



## Montreal West Island



## Prostate Cancer Support Group



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

### NEXT MEETINGS

**September 28 @ 7:30 PM**  
**Dr. Avrum (Avi) Jacobson, Urologist**  
Lakeshore General Hospital  
**PSA in 2006**

**October 26 @ 7:30 PM**  
**Dr. A. Chircosta, Urologist**  
Santa Cabrina Hospital  
**The Prostate in General**

**November 23 @ 7:30 PM**  
**Dr Steven Ades**  
Genitourinary Medical Oncologist  
MUHC  
**Hormone Refractory Prostate  
Cancer**

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

### MEETING LOCATION

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

### Contributors

**AstraZeneca** 



**sanofi aventis**

Because health matters

**NOVARTIS**  
  
**Abbott Laboratories**

## A farewell message from our President

I would sincerely like to thank everyone on the Steering Committee for giving me the opportunity to serve as President for the last 15 months. A special thanks to Fred Crombie for nominating me to serve. I would also like to thank Danny Peak of Sanofi Aventis, Alex Chaaban of AstraZeneca, Eric Lefrancois and Manon Boisclair of Novartis and Isabelle Lanno and Catherine Robert of Abbott Laboratories. You have been the spine by which we stand and move. Without your wonderful understanding we would not be able to reach out to those that need our help, encouragement and assistance.

To Geoff Kelley and that always willing to help Jennifer Ferguson, I can only say a million thanks.

To Stephanie Lyttle, you have been a tremendous inspiration.

I ask you to continue to help when members of the Steering Committee call and we will continue to bring information and assistance to those with prostate cancer.

I will continue to be a member of the Montreal West Island Prostate Cancer Support Group but not a member of the Steering Committee. I will however continue to assist them in any way I can when called upon.

All the very best,

*Joseph L. Applebaum*  
*Immediate Past President*

## Andre Leroux, (1939 to 2006)

We were saddened to learn of the death of Andre Leroux on July 14. Two group members attended his memorial service at St. Matthias church in Westmount on July 21. The large gathering included family, friends and many business associates.

Initially, it was his wife Michèle who attended several group meetings before Andre came in 1998. Andre exhibited a very positive outlook, having learned that it was too late for primary treatment. However, with hormone treatment he soldiered on for many years, but evidently endured a tough battle during his last year. All this time he was very open-minded about it and informed the group of the details of his situation.

From the beginning, Andre was a keen supporter of the group and, without being asked, volunteered to conduct a one-year fundraising campaign. He solicited funds from his friends and business associates, and by April 1999 raised over \$5,000. Outside the committee's efforts, he has been the only individual to undertake this task.

On July 21 we learned much about Andre from his two sons and close friends. He was a keen and highly competitive sportsman, especially in sailing and tennis. He was a most sociable person who was greatly respected by businessmen, and was very successful in his own business.

Andre frequently took winter vacations with his wife to his native village in South Africa. On the occasion of the group's 10<sup>th</sup> anniversary in 2005, he and Michèle were amongst the guests honoured for special mention.

Andre's most generous nature has extended to his wish expressed in the obituary notice that donations in lieu of flowers be directed to our support group (another first). Andre's wish has resulted in a substantial addition to the group's finances.

Our condolences and best wishes go to his widow Michèle.

*By Joe Soul*

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

## Lecture Notes

### Dr Irwin Kuzmarov, March 23, 2006

Dr Irwin Kuzmarov, M.D. FRCSC, is the Senior Urologist at the Lakeshore General Hospital and Assistant Professor, Department of Surgery (Urology), McGill University.

He is President of the Canadian Society for the Study of the Aging Male, and President of Ultra-Med Research in Pointe Claire. Director of West Island Sexual Dysfunction and Wellness Clinic, Dr Kuzmarov is also the Past President of the Quebec Urologic Association and Musical Director of the Musical Chairs Band. In particular, he is a co-founder of our support group and frequently gives up his time to come in to give us an update on the latest news in the fight against PC.

Dr Kuzmarov had just returned from a meeting of the American Society of Clinical Oncologists where he realized that a more global point of view on cancer would be interesting for urologists working in the field of prostate cancer (PC). He promised to introduce the audience to novel cancer treatments and procedures being followed in the field of oncology and to discuss the newest technologies and approaches under the heading of 'Can PC Be Prevented?'

He reported that oncologists study their cancer patients and try to best determine who should be followed up by a new approach to Watchful Waiting (WW) or by one or more of the basic, but invasive, treatments of surgery, radiation, or chemotherapy. When should these alternatives be considered? What should we understand by WW?

Dr Kuzmarov suggested that with a different approach to WW we might be able to improve the Quality of Life (QoL) for PC patients. His new picture of WW is a much more aggressive process with active follow up to provide a new dimension of evaluation and treatment. A decade ago WW might have been suggested in the environment of a Gleason level of three or less. The new approach would support WW even at a Gleason level of 5 or 6. However, at this more advanced stage of the PC, the status of the patient's health will be determined by regular biopsies since PSA results would not always provide a reliable indication. It has been shown that a patient with Gleason score of 6 has only an 18% chance of PC re-occurring in the 10 years after a Radical Prostatectomy. He expects that some patients will be comfortable with the new approach to WW but some would not, possibly because of the more frequent biopsies, or simply the worried feeling that not enough is being done. These individuals would want to go through one or more of the current basic treatments. For those who are comfortable with the new approach and whose

profile is as above, a significant number will not need definitive therapy. Dr Kuzmarov described the profiles of 3 patients with Gleason scores of 6 and why he recommended that one of the three follow the new definition of WW, once again stressing that today's WW is not just watching and not just waiting. A more accurate title is Active Follow-up. This approach is used in treating other cancers, for example, testicular cancer in young people is often treated with Active Follow-up.

Dr Kuzmarov noted that in all treatments, significant improvements in technology and in procedure are improving the QoL of PC patients. In surgery, the innovations of laproscopic or robotic process can be considered, in the field of radiation the precision of the beam has been greatly improved and brachytherapy offers new advances. So does Active Follow-up. The urologists must base their treatment choice on many factors including the reliability of the process or treatment being considered.

As promised, Dr Kuzmarov reported the results of a very large trial (PCPT) which could be extremely good news in the war against PC. He described a 7 year trial, sponsored by NCI, and comprising over 18,000 men: each participant was over 55 and had a PSA of less than 3 and a normal DRE. The primary objective of the trial was to evaluate a drug, Proscar, a brand name for finasteride, which inhibits the conversion of testosterone into dihydrotestosterone (DHT), a more potent version of the hormone. Biopsies were done regularly to ensure the Gleason value was not

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## Our Voice/ Entre Nous

Great resources for information on all aspects of prostate cancer are the magazines Our Voice and its French-language counterpart, Entre Nous. Both are published by Parkhurst with the support of Astra-Zeneca Canada and are available free by writing to the addresses shown below. The subscriptions are for one year but are renewable by sending in the postage-paid card included in the magazines,

The magazines are very professionally done with articles by doctors, therapists and other medical specialists covering treatments, procedures, after-effects, psychological problems and new developments. Also, there is usually an article by a patient describing his experiences and revealing his thoughts on diagnosis and on his prospects and hopes. All the articles are presented in layman's terms generally but there is some expectation that you will be familiar with some of the terminology relating to this disease.

To subscribe, write to:

Our Voice 400 McGill 3<sup>rd</sup> Floor Montreal QC H2Y 9Z9  
or: Entre Nous 400 rue McGill 3<sup>e</sup> etage Montreal QC H2Y 9Z9

*By Tom Grant*

*Dr Irwin Kuzmarov (continued from page 2)*

changing. Trial results showed that the incidence of PC among the men taking finasteride was almost 25 % lower than those taking a placebo. Thus finasteride can prevent PC. Specific usage and treatment details are still to be determined. More trials are ongoing on this topic.

Dr Kuzmarov summarized other elements that are sometimes said to help prevent PC. Based on scientifically sound trials supported and/or carried out by large and respected research organizations such as the NCI, he recommends that Selenium, from dairy and poultry products, and Vitamin E be part of one's diet. Data on the prevention capabilities of other materials such as Vitamin D, Soy, lycopenes and green tea is less reliable.

Dr Kuzmarov concluded his lecture with a report on Immunotherapy. This is a new procedure to be applied in the advanced stages of PC, and is being studied in two Phase 3 clinical trials. Immunotherapy is based on the introduction of antigens into the body to stimulate an immune response against the patient's tumour and thus, to destroy the cancer cells. These trials are being carried out at 40 sites across North America including Montreal where Drs Kuzmarov, Saad, Tanguay and others are involved. Each trial will enroll 600 patients with metastatic hormone-refractory PC. The effectiveness of variations of this procedure will be compared with Taxotere and prednisone.

*Report by Bill Corless*

## Your Newsletter

This issue marks some significant changes in our support group. First, Joe Applebaum has stepped down as President. He delayed his departure for several months to follow-up on arranging speakers for the next four monthly meetings. He will be sorely missed and we wish him well as he pursues new interests. Ron Sawatzky was nominated to replace Joe and he has accepted.

We have also lost Ludwick Papaurelis as our editor, formatter and sometimes writer of this newsletter as he continues his personal battle against prostate cancer. In the interim we will continue publishing the newsletter as we look for a new editor. We thank Ludwick for the terrific job he with the help of his wife Marija did in producing issues #23 to #46.

Another director Lindsay Humphries has moved to Ontario. Also director Ed Komulainen is at home recuperating from surgery.

All this means that we have a severe shortage of directors to carry on our work. Hopefully a few of our members will step forward to join us as directors on the Steering Committee.

*George Larder, Secretary*

## Lecture Notes

### Dr Daniel Taussky, April 27, 2006

Dr Daniel Taussky is currently the Leader of the Urology-Oncology Group as well as Assistant Professor, Radiation Oncology, at Notre Dame Hospital in Montreal. Earlier this year he completed a Fellowship at the Princess Margaret Hospital in Toronto where he was a key member of the Brachytherapy Radiation Oncology team. Tri-lingual, Dr Taussky received his Diploma of Medicine in 1994 from the University of Bale in Switzerland. He spent his time in Residence in Radiation-Oncology departments of four major hospitals in Switzerland. In 2003, he received his Diploma of Specialization in Radiation Oncology. He has co-authored over 20 peer reviewed original articles and papers and has made oral presentations at 7 International Scientific Conferences.

Prostate Brachytherapy (PBT) actually dates back to 1922 when the concept of using radiation from radiated matter which was placed close to the prostate was first explored. The trials were abandoned as a failure because technology was not advanced far enough to accurately determine the position of the gland. However in the 1980's and 90's, improvements in the application of transrectal ultrasound were successful in

permitting surgeons to visualize the prostate in precise detail. Since then, for low risk candidates, PBT has become a viable alternative to the other basic options: Watchful Waiting, Radical Prostatectomy, and External Beam Wave therapy. He stated that among these low risk candidates in the US, 50% opt for the newer procedure, PBT. The PSA, the Gleason score and the size of the prostate, all figure in the decision to use PBT for a specific patient. Since the long term success rate of any of these three options, excluding Watchful Waiting, for low risk candidates is 90%, the selection by the patient is often based on the side effects of these procedures.

Dr Taussky explained the method of insertion of approximately 60 to over 100 rice-sized radioactive seeds into the prostate using transrectal ultrasound for guidance. The seeds contain an isotope that emits radiation. He noted that the radiation half life is approximately 2 months. Two to four weeks before surgery Dr Taussky develops a plan specific to that patient. This entails a process to qualify the size of the gland and the patient's bone structure which may limit accessibility to the prostate. This is done under general anaesthetic using X-ray and transrectal ultrasound, as well as computer modeling. For example if the prostate is too large, one of the alternative procedures may have to be used. If a patient has any uri-

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*Dr Daniel Taussky (continued from page 3)*

nary problems, PBT will aggravate the situation and should not be used. If the qualification is successful, he will proceed with the surgery and make minor changes during the process, e.g., a need for more seeds.

Dr Taussky laid out the profile of a “good “ patient as one whose prostate is not too large, and whose cancer is at an early stage with a PSA and Gleason reading as above. It is important that the patient have a strong urinary flow. This is due to the swelling of the prostate during the PBT. The swollen prostate tends to narrow the urinary duct and this often causes blockage.

Usual side effects include a need to urinate more often, some urinary inflammation, infection, poor flow. But urinary incontinence does not often occur. A small percentage of men may require a catheter to avoid acute retention. Very few patients have diarrhea, bleeding, or a burning sensation.

Approximately 1/3 of patients will have recovered normal urinary functions in the first few days after the surgery, 1/3 require about 2 months, and 1/3 may take up 6-12 months.

Dr Taussky assured his audience that there would be no danger from radiation. No problems are expected during normal family interaction with a patient’s wife or children.

Advantages and Disadvantages compared to other standard procedures

**Advantages**

- ❖ 1 day hospital stay typical

- ❖ Very little blood lost
- ❖ Source of radiation is attached to tumour, gland movement from day to day not a problem
- ❖ Less impact on surrounding skin tissue
- ❖ Less toxicity due to short half life
- ❖ Erectile deficiency may be less of a problem
- ❖ Incontinence is rarely experienced

**Disadvantages:**

- ❖ Seed implants generally produce side effects that are similar to external beam radiation, but they may seem more significant due to the temporary need to urinate frequently
- ❖ Results of the process are not immediate, could take up to 3 years to get the full effect
- ❖ Usual risk due to general anaesthetic, required twice
- ❖ Risk of urinary problems

Currently PBT is showing an increasing rate of use, especially in the US. More patients opt for brachytherapy each year, and it has become a major treatment approach for early-stage prostate cancer. Use of high dosage seeds which are removed after treatment is being explored. Brachytherapy is being tested on other cancers.

This widespread interest in PBT was evident in the members of our group who raised many questions on this relatively new technique. Dr Taussky was, of course, pleased to provide the information requested.

*Report by Bill Corless*

**Telephone Helpline (514) 694-6412**

**IMPORTANT NOTICES:**

- ❖ The Montreal West Island Prostate Cancer Support Group Inc encourages wives, loved ones and friends to attend all meetings. Please ask basic or personal questions without fear or embarrassment. You need not give your name or other personal information.
- ❖ The Montreal West Island Prostate Cancer Support Group Inc does not recommend treatment procedures, medications or physicians. All information is, however, freely shared. Any errors and omissions in this newsletter are the responsibility of the authors.
- ❖ The Montreal West Island Prostate Cancer Support Group Inc. is a recognized charitable Organization. All donations are acknowledged with receipts suitable for income tax deductions. Your donations as well as our annual membership fees (also voluntary) are the sole source of our funds, which are vital to our operation. These funds pay the cost of printing and mailing our newsletter, hall rental, speaker costs, research, library, stationary, etc.

**Steering Committee: (514)**

<b>Joe Applebaum</b> , Past President email: <a href="mailto:curlymiko@aol.com">curlymiko@aol.com</a>	694-5667
<b>Fred Crombie</b> , Treasurer email: <a href="mailto:fred.crombie@videotron.ca">fred.crombie@videotron.ca</a>	694-8149
<b>Charles Curtis</b> , Visitation & Helpline	697-4517
<b>Marcel D’Aoust</b> , Chief Greeter	457-5700
<b>Tom Grant</b> , Vice-President email: <a href="mailto:thomasjgrant@yahoo.ca">thomasjgrant@yahoo.ca</a>	631-9293
<b>Lindsay Humphries</b> , Greeter email: <a href="mailto:lindhumphries@yahoo.ca">lindhumphries@yahoo.ca</a>	613-831-4606
<b>Edward Komulainen</b> , Greeter	453-4409
<b>George Larder</b> , Secretary email: <a href="mailto:gflarder@sympatico.ca">gflarder@sympatico.ca</a>	630-9632
<b>Allen Lehrer</b> , Greeter email: <a href="mailto:allen.lehrer@videotron.ca">allen.lehrer@videotron.ca</a>	626-1100
<b>Allan Moore</b> , Library email: <a href="mailto:nmoore@total.net">nmoore@total.net</a>	630-1865
<b>Les Poloncsak</b> , Library & Hall Setup email: <a href="mailto:imppol@videotron.ca">imppol@videotron.ca</a>	695-0411
<b>Ron Sawatzky</b> , Library email: <a href="mailto:ronsaw@hotmail.com">ronsaw@hotmail.com</a>	626-1730
<b>Joe Zako</b> , Greeter email: <a href="mailto:joezako@videotron.ca">joezako@videotron.ca</a>	636-6484

**Senior Advisors:**

Joe Soul, Doug Potvin, Ron McCune, Ron Schurman, Lorna Curtis, Ludwick Papaurelis

**VOLUNTEERS URGENTLY NEEDED!**

**Mailing Address:**

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

**Your support is needed now!**