



Montreal West Island

Prostate Cancer Support Group

In This Issue

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

June 24, 2010 @ 7:30 PM
Dr. Joe Schwarcz, Director
McGill University
Office of Science and Society
Will speak to us on the subject of
“Green Chemistry”

- ❖ Our Webmaster Monty Newborn writes about “Develop a relation with Google_“.....p 2
- ❖ MUHC Urologists Bring Prostate Exams to the People.....p 3
- ❖ An Old Man Goes to His Doctor.....p 3
- ❖ PROCURE “Walk of Courage”.....p 4
- ❖ Meet Andre Reynolds.....p 4
- ❖ Getting Older.....p 4
- ❖ Answers to AICR Cancer Control Knowledge Exam.....p 5
- ❖ Finding the Right Prostate Surgeon.....p 5

John Hopkins Health Alerts

- ❖ Research on PSA Levels in Midlife.....p 6
- ❖ BPH and Sexual Dysfunction: What’s the Link?.....p 6
- ❖ Prostate Cancer 101: Understanding the Significance of Gleason Grade and Gleason Score.....p 7



Centre universitaire de santé McGill
McGill University Health Centre

MUHC Men’s Health Day – Place Ville Marie – Wednesday June 16, 2010



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 CPCN 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.

Supporters



Because health matters



Abbott Laboratories

This Newsletter is available at our website:

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

Develop a relation with Google

So, you've just received the bad news from your doctor: you have prostate cancer. Your initial thoughts range from denial to despair. And you also develop an immediate desire for more information. What are my options, you ask? Who should I talk to for information? Important decisions must be made, and you want to make them with the best possible information available.

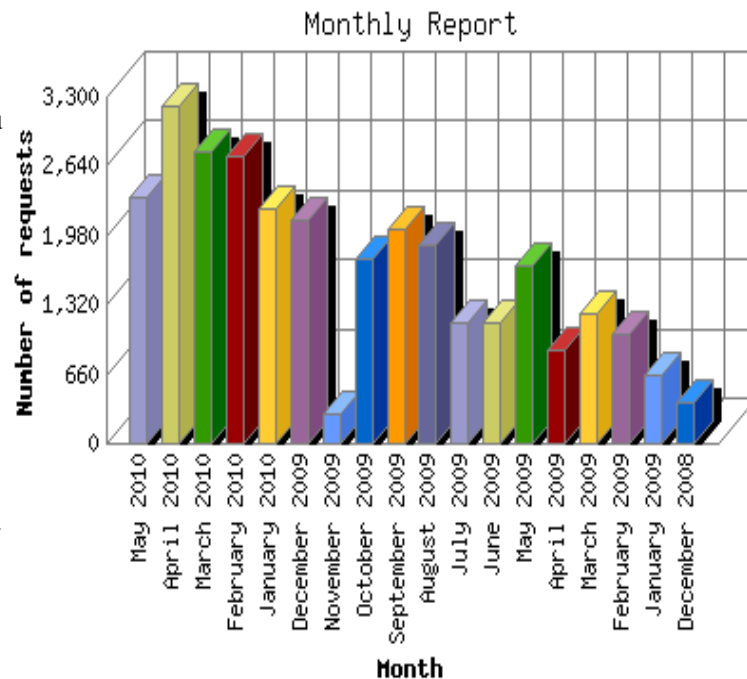
Well, in the last ten to fifteen years, the world of information has gone through the Internet Revolution. This new medium gives you more information than you can imagine and it's all just a click away, as they say. There's no more need to go to the library. You don't have to feel your questions might take days to be answered. You merely have to sit down at your computer, go to the Google website, (www.google.com) and then type in the keywords of the information you are seeking. Google is your starting point. Google will lead you to the information you want.

Let's try an example. One of the first thoughts that often come to mind when diagnosed with prostate cancer is that maybe a special diet can help to either slow progress or, by some miracle (I'm not particularly religious, though), to eliminate the cancer. If you type in Google's search bar "prostate cancer diet," Google will return a list of almost 3,000,000 addresses on the Internet where information on the subject can be found. To some degree, the ones more interesting are more likely to be near the top of the list. But with almost 3,000,000 possibilities, there is an awfully lot of information on this subject just a click away.

Maybe you want to find out more information on a particular drug or treatment or diagnosis or doctor. Maybe you want to find out more about experimental treatments. Maybe you want information on major medical centers that specialize in prostate cancer treatments. Maybe you want to better understand what PSA is, what the G score means, and what Kegel exercises are. And maybe you would like to find out what support groups there are in your vicinity. Google will lead you to a wealth of information on all these subjects.

Google can also lead you to videos on a wide variety of issues related to prostate cancer: you simply type in "prostate cancer videos." The site www.medicalnewstoday.com/sections/prostate/videos.php has a slew of interesting videos.

You can also use the Internet to find books on the subject. No need to go to the library and painfully go through the card catalog and shelves of books somewhat mysteriously ordered. Amazon.com is the leading website, but Chapters (www.chapters.indigo.ca) also has a large website as does Barnes and Noble (www.barnesandnoble.com). A book order at these websites usually arrives in several



days. And, of course, if you live in Montreal, you are welcome to come to our monthly meetings and borrow books from our own special library.

Our own website, www.mtlwiprostcansupportgrp.ca, provides information on our organization's activities, past and present. Our newsletters from the last two years are all available there. Links to other important sources of information and support are given. We have been online for two years and an increasing number of people are going to the site for information. Our hosting service is godaddy. They provide statistics on usage, and some of it is presented here. It shows that the site is attracting a gradually increasing number of visitors each month.

With all this information available, and with consultations with your family and friends and support groups and your doctor, you will feel more comfortable in making a decision on how to proceed with your options. However, keep in mind that you should always be a little suspicious of the information you find on the Internet. Take everything you find with a bit of doubt, and don't act on it without extensive critical analysis and consultation with your physician.

Monty Newborn



Centre universitaire de santé McGill
McGill University Health Centre

MUHC Urologists Bring Prostate Exams to the People

Once again, docs hit the road to offer men a free Father's Day check-up.

*MUHC Men's Health Day – Place Ville Marie –
Wednesday June 16, 2010*

It's quick, painless, and it could save your life. It's the cringe-worthy physical check for prostate cancer, and it's available free at the fifth annual MUHC Men's Health Day. This year, the event will be held in Place Ville Marie on Wednesday June 16, 2010 (McGill Metro station). The event, held near to Father's Day every year, raises awareness of male reproductive issues and health concerns such as testis, prostate, kidney, and bladder cancers, heart and lung diseases, sleep apnea, eye care and smoking cessation.

Prostate cancer is the most commonly diagnosed cancer among Canadian men. As with all cancers, early diagnosis is vital. A quick and simple prostate exam can detect anomalies in the prostate gland that warrant further investigation.

However, too many men avoid getting an annual check-up and even find excuses to ignore obvious symptoms. Prostate cancer is 95% curable if detected and treated in the early stages. A simple check-up can make the world of difference.

The Men's Health Day event starts at 9 a.m. and runs until 5 p.m. A team of urologists and other healthcare professionals from the MUHC will provide information on men's health issues. A variety of services will be available including free fitness and health evaluations and blood pressure checks. This event is open to the public free of charge. For a free health check-up, simply bring a valid Quebec Medicare card.

The **McGill University Health Centre (MUHC)** is a comprehensive academic health institution with an international reputation for excellence in clinical programs, research and teaching. Its partner hospitals are the Montreal Children's Hospital, the Montreal General Hospital, the Royal Victoria Hospital, the Montreal Neurological Hospital, the Montreal Chest Institute and the Lachine Hospital. The goal of the MUHC is to provide patient care based on the most advanced knowledge in the health care field and to contribute to the development of new knowledge. www.muhc.ca.

An Old Man Goes to His Doctor....

An old man goes to his doctor, complaining about a pain in his left leg that doesn't heal and wants a diagnosis and explanation. The doctor checks out his leg, but can't find anything wrong. So he gives the old guy a full physical exam, and still can't come up with any possible explanation for the pain.

The doctor hands the patient his bill and says, "I'm sorry, but the pain in your leg is simply caused by old age, there's nothing I can do about it."

The old man replies with a look of disbelief, "That's impossible! It is illogical! That just can't be!"

The doctor says, "What do you mean? I'm the expert here; if you know so much, how can you say it's NOT old age?"

The patient answers, "I'm no doctor, but it doesn't take a medical degree to tell that your diagnosis is wrong. Clearly you're mistaken. After all, my right leg feels just fine."

"So what?" says the doctor in a bit of a professional huff, "What difference does that make?"

"Well the right one doesn't hurt a bit, and it's exactly the SAME AGE!"

PROCURE Walk of Courage:



On June 20th, come on your own, with friends or as a family to celebrate life on Ile Ste Helene. WALK with us and the Giants from the worlds of sport and television, for the health of our fathers, brothers, partners and sons at the PROCURE Walk of Courage.

MEET ANDRE REYNOLDS

Andre is the new Treasurer of the Support Group. He is taking over from Fred Crombie, who performed this critical function for over ten years. Right now, it is a shared responsibility during a period of orientation, but by September, Andre will be the guy.

Andre has a very interesting background. He was a Councillor in Terrasse-Vaudreuil for fifteen years and the Mayor for four years. He is a member of the Grand Lodge of the Masonic Order of Quebec and is currently the Treasurer of the Island Royal Arthur Lodge. The early part of Andre's business career was spent in grocery produce with some grand old names like Steinbergs and Dominion. That was in the 60's and 70's. Then, Andre went into Sales and Marketing in the building products field.

Andre was diagnosed with prostate cancer ten years ago. It was discovered outside the envelope and therefore not operable. Andre has undergone twenty-five chemotherapy sessions and is currently being followed in a study protocol for a new therapy.

On a personal level, Andre is sixty-seven years old. He is married, has three children and five grandchildren. His wife Linda and a daughter Judy- two great ladies- were work colleagues of mine at CAE. I have seen Andre and Linda at fund-raising events for the Boy Scouts of Ile Perrot and the meetings were always very pleasant.

We all wish Andre all the best in his new responsibility as Treasurer.

Tom Grant



Our newly-elected Treasurer, Andre Reynolds enjoying a cup of coffee at one of our recent monthly meetings.

GETTING OLDER

**Your nooky days are over,
Your pilot light is out.
What used to be your sex-appeal
Is now your water spout.
Time was, when of it's own accord-
from your trousers it would spring.
But now it's a full time job,
just to find the blasted thing.
It used to be embarrassing,
the way it would behave.
For every single morning,
it would stand and watch you shave.
As your old age approaches,
it sure gives you the blues.
To see it hang it's withered head,
And watch you tie your shoes.....**

Answers to AICR Cancer Control Knowledge Exam

- 1. True:** AICR's expert report found convincing evidence that excess body fat is a cause of 6 different cancers: colorectal, post-menopausal breast, endometrial, pancreatic, kidney and esophageal. Carrying excess body fat causes over 100,000 cancer cases each year in the United States.
- 2. False:** If you enjoy snacking, eating between meals can help increase your intake of fruits and vegetables. In order to avoid weight gain, limit intake of high-fat and high-calorie snacks.
- 3. True:** AICR recommends at least 30 minutes of daily moderate physical activity.
- 4. False:** AICR's recommendation for 30 minutes of daily moderate physical activity is based on research that shows exercise plays a role in weight control and fights cancer independent of weight. Get in the habit of being active, slowly. It's spring: just do it.
- 5. False:** Ah...no. Variety is key. Each vegetable and fruit contains a unique phytochemical profile that may work in different ways to prevent cancer. Researchers continue to identify phytochemicals and how they work in the body.
- 6. False:** Although some research suggests that moderate amounts of alcohol lower the risk of heart disease, there is no amount of alcohol that prevents cancer. Even small amount of alcohol are linked with increased risk of cancer. (AICR guidelines suggest not drinking if you have not started. If you do drink, drink moderate amounts.)
- 7. False:** Don't eat large amounts of red meat. The AICR expert report found that eating more than 18 ounces of red meat per week increases the risk of colorectal cancer. The compounds in plant-based foods may help stop possible carcinogens from becoming cancerous, but there is no clear research linking these foods stopping the possible cancer-effects from red meat. AICR recommends that the food on your plate be composed of over 2/3 plant foods and less than 1/3 animal foods; this will help ensure that you keep your meat intake low while enjoying satisfying and potentially protective meals.
- 8. False:** Although research still continues, the body of evidence to date has found that supplements do not help prevent cancer and cannot take the place of a healthy diet. If you want EGCG drink tea, which contains many other possible protective substances. Also count on vegetables, fruits, whole grains and beans as important sources of antioxidants and other protective compounds.
- 9. True:** Along with screenings, there's a lot individuals can do to prevent cancer. Want to get started? Visit ACIR's [Reduce Your Cancer Risk](#).

Here's a sampling of the results from AICR's 2009 awareness survey:

- only 51 percent of Americans realize that obesity is a cause of cancer
- 52 percent know that diets low in vegetables and fruit increases risk
- Less than half of Americans (46 percent) realize that a lack of physical activity increases risk.
- 38 percent of Americans recognize that diets high in red meat increases risk

Tally your score and see how you compare.

0–6 points: Ok, room for improvement.

The average American probably has you beat when it comes to knowledge about the cancer-lifestyle link at least. The good news: there's plenty to learn and you can turn to AICR materials to help.

8–12 points: Good start, nothing to hang your head over.

You know about the same as the survey respondents, which is OK, but it means there's a lot more to understand when it comes to cancer prevention. You can be better than them.

14–18 points: Excellent, treat yourself to an extra apple.

You likely know more about the cancer-lifestyle link than the average American, so feel free to brag a bit. You're also likely a regular eNews reader, and we hope you spread the word.

Finding the Right Prostate Cancer Surgeon

Dr. Patrick Walsh, former director of Johns Hopkins's Brady Urological Institute, shares his insights on choosing a doctor for your cancer surgery.

Dr. Patrick Walsh, dean of prostate cancer surgeons, has performed the technically challenging radical prostatectomy procedure thousands of times, and has personally schooled hundreds of surgeons in the finer points of the difficult nerve-sparing cancer operation. He certainly knows what it takes to be an expert in curing a man of cancer, preserving bladder function, and maintaining the nerves responsible for erections. What about the doctor you're considering for your own prostate cancer surgery?

"Your doctor may be nice and personable," says Dr. Walsh, "a practitioner whose empathy for your condition appeals to you, which is great. But what do you know about him? He's got a terrific bedside manner, but is he a board-certified urologist? What training has he had? Does he know and use the nerve-sparing cancer surgery techniques -- the anatomical approach to radical prostatectomy? How many of these cancer surgeries does he per-

form annually? What success has he had in preserving potency and continence? If he can't or won't give you his rate of success as compared to reports from other surgeons, or to results published in medical journals, this may be a red flag, and perhaps you should look elsewhere for your cancer surgeon.

"You should be able to get a good idea of his success rate in numbers or percentages. In addition, if he hasn't done very many of these cancer operations -- ideally, hundreds -- you might want to find a more experienced surgeon. Look at it this way: Do you want to be one of the patients he's learning on? Do you want to be part of someone's learning curve?"

"Remember: You don't want a surgeon who's "pretty good" at removing the prostate. There are no second chances here: This is a one-shot operation. You are looking for the one surgeon who will perform the one radical prostatectomy you will ever receive in your life, the one operation that will cure your cancer.

"You want a surgeon who is going to make sure that no cancer is left behind, and who knows how to minimize trauma to your body during surgery so you don't wind up with incontinence, erectile dysfunction, or both.

"Finding the right surgeon may mean that you must travel to a major medical center in another city. This may mean that you'll be away from home for four days. But after that, even though you may need to wear a catheter for a week or two, the recovery from the operation is usually speedy, and follow-up communication can be carried out over the telephone."

Johns Hopkins Health Alert

Research on PSA Levels in Midlife

Researchers take a close look at PSA levels in men around age 50 and their findings reveal important data on the course of prostate cancer.

The prostate-specific antigen (PSA) test measures an enzyme produced almost exclusively by the glandular cells of the prostate. It is secreted during ejaculation into the prostatic ducts that empty into the urethra. PSA liquefies semen after ejaculation, promoting the release of sperm.

Normally, only very small amounts of PSA are present in the blood. But an abnormality of the prostate can disrupt the normal architecture of the gland and create an opening for PSA to pass into the bloodstream.

Thus, high blood levels of PSA can indicate prostate problems, including cancer.

Now research reported in *BMC Medicine* (Volume 6, page 6), indicates that a man's prostate-specific antigen (PSA) level at or before age 50 can predict his risk of developing advanced prostate cancer 25 years later.

Researchers analyzed data from blood samples collected from about 21,000 men between 1974 and 1986 as part of the Malmö [Sweden] Preventive Medicine Study. By 1999, 498 of the men had developed prostate cancer. Because not all elevated PSA levels indicate a clinically relevant cancer, the researchers focused only on the risk of developing locally advanced or metastatic prostate cancer. This was defined as the presence of metastases or as clinical stage T3 or higher at the time of diagnosis. By this definition, 161 of the men had potentially life-threatening disease.

Bottom line: The researchers found that a man's PSA level around age 50 was a strong predictor of the development of advanced prostate cancer later in life. Even a modestly increased PSA level of 1.01 to 2.0 ng/mL increased the odds of developing advanced prostate cancer by several percentage points. *These results suggest that PSA level in middle age might be used to determine which men need more intensive prostate cancer screening and which can be screened less frequently.*

Posted in [Prostate Disorders](#) on April 27, 2010

BPH and Sexual Dysfunction: What's the Link?

A recent study reported in *Urology* (volume 73, page 562) adds to growing evidence that aging men who have lower urinary tract symptoms related to benign prostatic hyperplasia (BPH) are at increased risk for sexual dysfunction.

The observational study included 3,084 men who had lower urinary tract symptoms and were sexually active. Among the factors identified that increased the risk of sexual dysfunction were advanced age, severity of prostate symptoms, high blood pressure, diabetes, black ethnicity, and certain BPH drugs.

Among the 1,362 men taking medication for BPH, those taking the alpha-blockers alfuzosin (Uroxatral), doxazosin (Cardura), or terazosin (Hytrin) had better erectile function than those taking a 5-alpha-reductase inhibitor, such as dutasteride (Avodart) or finasteride (Proscar). They also had better ejaculatory function than those taking the alpha-blocker tamsulosin (Flomax), a 5-alpha-reductase inhibitor, or an alpha blocker plus a 5-alpha-reductase inhibitor. It's not known whether the medication caused the problems or whether men with more severe BPH symptoms were more likely to take certain medication.

If you're taking medication for BPH, let your doctor know if you're experiencing any type of sexual dysfunction. He or she may recommend changing your medication regimen or adding another BPH drug to treat the erectile problem.

Posted in [Enlarged Prostate](#) on May 18, 2010

Prostate Cancer 101 — Understanding the Significance of Gleason Grade and Gleason Score

(A review by **Ralph Valle**)

Introduction

In 1974, Dr. Donald F. Gleason, a noted pathologist, created a prostate cancer grading system derived from a study that included 2,900 patients. The objective was to provide a more accurate way for pathologists to grade prostate cancer. This system is widely accepted and used universally. The Gleason system is based exclusively on the architectural pattern of the glands of the prostate tumor. A normal prostate has glands made up by cells that have differentiated and assembled in a particular architectural structure. As cancer cells proliferate and form tumors, a process of dedifferentiation disrupts the glandular architectural pattern.

A tumor whose structure is nearly normal (well differentiated) has a biological behavior relatively close to normal and is not very aggressively malignant. At the other extreme, a tumor whose structure has regressed to a more primitive form (poorly differentiated) is aggressively malignant. Those are the two extremes of the Gleason grading system identifying the progressive deterioration of the cancer cell architecture.

Prostate cancer is the most diagnosed cancer in males and the second cause of cancer mortality. It is a serious disease in the world of men's health. At the present time, the most reliable way to evaluate a patient's prognosis is to obtain the most expert opinion on the biopsy core samples. Why is this of utmost importance? Critical treatment decisions are made based on this grading. The significance of the Gleason grading system is on predicting how aggressive is the evaluated sample. This is done by direct expert observation of the tissue samples under a low power microscope. The experience of the pathologist doing the grading is of extreme importance.

Differentiation

It is evident that in most multi-cellular organisms, such as humans, not all cells are alike. As an example, cells that make up the human skin are different from cells that make up organs or glands. And yet, all of the different cell types in the human body are derived from a single, fertilized egg cell through a process of differentiation. Differentiation is the process by which an unspecialized (undifferentiated) cell becomes specialized into one of the many cells that make up the body, such as brain, lung, or prostate cells. During differentiation, certain genes are turned on, or activated, while other genes are switched off, or inactivated. This process is highly regulated. As a result, a differentiated cell will develop specific architectural glandular structures and perform certain characteristic functions. When specialized cells such as prostate cells, undergo genetic mutations, they can in time dedifferentiate and lose their specific architectural structures and characteristics. This is the basis for the Gleason Grading System.

The Gleason Grades*

Dr. Gleason proposed five progressive steps in the process of dedifferentiation to identify the patient's degree of disease aggressiveness.

Grades I and II:

These grades depict the initial changes in the formation of prostate cancer. The glandular architecture resembles normal patterns. Because of their close appearance to normal, these grades are classified as well differentiated. Gleason grade I tumors consist of closely packed, uniform, round glands arranged in a nodule with pushing borders. This pattern is very uncommon except in transition zone adenocarcinomas and is almost never seen in needle biopsy specimens. Gleason grade II tumors are similar to grade I tumors, except the glands show more variability in size and shape.

Grade III:

This is the most common grade found at evaluation and is considered moderately well differentiated (slightly more de-differentiated than grades I and II). In Grade III like with Grades I and II, the gland unit formation is still preserved although more invading glands are prominent and become a defining feature of this grade. Growth between benign glands is a useful clue to this grade.

Grade IV:

This is a critical grade since, if detected, the patient's prognosis is usually poorer by a considerable degree. There is a notable loss of glandular architecture and disruption and loss of the normal gland unit. Grade IV is identified almost entirely by loss of the ability to form individual, separate gland units, each with its separate secretory space (Lumen). This important distinction is simple in concept but complex in practice. The reason is that there are a variety of different-appearing ways in which the cancer's effort to form gland units can be distorted. Much experience is required for this diagnosis, and not all patterns are easily distinguishable from grade III. This is the main class of poorly differentiated prostate cancer, and its distinction from grade III is the most commonly important grading decision.

Grade V:

This is the last step in the multi-step of dedifferentiation. This grade conveys a poor prognosis. Its overall importance for the general population is reduced by the fact that it is less common than grade IV, and it is seldom seen in men whose prostate cancer is diagnosed early in its development. This grade also shows a variety of patterns, all of which demonstrate no evidence of any attempt to form gland units.

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.

This grade is often called undifferentiated, because its features are so primitive that it is not easily distinguished from other undifferentiated cancers originating in other organs.

.....to be continued in our next issue.

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!

Steering Committee:

Fred Crombie , Past Treasurer fred.crombie@videotron.ca	514-694-8149
Charles Curtis , Outreach	514-697-4517
Tom Grant , Hospitality & Writer tomgrant@total.net	514-631-9293
George Larder , Secretary gflarder@sympatico.ca	514-630-9632
Allen Lehrer , Vice President allen.lehrer@videotron.ca	514-626-1100
Allan Moore , Library nmoore@total.net	514-630-1865
Francesco Moranelli , Editor f.moranelli@sympatico.ca	514-696-1119
Monty Newborn , Internet Comm. newborn@cs.mcgill.ca	514-487-7544
Les Poloncsak , Library & Hall imppol@videotron.ca	514-695-0411
André Reynolds , Treasurer andre.reynolds@sympatico.ca	514-453-8447
Ron Sawatzky , President ronsaw@hotmail.com	514-626-1730
Senior Advisors: Lorna Curtis, Marcel D'Acoust, Ron McCune, Ludwick Papaurelis, Doug Potvin, Ron Schurman, Joe Soul	

Mailing Address:

Montreal West Island Prostate Cancer Support Group Inc.
P.O. Box 722, Pointe-Claire, QC
Canada H9R 4S8

VOLUNTEERS URGENTLY NEEDED!

<http://mtlwiprostcansupportgrp.ca/>