

## Montreal West Island

## Prostate Cancer Support Group



**EVERYONE IS INVITED  
TO ATTEND OUR  
PUBLIC MEETINGS**

**NEXT MEETINGS**

**November 23 @ 7:30 PM**

**Dr Steven Ades**

Genitourinary Medical Oncologist  
MUHC

**Hormone Refractory Prostate  
Cancer**

**January 25 @ 7:30 PM**

**Dr. Marc David**

Radiation Oncologist, MGH  
Radiation Therapy for  
Prostate Cancer

**February 28 @ 7:30 PM**

To be announced

**COME EARLY AT 7:00 PM To CHAT**

**MEETING LOCATION**

**Sarto Desnoyers Community Centre  
1335 Lakeshore Drive, DORVAL**

## Contributors

AstraZeneca 



sanofi aventis

Because health matters

 NOVARTIS



Abbott Laboratories

**Ludwick Papaurelis**

Ludwick was diagnosed with prostate cancer in 1999, and later that year he joined our group. Unfortunately, it transpired that it was too late for the application of primary treatment, and consequently the initial treatment applied was hormonal. Subsequently, radiation and chemotherapy treatments have been used, but the battle continues.

Ludwick soon got involved in the group's activities, and by April 2000 became responsible for research and editor of the newsletter as one of the steering committee directors. This was timely, because the previous newsletter editor had resigned from the committee, and the newsletter functions required staffing. Until then, the 4-page newsletter had used a simple layout format. However, Ludwick's artistic abilities as an architect were applied to yield a much more attractive layout together with colour capability for occasional application. Until earlier this year, he has applied his computer program to assemble all the newsletter inputs to generate the reproduction master. The culminating example of this was the 6-page special colour issue #42 in April 2005 celebrating the 10<sup>th</sup> anniversary of the group's existence. Ludwick also arranged to have the newsletter available on the Internet via the CPCN website.

Ludwick's wife, Marija, has been his constant support in more ways than one, including attendance at virtually all meetings, being an active questioner of guest speakers and proof-reading all the newsletters. More importantly, she has actively supported Ludwick's constant battle against the disease. This has encompassed travels to different places in North America for diagnoses and treatments, an ongoing process.

*(continued on page 2)*

## Introducing our new president

**RON SAWATZY**

When I was asked to take on the position of President it took some time to consider. Joe Applebaum's exceptional success at fund raising, finding interesting guest speakers and developing very helpful contacts will be difficult to maintain. However, Joe's very generous offer of assistance and the words of encouragement and support from the very dedicated and committed members of the Steering Committee led me to accept. Also the appointment of Allen Lehrer as Vice President is a much appreciated added benefit.

Regards,

*Ron Sawatzy*

This Newsletter is available in colour via the Internet at :  
[www.procure.ca](http://www.procure.ca) & [www.cpcn.org](http://www.cpcn.org)

**Ludwick Papaurelis** (continued from page 1)

Parkhurst published his very candid, personal story of diagnoses and treatments in the December 2005 edition of "Our Voice" and "Entre Nous", (Volume 1, No. 4), where he appeared on the front page. The same issue contains inside a picture of Ludwick and Marija in a longer article by Marija detailing the partner's view. She also mentioned the impact of the support group.

Ludwick has undoubtedly been the best-informed and most knowledgeable member concerning prostate cancer, diagnostic techniques, treatments, nutrition issues and the latest research, albeit as one without medical qualifications. However, his architectural work involved the Montreal General Hospital for over 20 years, and included a prostate cancer research laboratory and various biology laboratories. This doubtless was very beneficial in his work for the group. Until his departure from committee duties, he was responsible for research information. He remains a member of the group, and hopes that he may be able to make more written material available for the newsletter in the future.

We wish Ludwick and Marija many years of success with the cancer treatment, and a happy move to their new Ottawa home. They will reside there permanently in early 2007.

**By Joe Soul**

## Lecture Notes

### Joanne Savard, May 25, 2006

Joanne Savard, with a Bachelor degree in Psychology and a strong background in Nursing in Quebec and Switzerland, has been involved in Urology since 1998 at Royal Victoria Hospital. Currently she is the Manager of the Urology Research team at McGill University Health Center and is also in charge of the Clinical side of McGill Urology Association Group. She came to our group session to discuss ongoing Clinical Trials for an exciting new treatment of PC. The trial is designed to determine the benefits for PC patients for whom regular radiation treatment has not worked.

The trial title is Vascular Photodynamic Therapy Treatment of Localized PC Post Radiation. Work in this field has been in progress at MUHC for the past 5 years and has yielded dramatic results. It is based on a new photosensitizer cancer drug, Tookad, which is injected into a patient in its inactive form. The drug circulates through the body in the inactive form until it reaches the prostate. There it is activated by exposure to the light rays from a laser. These rays are transmitted through fibre optic cables from the laser to the prostate area. The fibres are inserted into the body through needles in the perineal area. MRI will have been used to map the locations for these fibres to ensure proper illumination of the prostate. Exact location, intensity and target area for the illumination can be adjusted during the process which lasts approximately 17 minutes. Two to six fibres are used depending on the size of the prostate.

When Tookad is exposed to laser light, it burns and converts into a chemical that blocks blood vessels in the immediate area. This effectively chokes off the exposed tissue from its life giving blood supply. Previous trials with similar treatments taught the researchers the optimal dosage and light combinations needed to kill tumours yet leave surrounding tissue unaffected.

Treatment during a Phase I trial yielded a complete absence of prostate cancer in 46 percent of patients who had recurrent cancer after radiation treatment.

Tookad is eliminated from the body in about two hours, but the damage caused to tissue exposed to light is permanent. Before Tookad, patients treated with photosensitizers had to wait for up to eight weeks without light to allow time for the chemicals to be

excreted from their bodies. Currently, patients are told to avoid sunlight for a week.

There seem to be some advantages over the basic treatment options:

- ❖ Easy to perform
- ❖ Highly effective
- ❖ Possibly repeatable
- ❖ Most side effects appear to be acceptable

Recent studies of this process have shown good results in two groups, each with approximately 25 patients. The first study focussed on the optimal dosage of the Tookad drug and the intensity and duration of the laser illumination. The process was well tolerated. The researchers found an unexpected rise in blood pressure in some patients but this was easily controlled with appropriate medication. Patients were walking following the surgery, at night. The second study showed up some urinary disorders which had been expected but the use of a catheter for up to 7 days helped to resolve this. In all the results confirmed that this process could be minimally invasive and safe for the patients.

A larger study, Phase II – 3, to determine the drug's efficacy and the repeatability of the initial results is now underway at the MUHC. This study will have a duration of 6 months to enlist the planned population of 85 men and then 12 months to perform the surgeries and study the results. This group will be made up of PC patients whose PSA tests and biopsies have confirmed that their PC is recurring. Current Canadian studies of Tookad in recurrent prostate cancer patients are the first of their kind.

Although research behind the new treatment is in its early stages, some within the medical community are considering trials of Tookad being used to treat other forms of cancer, including kidney, liver and breast cancer. Until now, Tookad has been used only in PC patients when radiation failed. This limitation is in place since the extensive trials to confirm the drug's safety, efficacy, dosage levels, and more, have not been completed. Also, studies must be made over larger groups of patients. In the next phases of the study, expected to begin in the coming months, researchers will try to qualify and prove the drug as a primary treatment.

After finishing her lecture, Ms Savard continued to demonstrate her interest and pride in this project, as she responded in detail to the many questions which were put forward by members of her audience.

**Report by Bill Corless**

## Lecture Notes

### Tamara Cohan, May 25, 2006

Tamara Cohen is a recent graduate from McGill University's School of Human Nutrition and Dietetics. She is presently a member of the Ordre of Dietitians of Quebec, and has just completed the College of Dietitians of Ontario Exam. Tamara was the guest speaker for all of the Running Room's nutrition clinics, with emphasis on sports nutrition. Currently, she is working at the Lakeshore General Hospital, specializing in geriatrics, obstetrics, and psychiatry and participates in the pediatric autism clinic. She has a private practice where she is teamed up with a massage therapist and physiotherapist. On top of all this, Tamara has been instructing group exercise classes at GoodLife Fitness Club for the past 5 years, motivating people to lead balanced, healthy lifestyles.

Tamara came to our group session to give us some basic rules and guide lines for healthy eating, or as she put it, a fun look at Medical Nutrition Therapy. She explained that the information would be important in the prevention and management of disease such as PC and would also serve as a reminder of the basic tenets of nutrition for every day living.

Nutrition is such a huge topic that Tamara decided to go back to the basics. This was perfect for our group members and ensured that everyone was on the same page. Using good graphics and lots of audience interaction she reminded her audience of the Key Nutrients of our diets:

- ❖ Macronutrients: Carbohydrates, Protein, and Fat.
- ❖ Micronutrients: Vitamins and Minerals.

Tamara explained that if we consume the appropriate amounts of the three Macronutrients we will at the same time be satisfying our needs for the Micronutrients. Carbohydrates should make up 50% of our diet since they provide our main source of energy. There are 3 types of Carbohydrates: Complex carbohydrates, Sugar, and Fibre. We can find these carbohydrates in whole grains, fruits and vegetables and she gave a few examples: whole grains are used in whole wheat pasta and brown rice, sugar and fibre are found in whole grains as well as fruits and vegetables. She made a strong point on the importance of the sugar content in the carbohydrates which we consume. The brain functions on the availability of these carbohydrates, approximately 100g per day, therefore caution is required when diets restrict this Macronutrient. Tamara noted that whole wheat is also a good source of fibre and she stressed the importance on reading the list of food contents such as fibre to compare before we buy on the basis of the colour only. For example some brown breads have much more fibre than others: 3 gms per serving is a good level.

A list of nutrients which may be cancer protective was presented and, as expected, prompted a good discussion on these important items: Vitamin E, Omega-3 fatty Acids, Phytochemicals which act as antioxidants, Vitamins B6 and C, Selenium and Zinc.

A question on different sources of Omega 3 fatty acid revealed that the Omega 3 oil is an excellent source, to be taken in doses totalling a minimum of one tablespoon per day. Tamara noted that another Omega 3 source, flax seeds, must be broken down in the cooking process to be able to provide this fatty acid.

Tamara asked everyone in the audience to become a detective in the investigation to ensure that our selection of the food products will provide a balanced menu of the Macronutrients and Micronutrients. One problem is that the size of a serving, which is the usual basis of comparison between competing products, may vary between manufacturers. Although there are regulations, there is another problem in that nutrients and other ingredients may sometimes be shown in different ways by different suppliers.

The next topic was the protein family which is essential in building muscles and tissue. Protein works well with carbohydrates, by slowing down the rate of digestion. The ideal is to have some protein with each meal and even with snacks, which Tamara accepted as part of the daily diet! The amount of protein needed at each serving depends on one's height and weight but in general should be about the size of your palm. Common sources of protein are cheese, meat, eggs, peanut butter, and yogurt.

Tamara started a discussion on building a healthy and interesting diet by dealing with the third Macronutrient, Fats. Ideally, consumption of fat should be less than 30mg per day. Since protein is often accompanied by fat, it is important to choose products which provide the needed protein while minimizing the actual fat consumption. Dairy products, which are a good source of protein, can be obtained with very low levels of fat. Fruits which are an important source of sugar are also an essential source of Micronutrients and should be served with each snack. Vegetables can be eaten as often as possible since they are a great source of antioxidants, powerful nutrients which help in the defence against cancer. Tamara completed her lecture by demonstrating an interesting tool people could use to have more flexibility in their diets. This provides a rule of thumb based on the sugar content of different foods. For example, the list of contents on a loaf of bread may show that a slice of bread contains the same amount of sugar as one half of a banana or a serving of pasta. With this simplified data bank, one can easily substitute elements of a meal without changing the desired quantity of sugar in our daily diet.

With many good questions during Tamara's lecture and discussion, it was clear that the group members had learned the basics and a lot more, about Medical Nutrition Therapy. Everyone enjoyed the interaction which she had encouraged throughout the session.

Tamara's handout information sheets "Nutrition and cancer: Back to the Basics" are certain to find a place for future reference on the kitchen cupboard doors of the audience.

**Report by Bill Corless**

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: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Make cheque or money order payable to:

**Montreal West Island Prostate Cancer Support Group Inc. (or) M.W.I.P.C.S.G.I.  
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 as well as our annual membership fees (also voluntary) are the sole source of our funds, which are vital to our operation. These funds pay the cost of printing and mailing our newsletter, hall rental, speaker costs, research, library, stationary, etc.

#### Mailing Address:

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

**Your support is needed now!**

| Steering Committee:   | (514)        |
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| Joe Soul, Doug Potvin, Ron McCune, Ron Schurman, Lorna Curtis, Ludwick Papaurelis                                       |              |
| <b>VOLUNTEERS URGENTLY NEEDED!</b>  |              |