



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

May 26, 2011: *Dr. Avrum Jacobson*, Urologist, Lakeshore General Hospital, will be our speaker. The title of his talk is "Castration and Prostate Cancer."

June 23, 2011: *Dr. Irwin Kuzmarov*, Urologist, Santa Cabrini Hospital, will be our speaker. The title of his talk is "Prostate Cancer Programs for the Geriatric Population."

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Supporters



*MUHC Men's Health Day – Alexis-Nihon Plaza (Atwater Metro)
Thursday June 16, 2011 from 8:00AM to 5:00PM*



Centre universitaire de santé McGill
McGill University Health Centre

This event will include various activities to inform the public on various health issues related to men's health. Numerous health topics will be covered during the event and include: prostate cancer, sexual dysfunction, andropause, benign prostatic hyperplasia, voiding dysfunction, infertility, cardiovascular health, nutrition, exercise and fitness as well as many others.

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:

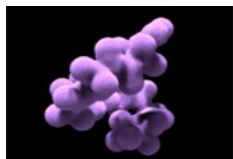
<http://mtlwiprostcansupportgrp.ca/>,
as well as at www.pccn.org

Aggressive Prostate Cancer: High Omega-3s in Blood Doubled the Risk, but High Trans-Fatty Acids Cut Risk in Half

By CancerNetwork Editors | April 27, 2011

The Prostate Cancer Prevention Trial and Subset Analysis The Prostate Cancer Prevention Trial, a randomized clinical trial conducted across the US that tested efficacy of the androgen inhibitor finasteride (Drug information on finasteride) in preventing prostate cancer, involved nearly 19,000 men 55 years of age and older. Data in the analysis reported in the American Journal of Epidemiology by Brasky et al are from a subset of about 3,400 of the participants in the larger trial, half of whom developed prostate cancer (confirmed by biopsy) during the course of the study and half of whom did not.

An analysis of data from 3,400 men in the large nationwide Prostate Cancer Prevention Trial indicates that, contrary to what might be expected, men with the highest blood percentages of DHA (docosahexaenoic acid), an omega-3 fatty acid commonly found in fatty fish, had 2.5 times the risk of developing aggressive, high-grade prostate cancer, compared with men who had the lowest levels



Docosahexaenoic acid (DHA), is a systematic name. Docosa refers to the 22 carbon atoms in the chain and hexa refers to 6 double bonds.

In another surprising finding, the investigators discovered that men with the highest blood ratios of trans-fatty acids, commonly found in processed foods containing partially hydrogenated vegetable oils, actually had a 50% reduction in the risk of aggressive prostate cancer.

Neither omega 3s nor trans-fatty acids were associated with a risk of low-grade prostate cancer, and omega-6 fatty acids, found in most vegetable oils and associated with inflammation and heart disease, were not associated with prostate cancer risk, the researchers reported.

The study authors are from Fred Hutchinson Cancer Research Center (FHRC), The University of Texas Health Science Center at San Antonio, and the National Cancer Institute, which funded the research. The findings were published online on April 25 in the American Journal of Epidemiology.

Given the association between chronic inflammation and increased cancer risk, together with the cardiac benefits and anti-inflammatory effects of omega-3 fatty acids and the possible inflammation-promoting effects of other fats, such as the omega-6 fats in vegetable oil and trans-fats found in fast foods, the findings seem to be counterintuitive. "Specifically, we thought that omega-3 fatty acids would reduce and omega-6 and trans-fatty acids would increase prostate cancer risk," commented lead author Theodore M. Brasky, PhD, a postdoctoral research fellow in the Cancer Prevention Program at FHRC.

While the mechanisms by which omega-3s might increase the risk of high-grade prostate cancer are unknown, Dr. Brasky emphasized that omega-3 fats have effects on other biologic processes, some of which may have an impact on the development of certain

prostate cancers, and much more research is needed before definitive conclusions can be drawn from the study findings. It is also premature to recommend that men (the majority of whom in the study got their omega 3s from eating fish, not from supplements) change their diets in any way. "Overall, the beneficial effects of eating fish to prevent heart disease outweigh any harm related to prostate cancer risk," Dr. Brasky said. "What this study shows is the complexity of nutrition and its impact on disease risk, and that we should study such associations rigorously rather than make assumptions."

Half of men feel worse after prostate removal

By Kerry Grens, (Thu, Apr 21 2011)

NEW YORK (Reuters Health) - A new study shows nearly half of men feel worse after having their prostate gland removed due to cancer, although three-quarters would do it again given the same circumstances.

Tens of thousands of men each year undergo the surgery, called prostatectomy, and may suffer long-term consequences to their quality of life, in particular sexual function.

In the current study, published in the Journal of Urology, researchers asked 236 men how they were doing up to 1 year after surgery.

Three out of four had regained their physical and mental well-being and had no more problems with incontinence than before the operation. But just one out of four had recovered his ability to have intercourse.

The research team, led by Dr. Adrian Treiyeer at St. Antonius Hospital in Eschweiler, Germany, also teased out the circumstances that were tied to better recovery.

Men were more likely to get their quality of life back if they had a type of surgery that leaves the nerves controlling erection intact, for instance, and if they participated in a rehabilitation program.

While the study doesn't prove that rehab is helpful -- men who did better might be likely to join such a program, for example -- the possibility is worth noting, said Dr. Mark Litwin, a urologist at the University of California, Los Angeles, who was not involved in the study.

Rehab programs, which are relatively new in prostate cancer care, can include talk therapy or a drug regimen to treat erectile dysfunction.

"It's not just about recovery of the penis and its ability to become erect, but helping men come to terms with being a cancer survivor," Litwin told Reuters Health.

Both physical well-being, such as experiencing less pain, and mental health, including feeling good and functioning well socially, were tied to remaining continent and not encountering any complications after surgery.

"Some of these things, no one can control, such as baseline PSA," Litwin said. "But some they can. Patients can doctor-shop and find the best care."

In the type of surgery the patients had, surgeons make a cut between the belly button and the pubic bone to get to the prostate, which is then removed entirely -- so-called radical prostatectomy.

About one in six American men get prostate cancer at some point in their life, according to the American Cancer Society. But they don't necessarily have to have their prostate removed because of it.

Some may get radiation treatment instead, or they may have their tumor destroyed by a kind of surgery that uses freezing liquids. Others may choose just to be monitored -- so-called watchful waiting -- to see if the cancer grows slowly enough to be safely ignored.

All of these strategies have problems of their own, and the right option depends on both the cancer and the patient's values.

Litwin said most studies have focused on the drawbacks to prostate cancer surgery, and indeed, the new findings confirm that most men have worse sexual function after the procedure.

"Quality of life definitely takes a hit, both physically and emotionally," Litwin added, "but ultimately, it tends to go back to normal."

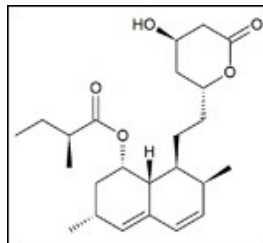
SOURCE: bit.ly/dKM5ig, Journal of Urology, online March 18, 2011.

Large Study Shows Statin use Lowers Incidence of Prostate Cancer

By Anna Azvolinsky, PhD | May 11, 2011

Prostate cancer is one of the most commonly diagnosed cancers in the United States; 217,730 new cases of prostate cancer were diagnosed in in 2010.

However, while prostate cancer is frequently diagnosed, there are currently few known risk factors for the development of the disease, and few prevention approaches that doctors can recommend.



Structural formula of lovastatin (Drug information on lovastatin)

A large-scale, retrospective study published in the JNCI has now shown that men who take statins had lower incidence of total and high-grade prostate cancer compared with men who took antihypertensive medications (doi: 10.1093/jnci/djr108). The impetus for the study was initial data that suggests that statins may be associated with a decreased chance of prostate cancer. Additionally, data suggest that men with low-serum cholesterol also have a lower risk for prostate cancer.

The study authors used files provided by the Veterans Affairs New England Healthcare System to identify 55,875 men taking either a statin (41,078 men) or an antihypertensive drug (14,797 men). The study examined the correlation of statin use, lipid levels and prostate cancer diagnosis, while attempting to correct for any potential cohort bias. Men taking statins were 31% less likely to be diagnosed with prostate cancer (HR = 0.69). The statin cohort was 60% less likely to develop high-grade prostate cancer and 14% less likely to develop low-grade prostate cancer. Additionally, high levels of serum cholesterol were associated with higher risk for both high-grade and overall prostate cancer. Overall prostate cancer incidence was 1.3% in

the antihypertensive cohort and 0.9% in the statin user cohort. The most frequently used statins were simvastatin (Drug information on simvastatin) (54.6%) and lovastatin (43.9%). The authors believe that prospective clinical trials of statins for prostate cancer prevention are a reasonable next step to validate the results of this retrospective study.

(www.cancernetwork.com)

Pomegranate Juice May Slow Prostate Cancer

Study: Drinking Pomegranate Juice May Delay Progression of Prostate Cancer That Hasn't Spread

By Miranda Hitti

WebMD Health News

Reviewed by Louise Chang, MD

April 26, 2009 -- Drinking 8 ounces of pomegranate juice daily may slow the progression of localized prostate cancer (prostate cancer that hasn't spread), a new study shows.



The study included 48 men who had surgery or radiation therapy to treat localized prostate cancer.

When the study started in 2003, the men's PSA levels were doubling every 15 months. In prostate cancer patients, PSA (prostate specific antigen) is used to monitor their cancer.

All of the men drank 8 ounces of pomegranate juice daily, and that slowed down the time it took for their PSA levels to double, as the researchers reported in 2006.

After that, the researchers -- who included Stan-

ford University urologist Allan Pantuck, MD -- kept following the patients every three months. Fifteen of the patients stayed with the study for up to 64 months (a little more than five years), and it typically took four times longer for their PSA levels to double when they were drinking pomegranate juice, compared to their PSA doubling time at the study's start.

The results were presented at the American Urological Association's 104th annual scientific meeting in Chicago.

Five of the six researchers who conducted the study disclose ties to POM Wonderful, which makes the pomegranate juice used in the study.

In 2007, another team of researchers bought pomegranates, made their own pomegranate juice, and tested it against human prostate cancer cells grafted into mice. Those tumors grew slower than other tumors treated with a placebo solution.

Can Pomegranate Pills Fight Prostate Cancer?

Study Suggests Pomegranate Pills May Help Slow Progress of the Disease

By Charlene Laino

WebMD Health News

Reviewed by Laura J. Martin, MD

Feb. 17, 2011 (Orlando, Fla.) -- Taking a pomegranate pill a day may help slow the progression of prostate cancer, preliminary research suggests.

The study is the latest to demonstrate pomegranate's promising antitumor effects, says study head Michael Carducci, MD, professor of oncology and urology at Johns Hopkins Medical Institutes.

In 2009, other researchers reported that pomegranate juice may also prevent prostate cancer from getting worse.

The new study involved 92 men with cancer that had not spread beyond the prostate and rising PSA levels. Rising levels of PSA (prostate-specific antigen) are a sign that prostate cancer may be getting worse.

The men took either one capsule containing 1 gram of pomegranate extract or three pomegranate capsules daily.

At the start of the study, the men's PSA levels were doubling every 12 months. After six months of taking the capsules, it took 19 months for their PSA levels to double.

"The results were similar regardless of whether the men took one capsule or three," Carducci tells WebMD.

However, men who took three pills daily were more likely to suffer mild to moderate diarrhea: 14% vs. 2% of those who took one pill.

Carducci credits antioxidants in the pomegranate for its anticancer effect.

The study was presented at the Genitourinary Cancers Symposium.

Pomegranate for Prostate Cancer: Opinions Mixed
Michael Morris, MD, of Memorial Sloan-Kettering

Medical Center in New York City, says the research has some limitations.

For starters, it's never been proven that slowing down the PSA doubling time improves a patient's prognosis, he tells WebMD.

Additionally, it would have been useful to have a group of men who only took placebo to determine if the extract has benefits beyond that of a biologically inert compound, Morris says.

But Nicholas J. Vogelzang, MD, chair and medical director of the developmental therapeutics committee at US Oncology in Las Vegas, was excited about the data.

The change in the PSA doubling time "was dramatic. That's a good result and basically confirms the findings of [the juice] study," he tells WebMD.

Improvements in PSA "can have a powerful effect on men's anxiety levels," he says.

Vogelzang says he "recommends pomegranate extract or juice a lot," typically for men with rising PSA levels. "But I don't usually use it for men whose cancer has spread beyond the prostate," he says.

Carducci is an unpaid consultant to POM Wonderful,

which makes both the pomegranate capsules and the juice used in the earlier study.

These findings were presented at a medical conference. They should be considered preliminary as they have not yet undergone the "peer review" process, in which outside experts scrutinize the data prior to publication in a medical journal.

Johns Hopkins Health Alert

Acupuncture: An Alternative Treatment for Prostatitis

Should you try acupuncture to relieve the pain of chronic prostatitis? Results from a recent study provide the answer.

Like other forms of chronic pain, chronic prostatitis is a complex condition with no simple solutions. Successful management of chronic prostatitis depends on treating the original source of the pain as well as the neurological and psychosocial problems that often accompany it.

As a result, your doctor may prescribe several different types of medication. Some men also benefit from cognitive behavioral therapy, which can help improve coping strategies and psychological well-being.

But what if you've tried medications and they haven't helped your chronic prostatitis? Should you give acupuncture a try?

Results from a small study in *The American Journal of Medicine* suggest that acupuncture may provide relief to men with chronic prostatitis. The study compared the potential benefits of acupuncture versus sham (inactive) treatments in 89 men who had symptoms of chronic prostatitis for three or more of the past six months and who had a score of 15 or higher on the National Institutes of Health Chronic Prostatitis Symptom Index.

The men were randomly assigned to receive two acupuncture treatments or two sham treatments a week for 10 weeks. The sham treatments were nearly identical to genuine acupuncture needle insertions except for the location and depth of placement.

True acupuncture was nearly twice as effective as the sham procedure in relieving chronic prostatitis symptoms. Moreover, patients treated with acupuncture were more than twice as likely as the men given the inactive treatment to experience long-term prostatitis relief. Few of the men experienced complete resolution of their symptoms.

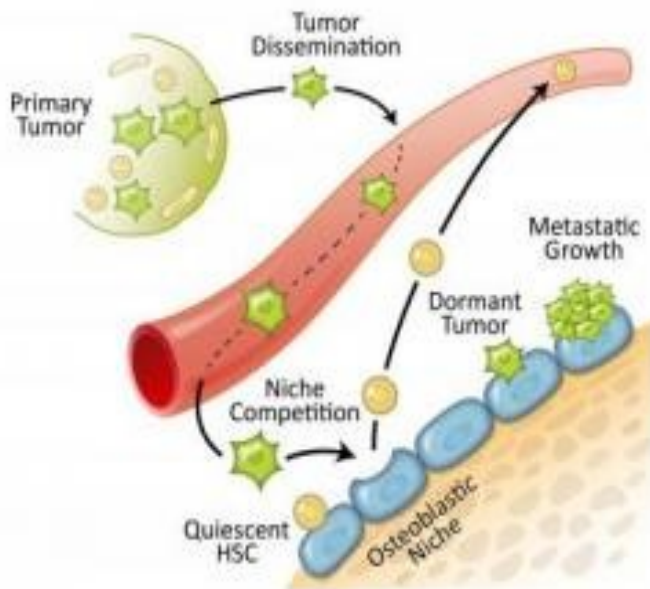
This study supports findings from other trials showing a benefit from acupuncture for chronic prostatitis. More study is needed before the treatment can definitively be recommended, but if nothing else has worked for you, a trial of acupuncture might be worth considering.

Posted in Enlarged Prostate on April 5, 2011

Why prostate cancer cells can metastasize but become dormant

Posted on March 23, 2011 by Sitemaster

Researchers at the University of Michigan now think they can explain how and why prostate cancer cells get into bone and can stay dormant before stimulating the recurrence of prostate cancer.



In an article just published in the *Journal of Clinical Investigation*, Shiozawa et al. have presented data suggesting that prostate cancer cells are selectively secreted in an area of the bone marrow that is normally associated with the development and growth of cells called “hematopoietic stem cells” (HSCs). These are cells that act as precursors to normal red and white blood cells. For some reason which is still to be fully understood, prostate cancer cells can stay dormant in this particular environment (known as the “bone marrow niche”) and then they can become active again later, leading to prostate cancer recurrence after a period of months or years. (See also [the commentary on a presentation by Vesella](#) at the recent IMPaCT meeting that also addressed this topic.)

What Shiozawa and his colleagues have been able to demonstrate, using a mouse model of metastasis, is that human prostate cancer cells are able to compete cells directly with HSCs for

space in the mouse’s bone marrow niche. They have also been able to show that increasing the size of the bone marrow niche leads to promotion of metastasis; by comparison, decreasing the size of the niche size reduces the probability of cell dissemination and therefore metastasis.

There are a variety of potential consequences of this new knowledge:

- If the bone marrow niche really does play a central role in metastasis of prostate cancer to bone, then researchers have another new target for drugs that may be able to prevent initiation and progression of bone metastasis.

Such drugs could potentially halt or disrupt the ways in which cancer cells enter or behave in the niche, or they could simply keep the cancer cells from out-competing the stem cells.

What we don’t know yet is equally enticing:

- How does the initial tumor cell get into the bone marrow niche?
- Once there, how and why does the tumor cell become dormant?
- What do the normal HSCs do when the tumor cells enter the niche?

Can other types of cancer cells that also metastasize to bone (such as breast cancer cells), also go to the niche?

One thing we do know. It is the job of the bone marrow niche, under normal circumstances, to **stop** HSCs from over-proliferating. Clearly, therefore, when tumor cells get into the bone marrow niche, they are able to co-opt the normal biological processes of the bone marrow niche to stop the proliferation of prostate cancer cells too! But how this happens and why tumor growth can be re-triggered later on is still not understood.

Assuming that other researchers are able to replicate the findings of Shiozawa and his colleagues, this may be a critically important finding towards new and very different therapies for the management of cancers, like prostate cancer, that metastasize to bone

Statin therapy seems to improve outcomes after radiation therapy for high-risk patients

Posted on March 23, 2011 by Sitemaster

According to data just published in the March issue of the *International Journal of Radiation Oncology•Biology•Physics*, patients diagnosed with high-risk prostate cancer who take statins while receiving radiation therapy have a better prognosis than patients treated with radiotherapy who don't take statins.

Kollmeier et al. have reported data from a retrospective analysis of data from 1,711 men with clinically localized prostate cancer (clinical stage T1-T3), all of whom were treated with conformal radiation therapy to a median dose of 81 Gy at a single institution between 1995 and 2007. Of these 1,711 men, data on their pre-radiation medications were available for the vast majority ($n = 1,681$). Slightly more than half of the patients (947/1,711 or 55.3 percent) received a short-course of neoadjuvant and concurrent androgen-deprivation therapy (ADT) in concert with their radiation therapy.

Here are the key results of the analysis:

- 382/1,681 patients (2.7 percent) were taking a statin medication at diagnosis and throughout their radiation treatment.
- The average (median) follow-up was 5.9 years.
- For the men taking statin therapy

The 5-year rate of biochemical progression

- o -free survival (bPFS) was 89 percent.
- o The 8-year rate of bPFS was 80 percent.
- o For the men **not** taking statin therapy
- o The 5-year rate of bPFS was 83 percent.
- o The 8-year rate of bPFS was 74 percent.
- o Statin use (hazard ratio [HR] = 0.69), low-risk disease, and use of ADT were all associated with improved bPFS.
- o Among the men taking statins, only high-risk patients showed improvement in bPFS (HR = 0.52).

o Statin use was **not** associated with improved distant metastasis-free survival.

By contrast, lower group and use of ADT were **both** associated with improved distant metastasis-free survival.

Dr. Michael Zelefsay, the senior author of the study, is quoted as follows in a [media release from the American Society for Radiation Oncology \(ASTRO\)](#):

"In our retrospective study, we have demonstrated that statin use during radiotherapy is associated with improved biochemical tumor control among high-risk patients. This study, along with other emerging studies, strongly suggests that statin use improves outcomes in patients treated with definitive radiation therapy."

The authors also suggest that statins not only have anti-cancer activity but that they may act as radiosensitizers when used in conjunction with external beam radiation therapy for the treatment of prostate cancer.

PROCURE Walk of Courage

News on Your Walk of Courage 2011.

We are pleased to announce that Montreal Canadian's ambassador Guy Lafleur, Olympic champion Alexandre Bilodeau, and the Impact will all attend the event.

We look forward to walk with you!



The Walk of Courage 5th Edition

Date: June 19, 2011, 10 a.m. start time.

Runners start at 9:55.

Honorary Co-Chairs: Mr. Lino Saputo & Mr. Gérald Tremblay

Animation | 5 km walk/run on Ile Ste-Helene | picnic

New: Free Parking



Javier Rivera for your team at PROCURE

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.

Relay for life in the West of the island

The *Relay for life* is a festive family event sponsored by the Canadian Cancer Society (CCS) to raise funds for cancer research. During an entire night, the participants walk, in order to raise money for the CCS. Why is it done overnight? Because cancer never sleeps. The Relay is an opportunity to get together with family and friends to celebrate cancer survivors, remember loved ones lost to cancer, and fight back to find a cure for this terrible disease.

In all, 84 Relays for Life are organized in Quebec, which permits the CCS to be present in several regions of the province and to promote the cause which is near to the hearts of the majority of Quebecers that is, the fight against cancer.

Your Organization, the *Montreal West Island Prostate Cancer Support Group* and the *West Island Relay for life* have a common interest: to support the West Island community. During our event held in June 2010, we raised \$146,000 with the help of our 360 participants and 75 cancer survivors. We are raising our goals for our next edition! The fourth edition of *West Island Relay for Life* will be held on Friday June 17th at George Springate Sports Centre, 13,800 Pierrefonds Blvd., Pierrefonds, Quebec.

In keeping with 'Celebrate cancer survivors', we have organized the *Survivors Reception*, a reception (food and entertainment) before the start of the event. Survivors and their courage and determination they have shown in their fight against

cancer, while thanking the people who have supported them during this fight. Following this reception, we invite these survivors and their caregivers to participate in the *Survivor's Victory Lap* to officially launch the *West Island Relay for Life, 2011*.

As head of the *Montreal West Island Prostate Cancer Support Group*, we ask you to promote the event with people currently fighting cancer, or who are in remission. They are encouraged to register for this 'no cost' event on our website.

Their presence is an essential source of motivation for all participants who will walk all night, having raised money for cancer research, because Survivors are the reason for all their efforts.

To register online:

Go to: www.cancer.ca/relay;

Choose the province of Quebec;

Select the event "West Island Relay for Life";

From the menu "Fight Against Cancer" on the left side, click on "Celebrate";

Click on the link "Register for the Survivors' Victory Lap now";

Survivors can complete the registration form.

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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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VOLUNTEERS URGENTLY NEEDED!

<http://mtlwiiprostcansupportgrp.ca/>