation around the often ignored issue of men's health.

At the end of the month, Mo Bros and Mo Sistas celebrate their gallantry and valor by either throwing their own Movember party or attending one of the infamous Gala Partés held around the world by Movember, for Movember.

The Movember Effect: Awareness & Education, Survivorship, Research

The funds raised in Canada support the number one male cancer, prostate cancer.

The funds raised are directed to programs run directly by Movember and our men's health partner, Prostate Cancer Canada. Together, the two channels work together to ensure that Movember funds are supporting a broad range of innovative, world-class programs in line with our [strategic goals](#) in the areas of awareness and education, survivorship and research.



The Prostate Cancer Canada tie, bowtie and lady's scarf are 100% Italian silk and each is available at donations of \$65.00, \$40.00 and \$50.00 respectively. PCC branded car magnets (tie logo) are available with a \$5.00 donation. Lapel pins are available with any donation. You can obtain or place an order for any of these items at our library desk during our monthly meetings, or you can contact Prostate Cancer Canada toll free at 1.888.255.0333 or [email](mailto:info@prostatecancer.ca) (info@prostatecancer.ca) the Prostate Cancer Canada national office. This is a great opportunity to meet your Christmas gift needs and at the same time support our cause.

How to get involved in Movember:

- ❖ **REGISTER** at www.movember.com
- ❖ **CREATE** a new look by growing your moustache for the month of Movember.
- ❖ **MOTIVATE** your friends and family to donate and support your growing efforts.
- ❖ **CELEBRATE** at a Gala Parte or Mo party

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.

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

WE NEED YOUR SUPPORT

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

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

Make a donation on the occasion of a celebration or bereavement

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

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

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Yes, I would like to make a donation.

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

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

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

Make cheque or money order payable to:

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

P.O. Box 722, Pointe-Claire, QC, Canada H9R 4S8

Telephone Helpline (514) 694-6412

IMPORTANT NOTICES:

- ❖ The Montreal West Island Prostate Cancer Support Group Inc 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 Montreal West Island Prostate Cancer Support Group Inc 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 Montreal West Island Prostate Cancer Support Group Inc. is a recognized charitable Organization. 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/>

VOLUNTEERS URGENTLY NEEDED!