

WHAT IS A FALSE POSITIVE?

That is a very important question for prostate cancer activists. Deconstructing the term false positive is the key to understanding the best way to approach prostate cancer awareness and early detection in the midst of the current controversy swirling around the PSA test.

Disagreement about the PSA test is nothing new. For a number of years advocates for early detection have felt undermined by statements that the PSA test is "unreliable" or "not a very good test." The anti-PSA side of the argument got a major boost last September, when Dr. Thomas Stamey, the urologist who published the original research in 1987 which led to the widespread use of the PSA test, recanted his previous pro-PSA views after publishing new research. The PSA test, in his view, is very good at predicting the size of a man's prostate, but not at predicting the amount or severity of his cancer. "The PSA era is over," he said.

A statement like that hits a prostate cancer activist right in the gut.

The value of early detection via the PSA test is self-evident to men with metastasized prostate cancer who wish their tumors had been detected at earlier stage and also to those who believe their cancer could not have been cured without the early warning provided by a PSA test.

Early detection has long been the mantra in cancer treatment. Indeed, one of the goals of Canada's Strategy for Cancer Control is to "improve cancer care through better screening..." Is prostate cancer somehow an exception?

Yes, according to some. Cancer of the prostate is generally regarded as a less serious disease than most cancers. And, in fact, as cancers go, prostate cancer has a relatively low ratio of new cases to deaths.

Canadian Cancer Statistics 2004

(Canadian Cancer Society)

Type of cancer	New Cases	Deaths
Prostate	20,100	4,200
All Cancers (men only)	74,800	36,000
Colorectal (both sexes)	19,100	8,300
Lung (both sexes)	21,700	18,900

As our table shows, the ratio of new cases to deaths is much lower for prostate cancer than for most cancers. Mind you, it is quite similar

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Canadian Prostate Cancer NETWORK

April 2005 *The Voice of Prostate Cancer in Canada*

NEWS

CPCN National Conference

Mark your calendars now!

The 2005 CPCN national conference will be held in Toronto at the Delta Chelsea Hotel between Sunday August 7th and Tuesday August 9th, 2005.

Last year's conference, planned on relatively short notice, was attended by almost 150 delegates, representing support groups from every province. Attendees raved about the presentations, the activities, the food, the discussions and, of course, the rare opportunity to chat with other support group

responded to that invitation and went on to establish Us Too Inc. the very first prostate cancer support group.

Other speakers booked so far include Dr. Antonio Finelli and Dr. Juanita Crook, both from Toronto's Princess Margaret Hospital. Dr. Crook will make a presentation on brachytherapy and Dr. Finelli will speak about his surgical specialty, a relatively new procedure called laparoscopic radical prostatectomy.



members from all parts of Canada.

This year's organizing committee, chaired by Aaron Bacher of Toronto's Man to Man Prostate Cancer Support Group, looks forward to welcoming delegates from across Canada and is currently in the process of putting together the conference schedule. Many details have yet to be arranged however we can tell you that Dr. Gerald Chodak, from Chicago, will be one of our speakers. Dr. Chodak is one of the fathers of the North American prostate cancer support group movement. In 1990, he sent a letter to all of his prostate cancer patients indicating that several had expressed interest in starting a support group. Twenty-two people

The committee is also working on the conference package prices. The price will cover all meetings and sessions, two cocktail parties, dinner on Sunday, all meals on



Toronto street life is ethnically diverse and culturally stimulating



Monday

and continental breakfast plus the closing brunch on Tuesday.

The Delta Chelsea Hotel is located in the heart of downtown Toronto. It's just a short walk from Yonge Street, the Eaton Centre. If you wish to extend your Toronto stay after the conference, the hotel will honour the same conference room rates for your entire stay. Separate packages will be offered for those wishing to attend but who will not stay at the Chelsea. More details will be available soon.

As it happens, the New York Yankees are scheduled to play the Blue Jays on Sunday, Aug, 7 at the Skydome. Tickets will be available for any delegates wishing to arrive a little early in order to attend the game.

All in all, it promises to be another great event.

Watch the CPCN website for updates!



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Reducing PC deaths through prevention and early diagnosis

The following is part of an article that appeared in "Life Extension" magazine, by Stephen B. Strum, MD. Dr. Strum is a Medical Oncologist specializing in prostate cancer. For the complete article please go to our website (cpcn.org).

Fifteen years ago, before the advent of the PSA, men were diagnosed either due to abnormalities on the digital rectal exam (DRE) or due to other laboratory or radiology findings reflecting advanced cancer. The medical means to pick up smaller amounts of prostate cancer (PC) simply were not available. This is a common dilemma in the world of cancer medicine: how do you detect the disease early, before it has spread? For women, the PAP smear dramatically changed the course of medical history for those fearing a diagnosis of cancer of the cervix. The mammogram has similarly aided women in detecting breast cancer. The prostate specific antigen (PSA) and PSA dynamics (changes over time) are able to detect PC at an earlier stage than the screening tools noted above.

Deaths caused by PC can be significantly reduced through incorporation of a DRE (Digital Rectal Exam) and a simple blood test for PSA (Prostate Specific Antigen) as part of your yearly physical examination. By maintaining and monitoring a chronological record of your PSA test results, it is possible to predict the emergence of PC several years before it would normally be diagnosed.

PSA (Prostate Specific Antigen)

Tumor cells make many kinds of proteins. We have only a dozen or so commercial tests that measure these proteins. We call such tests biologic markers or biomarkers. The PSA blood test is one such biomarker. The PSA is the single most important biomarker in the history of cancer medicine. Since tumor growth is essentially exponential, with one cell dividing into two, two to four, four to eight, eight to sixteen, and so on, a protein product of a tumor cell, e.g. PSA, can reflect such exponential growth in the time it takes for PSA to double (PSA doubling time or PSADT). We know that simply measuring the PSA each year using a reliable laboratory and graphing the results of the PSA can quickly alert the patient and physician to the possibility that malignancy exists. For some bizarre reason, this incredibly inexpensive tool that can alert us to a problem with PC has

not become a routine medical practice. PSA doubling can be a significant early notification that PC is present. The example below helps illustrate this concept.

A man gives a history of a PSA of 0.8 at the age of 40 in 1990. No real change in PSA occurs until he reaches the age of 48, when the PSA increased to 1.2 ng/ml. This is most likely to be regarded with absolutely no concern by most physicians. However, the patient's wife encourages him to repeat the PSA and six months later it is 1.6 ng/ml. This is still well within the so-called "normal" range of up to 4.0 ng/ml but with an understanding of PSA dynamics this man must be regarded as having PC until proven otherwise.

The PSA doubling time in the last 6 months was shortened from 14 years to 1.2 years. Between 1/90 and 1/98, his calculated PSA doubling time (PSADT) was 163.78 months or close to 14 years. Typically, PC has an average PSADT of 4 years at the time of diagnosis. Unfortunately for this man, his PSADT has shortened to 14.3 months between 1/98 and 7/98. This finding should trigger additional testing and closer surveillance.

Unfortunately, this is not what occurs in the vast majority of men. Today's world of medicine is still bound to absolute concepts of "normal vs. abnormal." Usually, modern medicine does not look at patterns or trends within the so-called normal ranges. This ignores the biologic expressions of disease such as PSADT or PSA velocity (the rate of increase per year of PSA).

It is suggested that each man begin PSA testing annually starting at age 40. For men with a family history of PC involving first-degree relatives (father, brother), testing should begin at the age of 35. Because breast cancer is genetically linked to PC, we also advise men with a family history of breast cancer to start PSA testing, along with annual digital examination of the prostate, at age 35.

Monitor the PSA doubling time independent of the absolute value of the PSA. Clinical evidence suggests that the shorter the PSADT, the greater the risk for PC. A doubling time of less than 12 years usually indicates tumor growth and should be regarded as indicating that PC is present and growing until proven otherwise. If prostate cancer is present but not diagnosed, a doubling in the PSA value is essentially consistent with a doubling of tumor size. It is during this early phase of PC

growth that methods of cancer detection provide the greatest chance of cure.

DRE (Digital Rectal Exam)

Men can easily be tested for palpable prostate abnormalities with the DRE. The DRE done carefully and gently is an easy test that yields much information. First, it gives the physician a sense of the prostate gland volume. The gland volume is important since the bigger the prostate, the more PSA the gland is entitled to make. A rule of thumb is that the prostate gland volume multiplied by 0.067 equals the amount of PSA produced by the benign prostate tissue. A 50-year old man with a normal prostate of 30 grams or cubic centimeters would therefore be entitled to make approximately two nanograms of PSA. If such a man has a PSA of 4.00, it would indicate an excess of about two nanograms of PSA and the need for further investigation to rule out PC.

In addition to estimating prostate gland volume and calculating the benign cellular contribution to the total PSA value, the DRE can also aid in finding hard nodules and/or other evidence of disease. Palpable abnormalities of the prostate gland relate to tumor volume (also called tumor burden). The DRE is therefore an additional sensor that indicates that the amount of PC has increased enough to cause a change in the physical examination; something is now able to be felt (palpable). In the years before routine testing with PSA, most prostate cancers were palpable by DRE at the time of diagnosis. Today, close to 70% of PC diagnosed in the U.S. is no longer associated with palpable disease. This is confirmatory to the value of PSA screening—allowing an earlier diagnosis of PC—before the cancer has had a chance to get bulkier and manifest itself as palpable (called T2) disease. Most men in the U.S. currently diagnosed with PC have non-palpable prostate cancer or T1 disease.

Additional tools to clarify the diagnosis

In addition to the above simple and cost-effective tools, we now have additional laboratory enhancements to establish a diagnosis of PC as well as enable the possibility of an earlier diagnosis. Hence, a greater chance of cure with local therapy exists. These enhancements include:

1. The fractionation of PSA into FREE PSA and COMPLEXED PSA. In the past we only measured the total PSA. In the last ten years we have learned that components of the PSA, such as free PSA and complexed PSA, have special clinical significance in the diagnosis of this disease. Fractionation of PSA into these components refines our

detective work. It enables an enhanced focus on those patients with abnormalities in Free PSA who have a higher risk for PC. Therefore, when we have a patient with an elevated or increasing PSA, we can get a sense of his risk for having PC by asking for a free PSA level and free PSA percentage. The lower the free PSA percentage, the greater the risk for PC.

2. The use of pattern recognition by means of computer-generated artificial neural nets (ANN) incorporating variables such as PSA, PAP, Free PSA, CPK, and patient age.

How do these fit into the medical detective work to diagnose PC early? Medicine evolves in a step-wise fashion. Unfortunately, some of these steps turn out to be long plateaus due to conservatism within the medical field. If we review the literature on PSA and its enhancements, we can clearly see that we are moving toward the use of all of the above tools, but not in a systematic fashion. The most advanced of these tools, the ANN-3, incorporates the importance of PSA testing along with free PSA percentage and the concept of pattern recognition. ANN-3 has a sensitivity of 92% in diagnosing PC. This means that only 8% of patients who actually have PC would be missed because of false negative results with ANN-3. Therefore, using this one laboratory test on an annual basis could identify early disease. Additionally, ANN-3 testing on an annual basis could provide us with data on PSAV, PSADT, Free PSA % slope, and PSA threshold of 2.0 or greater. With the addition of an annual DRE, we should be able to diagnose well over 95% of men with PC. If we find that such testing can be done every two years, it would make this approach even more cost-effective. The use of spreadsheets or computer programs containing the patient data above, with embedded mathematical formulas, would allow instantaneous calculations of PSADT and PSAV. Given such a methodology, we could proceed with systematic biopsies using newer approaches such as the 5-region biopsy or the 11-multisite biopsy approach if findings suggested the presence of PC. There is no doubt that this approach could change the course of millions of lives in the United States. In the United Kingdom, where the 5-year mortality from PC is seven times greater than in the U.S. because early treatment is discouraged, the impact of such an approach would be monumental. As of this writing the ANN-3 test is not commercially available due to FDA restrictions.

Editors note: In the next issue we will complete reprinting this article which includes strategies to prevent prostate cancer such as diet

AGE IN YEARS	PSA (ng/ml)	PSA DOUBLING TIME (PSADT)
40	0.8	
48	1.2	Approximately 14 years
48.5	1.6	Approximately 1.2 years

What is a false positive?

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to ratios for breast cancer in the same year: 21,200 new cases and 5200 deaths in 2004.

We know – and this is not in dispute – that prostate cancer is the second leading cause of cancer death among men. **Eighty-one Canadian men die of it every week.** So in essence, this public argument boils down to, do the lives of these matter and, if they do, what's the best way to identify them and treat them? Another important question is: Who decides what information a man can get about his own prostate health?

This brings us to another layer of this controversy: the public health mindset. An individual thinks in terms of his own health – the information and professional advice he wishes to have about his health and the decisions he makes based on that information. Those who make health policy or decide how public dollars will be spent think differently. They think less about individuals and more about measurable health outcomes in the general population. They also must determine the best way to get the biggest bang for the taxpayer's buck when it comes to public expenditure on health care.

With respect to diseases like cancer, some of the best evidence of money well spent on early screening is lives saved.

Unfortunately, the prevailing view is that existing data does not show that detecting prostate cancer early is saving lives. Death rates from prostate cancer have gone down, although some observers attribute that to improved treatment more than early detection. A recent study prepared by analysts from Statistics Canada concluded: "While evidence suggests that PSA testing contributed to an increase in the diagnosis of prostate cancer in its early stages, no data indicates that this resulted in decreased mortality."

That doesn't necessarily mean that PSA screening does not save lives. It may simply mean we don't have the data to prove it yet.

Although detecting cancer early makes it easier to treat, thus increasing survival rates, it's a tricky thing to prove the early detection/survival connection with statistics. That challenge is magnified with prostate cancer. Because most prostate tumors develop slowly, many men for whom the disease could be potentially fatal can live long enough to die of other causes. Others for whom it will ultimately be lethal can also live for a long time. Therefore, using information from the general population, which is from what many studies have done up to now, it takes a longer term study to establish whether or not early screening for prostate cancer leads to longer life for a significant number of men.

Large-scale studies currently underway in Europe should provide a better indication as to whether or not PSA screening helps men live longer. One, the ERSPC

(European Randomized Study of Screening for Prostate Cancer) trial is a controlled study involving about 200,000 men. However, results will not be available for a few more years.

In the meantime, what are we left with? Some facts are not in dispute.

- Prostate Cancer is the most common malignancy in men.
- Prostate Cancer is still the second leading cancer killer of North American men.
- Clinically significant prostate cancer is easier to treat if it is caught early.

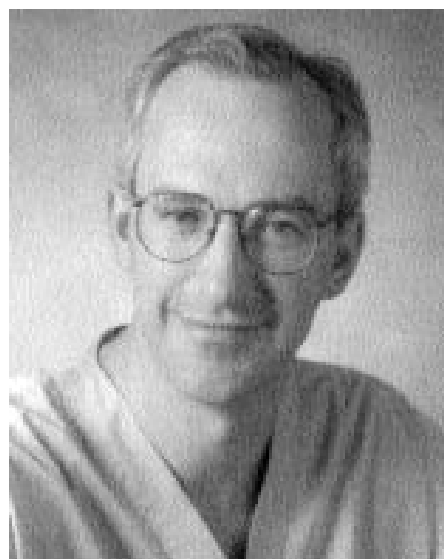
That seems to add up to a compelling argument in favour of early detection. If we don't make use of the PSA test, what is the alternative? Research evidence shows that, on its own, a digital rectal exam is not a reliable method for finding clinically significant prostate cancer at an early stage.

What are we left with? The PSA test.

Now, about false positives.

Those who question the public benefit of widespread PSA screening are concerned that it will lead to over-treatment, by identifying minor cancers that don't need treatment. Cancer of the prostate does not always require immediate or aggressive treatment, and recent research suggests that current methods of evaluating the severity of tumors are not as precise than experts once believed.

In a Globe and Mail article last September, Toronto surgeon, Dr. Laurence Klotz, acknowledged that until recently it was thought PSA scores became elevated as a result of the development of the larger volume of cancer. He pointed out that Dr. Stamey's research showed that this was not true with respect



Dr. Laurence Klotz

to mildly elevated (4-10) PSA scores.

Both Dr. Klotz, and Dr. Michael Jewett, a urologist/oncologist/surgeon at Toronto's Princess Margaret Hospital have both stated publicly that recent research may prompt doctors to be more selective about which men are treated.

However, that does not mean that the PSA test results provide no useful information. Dr. Klotz also noted: "A rapid rise in PSA has been clearly demonstrated to be associated with aggressive prostate cancer. Furthermore, by the time

someone develops advanced prostate cancer, the PSA is almost always very high." Moreover, Dr. Stamey himself points out that monitoring PSA levels is very useful indicator of how much residual cancer remains in a patient after prostatectomy.

This does not sound like a useless test.

In fact, an analysis of data by Canadian urologists Francois Meyer and Yves Fradet found that the accuracy of screening for Prostate Cancer using PSA plus DRE was about the same as using mammography plus physical exam to screen for breast cancer in women.

The real issue that has been identified recently is not problems with the PSA test itself, but what happens after the PSA test. If a single PSA result of 4 or above leads automatically to a biopsy, many men will be found to have cancer. The real problem – and experts agree on this – is that it's not easy to tell the cancer that needs treatment from the cancer that does not need treatment.

Treating a cancer that doesn't really need to be treated would be true false positive. However, you can't know that a tumor does not need treatment if you don't even know it is there.

Let's imagine a case where a man's PSA score is elevated or is rising. He and his doctor decide to opt for a biopsy which reveals cancer. And let's say, for the sake of argument, meticulous medical assessment suggests that this particular cancer does not need treatment. First of all, can the man know that for sure? In one study, 200 men who would have been considered false positives since their initial biopsies had found no cancer, underwent a repeat biopsy within a year. In 24 of them, the second biopsy revealed cancer.

Second, even if a man could be told with absolute certainty that his cancer did not need treatment, is it better for him to not know about that cancer than to know about it? And who decides whether or not a man has a chance to know: the man himself or someone sorting through statistics in an office?

To say that men should not have access to a test that can detect prostate cancer in its earliest stages is strikingly paternalistic.

Men do have the right to information about their health. They also need to know the facts about prostate cancer including the fact that, by itself, a PSA test result is not a clear indicator of whether or not a man has clinically significant cancer. In other words a moderately high PSA score is not something to panic about. Men need to know that a diagnosis of prostate cancer does not necessarily mean you have to undergo invasive treatment.

They also need to know that a low PSA score does not guarantee that you are cancer-free. In recent study which, among other things, monitored men's PSA levels for a number of years, it was found that

15 percent of subjects (all men were biopsied at the end of the study) whose PSA levels had been low were found to have cancer.

Dr. Stephen Strum, a prostate cancer specialist, from Ashland, Oregon, who gave the keynote



Dr. Stephen Strum

address at the CPCN National Conference last August, is still bullish on the PSA test. He calls it "the single most important biomarker in the history of cancer medicine." For Dr. Strum, the key is how you use the information. One PSA test, provides baseline information about a man's prostate health. That information needs to be combined with other information:

- Information about a man's age and general health.
- Risk factors related to ethnicity, lifestyle and family health history.
- Other means of gathering information about his prostate health, including DREs, future PSA test results, other kinds of tests, and in some cases biopsy results.
- Reliable knowledge about prostate cancer and how it usually develops.

Collecting this data puts a man in a position to be able to make informed decisions about his health.

Dr. Strum notes that prostate health is often correlated with a man's cardiovascular and bone health. He predicts that bone health will be shown to be a very important factor as to whether a man's cancer remains confined to his prostate or spreads to other parts of his body.

Dr. Klotz contends that effective use of early detection tools can result in a situation where cancer development is detected at an early enough stage than for many men, the cancer will be manageable simply through lifestyle and diet changes. If continued PSA monitoring shows that it is reaching clinical significance, then more aggressive treatment can commence.

But none of these decisions are possible if we return to a standard where the only screening for prostate cancer is a digital rectal exam. In that case, we're asking men to play a lottery. It's a lottery with pretty good odds for most people, but for the losers the costs are very high.

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CPCN Affiliated Groups

To a certain extent CPCN is the sum of its parts – the prostate cancer support groups across Canada. One of our mandates is to keep these groups informed about advances in the research and treatment of prostate cancer and to generally disseminate information that their members will find informative or interesting. We are only as good as our mailing list. We spend thousands of dollars a year shipping information to our groups. It is important that it reach them so I would ask you to take a few minutes and look at the list below and see if the misformation we have on your group is correct. Please email all additions or changes to: cpcn@nexicom.net or write to: CPCN, P.O. Box 1253, Lakefield, ON K0L 2H0.

Group

ALBERTA

Edmonton Region PCSCG	Kari Jesswein, (780) 455-7181
Lethbridge PCSCG	Roy Blais, (403) 327-5452
Medicine Hat Us Too PCSCG	Eldon Fischer, (403) 548-3579
Prostaid Calgary	Bob Shiell, (403) 253-1911
Red Deer (Central Alberta) PCSCG	Marg Scheyen, (403) 347-3662

BRITISH COLUMBIA

Abbotsford PSAG	Val Strijack, (604) 856-5863
Bulkley Valley PCSCG	Trevor Johnston (250) 846-5838
Burnaby–New Westminster PCSCG	Ian B. Baxter (604) 421-8813
Comox Valley PSAG	Gordon Parker (250) 703-0305
Coquitlam PSA	Norman Sherling (604) 936-8703
Cowichan Valley PCSCG	John/Coby Beddis, (250) 743-2046
Kamloops PSAG	Larry Reynolds (250) 376-4011
Kelowna CCS PCSCG	Bren Witt (250) 762-3168
Kootenay PCSCG	Steph Atchison (250) 427-3978
Langley PCSCG	Ken Lytle (604) 888-2702
Mission City PCSCG	Rick Butchart (604) 820-3384
Nanaimo CCS PCSCG	Ken Mcvay (250) 616-9431
North Shore PSAG	Jack Carlisle (604) 929-5183
Parksville (District 69) PCSCG	Douglas Bamford (250) 954-0887
Pender Island PSAG	Jim Dunn (250) 629-3273
Port Alberni PCSCG	Sandy Brown (250) 723-3967
Powell River PSASG	Harold Brown (604) 487-1400
Prince George PCSCG	Nick Ramage (250) 564-0885
Prince Rupert PCSCG	Judy Rae (250) 627-0533
Qualicum Beach PSAG	Janet Atkins
Quesnel PCSCG	Ronald Campbell (250) 992-2726
Salt Spring Island SG	Chris Reider (250) 537-2720
Squamish PSAG	Art Bartsch (604) 892-5701
Sunshine Coast PCSAG	Don Currie (604) 885-2850
Surrey PCSAG	John Kneale (604) 594-6768
Vancouver Advanced PCSCG	Gordon Dunn (604) 739-5900
Vancouver PSASG	Len Gross (604) 434-2100
Vernon PSAG	Ed Eyford (250) 545-6220
Victoria PSA	Al Pearce (250) 920-0772
West Coast Pro. Awareness Soc.	Frank Greens (250) 923-1357

Meetings

2nd Tuesdays, Cross Canada Institute, University Ave., 7:30PM
3rd Wednesdays, CCS Office
2nd, Tuesdays, Regional Hospital, 7:30PM
2nd Tuesdays, Foothills Medical Centre Auditorium, 7:30PM
1st Thursdays, CCS office, 4730 A Ross St, 7:3 PM
3rd Tuesdays, Peace Lutheran Church, Ware & Marshall, 7:30PM
Call Free mason's Hall, Smithers
1st Saturdays, Burnaby Gen Hosp Education Dept. 2nd Floor, 10AM
2nd Mondays, Community Health Centre, 961 England, Courtney, 7:30-9PM
1st Tuesdays, Pinetree Comm Ctre 1260 Pinetree Way Rm 9, 7PM
2nd Thursdays, Lecture Room, Cowichan Dist. Hospital, Duncan, 7-9PM
2nd Saturdays, Glenfairs Seniors Complex 1100 Glenfair Drive, 9AM
2nd Saturdays, Kelowna Health Unit, 1340 Ellis St., 9-1 AM
Call
3rd Thursdays, CCS Office - 33079B 1st Ave., 7PM
3rd Wednesdays, CCS, 777 Poplar St. North End Terminal Park, 7PM
4th Tuesdays, Lion's Gate Hospital, Basement Auditorium, 7:30 PM
1st Wednesdays, Allied Support Groups Office 163 Memorial St., 7-9PM
3rd Thursdays, Plum Tree Court, 2PM
Last Wednesdays, Canadian Cancer Society office, Alberni Mall
3rd Thursdays, Powell River Hospital, 7PM
Last Tuesdays, CCS Office, 7:30PM
1st Wednesdays, Health Unit, 7:30PM
2nd Thursdays, CCS Office, 7:00PM
3rd Thursdays, 332 Front Street, Quesnel, PM
3rd Tuesdays, Farmer's Institute, 1PM
2nd Thursdays, Tantalous Senior Centre, 7PM
1st Thursdays, St. John's United Church, Davis Bay, Sechelt, 7PM
Last Saturdays, Surrey Memorial Hospital, Cafeteria, 10AM
3rd Thursdays, CCS Office 565 west 10th St. - Board Room, 10:30AM
1st Thursdays, CCS, 565 West 10th Ave., 7PM
1st Tuesdays (bi-monthly), CCS Office at People Place, 7PM
2nd Tuesdays, Begbie Hall, Royal Jubilee Hosp. 2101 Richmond Rd., 7PM
3rd Tuesdays, #12, 142 Larwood Rd., "Altrusa House", 7:30PM
2nd Saturdays, CCS Office 1550 Foster Street, 10AM
2nd, Monday, Seniors for Seniors, 311 Park Ave., 7PM
2nd Tuesdays, The Golden Age Club, 64 1st St., St. Claude, 7PM
4th Tuesdays, Multi-purpose room, Johnson Memorial Hospital, 7PM
3rd Tuesdays, Nurses Resource Centre, 8PM
1st Thursdays, Call, 7PM
3rd Thursdays, Wellness Institute, 7PM
2nd Wednesdays, The Heritage Centre, 11 McGloin St. (Marysville)
3rd Tuesdays, Mountain View United Church, 80 MacBeth Moncton, 7PM
4th Fridays, Mnt. St. Jos. Nursing, Lobban Av. 2nd Floor Lounge, 7PM
3rd Thursdays, St. Jos Comm.Health Cen - 116 Coburg St., 7:30PM
1st Tuesdays, Mount Peyton Hotel, 7:30PM
4th Tuesdays, Human Resources Bldg, Corner Brook Pulp & Paper, 8PM (709) 896-8629
1st Mondays, Union Centre, Labrador City, 8PM
1st Tuesdays, Elk's Club, Carpasian Road, 7:15PM

MANITOBA

Whiterock/South Surrey PSAG	W.J. Blackman (604) 538-0011
Brandon Westman PCSCG	Ollie Deurbroucks (204) 728-7821
Central Plains Cancer Care PCSCG	Daisy Dowhy
Gimli Manitoba PCSCG	Ken Krebs (204) 642-5244
Le Pas Manitoba PCSCG	Jack Olson (204) 623-5732
Steinbach, S/E Manitoba PCSCG	Hilda Cotton (204) 422-8158
Winnipeg Support Group	Norm Oman (204) 487-4418

NEW BRUNSWICK

Fredericton PCSCG	Emmett Mulvaney (506) 457-0607
Greater Moncton PCSCG	John Corbett (506) 386-4620
Miramichi PCSCG	Terry F. Whalen (506) 622-4165
Saint John Us Too	Larry Donovan (506) 433-1917

NEWFOUNDLAND & LABRADOR

Central Newfoundland PCSCG	Tom Barry (709) 489-5822
Corner Brook PCSCG	Dave Fradsham (709) 686-5782
Goose Bay and Area PCSCG	Chesley Lethbridge
Labrador West PCSCG	Charlie Ward (709) 944-5348
Prostate Cancer Coordinator, CCS	Graham Mercer (709) 753-6520
St. John's PCSCG	Gerry Hudson (709) 726-9779

1st Tuesdays, Mount Peyton Hotel, 7:30PM
4th Tuesdays, Human Resources Bldg, Corner Brook Pulp & Paper, 8PM (709) 896-8629
1st Mondays, Union Centre, Labrador City, 8PM
1st Tuesdays, Elk's Club, Carpasian Road, 7:15PM

NOVA SCOTIA

Annapolis Valley PCSG	Wayne Bailey (902) 584-3062	1st Tuesdays, Lawrencetown & District Firehall, 7:30PM
Cape Breton PCSG	Edmund Sampson (902) 539-0024	1st Wednesdays, Cape Breton Reg. Hosp., 7:30PM
Halifax PCSG	Jack Brill (902) 864-5064	3rd Thursdays, CCS 5826 South St. #1, 7:30 PM
Kings County PCSG	Dick Groot (902) 542-6125	2nd Tuesdays, East Kings Memorial Public Health Clinic, 7PM
Pictou County PCSG	Darrel Rushton (902) 752-2193	3rd Wednesdays, Aberdeen Professional Centre, 7PM
Truro & Area PCS A G	Ray Foote (902) 895-3409	2nd Thursdays, Colchester Hospital, Annex, 3rd Floor, 7PM
Yarmouth Country PCSG	Mac Fuller (902) 761-2551	1st Mondays, Lecture Room 1, Yarmouth Hospital 60 Vancouver St., 7PM

ONTARIO

Atikokan PCSG	Ron Speck (807) 597-2219	1st Thursdays, North Star Community School, 7 PM
Barrie Man to Man PCSG	Alf Dick (705) 726-8032	3rd Thursdays, CCS 64 Cedar Pointe, 7:30PM
Barry's Bay PCSG	Ralph Danyluck (613) 756-2759	3rd Tuesdays, Opeonga Seniors Centre, 6:30PM
Belleville (Quinte) PCSA G	Len Mullins (613) 847-1004	2nd/4th Wednesdays, CCS, 90 Pinnacle St. S. Belleville, 7PM
Brampton Us Too Chapter, CPCN	Fred Norris (905) 877-8092	2nd Tuesdays, Terry Miller Rec Centre, 1295 Williams Pkwy., 7PM - 9PM
Brantford PCSG	The PC Facilitators (519) 753-2566	Last Mondays, Strowger Hall, St. Jo's Hospital, 7PM
Brockville PCSG	Art Brooks (613) 267-1256	Last Tuesdays, Salvation Army Citadel, 175 1st St., Brockville, 7PM
Collingwood PCSG	John Distin (705) 444-2845	2nd Wednesdays, Collingwood Hospital, Classroom, 7PM
Cornwall VON PCSN	Stephanie Ruckstuhl (613) 932-3451	2nd Thursdays, VON Office - 205 Amelia St., 7PM
Deep River & District PCSG	Keith Morrier (613) 584-2681	2nd Wednesdays, Deep River Hospital, 7PM
Dundas-North Wentworth PCSG	Jack Marlow (905) 627-4462	St. Mark's Church, Grosvenor Rd, Dundas, Call
Guelph-Wellington PCSG	Jim Hunt (519) 821-1577	1st Tuesdays, Dublin Street United, 154 Dublin St. Guelph, 7 PM
Haliburton Highlands PCSG	Rick Ratcliff (705) 286-6699	3rd Tuesdays, Hyland Crest Senior Citizens Home, 7PM
Kingston PCSG	David McColl (613) 389-5217	2nd Wednesdays, Ongwanada Resource Centre 191 Portsmouth Ave., 7PM
Lindsay Area SG	Jack Curtin (705) 324-5234	4th Wednesdays, 21 Lynwood Rd., 2PM
London PCIS	Gale Turnbull (519) 685-8622	4th Mondays, The London Regional Cancer Centre, 7PM
Markham PCSAG	Fred Hemburrow (905) 294-5925	2nd Tuesdays, Markham/Stouffville Hospital Auditorium, 7:30PM
Meaford & Area PCSG	Bill Alguire (519) 538-5713	2nd Tuesdays, Knox Presbyterian Church, 7PM
Mississauga/Oakville PCSG	Des White (905) 820-9199	3rd Wednesdays, 2545 6th Line Oakville, 7PM
Newmarket PC Support Group	Phil Harrison (905) 895-1407	3rd Thursdays, Seniors Centre, 474 Davis Drive, Newmarket, 7PM
North Bay LWCS G	Harold Rayner (705) 474-8913	2nd Wednesday, CCS Office 669 Cassells St.. North Bay, 7PM
Northumberland PCSG	Don Bensette	Old Market Building, Cobourg
Orillia PCAG	Ray Powis (705) 326-9587	4th Wednesdays, Royal Canadian Legion, Vimy Hall, 215 Mississauga, 7-9PM
Oshawa/Durham Region Us Too PCSG	Jack Garland (905) 683-0363	1st Wednesdays, French Canadian Club, 707 Simcoe St. S. Oshawa, 7PM
Owen Sound PCSG	Colin Campbell (519) 371-4417	3rd Wednesdays, St. Andrews Church 865 2nd Ave. W., 7PM
Perth - Smiths Falls PCSG	Austin Taylor (613) 283-2107	2nd Mondays, CCS Office, 83 Peter Street, Perth ON, 2PM
Peterborough PCSG	Graham Rose (705) 745-1400	3rd Wednesdays, St. Luke's Anglican Church, Armour Road, 7PM
Prostate Cancer Ass. of Ottawa	John Dugan (613) 828-0762	3rd Thursdays, St. Stephen's Anglican Church, 930 Watson St., 7PM
Renfrew County PCSG	Barb McGonegal (613) 582-3577	1st Wednesdays, Renfrew Victoria Hospital. 499 Raglan, Clinic A, 7PM
Richmond Hill/York Central PCSG	Glen Bennett (905) 881-4728	1st Tuesdays, York Central Hospital Auditorium, 7PM
Sarnia PCSG	Nick Vrkljan (519) 542-6614	2nd Tuesdays, Lochiel Kiwanis Centre, 7:30PM
Simcoe PC Club	Donald Gardner (519) 426-2381	Every Monday, Norview Home #3 Highway West, Simcoe, 7PM
Southampton Men's Cancer SG	Barry Ruhl (519) 797-3002	3rd Tuesdays, Southampton United Church, 7:30PM
St. Catherines Living with PCSG	Gene Yaremy (905) 934-1685	2nd Thursdays, Hotel Dieu Hospital, 6th Floor Boardroom, 7PM
St. Thomas & Area PCSG	Donald Houghton (519) 631-8464	1st Wednesdays, Knights of Columbus Hall, Wellington Street, 5:15PM
Stratford (Huron-Perth) PCSG	Ray McNichol (519) 271-4270	3rd Tuesdays, Can. Cancer Soc., Unit Office, Jenny Trout Centre, 7:30PM
Thunder Bay PSA G	Steve Dychko (807) 577-1881	3rd Thursdays, 55 Plus Centre, 700 River St., 7PM
Toronto Man to Man & Side by Side	Aaron Bacher (416) 932-8820	1st/3rd Tuesdays, 20 Holly Street, Call hot line & leave message, 7 PM
Urology Resource Centre, Burlington	Jane E. Love (905) 681-9300	Call 488 Locust St.
Windsor - Essex County PCSG	Tom Mailloux (519) 969-9231	2nd Tuesdays, The Hospice, 6038 Empress St., 7PM
Woodstock/Oxford PCSG	Julie-Ann Gray (519) 537-5592	3rd Mondays, Woodingford Lodge Auditorium, 423 Deavonshire, 7:30PM

PRINCE EDWARD ISLAND

Georgetown/Montague	Allan McPhee (905) 652-2607	Last Wednesdays, Kings County Hospital, Board Room, 7:30PM
PEI PCSG	Norman Fotheringham (902) 566-4007	3rd Fridays, Four Neighbourhoods Health Centre

QUEBEC

Fondation quebecoise du cancer	France Belanger (418) 657-5334	Call, 190 rue Dorchester
GSCP de Laval	Francois Dyotte (450) 663-2628	Appelle
Jewish General Hospital CPCN	Isabelle Gregoire (514) 340-7558	Wednesday Same; Conducts 10 week courses, Call
Laurentian Region PCSG	Claude Forget (819) 322-1587	3rd Thursdays, St. Sauveur des Monts, 7PM
Montreal PCSG	Richard Beaulieu (514) 990-9401	2nd Mondays, CHUM Campus Notre Dame, Pav Simard, 10th floor, 4PM
Montreal West Island PCSG	Fred Crombie (514) 694-6412	4th Thursdays, Sarto Desnoyes Comm. Centre, 1335 Lakeshore, Dorval, 7:30PM

SASKATCHEWAN

CPCN - Regina PCSG	Joan Morris (306) 766-2248	2nd Thursdays, Pasqua Hosp Level O-G, Meeting Room 4, 7PM
Estavan PCSG	Jim Debiene (304) 634-5393	Call
Moose Jaw Us Too	Bob McDougall (306) 693-2312	2nd Mondays, Providence Place, Rose Room, 7:30PM
North Battleford Us Too PCSG	Reg Ellisor/ Jean Ham (306) 445-3248	3rd Tuesdays, Cancer Office, 1261 100 Street, 7:30 PM
Saskatoon PCSG	Clinton Weese (306) 934-7331	3rd Thursdays, Edward's Family Centre, 333 4th Ave. N. Saskatoon, 7:30PM;
Swift Current PCSG	Arnold Sorenson (306) 674-2279	Call, Swift Current Health District Bldg 429 4th Ave NE
Yorkton PCSG	John Pasishnik (306) 783-3927	3rd Thursday, Yorkton Public Library, 93 Broadway St. W., 7PM

ABBREVIATIONS

PCSG Prostate Cancer Support Group
PCISG Prostate Information & Support Group

PCSAG Prostate Cancer Support & Awareness Group
SG Support Group

LWCSG Living With Cancer Support Group
GSCP Groupe de soutien du cancer de la Prostate

Another great year for Canadian Support Groups

Last fall, CPCN president Bob Shiell asked support groups to let him know what they were up to. He was overwhelmed with the response and we wanted to share some of the stories with our readers. Here's a sampling of some of the interesting activities that Canadian Prostate Cancer Support Groups were involved in last year. Please continue to send in your stories and please send photos!

Going on Reserve

The Lethbridge Prostate Cancer Support Group is trying to help get a support group going on the Kainai reserve, located just outside the city limits of Lethbridge. The Canadian Cancer Society trained a prostate cancer survivor to work on the reserve as a support group worker. He is doing the groundwork to get a support group going.

Riding for Dad

This coming May, the Orillia Prostate Cancer Awareness Group will take part in the "Huronian Ride for Dad" organized by the Ontario Provincial Police Association. In the past, similar events in Ottawa, Kingston, Kitchener and London have raised an estimated \$750,000 for prostate cancer research and education. This year Orillia/Barrie will join in along with Hamilton

and Windsor.

The ride, scheduled for May 28, will start in Orillia with a parade, then proceed to Barrie for another parade and then continue with a 320-km poker run through the Huronia area (320Km), ending up back in Orillia.

As all monies raised, primarily through sponsorships, will go to support prostate cancer research and education in the Barrie/Orillia/Huronian area. Organizers are anticipating that 250 - 500 motorcyclists will take part and hope to raise between \$25,000 and \$50,000.

Healing our Health

The prostate cancer support group in Quesnel, B.C., is a small one, but the 12 core members who really enjoy each other's company, says group member Ron Campbell. One of the group's regular meeting activities is a healing circle, an idea

based on the aboriginal custom of the same name. "This is when we share things like how we are, how our treatments or check-ups are going," says

Campbell who is of Métis

descent. "The idea of the circle is mostly symbolic but there is strength in a circle and it brings us closer as we discuss our shared illness."

Our Executive Director is airborne

Wally Seeley, executive director of CPCN, got airborne recently to help in a Peterborough initiative aimed at helping seniors recognize and avoid situations where they might fall. A committee made of members of several health care service groups were looking for a model to help their campaign take flight. Wally generously volunteered to show some of the moves that have helped him in his work at CPCN. It's rumoured that he will be giving skateboarding demonstrations at the annual conference.

The Eastern Conference

Over in the far east, the Newfoundland and Labrador Prostate Cancer Advisory Board (NLPCAB) held its second annual Prostate Cancer Survivors Conference on October 1 and 2 at the Max Simms Memorial Campsite near Grand Falls/ Windsor in central Newfoundland. This conference was a resounding success attended by 62 prostate cancer survivors from across the province. One of the goals of the NLPCAB is to help establish new networks in some of the province's smaller communities. As a result of the conference, one network has already been established. Four men, who were complete strangers prior to the conference, now meet once a month in the town of Whitbourne (about 100 km north of St. John's on the Trans Canada). These fellows, from four different small communities in the Trinity Bay area, are separated by distances of up to 100 km. However, they still manage to meet once a month a central point to provide support to each

other and combine their efforts to create an awareness program in their area.

Small in Number. Determined in Spirit

Nine years ago, four men interested in prostate problems started meeting at a local Tim Horton's, in Simcoe, Ont. Slowly but surely, they began to attract new members and now the group boast a membership of over 50. They meet twice a month at the Travelodge in Simcoe, and average about 25 people at each meeting.

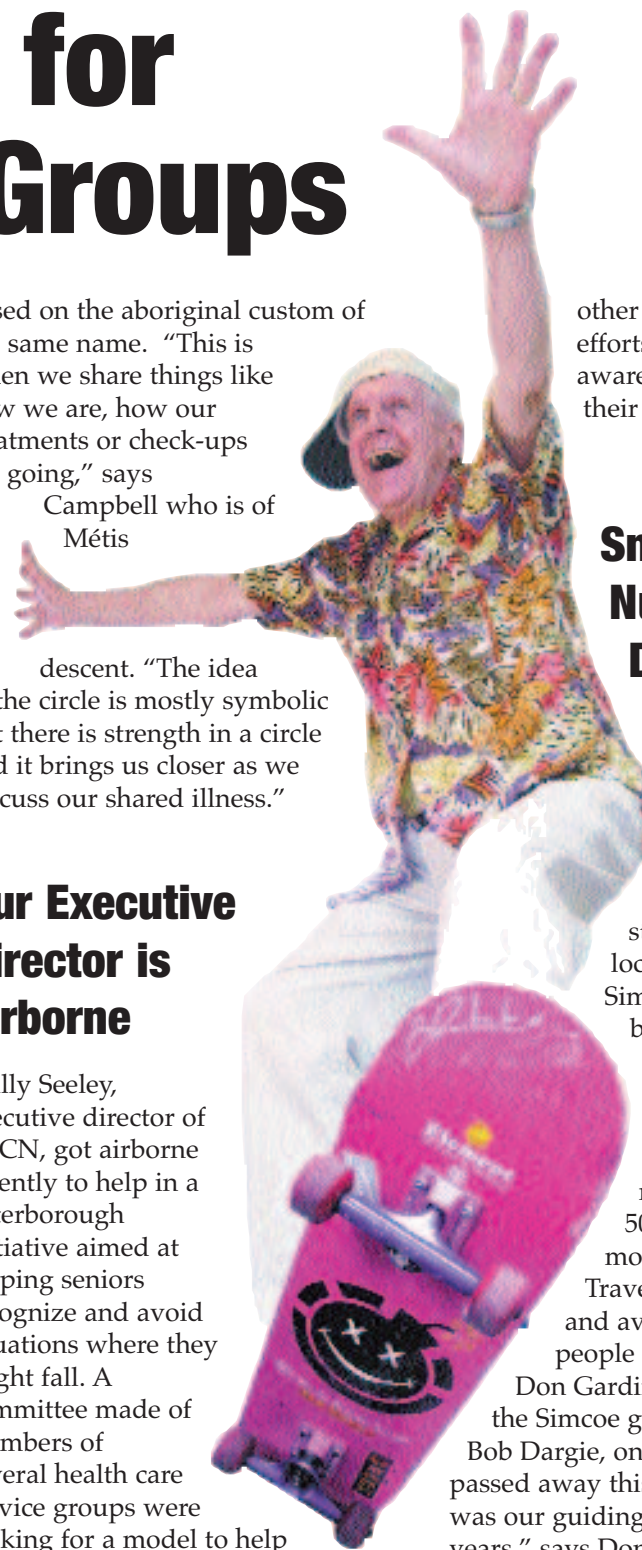
Don Gardiner, current chair of the Simcoe group, reports that, Bob Dargie, one of the original four passed away this past January. "He was our guiding light for many years," says Don. "He is greatly missed."

Capital Support

The Prostate Cancer Association Ottawa (PCAO), which has been going strong since 1992, is a partner in the annual Cancer Society CO-OP Do It for Dad Family Run and Walk which raises over \$100,000 each year for the Ottawa Hospital Regional Cancer Centre. PCAO also holds regular meetings attended by an average of 40 to 50 people, participates in other fundraising events, takes part in an average of 18 awareness events each year at health fair, public service groups and schools. They also hand out the annual "Dried Prostate Award" to an individual or organization who has made a significant contribution to the fight against prostate cancer.

Working Together Works

In St. Catherines, Ontario, the PC Support Group has entered into a partnership with the Canadian Cancer Society, and the Blue Ribbon Committee, a group formed by urologists to raise money for prostate cancer treatment, to spread awareness and raise funds to be used in PC treatment in the new Regional Cancer Centre in Niagara. A gala dinner-dance raised \$50,000 for this purpose.



Hanging in There

Any support group executive member knows it's not always easy to keep a group growing, especially in a small community. John and Coby Beddis report that they no longer have a PSA group in Cowichan Valley (on Vancouver Island), but they still provide support and information to newly diagnosed and post-operative patients, mostly on a one-to-one basis. This kind of individual dedication is truly great to see.

Combining Forces

One strategy employed by the Prince Rupert Prostate Cancer Support Group was to invite men dealing with bladder cancer to join. "Men with bladder cancers have many similar issues to men with prostate cancer, and they had no group of their own, so we invited them to join us," says Judy Rea. Therefore, the group is now called The Prince Rupert Prostate and Bladder Cancer Support Group.

Bring it on home.

Following his diagnosis with metastasized prostate cancer in March 2002, Claude Forget of Sainte Agathe, Quebec discovered that there was no prostate cancer support for anglophones in his area, the Laurentians (50 miles north of Montreal). Men had to travel to Montreal to attend the group in Dorval. Claude and his wife Betty decided to gather together a dedicated group of volunteers to create the Laurentian group, which has been meeting monthly in Saint Sauveur for the past year and a half.



Claude Forget

Like many groups, the Laurentian group meetings usually begin with a guest speaker. The second half of the meeting is set aside for a session where members share or discuss whatever is on their minds. Dr. Marc Faubert, a retired psychologist, volunteers his time to act as moderator for these discussions. For much of his professional career, Dr. Faubert specialized in helping people dealing with serious illness and end of life issues. "Our group is very fortunate to have someone with his kind of expertise," says Claude

The Tin Man Cometh

Prostate cancer support groups are always dreaming up new ways to attract people to their booths at various events. In the spring of 2004 the Yorkton, Saskatchewan group set up an information booth at the Spring Expo held at the Yorkton Agriplex. Hoping to increase traffic, group member John Pasishnik made up a Tin Man, constructed almost entirely of tin cans to give a way as a door prize. "At the Spring Expo there are many booths competing for traffic," John explains. "At some booths people are demonstrating or selling their products. I'd bought a Tin Man from a fellow I met on a camping trip. I got the idea making another one and giving it away to attract people to our booth," says Pasishnik. "People would come up and ask about it, and I'd say, 'Well, write your name down and you might win it.' Then I'd have a chance to talk to the man about prostate cancer. That helped attract more people to our booth and enabled us to give away lots of brochures."

Information Station

A current project of President Shieff's own local group, Prostaaid, in Calgary, is to increase awareness and outreach by delivering 5000 plastic information cards, along with plastic cardholders, to doctor's offices in Calgary. The group also recently launched a website: www.prostaaid.org.

Hello out There

The Thunder Bay and Area Prostate Support and Awareness Group is going high-tech in order to help other support groups in northwestern Ontario, where major centres are separated by great distances. President Bill Vantour explains, "The Thunder Bay hospital Regional has a video conferencing set-up they use to connect with smaller hospitals for medical purposes. I thought, 'Why couldn't we use it to help groups in smaller centres?'" Vantour and his colleagues already had connections with groups in Dryden, Kenora and Hearst, towns that didn't have prostate cancer experts who were readily available to speak at

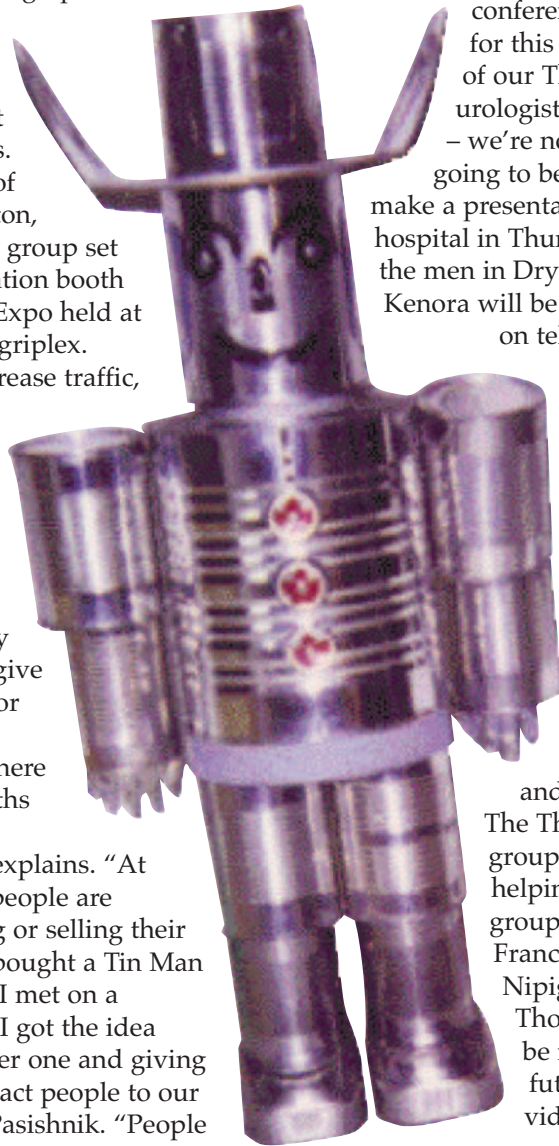
meetings. No problem. Thunder Bay experts would come to them by video.

The first video conference is planned for this spring. "One of our Thunder Bay urologists or oncologists – we're not sure who it's going to be just yet -- will make a presentation here at the hospital in Thunder Bay and the men in Dryden, Hearst and Kenora will be able to watch it on television

monitors.

They'll even be able to talk to each other. The monitor will switch to the town where the man is asking the question and everyone will be able to hear the question and the answer."

The Thunder Bay group is currently helping to set up new groups in Fort Frances and Nipigon/Red Rock. Those towns will be included in future videoconferences.



A Unique Focus

The Vancouver Advanced Prostate Cancer Support Group is possibly the only group in Canada, which focuses exclusively on the needs and concerns of men with advanced disease. Last year the group brought in speakers on topics such as Management of prostate cancer metastases, pain management, palliative care and anemia.

Setting the record straight

A statement about the use of Viagra in our last newsletter may have led to some confusion. We would like to set the record straight. Our September issue quoted a CPCN member who observed that while at the conference in Calgary, another delegate had helped him understand why Viagra had not seemed to work for him. As we put it, the other delegate said "it usually takes a few days before the drug works."

That statement is somewhat misleading. In fact, studies show that for most men, Viagra works the first or second time it is used and usually within 30 minutes. However, Viagra works differently in men recovering from prostate cancer surgery compared to men with other kinds of erectile difficulties. Nerves involved in obtaining an erection can be

Tech Support

Us Too Brampton is lucky to have among their membership a very capable technician, by the name of Mukul Luthra. Mr. Luthra not only looks after their website but also records the group's sessions and produces CD-ROMs of all presentations by guest speakers. A copy of each CD-ROM is given to the presenter and the local library. The group also keeps one copy of each on hand for the use of members.

Reaching Out

During Awareness week, the Us Too Prostate Cancer Support Group in Durham Region (just east of Toronto) made over 200 direct contacts with people through displays at Wal-Mart and the Oshawa Shopping Centre. The group was also featured in an article which appeared in a supplement to the Toronto Star newspaper during Awareness week.

I've Been Everywhere Man

In order to reach a wide audience, the South Eastman Prostate Cancer Support Group, based in and around Steinbach, Manitoba, a primarily rural area, holds meetings in more than one location: the Bethesda Hospital in Steinbach and Health Corner in St. Pierre. They also held one-time sessions in Sprague, Niverville and Ste. Anne and joined in with a number of other health-related services to take part in a one-day Wellness Fair last May.

damaged during prostatectomy and need time to recover before an erection is possible. Viagra will not be effective until this recovery is almost complete. Preliminary data shows that some men recovering



from prostate cancer may need to use Viagra for "a few days" or even a little longer before being able to achieve an erection. Men using Viagra should consult with their doctor about proper dosage and use of the drug.

President's Message



Welcome to the first CPCN Newsletter for 2005! Looking back at 2004 we can take pride in all the things CPCN and our support groups accomplished, from our first annual CPCN conference to many exciting and worthwhile projects conducted at the local level.

2005 is off to a great start with the production and distribution of

2004 conference CD's completed and plans well underway for the second annual conference being held in Toronto. Aaron Bacher and his Toronto Man-to-Man committee are planning a full schedule of medical presentations by some of the best names in prostate cancer research and treatment and also opportunities for group participation in support group issues. We know we can look forward to learning and sharing from our speakers and from each other. Your participation is vital and I urge you to confirm your

attendance as soon as possible.

It will be my pleasure during the conference to award the 3rd President's Award to a deserving member of the CPCN support group community. If you have not already nominated someone from your group I urge you to do it now.

CPCN is truly "the voice of prostate cancer in Canada" and with your participation and support we can make a difference.

Cheryl and I look forward to seeing you again in August.

Logos, symbols and slogans



With a view to bringing consistency and convenience to our member groups CPCN will offer downloads of high resolution files from its website. The CPCN logo (shown above) will be available in eps and jpeg formats.

Over the last few years the Reef Knot has become a familiar symbol of prostate cancer. The Vancouver Island Prostate Cancer Research Foundation initiated the Reef Knot Pin some years ago and distributed it at minimum cost to individuals or groups. CPCN has taken over

national distribution of the pin and offer it free of charge, in reasonable quantities, to any member group of the Network. You can order it from our website (cpcn.org).



The Reef Knot has

now been approved as a symbol of Prostate Cancer by the Canadian Urology Oncology group (a sub-group of the Canadian Urological Association). A number of groups across the country have adapted it as well so we felt, at this early stage, to show the Reef Knot symbol in a consistent way. If your group wishes to adapt this symbol

please use one of the forms shown here. You can download these graphics on our website.

Two slogans have been associated with the Network and we have now formalized their usage through Trade Mark licensing. The slogans



are "Awareness is the Cure" and "The Voice of Prostate Cancer in Canada". Both should be used with the ™ symbol.

CPCN's privacy policy

Personal information is any information that can be used to distinguish, identify or contact a specific individual.

Personal information gathered by CPCN is kept in confidence. Our directors and employees are authorized to access personal information based only on their need to deal with the information for the reason(s) for which it was obtained. Safeguards are in place to ensure that the information is not disclosed or shared more widely than is necessary to achieve the purpose for which it was gathered. We also take measures to ensure the integrity of this information is maintained and to prevent it being lost or destroyed.

IF YOU DO NOT WISH TO BE ON THE CPCN MAILING LIST, please mail by post, or email your full name, street address, Town or Village, and postal code as they appear on the address label to:

CPCN Head Office
PO Box 1253
Lakefield, ON K0L 2H0
Email: cpcn@nexicom.net

Mark your letter or email "Please delete my personal information from your mailing list"



CPCN National Head Office
PO Box 1253
Lakefield, ON K0L 2H0

This newsletter has been produced by the Canadian Prostate Cancer Network. CPCN welcomes comments, contributions of articles or questions.

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- Herold Driedger – Winnipeg, MB
- Woodrow French – St. John's, NF
- Len Gross* – Vancouver, BC
- Jim Hatcher – Stratford, PE
- Derek Lawrence* – Newmarket, ON
- Curtis LeGrow* – St. John's NF
- Norm Oman*, Support Group Coordinator – Winnipeg, MB
- Steve Pillipow*, Vice-Chairman – Regina, SK
- Wally Seeley, Executive Director – Lakefield, ON
- Bob Shiell* – Calgary, AB
- Don Wilson – N. Vancouver, BC

* members of the Board of Directors

Hi-Rise Communications. A Friend of CPCN

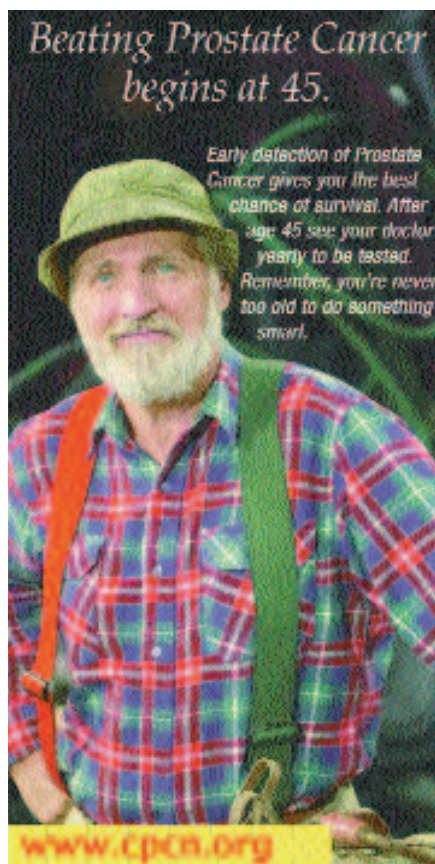
Hi-Rise Communications Inc. is a unique graphic design and communications company specializing in elevator advertising. The Ottawa-based firm produces and places poster ads that appear in elevators, primarily in big-city residential apartment buildings.

Hi-Rise is also a good friend of the Canadian Prostate Cancer Network. In the spring 2004 St. Joseph's Healthcare Hamilton, approached Hi-Rise to explore the possibility of obtaining some no-cost print advertising opportunities. St. Joseph's, as you may recall,

spearheaded the creation of the Red Green public service announcements which first appeared on Canadian television screens during last springs Stanley Cup playoffs. Hi-Rise had some space to offer and as a result we were able to secure elevator advertising spots in 300 buildings in Ottawa, Toronto and Vancouver, free of charge. The poster is pictured here.

Susan Pope, owner of Hi-Rise Communications in Ottawa, says her company also provides space to other non-profit groups. "We run ads for the Terry Fox Foundation,

the Alzheimer's Society and the Multiple Sclerosis Society as well. "It's nice to be able to help," she says. "Sometimes we have a bit of excess space and we were happy to donate some of it to support prostate cancer awareness."



An example of one of the posters Hi-Rise Communications generously posted for us.

What is a false positive?

continued from p. 3

It all comes down to information. We can hope for the development of new and better (and simple and cheap) screening tests for prostate cancer. Dr. Fradet and his colleagues are working on a urine test which detects a gene associated with prostate cancer. But, as it stands the simple, inexpensive PSA test provides one of the only ways for a man to get information about the health of his prostate, the gland that is the source of the cancer that kills

more men than any other cancer but lung cancer.

When it comes to a man's prostate health, clearly it is better to know something than to know nothing. And when it comes to cancer, the earlier you know about it, the better the chance of successful treatment. A man has two ways of finding out about his prostate cancer at an early stage. One is some sort of blind luck. The other is the PSA test. Which one should we ask our brother, sons and friends to rely on?

