

CANADIAN PROSTATE CANCER SUPPORT GROUP

Newmarket, Ontario

Volume 13, Issue 7, March 15th, 2009

**A support group that provides understanding,
hope and information to prostate cancer patients and their families**

About once every few years we like to take a good searching look at what we've been accomplishing in our support group: We try to evaluate what has and hasn't worked at our meetings and we also look at how we can improve them. We need a lot of feedback from you on this. A very successful way we have accomplished this in the past has been through round table discussion groups and that is our plan for the March 19th meeting. We are going to set up seven tables, One for the Ladies; and one for each of the following categories; Radical Prostatectomy, Radiation, Hormone Treatment, Watchful Waiting, Incontinence and Sexual Health. You simply pick a subject you want to find out more about and join that group. We will set up someone to take notes and report on the tables discussions. Most of your executive have been running these meetings for thirteen years. Some of us feel we are getting stale and we need new ideas from you. Let's Brainstorm.

Meeting Date **March 19th 2009**

Place **Newmarket Seniors Meeting Place,
474 Davis Drive, Newmarket**

Time: **7:00 pm to 9:00 pm**

Speaker **All of our Members**

Subject: **Support Group Round Table Discussions**

Canadian Prostate Cancer Support Group,
Newmarket, Ontario. 905-830-0447

a member of the



Canadian Prostate Cancer Network

Assisted by the Canadian Cancer Society
Holland River Unit
Cancer Information Service
1 - 888 - 939 - 3333

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The Newmarket Prostate Cancer Support Group does not recommend products, treatment modalities, medications, or physicians. All information is, however, freely shared.

Subject: "Understanding Prostate Cancer - A Pathologists Perspective"

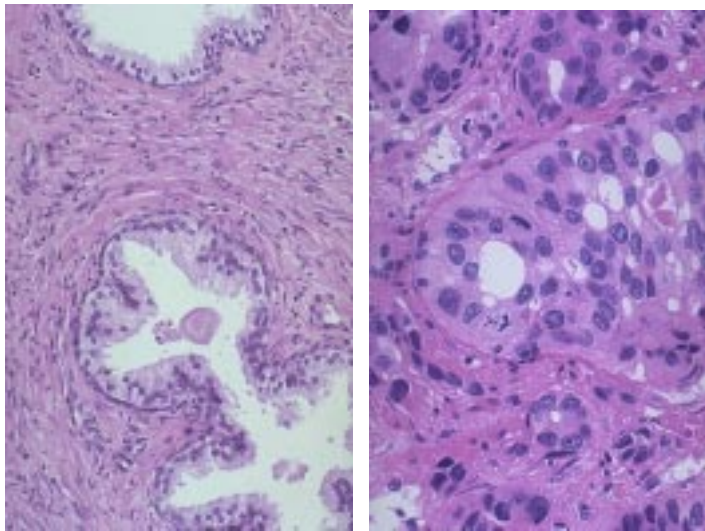
Dr. Ye used a powerpoint slide presentation for his talk at our February meeting, here is a digest of what he had to say with a few of the visuals he used.

You've probably had a lot of different physicians, urologists, oncologists, etc. treating you but there is another type of physician who is heavily involved in your care. They are pathologists. You don't see them very often but they are also involved in your care. Tonight I'd like to share some information with you as a pathologist. Not every cancer in the prostate is called prostate cancer. Only the cancer which arises from the man's prostate is prostate cancer. There are cancers which originate in adjacent organs that spread into the prostate but they are not prostate cancer. When there is a cancer in the bladder or in the rectum they can easily spread into the prostate. Also, vice-versa, when the prostate cancer escapes from the capsule, it can invade the other organs but is still prostate cancer. We call this an advanced stage of prostate cancer. Dr. Ye showed two slides: one of normal prostate cells and one with cancer cells. The visual with cancer cells shows very angry looking cells with very dark nuclei and enlarged and ugly.

by age 50. These would not be felt by an urology DRE or shown by ultra sound. They could only be found under a microscope. By age 75, three quarters will have cancerous change in their prostates. Now the good news. Prostate cancer is one of the most slowly growing cancers. That's why sometimes when the patient is 70 or 75, the doctor will choose not to treat the prostate cancer. They call this watchful waiting, because the cancer grows so slowly that the chances that the patient will be killed by it are not very likely. Also, prostate cancer is one of the most treatable cancers. Because it is slow growing, for over 90% of the patients when the cancer is diagnosed early, it is very limited and is very treatable and the prognosis is excellent.

We still don't know exactly what causes prostate cancer. We know it has something to do with age; with genetics - if it's in the family, the chances are double; and it also has something to do with race — African descent have the highest rate and Asians the lowest rate. Diet plays a part. Red meat adds to your risk of prostate cancer. Lots of vegetables and fruits are good. Exercise also plays a part in avoiding prostate cancer.

So how is prostate cancer diagnosed? There are four things: the PSA blood test, which is now recommended for men over 50 years of age to take a yearly test; the digital rectal exam by your urologist; the Transrectal Ultrasound (TRUS) and finally the core needle biopsy and that's where I come in. That's the golden step. You can now say for sure if the patient has prostate cancer.

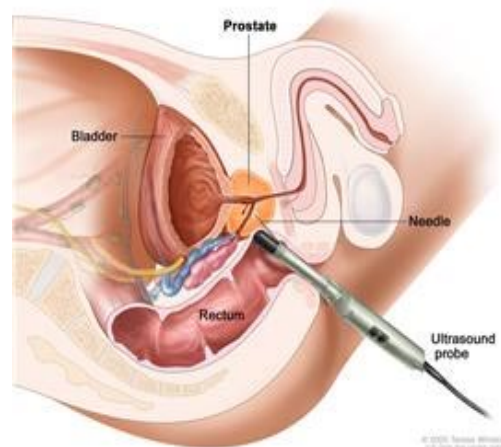


Normal Cells

Cancerous cells

When we look at statistics, we have bad news and we have good news. Bad news first! Looking at cancer incidences in Canada, in 2008 about 87,000 men were diagnosed with cancer. Of all these patients, about 28% were diagnosed with prostate cancer. So prostate cancer is indeed the most common cancer in men. In 2008 about 24,700 men were diagnosed with prostate cancer across Canada. On average 475 were diagnosed with prostate cancer every week. If you look at the Ontario figures, there are almost as many prostate cancer diagnoses as lung cancer and colon cancer combined. One in seven men will be diagnosed with prostate cancer in their lifetime. We consider prostate cancer as an older man's disease. However, one in three men will have microscopic traces

Prostate core biopsy



Based on this, the diagnosed is established. Let's look at the PSA first. Naturally the PSA increases as you age, however it is usually less than four and in that case we don't suspect prostate cancer. From 4 to 10, the chances are 25% and if it's greater than 10, the chances are over 50%. Some people

do have elevated PSA but they don't have prostate cancer. For example, if you have Benign Prostate Hypoplasia, you would have an elevated PSA but this is not cancerous. Also you might have an infection, Prostatitis, which can also cause an elevated PSA. So not everybody who has increased PSA has cancer. Also, some people who do have prostate cancer show a normal PSA. So PSA is not a golden standard. The urologist, using the DRE, can feel the firmness of the prostate and any nodules which exist. However, it is possible that the doctor could miss some nodules as he can only feel one side of the prostate, so he needs to use all diagnostic methods available to him. He can use the Transrectal Ultrasound which can show the cancerous changes. The biopsy is where needles are inserted into the prostate to take sample tissues from various parts of the prostate. This allows them to take the samples into the lab for the pathologist to look at under a microscope and definitively diagnose the presence of cancer and establish it's aggressiveness (the Gleason Score).

We also examine the diseased prostate after it has been removed by surgery to get a more accurate view of the aggressiveness of the cancer and the probability of spreading beyond the prostate capsule. This allows us to more precisely establish the aggressiveness and staging of the cancer, which are the two most important factors in determining how the cancer should be further treated and what the prognosis will be five years, ten years down the road.



This is what a removed prostate looks like. The two projections at the top are the seminal vesicles. When a prostate cancer gets into these two structures, this is an indication of an advanced stage. Fortunately in 91% of the cases the cancer is limited to the capsule itself.

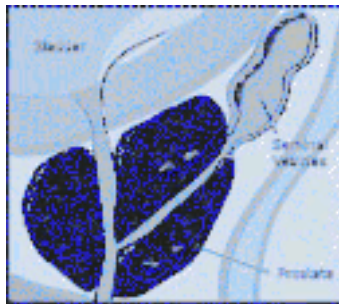


This is where the urethra goes through the prostate from the bladder to the penis.

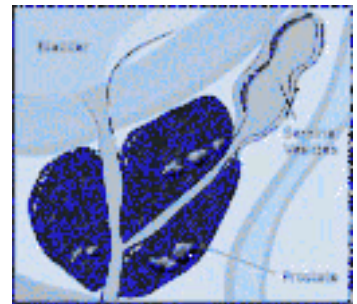
First we inspect the whole prostate, then we slice the prostate piece by piece and examine the inside of the prostate. If the prostate is cancerous, it would show up in the white spots. Let's talk about grading. The Gleason system of grading has been used for many years. By looking at the glands on the microscope, the grading is divided into 5 categories of 1 to 5. The higher the grade, the more malignant the cancer is. They add the most predominant pattern in the prostate samples plus the second most predominant pattern. Together we get the Gleason score. In most cases the Gleason is 6 or 7. In a few cases you have a higher grade of 8 or 9.

Different from the cancer grade, the cancer stage is the extent of the malignancy. How far the tumour has spread, or if the tumour is confined to the prostate, whether it gets into the rectum or the bladder. Grading is how bad the tumour cells are and staging is how far the cancer has spread out.

Stage 1

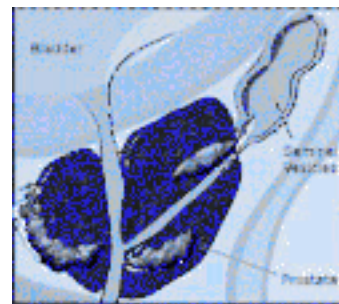


Stage 2

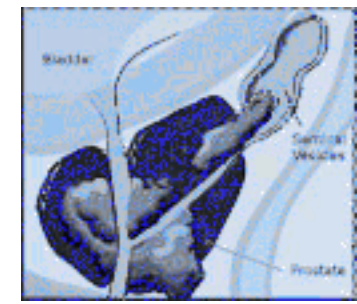


Stage one disease has only tiny traces of tumours and can only be seen on the microscope. Stage 2 disease is still very small and very confined but the doctor can feel it by DRE and the ultrasound can detect it. Stage 1 and Stage 2 are confined to the prostate.

Stage 3



Stage 4



Stage 3 disease you can see the cancer cells have invaded the seminal vesicles. Stage 4 disease the cancer is very large and is getting outside the capsule. In North America, 91% of prostate cancer cases are clinically localized, either stage 1 or stage 2 disease when first diagnosed. In these patients, the radical prostatectomy offers a 92% survival rate of 15 years. No other cancers can achieve this high level of survival rate.

Dr. Ye finished up with a lengthy question and answer session and also stayed behind for one on one questions.

Well after all it's St. Patrick's Day on the 17th

A golfer playing in Ireland hooked his drive into the woods. Looking for his ball, he found a little Leprechaun flat on his back, a big bump on his head and the golfer's ball beside him. Horrified, the golfer got his water bottle from the cart and poured it over the little guy, reviving him.

'Arrgh! What happened?' the Leprechaun asked.

'I'm afraid I hit you with my golf ball,' the golfer says.

'Oh, I see. Well, ye got me fair and square. Ye get three wishes, so whaddya want?'

'Thank God, yo u're all right!' the golfer answers in relief. 'I don't want anything, I'm just glad you're OK, and I apologize.' And the golfer walks off.

'What a nice guy,' the Leprechaun says to himself. I have to do something for him. I'll give him the three things I would want... a great golf game, all the money he ever needs, and a fantastic sex life.'

A year goes by and the golfer is back. On the same hole, he again hits a bad drive into the woods and the Leprechaun is there waiting for him. 'Twas me that made ye hit the ball here,' the little guy says. 'I just want to ask ye, how's yer golf game?'

'My game is fantastic!' the golfer answers. 'I'm an internationally famous golfer now.' He adds, 'By the way, it's good to see you're all right.'

'Oh, I'm fine now, thank ye. I did that fer yer golf game, you know. And tell me, how's yer money situation?'

'Why, it's just wonderful!' the golfer states. 'When I need cash, I just reach in my pocket and pull out \$100 bills I didn't even know were there!'

'I did that fer ye also.' And tell me, how's yer sex life?'

The golfer blushes, turns his head away in embarrassment, and says shyly, 'It's OK.'

'C'mon, c'mon now,' urged the Leprechaun, 'I'm wanting to know if I did a good job. How many times a week?'

Blushing even more, the golfer looks around then whispers, 'Once, sometimes twice a week.'

'What??' responds the Leprechaun in shock. 'That's all? Only once or twice a week?'

'Well,' says the golfer, 'I figure that's not bad for a Catholic priest in a small parish.'



An Irishman, is stumbling through the woods, totally drunk, when he comes upon a preacher baptising people in the river. He proceeds to walk into the water and subsequently bumps into the preacher.

The preacher turns around and is almost overcome by the smell of alcohol, whereupon he asks the drunk, 'Are you ready to find Jesus?'

The drunk shouts, 'Yes, oi am.' So the preacher grabs him and dunks him in the water.

He pulls him up and asks the drunk, 'Brother have you found Jesus?'

The drunk replies, 'No, oi haven't found Jesus.'

The preacher shocked at the answer, dunks him into the water again for a little longer.

He again pulls him out of the water and asks again, 'Have you found Jesus me brother?'

The drunk again answers, 'No,oi I haven't found Jesus.'

By this time the preacher is at his wits end and dunks the drunk in the water again —

but this time holds him down for about 30 seconds and when he begins kicking his arms and legs he pulls him up.

The preacher again asks the drunk, 'For the love of God have you found Jesus yet.?'

(Are you ready for this????)

The drunk wipes his eyes and catches his breath and says to the preacher, 'Are ya sure dis is where he fell in?'