



# 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

March 24, 2011 @7:30 PM

Dr. Wes Kassouf

Urologist/Urologie Oncologist

Montreal General Hospital

Department of Urology

And

Assistant Professor

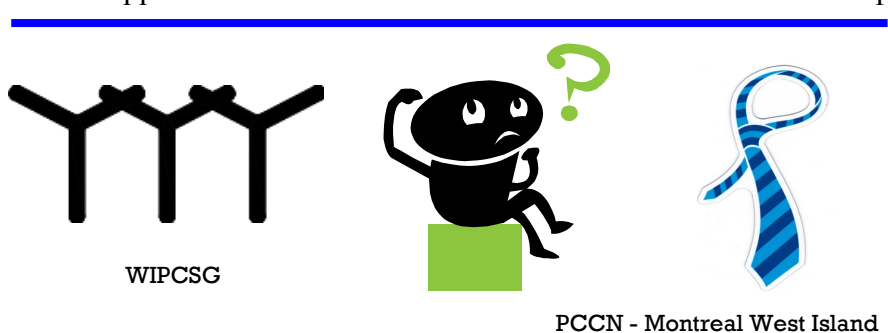
Dept. of Urology, McGill University

Will speak to us on

“Prostate Cancer: Diagnosis and Treatment”

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## Supporters



## 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](http://www.pccn.org)



## **Affiliation with PCCN**

At the December 2010 meeting the steering committee unanimously voted to recommend to our members that the Montreal West Island Prostate Cancer Support Group Inc. formally become affiliated with the Prostate Cancer Canada Network (PCCN) and change our name to Prostate Cancer Canada Network-Montreal West Island (PCCN - Montreal West Island). Voting members will have the opportunity to ask questions and vote on this recommendation at the Annual General Meeting to be held on April 28, 2011.

After many years of operation as the Canadian Prostate Cancer Network (CPCN), this loosely knit organization of support groups decided to merge with Prostate Cancer Canada in May of 2009 and become the Prostate Cancer Canada Network (PCCN). It's original core mission remains the same - to strengthen and build the network of independent support groups across Canada. However, PCCN will benefit from the marketing, fund raising and administrative resources of Prostate Cancer Canada, speaking with one national highly recognizable voice while maintaining the important local work and independence.

During the past two years the steering committee has had many discussions on the pros and cons of affiliation, asked PCCN for clarification on numerous issues and received positive assurances in all respects. We are confident that our need to remain independent and free to continue our current programs and make changes to meet local needs will be retained. Yes, we will change our name and become associated with a highly visible brand which will advance national awareness of prostate cancer.

### **Support Group Affiliation Agreement**

***Group Name: Prostate Cancer Canada Network - Montreal West Island***

### **PCCN Support Group Benefits**

- ❖ PCCN representatives across the country who will support affiliate groups.

- ❖ Access to a databank of speakers detailing topics and contact information.
- ❖ A national PCCN website with links to local PCCN support group websites and local support group information. This replaces the CPCN website.
- ❖ A subsidized invitation for one member and spouse from our group to attend the annual PCCN National Conference. This is the same agreement we had with CPCN.
- ❖ Newsletter service & templates for distribution to each member.
- ❖ Access to an internet "Chat Room" forum allowing communication and sharing of topics of interest to those in leadership roles.
- ❖ Access to fundraising events such as Movember and Father's Day Walk/Run, sharing in net proceeds 50/50 (optional to groups).
- ❖ A comprehensive source for PCC/PCCN branded awareness material thereby reducing group costs.
- ❖ Ability to source numerous medical publications directly related to prostate cancer from one location.
- ❖ Access to an "awareness lending warehouse" containing top quality units suitable for use at community events.

### **PCCN Support Group Standards**

- ❖ Commit to being affiliated with the PCCN by adopting the PCCN group name specified above.
- ❖ Commit to the use of PCC/PCCN branded material in local events.
- ❖ Use supplied logo exclusively in all group generated materials, in accordance with brand guidelines.
- ❖ Draw from the PCCN library of consistent messaging for awareness campaigns.
- ❖ Maintain the confidentiality of all aspects of support group meetings wherein items of a personal nature are discussed.
- ❖ Never give medical advice.

## **Answers to Specific Questions**

**Q** - Does the PCCN logo have to be used exclusively or can our logo also be used for a period of time?

**A** - There could be a period where a link or reference to your own name and logo would be O.K..

**Q** - Will the content of the newsletter template be mandatory or can the local group use the sections they consider most useful and add their own content?

**A** - No obligation to use the template at all. It will be editable and allow space for local content.

**Q** - Could you clarify "The PCCN section of the PCC webpage would initially link to local groups that have their own websites". Does this mean local websites are expected to be discontinued?

**A** - Absolutely not! Linking the PCCN site to your local sites will increase traffic to your site.

**Q** - Re the 50/50 split - how will the funds raised by the group's efforts be determined?

**A** - If for example your members form a team during Movember, donations made to your team members are tracked through the website and split 50/50. If you raise 10K you get 5K back to use as you see fit.

**Q** - Over the years we have developed a small number of corporate donors . Will this be subject to sharing with PCCN?

**A** - Absolutely not. Donations made directly to your group stay with the group.

**Q** - Will PCCN require some form of approval process for newsletter content and other printed material?

**A** - No need to worry about newsletter content. We will not be policing your articles or comments. As a courtesy it would be great to see drafts of other printed materials just to see if our logos are being presented correctly. You can also call on the resources of PCC to help design these materials if you choose.

**Q** - Will we be able to retain our legal identity to issue tax receipts as a charitable organization using the designation Prostate Cancer Canada Network - Montreal West Island?

**A** - Yes.



WIPCSG



PCCN - Montreal West Island



Lindsay Humphries

It is with sadness that we note the death of Lindsay Humphries on February 16, 2011 at the age of 89.

Lindsay was one of the original members of our Support Group and served on the Steering Committee as Assistant Treasurer until his departure to Ontario in 1996. He was dedicated in his support of men with prostate cancer and those concerned about prostate cancer. He was very positive about stating his opinions at the Steering Committee meetings which kept the rest of the committee members on their toes. He will be missed.

Our condolences go to his wife Doreen and her family.

George Larder

## Tomatoes Pack A Nutritious Punch

It is rarely contested that tomatoes are good for you. In the wake of recent scientific inquiry, however, researchers are saying that tomatoes may be better for health and well-being than previously thought.

A study published in the *American Journal of Lifestyle Medicine* found that consuming tomatoes may reduce the extent of heart disease, life mood and protect against certain forms of cancer.

The authors of the new article, health researchers for ConAgra Foods, noted that it is fortunate that the tomato happens to be the most consumed non-starchy vegetable in the U.S. In particular, the group focused on the tomato's lycopene and antioxidant content.

Lycopene is a red pigment found in a number of fruits and vegetables. The study's authors noted that tomatoes are the richest known source of the substance, whose bioavailability actually increases when tomatoes are cooked.

Studies have associated lycopene with a reduced risk of prostate cancer. Likewise, the antioxidants in the red vegetable are believed to improve heart health and reduce inflammation.

Tomatoes are also an excellent source of vitamins A and C, according to the Centers for Disease Control and Prevention. For those who have little access to tomatoes and other types of produce, nutritional supplements may be able to provide them with their daily allowance of vitamins, minerals and lycopene.

From: Better Health Research News Desk • Mar 2nd, 2011



## Quality of Life After Cancer Treatment: What the Research Shows

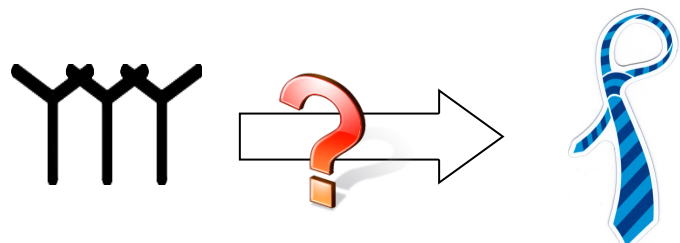
**Treatments for localized prostate cancer have the potential to decrease a man's quality of life. But this tends to improve over time, according to a study reported in *The Journal of Urology* (Volume 183, page 2206).**

The study included 1,269 men who underwent treatment for clinically localized prostate cancer. The treatments used were radical prostatectomy, external beam radiotherapy, brachytherapy, combined external beam radiotherapy/brachytherapy, or androgen-deprivation therapy. Questionnaires were used to assess health-related quality of life after prostate treatment.

The researchers found that all treatments worsened urinary bother, sexual function, and sexual bother. Men who underwent radical prostatectomy had the most pronounced worsening of urinary function at first, but they also had the greatest recovery. All types of radiation therapy worsened bowel function and bother, but the men were back to where they were initially after four years of follow-up.

**Bottom line:** If you undergo any treatment for prostate cancer, expect to experience problems with urinary and sexual function initially. The good news is that these problems will generally improve within the first two years after prostate treatment. But don't wait for two years to see if the side effects go away. Talk to your doctor early on. A variety of therapeutic options are available to help you manage these side effects.

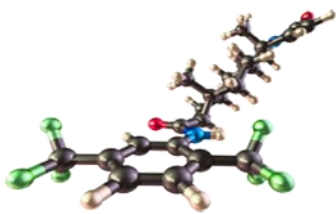
**A Johns Hopkins Health Alert**, Posted in Prostate Disorders on March 3, 2011



## FDA Denies Approval for Avodart for Prostate Cancer Prevention

CancerNetwork Editors | February 1, 2011

The GlaxoSmithKline (GSK) drug Avodart (dutasteride), already approved for treatment in men with enlarged prostate glands, has been rejected by the FDA for the additional indication of reducing the risk of prostate cancer. An FDA advisory panel voted 14-2 on Dec. 1 to recommend against the expanded use of the drug. Roughly 1 million men are currently estimated to be at risk for prostate cancer in the U.S. Avodart was originally approved by the FDA in 2002 as a treatment for patients with symptomatic benign prostatic hyperplasia (BPH), or “enlarged prostate,” (though it has also been studied as a potential treatment for male pattern baldness). The drug works in part by blocking enzymes that promote prostate growth; it has been shown to relieve symptoms such as frequent and difficult urination, and in many cases eliminates the need for prostate surgery.



*Molecule of dutasteride*

Dutasteride has recently undergone clinical trials to determine its efficacy in preventing prostate cancer: The REDUCE trial (<http://www.nejm.org/doi/full/10.1056/NEJMoa0908127>), a randomized controlled trial of 6,729 men that compared dutasteride to placebo for prevention of prostate cancer, found an overall reduction of 22% in the incidence of prostate cancer over the course of four years. However, the reduction was found only in less fatal prostate cancer subtypes that are often not treated; in the more aggressive subtypes of cancer, there was no reduction seen in the incidence of cancer. Researchers concluded that the use of this drug may delay diagnosis of prostate cancer to the point that the cancer becomes untreatable.

On its site, GSK said that the company has received a complete response letter from the FDA regarding Avodart, which means that the agency needs more information from GSK before it can grant approval. The company did not disclose what steps it will be required to take to gain future approval.

## How To Recognize The Signs And Symptoms Of Prostate Problems

Internet posting By [Peyton Posey Kennedy](#) • Dec 20th, 2010 •

It's embarrassing. It's annoying. It's exasperating. And it's controllable. We're talking about the distressing inconvenience of the side effects associated with prostate problems. This often means midnight treks to the bathroom to pee, pain when you start and end urination and dribbling when you're done. It can be frustrating when nothing you do seems to help, no matter how careful you try to be.

The key to controlling these symptoms is understanding what causes them, so you can learn how to cope and prevent them in the future.

The walnut-sized prostate gland is situated at the base of the bladder. The urethra runs from the bladder through the prostate and through the penis. As the prostate gets bigger, it constricts the flow of fluid through the urethra, contributing to several unpleasant and annoying symptoms:

- ❖ A need to urinate frequently during the night
- ❖ Urinating more often during the day
- ❖ Urinary urgency—a strong and sudden urge to pee
- ❖ Slow-to-start urine stream
- ❖ Lack of force in the urinary stream
- ❖ A slight stinging at the beginning and end of urination
- ❖ Urine “dribbling” some time after urination ends
- ❖ The sensation that the bladder hasn't been emptied entirely.
- ❖ The need to urinate again only a few minutes later.

For the most part, these symptoms by themselves don't require medical attention. They can often be controlled by certain urination management techniques that you can practice on your own. If the symptoms are particularly bothersome to you, consult a healthcare professional for help. In particular, you should seek medical care if you experience these symptoms:

- ❖ Inability to urinate
- ❖ Painful urination
- ❖ Blood in the urine
- ❖ Discharges from the penis other than urine
- ❖ Continuous or severe urinary incontinence

More often than not, using self-help management techniques and natural supplements such as saw palmetto, pumpkin seed, lycopene, red clover and nettle can help manage your prostate health. It's important to remember that frequent urination, stinging and dribbling are often not a threat to your health or your life, although they can be awkward and embarrassing.

### **When Patients Share Their Stories, Health May Improve**

By PAULINE W. CHEN, M.D.

A gifted artist in his early 60s, the patient was a liver transplant candidate who learned he had hepatitis B some 20 years earlier. Despite the worsening fatigue that accompanied his liver failure, he threw himself into preparing for his transplant. He read everything he could about the procedure and the postoperative care, drilled doctors with endless questions and continued to drag himself to the gym each day in the hopes of being better prepared to withstand the rigors of the operation.

The only reservation that he mentioned was the same one all the other patients had — he feared that death would come before the perfect organ.

But during one visit just before he finally got the transplant, he confessed that he had been grappling with another concern, one so overwhelming he had even considered withdrawing from the waiting list. He worried that he would not be strong enough mentally and physically to survive a transplant.

In desperation, he told me, he had contacted several patients who had already undergone a transplant. "That's what made me believe I'd be O.K.," he said. "You doctors have answered all of my questions, but what I really needed was to hear the stories about transplant from people like me."

Patients and doctors have long understood the power of telling and listening to personal narratives. Whether among patients in peer support groups or between doctors and patients in the exam room or even between doctors during consultations, stories are an essential part of how we communicate, interpret experiences and incorporate new information into our lives.

Despite the ubiquitousness of storytelling in medicine, research on its effects in the clinical setting has remained relatively thin. While important, a vast majority of studies have been anecdotal, offering up neither data nor statistics but rather — you guessed it — stories to back up the authors' claims.

Now *The Annals of Internal Medicine* has published the results of a provocative new trial examining the effects of storytelling on patients with high blood pressure. And it appears that at least for one group of patients, listening to personal narratives helped control high blood pressure as effectively as the addition of more medications.

Monitoring the blood pressure of nearly 300 African-American patients who lived in urban areas and had known hypertension, the researchers at three-month intervals gave half the patients videos of similar patients telling stories about their own experiences. The rest

of the patients received videos of more generic and impersonal health announcements on topics like dealing with stress. While all the patients who received the storytelling DVD had better blood pressure control on average, those who started out with uncontrolled hypertension were able to achieve and maintain a drop as significant as it had been for patients in previous trials testing drug regimens.

"Telling and listening to stories is the way we make sense of our lives," said Dr. Thomas K. Houston, lead author of the study and a researcher at the University of Massachusetts Medical School in Worcester and the Veterans Affairs medical center in Bedford, Mass. "That natural tendency may have the potential to alter behavior and improve health."

Experts in this emerging field of narrative communication say that storytelling effectively counteracts the initial denial that can arise when a patient learns of a new diagnosis or is asked to change deeply ingrained behaviors. Patients may react to this news by thinking, "This is not directly related to me," or "My experience is different." Stories help break down that denial by engaging the listener, often through some degree of identification with the storyteller or one of the characters.

"The magic of stories lies in the relatedness they foster," Dr. Houston said. "Marketers have known this for a long time, which is why you see so many stories in advertisements."

In health care, storytelling may have its greatest impact on patients who distrust the medical system or who have difficulty understanding or acting on health information because they may find personal narratives easier to digest. Stories may also help those patients who struggle with more "silent" chronic diseases, like diabetes or high blood pressure. In these cases, stories can help patients realize the importance of addressing a disease that has few obvious or immediate symptoms. "These types of patients and diseases may be a particular 'sweet spot' for storytelling," Dr. Houston noted.

This particular benefit from stories comes as welcome news not only for patients but also for doctors, who are increasingly reimbursed based on patient outcomes. "There's only so much the doctor can do, so providers are looking for innovative ways to help their patients," Dr. Houston said. While more research still needs to be done, the possibilities for integrating storytelling into clinical practice are numerous. In one possible situation, which is not all that dissimilar from popular dating sites, doctors and patients would be able to access Web sites that would match patients to videos of similar patients recounting their own experiences with the same disease.

Dr. Houston is currently involved in several more studies that will examine the broader use of storytelling in patient care and delineate ways in which it can best be integrated. Nonetheless, he remains certain of one thing: Sharing narratives can be a powerful tool for doctors and patients.

"Storytelling is human," Dr. Houston said. "We learn through stories, and we use them to make sense of our lives. It's a natural extension to think that we could use stories to improve our health."

<http://www.nytimes.com/2011/02/10/health/views/10chen.html>

**NOTICE OF THE ANNUAL GENERAL MEETING**

**APRIL 28<sup>th</sup>, 2011**

In accordance with Article X of the General By-Laws, the Annual General Meeting will be held at the Sarto Desnoyers Community Centre, 1335 Lakeshore Drive, Dorval on Thursday, April 28<sup>th</sup>, 2011 at 7:30 p.m.

This meeting will take place just prior to the monthly general meeting.

**AGENDA**

1. Minutes of Meeting of April 22<sup>nd</sup>, 2010
2. President's Report
3. Treasurer's Report
4. Nomination Committee Report
5. New Business
6. Adjournment

It should be noted that opinions and questions are welcome from all participants. However, only those who have paid their membership fee are eligible to vote.

Nominations for the position of Officer or Director must be accompanied by the signed approval of the nominee and the signed endorsement of two other members. These are to be submitted to the Secretary.

George Larder  
Secretary

**REPORT OF THE NOMINATION COMMITTEE**

The nominees recommended by the committee to be the officers and directors of the board for the year 2011/2012 are as follows, and the specific responsibilities are as listed:

<b>POSITION</b>	<b>NOMINEE</b>	<b>RESPONSIBILITY</b>
President	Ron Sawatzky	Officer
Vice-President	Allen Lehrer	Officer
Secretary	George Larder**	Officer
Treasurer	Andre Reynolds	Officer
Director	Fred Crombie	Past Treasurer
Director	Charles Curtis	Outreach
Director	Tom Grant	Hospital. & Writer
Director	Dr. Irwin Kuzmarov	Consult. Urologist
Director	Allan Moore	Library
Director	Francesco Moranelli	Editor
Director	Monty Newborn	Publicity
Director	Les Poloncsak	Lib. & Hall Setup
Director	Ron Sawatzky*	Speakers
Director	Ron Sawatzky*	Fundraising

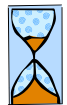
\* Temporary

\*\* Retiring, replacement urgently needed

**Upcoming Meetings**

**April 28, 2011:**

**Our Annual General Meeting will be held on April 28, 2011. Following that, there will be a panel discussion chaired by a Steering Committee member on all aspects of prostate cancer. The audience will be encouraged to participate. Discussion of the proposal to affiliate with PCCN will also be dealt with.**



**May 26, 2011:**

**Dr. Avrum Jacobson, Urologist, Lakeshore General Hospital, has accepted our invitation to speak. The subject is to be determined.**

**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.**

# 2011

West Island Prostate Cancer Support Group Meeting Calendar

JANUARY							FEBRUARY							MARCH						
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30	31																			

APRIL							MAY							JUNE						
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24	25	26	27	28	29	30	29	30	31					26	27	28	29	30		

JULY							AUGUST							SEPTEMBER						
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31																				

OCTOBER							NOVEMBER							DECEMBER						
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23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
30	31																			

Steering Committee meetings are indicated in red, General Meetings in blue, and the Annual Christmas luncheon in green.

Corrected from Issue 67

## JOB OPPORTUNITIES

In this day and age it is hard to find meaningful work. You are in luck. The Support Group has several openings. The pay is not much, in fact it is nothing, but your CV or resume will look great as a volunteer for a nonprofit organization in the health field.

George Larder, the Secretary for over twelve years is retiring. George, like all good secretaries, ran the show. He organized the committee meetings, scheduled appearances of members at Men's Health Day events, handled publicity for the general meetings and recorded and issued the Minutes of the meetings. Some of these tasks can be off-loaded (for example Monty Newborn has taken over Publicity) but the remaining functions are vital and must fall into good hands. George will help and guide his successor as needed.

If interested please approach any member of the Steering Committee.

Tom Grant

## 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:

<b>Fred Crombie</b> , Past Treasurer fred.crombie@videotron.ca	514-694-8149
<b>Charles Curtis</b> , Outreach tomgrant@total.net	514-697-4517
<b>Tom Grant</b> , Hospitality & Writer tomgrant@total.net	514-631-9293
<b>George Larder</b> , Secretary gflarder@sympatico.ca	450-455-8938
<b>Allen Lehrer</b> , Vice President allen.lehrer@videotron.ca	514-626-1100
<b>Allan Moore</b> , Library nmoore@total.net	514-630-1865
<b>Francesco Moranelli</b> , Editor f.moranelli@sympatico.ca	514-696-1119
<b>Monty Newborn</b> , Internet Comm. newborn@cs.mcgill.ca	514-487-7544
<b>Les Poloncsak</b> , Library & Hall lmpol@videotron.ca	514-695-0411
<b>André Reynolds</b> , Treasurer andre.reynolds@sympatico.ca	514-453-8447
<b>Ron Sawatzky</b> , President ronsaw@hotmail.com	514-626-1730
<b>Senior Advisors:</b> Loma Curtis, Marcel D'Aoust, Ron McCune, Ludwick Papaurelis and Doug Potvin.	

### Mailing Address:

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

**VOLUNTEERS URGENTLY NEEDED!**

<http://mtlwiiprostcansupportgrp.ca/>