

Walking for Dad  
(story on p.3)

# Canadian Prostate NETWORK

NOVEMBER 2002

NEWS

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## Closer to Home

Prince Edward Island men will no longer have to leave the island to get a biopsy, thanks to the lobbying efforts of that province's prostate cancer support group.

Until last year, men who needed a biopsy had to travel to Saint John, New Brunswick, on their own time and at their own expense. Moreover, they often had to wait for five or six months. Now, thanks to the new state-of-the-art Trans Rectal Ultrasound machine at Queen Elizabeth Hospital in Charlottetown, that waiting time has been reduced to three weeks. "There used to be a waiting list of 50 to 60 men," says Norm Fotheringham, of the PEI Prostate Cancer Support Group. "And five or six were going to Saint John each week. But now they are doing four or five biopsies a week right here in Charlottetown."

Fotheringham adds that he and his colleagues worked closely with PEI Health Minister Jamie Ballem in their lobbying effort. In addition, the Queen Elizabeth Hospital Foundation ran a campaign which raised funds for both the \$150,000 ultrasound machine and also a badly needed CAT scan which should be coming to Charlottetown early next year.

"These pieces of equipment have been needed for a long time," says Fotheringham.

## Jack Brill Raises Awareness in Nova Scotia

"When I get involved, I'm totally involved," says Jack Brill. Since 1999, this is the way Jack has approached his work with the CPCN in Nova Scotia, to raise awareness for prostate cancer. "I got involved after I had surgery for prostate cancer," says Jack. "I found a need for various things. One was information for patients to help them make informed decisions about their treatment."

With this in mind Jack spent two years working with other members of the Prostate Cancer Information Kit Committee to develop an information package

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## Have You Heard about Living Proof?

Last March the Canadian Prostate Cancer Network (CPCN) announced that it would initiate a national campaign to encourage Canadian men to see their doctor and begin a yearly regime of early detection testing for prostate cancer. The message is very simple: "See your doctor. Get the test."

This undertaking will be the biggest consumer initiative in the history of prostate cancer advocacy in Canada. The campaign will include cooperation with numerous partners in health care and private business, but the driving force behind it is ordinary men who are members of the growing prostate cancer survivor network in Canada.

The idea and name, "Living Proof," are borrowed from a highly successful provincial campaign held last year in Newfoundland.

The success of the Newfoundland campaign inspired CPCN to take the message across Canada. This campaign also will reinforce the

message that help and hope are available locally through real people whose lives have been changed by prostate cancer. With the help of corporate and individual sponsors, CPCN hopes to display these posters in bus shelters, newspapers, subways, doctors' offices and even in the corner store.

An ambitious national campaign like this requires significant funding, and already several corporate sponsors have come on board. For example, the outdoor advertising companies, Viacom and Pattison, have both agreed to display the posters free of charge in hundreds of locations across the country. Other corporate support, yet to be finalized, has been pledged by AstraZeneca and Pfizer, and several media companies have also promised support in the form of free public service announcements.

There will also be hundreds of brochures and wall posters which will tie in with the outdoor adver-

tising images. Shopper's Drug Mart has agreed to distribute these to all of their stores.

Living Proof is an initiative of prostate cancer survivors. There is a strong need for financial support from both local groups and individuals. Your donation may be sent to: The Canadian Prostate Cancer Network, P.O. Box 1253, Lakefield, ON K0L 2H0. 20 percent of every non-corporate donation will be sent to the support group closest to the donor. Individual donations to CPCN are now tax deductible.

Local groups and individuals will also help get the word out. When the posters and brochures are ready, there will be a need for local volunteers to distribute and promote them to clinics, doctor's offices, hospitals and libraries in their communities. That should be taking place this coming January.

In the PSA test, we have the marker which can lead to a cure for more men. Isn't about time we spoke up about it?

## Is Screening on the Horizon?



The following editorial, by Toronto-based uro-oncologist Dr. Laurence Klotz, appeared in *The Canadian Journal of Urology* this past June.

Dr. Klotz is currently chief of the division of urology at Sunnybrook and Women's College Health Sciences Centre in Toronto and professor of surgery at the University of Toronto. He is also editor-in-chief of *The Canadian Journal of Urology* and the author of *Prostate Cancer: A Guide for Patients* which was reviewed in the CPCN Newsletter in June 2001. CPCN wishes to thank Dr. Klotz and *The Canadian Journal of Urology*.

### Sheepish about being bullish.

When you know a thing, to hold that you know it; and when you do not know a thing, to allow that you

do not; that is knowledge. So said Confucius.

An interesting paradox has emerged regarding our approach to PSA screening.

There is a very clear consensus on the part of those clinicians with an interest in prostate cancer that PSA screening is a good thing. Everyone in the field, virtually without exception, holds this view. Opinions vary over the strength of the evidence, concerns about long term morbidity, when screening should start and finish, what interval, and so on. However, virtually all North American prostate cancer experts believe that the benefits of screening outweighs the harm in appropriately selected individuals.

One would assume that this consensus would be communicated to 'our listeners'; patients, our community, primary care colleagues, and health policy experts. In fact, this is not the case. The current Canadian position is best summarized by the consensus statement of

the Prostate Cancer Alliance, an umbrella group of prostate cancer stakeholders. The position states that men have the right to be informed about the pros and cons of screening, and to avail themselves of the test if they so choose. The advice is neutral, in contrast to the views of the experts.

Why is it that we have accepted this consensus when it does not reflect our conviction that PSA screening is a good thing? The reason, obviously, is that the quality of the data is insufficient. We do not have the prospective randomized trials (currently ongoing) which would provide the basis for an evidence based pro-screening position.

There is increasing evidence that this is an overly simplistic view. Randomized trials have demonstrated a survival benefit for screening mammography. Has this resolved the debate over breast cancer screening? Not at all. Recent

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## Injects Much-Needed Funding into Prostate Cancer Research

Prostate Cancer is the most common form of cancer among men, and the second deadliest after lung cancer. Yet, until just a few years ago, there was no group dedicated specifically to promoting research into this wide-spread and dangerous disease.

That changed in 1997, when the Canadian Cancer Society (CCS) launched the Canadian Prostate Cancer Research Initiative (CPCRI) with a donation of \$1.25 million. Since then, the CPCRI has channeled millions of dollars into prostate cancer research.

The goals of the CPCRI are straightforward: to stimulate new efforts in prostate cancer research and to strengthen existing prostate cancer efforts. "Our major emphasis is on strategic initiatives," explains Wally Seeley, CPCRI Chairman and prostate cancer survivor. "We want to fill in gaps in research, build capacity in key research areas and respond to unique opportunities that arise as scientists learn more about prostate cancer."

The CPCRI is an alliance between groups interested in finding better ways to diagnose and treat prostate cancer. Members of the alliance include the Canadian Cancer Society, the National Cancer Institute of Canada (NCIC), Health Canada and the Canadian Prostate Cancer Network (CPCN).

Member organizations within the alliance have made significant financial commitments to prostate cancer research. The NCIC, for example, has committed \$500,000 a year for five years. The money will come from funds raised by its partner agency, the CCS. Health Canada has also committed \$1 million a year for five years, while the Canadian Institutes of Health and Research (CIHR) have committed \$500,000 for five years.

"Thanks to the Initiative, there has been a huge increase in funding for prostate cancer research," says Seeley. "The level of support still isn't as high as we'd like, but it's far high-

er than in 1996. Furthermore, money isn't going on administration or bricks and mortar. The vast majority of it is being channeled into research."

### Key programs designed to fill research gaps

The CPCRI has funded five major programs to try and fill in the gaps in prostate cancer research. One key funding area is the Large Centre Training Grants, a program which offers grants to institutions wishing to train young researchers in prostate cancer research. To qualify, institutions must have a demonstrated expertise in this area. Funding can be used to train graduate students and postdoctorate fellows.

"This program is vitally important, because it attracts bright young researchers to prostate cancer research," explains Seeley. "Attracting top-notch scientists to the area is essential, because they may well be the ones who make the breakthrough discoveries we need in the years ahead."

"When the concept of Large Centre Training Grants was first discussed, we sent a task force across the country to talk to some of the people interested in receiving these research dollars.

"I recall meeting a young post-graduate student at Dalhousie during an informal session there. He had excellent marks, good enough to qualify him for any branch of research, but he hadn't decided what he wanted to do. When we began to chat, he told me he didn't want to get into prostate cancer research, because there just wasn't enough funding available. Today, I'm happy to say that the situation is changing."

The Large Centre Training Grants Program makes up to \$600,000 a year available to qualifying institutions. Recipients are guaranteed up to \$200,000 for three years, with an

additional two-year renewal possible. This ensures continuous, high-level support for training. At the moment, The Prostate Centre at the Vancouver General Hospital and the Princess Margaret Hospital are receiving support through this program.

Network provides formal mechanism for researchers to communicate. Another priority of the CPCRI is the Prostate Cancer Research Network. This program supports multidisciplinary teams of prostate cancer researchers and gives them a further formal mechanism for getting together and sharing results.

"Scientists I've talked with can't say enough about this program," says Seeley. "The Network gives them another level of communications, a formal mechanism they can use to compare notes and stay current with each other's research without fear of being underfunded."

Timely exchange of information is vital to modern research. That's why information technology has become increasingly important as a scientific tool. Medical informatics, the study of how to use information technology to improve communications, understanding and use of medical information, is an emerging discipline with a great deal of promise.

Recognizing the importance of medical informatics in prostate cancer care, the CPCRI recently sponsored a two-day Informatics Workshop in Toronto. The workshop's goal was to inspire research and use of medical informatics to reduce the impact of prostate cancer on Canadians. The event attracted top experts from Canada and abroad. In all, 94 participants took part.

The workshop consisted of formal presentations and discussions between members of six working groups. Topics for discussion included how informatics can facilitate research, the use of medical data bases, use of computers to help decision making for patients and doctors, the quality and possible uses of

health care information on the Internet, and privacy issues.

At the end of the event, each working group presented its conclusions and suggestions for future directions.

### Support for innovative research encourages new ideas

Informatics is only one of the many new technologies that will impact on prostate cancer prevention and treatment in the coming years. In recognition of this fact, the CPCRI is also funding the IDEA Grants Program to support innovative research ideas in the prostate cancer field. The grants are relatively small at \$50,000 over a year but applications will be fast-tracked through the review process.

"These grants will be for small pilot studies or investigations of innovative concepts," explains Seeley. "The program is designed to allow investigators to test new ideas that are based on solid science but are outside conventional areas of research."

"These IDEA grants are a wonderful concept, because they allow researchers with innovative ideas to explore and test their concepts. The history of medicine is full of discoveries made by people who have taken unconventional approaches to research. We hope IDEA grants will promote these kinds of unexpected breakthroughs."

While breakthroughs are always possible, the fight against prostate cancer will be a long one. For that reason, it's important to build research capacity at teams of dedicated researchers in the prostate cancer area. To help build that capacity, the CPCRI is also offering doctoral research awards and postdoctoral fellowships to qualified young scientists. These awards provide support for up to three years.

### "We want to attract excellence"

"This program is self-explanatory," says Seeley. "We want to attract excellence into this field of research. The Doctoral Research Awards and the Postdoctoral Fellowships are an obvious and important way to do this."

Looking back at the first years of the CPCRI, Seeley is pleased with the progress to date. However, he stresses that the organization is just beginning its work. "We're coming to the end of our first five-year mandate," he says. "We've grown and evolved during that time, and we've accomplished some good things. The fact is though, we still have a long way to go."

"We need our mandate renewed, so that we can continue to build support and research capacity in prostate cancer. Statistics say one in eight Canadian men will develop prostate cancer during his lifetime. Prostate cancer is a huge health problem, and one we have to tackle head-on through increased research."

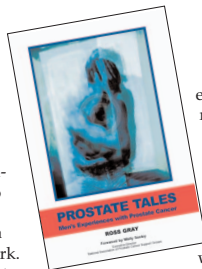
## A Support Group in a Book

Men with prostate cancer need access to the best possible medical treatment and knowledge. But they also need something the medical world can't provide: information and support about living with the disease. This, of course, can only come from other men who have been through the experience.

That is the idea behind *Prostate Tales: Men's Experiences with Prostate Cancer*, by Canadian author Ross Gray. *Prostate Tales* is far from the usual dry medical report. Instead Gray, a psychologist at the Sunnybrook and Women's College Health Sciences Centre in Toronto, brings the real-life experience of living with prostate cancer out of the shadows where it usually lies. Drawing on extensive research interviews, Gray provides readers with a personal connection to the social realities of prostate cancer and reveals how prostate cancer affects different men in profoundly

different ways. He uses personal stories and drama to display the crises, struggles, sorrows, challenges and triumphs of real men who have been through the experience. This is not a sentimental piece of work. It aims to tell stories that feel true and which honour the courage, humour and strength of individual men while not hiding from realities like fear, depression and confusion.

*Prostate Tales* is primarily for men with prostate cancer and their families and friends. It's almost like having a support group on the night table beside your bed. However, health professionals will also find that this book will help them to better understand their patients, and it's a must-read for anyone interested in innovative approaches to education and the



effective communication of research findings.

Gray has very generously donated a copy of *Prostate Tales* to each one of the support groups across Canada, where he hopes they will be used for loaning out to members. Copies can be purchased or ordered at book retailers across the country or online through the publisher's website: <http://www.mensstudies.com/prostatetales>. The ever-generous author has also agreed to offer the book to support group members at a reduced price. For your copy send a cheque or money order for \$19.95 (includes shipping) to: Psychosocial & Behavioural Research Unit, 790 Bay St., Suite 950, Toronto, ON M5G 1N8. (Please make the cheque payable to Sunnybrook and Women's.)

# Doing it for Dad — Across the Nation

Every Father's Day, men, women and children in cities across the country lace up their sneakers and walk or run to raise money and awareness for prostate cancer. The first Father's Day run was held in Victoria in 1998, and many communities have followed suit. Many of them now use the name "Do it for Dad," the name used in Ottawa. Here's a wrap-up of some of this year's events.

## Newfoundland Walking Miles in Newfoundland & Labrador

Hundreds of people from more than two dozen communities took part in Newfoundland and Labrador's "Walk a Mile in His Shoes" event this past Father's Day Weekend.

Survivors also lent their voices to some 500 radio public service announcements province-wide, which promoted the event in the weeks leading up to Father's Day weekend. They also incorporated the successful and powerful "Living Proof" campaign into the walk materials. Organizer's estimated that this year's efforts will reach the \$100,000 mark in revenue.

Woody French, co-chair of the provincial committee, says, "The expansion from one location in 2000 to more than 23 locations this year is testament to the willingness and enthusiasm of survivors, volunteers and general public alike, to increase awareness about the importance of early detection, and to raise the funds necessary to support awareness and other prostate cancer initiatives."

Walk a Mile in His Shoes is a partnership between the Newfoundland and Labrador (N&L) Division of the Canadian Cancer Society and the Prostate Cancer Support Groups of N&L.

## A Capital experience in Ottawa.

The day dawned cold and rainy, but even so, over 800 hardy souls helped by more than 150 volunteers raised \$116,000 this year in Ottawa's 4th Annual CS CO-OP Do it for Dad Run and Family Walk. "This proves that Canadians are not only generous, but also a tough lot who will endure all sorts of bad weather," says Randy Dudding, co-chair of the Do it for Dad executive committee. The Prostate Cancer Association of Ottawa co-sponsored the event with the Ottawa Regional Cancer Centre Foundation. Both organizations use the money to fund local prostate cancer requirements. Two years ago, the PCAO was able to purchase two fibscopes with Do it for Dad revenue and last year they donated money to further a research project of a local urologist. The destination for this year's money has not yet been determined.

## Scenic run in Toronto

The Merck-Frosst Father's Day Run and Family Picnic was held at Sir Casimir Gzowski Park on Toronto's western lakeshore this June. This is the second year for the Toronto event which is organized by the Prostate Cancer Research Foundation of Canada. Participants could undertake a 5 or 10 k walk or run which wound its way through the lovely Humber Valley. This year over 350 runners and walkers took part, which was double last year's total. The group also doubled their sponsorships. In all, the Toronto event raised about \$50,000, which is enough to fund a research grant for a specific project in prostate cancer research. All of the money raised in this event goes to fund research.



800 braved the cold and rain in Ottawa

## Victoria: Something completely different

After holding successful runs for four years, the Vancouver Island Prostate Cancer Research Foundation (VIPCRF) has decided to channel their fundraising activities in a different direction. There are so many competing runs for various causes on Vancouver Island — at least one or two every weekend, according to Basil Katz, that it was becoming increasingly difficult to attract additional participants without spending a large amount of money promoting the event.

Therefore, this year VIPCRF decided to concentrate their efforts on golf tournaments, which they have found, yield better net returns for less effort. This September, for the fifth year, the VIPCRF hosted the Air Canada/Canada Life Invitational Golf Tournament. They were also selected as the charity of choice for the Victoria Open Golf Tournament, which took place during July.

On a more adventurous note, Ken & Jan Willoughby will be hosting a Do it for Dad Alaskan cruise aboard Holland America's Maasdam next June 5-12. The excursion, organized by prostate cancer survivor and travel agent, Bill Smith, will make the storied voyage up British Columbia's beautiful Inside Passage and will feature all of the trappings of a luxury cruise:

fine meals, great entertainment, superb hospitality, and, of course, wonderful scenery. The Willoughbys see it as a great chance for prostate cancer survivors from across Canada to come together to share stories and make new friends. A percentage of all ticket sales will go to the VIPCRF to be used for research, awareness campaigns and support groups.

For more information and pricing information contact: Bill Smith, Thomas Cook Travel, toll-free 1-888-221-4455; e-mail bsmith@thomas-cook.ca

## Vancouver: a great time had by all

The weather was fair and everything ran smoothly as the 4th annual Vancouver Do it for Dad Walk and Run on June 23 attracted over 500 people, lots of volunteers and generous pledges. Not only was there a 10-k run (won by a woman this time around) and a 4-k walk, the event featured entertainment, a good healthy lunch, and on-site massage for weary walkers. Fifteen prizes were awarded to individuals or groups who brought in more than \$1000. There were also upwards of 300 draw prizes so almost everyone went home with something. When it was all said and done, more than \$50,000 had been raised for prostate cancer awareness and research.

# Prostate Cancer Awareness Goes Global

There is now a worldwide prostate cancer organization dedicated to many of the same goals as both CPCN and local support groups. PRONet is a new global network of patient-oriented prostate cancer organizations established in 2000 to share information about prostate cancer awareness, early detection, treatment, support and services.

Currently, PRONet comprises 15 networks in ten different countries: Austria, Canada (CPCN is a member), Germany, Italy, Japan, Norway, Sweden, The Netherlands, the UK and the USA. PRONet's aims are to raise worldwide awareness about prostate cancer and its risk factors, to publicize the availability of early detection, treatment options and support networks, and to stimulate and carry out prostate cancer research. Organization members will also pool the experience of survivor/patient networks around the world in order to share information and best practices which will facilitate the development of appropriate educational, counselling and lobbying resources for prostate cancer



Left to right: Christian Ligensa (PCa survivor, Germany), Jerry Raine (Global Marketing Director, AstraZeneca), Ed Kaps (PCa survivor, USA), Ellen Coleman (Cancer Care New York, USA), Paul Dixey (Global Brand Manager-Prostate Cancer, AstraZeneca).



Left to right: English/Japanese translator, Miyuki Yashima (daughter of Haruo Minami, popular Japanese singer who died of PCa. She wishes to start a prostate cancer foundation in Japan in his honour), Mariko Takata (Bursen Marsteller company, Japan), Lars Eliason (PCa survivor, Sweden), Dr. Michele Quaranta (Italy), Luca D'Acquarica (AstaZeneca, Italy).

patients and their families.

PRONet's work is supported by an unrestricted educational grant from AstraZeneca.

To date PRONet has held three meetings for members (Paris 2000, London 2001 and New York 2002), launched an awareness campaign in seven countries (September 2001) and recently commissioned a survey of member organizations to assess the challenges facing prostate cancer support networks.

In the coming year PRONet hopes to expand its technical assistance to prostate cancer patient organizations, develop its electronic communication and Internet capabilities, undertake a global survey of patients and hold a fourth annual meeting at a yet-to-be-determined location.

The CPCN newsletter will keep you abreast of future developments.



## Who We Are

The Canadian Prostate Cancer Network (CPCN) is the national association of community-level prostate cancer support groups. Formed in 1995 by a group of interested survivors who were involved with local support groups, CPCN is the largest male lobby group in Canada, representing the voice of survivors to government, the medical community, industry and business. CPCN has representation on the Canadian Prostate Cancer Research Initiative, the Canadian Prostate Cancer Alliance, the Canadian Strategy for Cancer Control and numerous provincial initiatives.

Many of these are alliances or associations among professionals, industry and survivors that focus on research or medical treatment. CPCN is the only national consumer group and its primary goals are to create and assist support groups, to represent the interests of survivors and to create awareness of prostate cancer in the general population.

Although CPCN seeks to work with support groups across the country, it is not a governing body for these groups. Each group operates independently. CPCN offers information and assistance to both new and established groups and acts as a connecting link to facilitate communication on a national level.

CPCN is an incorporated charitable organization governed by a board of directors. At present there are six directors representing six different provinces, Newfoundland & Labrador, Nova Scotia, Ontario, Manitoba, Saskatchewan and Alberta. Wally Seeley, of Lakefield, Ontario, is the secretary/treasurer and also serves as executive director.

The majority of CPCN's funding comes from pharmaceutical companies, most notably AstraZeneca, but about 10 percent of the funding comes from other sources such as Health Canada, regional support groups and individuals.

### CPCN's mission statement is:

1. To establish and maintain Support Groups across Canada for Prostate Cancer survivors and their families
2. To promote early detection in order to eliminate deaths and reduce complications from treatment
3. To provide a strong national voice in matters related to Prostate Cancer
4. To advocate for the best treatment options available
5. To advocate for increased research funding
6. To work to find a cure for Prostate Cancer.

# Chair's Message



As I prepared to write this column, my mind was taken back to the many accomplishments CPCN has experienced during this past year.

One outstanding example is this newsletter, our third publication — our second this year. Obtaining the sponsorship support to cover cost of preparation, printing and distribution is no easy task, especially in today's economy. Fortunately, AstraZeneca recognizes the benefit such a publication provides to the membership and has been onboard from day one. This newsletter, with its distribution in excess of 15,000 allows us to communicate with the membership, sharing information, our projects and our goals — Coast to Coast.

An accomplishment for which I am extremely proud is the development of two regional teams, one in NB/PEI and the other in the Greater Toronto Area. The purpose for these groups coming together is to encourage Support Groups located in their area to explore how they can cooperate and work together on such universal projects as Awareness and Advocacy, thereby creating a bigger exposure. The concept of regional teams was piloted by the Vancouver & Lower Mainland Support Groups of BC and the Newfoundland & Labrador Support Groups, both of whom have been working together for years with very positive results. While in their infancy, I am confident these new teams will continue to evolve and strengthen both the

awareness and advocacy in their regions. Recently, the Nova Scotia Support Groups have expressed an interest in discussing the regional team concept and I am very hopeful a joint provincial meeting will take place before year-end.

By the time you read this column you will have heard much about the Living Proof campaign (see the article on page 1). Living Proof, even with the benefit of early detection, opens up another important topic. While we all support the concept of early detection, we will have to consider the question at what quality of life? I am sure you will recall your first comment after diagnosis was to say, "Doctor, please get rid of this tumor as fast as you can." The doctor's comments about possible side effects were the least of our concerns because it was Cancer, and we could only focus on the "cure." Well, fast forward a year or two — you are feeling better and life is getting back to a normal routine. Now you wish to "get on with life," but unfortunately you cannot because of a lingering incontinence or impotence problem. Living Proof will save more lives, however we must be conscious of these lingering side effects and ensure we have the programs and services in place to support those needing assistance. At the same time we must advocate for improved treatments with fewer side effects.

I will be working hard to address these problems in the coming year. If you share my concerns, please write and commit to help share the load in this effort.

## Is Screening on the Horizon?

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evidence suggests that some of the early positive trials were misleading. PAP screening for cervix cancer has never been subjected to a randomized trial; indeed, it would be considered unethical. The point is that randomized trials should be seen as an important part of the database supporting a particular approach, rather than the only legitimate form of evidence.

This perspective would radically change our approach. There is a great deal of evidence for a benefit of PSA screening. This evidence includes good PSA test performance compared to other screening interventions; dramatic stage migration, the fact that PSA screened cancers have volume and grade characteristics that suggest they are clinically significant in over 90%; falling prostate cancer mortality in screened populations; a low level of long term morbidity from recent advances in treatment; and improved patient selection of low risk patients for conservative management, thereby reducing the risk of over treatment.

This evidence has been largely discounted by methodologists because it is not derived from randomized prospective trials. The single published randomized trial of screening, by Labrie in Quebec,

which showed a 3.4 fold reduction in the risk of prostate cancer mortality, has been severely criticized and discounted.

There is also disturbing evidence that the case for screening is being suppressed. I am aware of two academic uro-oncologists, one Australian and one Canadian, who wrote position papers over the last year supporting screening, only to have these rejected by the medical editors, on the grounds of being inherently biased. In these cases, it was the position being taken, rather than the quality of the argument, that led to non-acceptance.

It is time for us to stop being sheepish about being bullish. We owe it to our community to be open with our convictions about the value of PSA screening. Our patients and colleagues will appreciate our taking a robust and public stance. As a urological community, there is agreement in favor of PSA screening. We don't need to apologize for supporting screening in the absence of randomized trials. These trials may or may not provide definitive evidence for screening. The accumulated evidence to date has convinced most of us; there is every reason to be open about this.

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## Awareness in Nova Scotia

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which groups could distribute to newly diagnosed men. The resulting "Reef Knot Kits" are now available throughout Nova Scotia.

Most recently, Jack was instrumental in gathering the necessary government and professional people together to establish clinical guidelines for prostate cancer in Nova Scotia. "During my visits to support groups in Nova Scotia and having awareness evenings, it became clear that Nova Scotia lacked a standard for PSA testing," says Jack. Cancer Care Nova Scotia released the province's first position statement and clinical guidelines in January.

Jack is also an active member of the Halifax Regional PCa Support Group. His job now that the guidelines are released, he says, is to make sure people across the province are aware of the them. "They will be made aware," says Jack. "I can tell you that."

Visit the CPCN website  
[www.cpcn.org](http://www.cpcn.org)