It was not the first time that our guest speaker had spoken at one of our Awareness Night meetings, but it quickly became very unique because this time he gave his entire presentation **without using any of his slides**! This was due to a problem at the beginning of the evening, when the laptop computers didn’t want to “talk” to the digital projectors.

So **Dr. Gerard Morton** proved that “the show does indeed go on” and gave his entire presentation without showing any slides. And quite a presentation it was!

He focused on men who are diagnosed with high-risk prostate cancer - those with Gleason Scores of 8, 9 or 10 - about 10-15% of all men diagnosed with this disease. He compared men being treated with a Radical Prostatectomy (surgery) or External Beam Radiation Therapy (EBRT) alone, without great results, to those who were also given Hormone Therapy (HT) for 3 years, with much better results. In addition he told us how adding chemotherapy up front to these treatments, instead of as a last resort, was showing very promising signs of extending life even further.

Time was spent explaining how Brachytherapy, both the seed implants and the Hi-Dose Rate Brachytherapy (HDR), was now being used to further improve long-term results. Clinical trials were mentioned, where (EBRT) is used with HT, reduced from 3 years to 1 year, and with Brachytherapy added. This combination seems to cut the chance of men experiencing a recurrence in half! And EBRT and Chemotherapy, when given together, are showing even better results.

Dr. Morton said, “We are now changing the way we approach men diagnosed with high-risk disease. There are new drugs (e.g. Docetaxel, Taxotere and Radium 223) and new treatments all the time, and our constant question is: can we head this disease off before it spreads to the bones?” This should give men confidence that specialists like Dr. Morton are always striving to find new methods to treat men who are diagnosed with high-risk prostate cancer.

... continued on page 2
Dr. John Kell discusses different types of surgeries.

He is a surgeon. He “operates” out of Toronto East General Hospital. And this was the first time that he was speaking to one of our Awareness Night audiences.

His topic was to discuss the various surgical options that are available to men who have been diagnosed with prostate cancer. The question he was asking was: “Do differences in technique make a difference?”

The three choices surgeons have today are: open surgery, laparoscopic surgery, and robotic-assisted laparoscopic surgery (using the daVinci® Surgical System). The last two are also known as minimally invasive surgery or MIS.

Dr. Kell discussed the advantages and possible problems with each type of surgery. He also pointed out that not all men are candidates for robotic surgery: this could be if they are obese, have high-risk disease, a large prostate or have had previous abdominal surgery. There are also cases where the surgeon starts out doing robotic surgery, but for some reason early in the process decides that he/she cannot continue that way and switches to open surgery. However, his opinion is that eventually robotic surgery will totally replace open surgery!

After our break, Dr. Kell patiently and clearly answered the many questions that were put to him by the enthusiastic audience, seemed willing to stay all night, and was very personable and approachable.

As always, to show our appreciation, our support group made a donation in his name to a charity of his choice.

Everyone at PCCN-Toronto thanks Dr. Kell very much for coming to speak to us and we sincerely appreciate his valuable time.
PCCN-Toronto & Side by Side invite you to attend a Scotiabank Awareness Night Meeting at the Toronto Botanical Garden in the Floral Hall 777 Lawrence Ave. East at Leslie Street on Wednesday September 16, 2015 at 7:30 p.m.

featuring our guest speaker Dr. John Bartlett BSc, PhD, FRCPPath Ontario Institute for Cancer Research
topic: “Prostate cancer - we need to know more!”

In 2014 Dr. Bartlett and his team of collaborators received a $5 million Movember Team Grant for prostate cancer research.

All family members, partners & friends are most welcome!

FREE parking!

If you have any questions, please call us at 416-932-8820

Doors open at 7 p.m.

Please bring some non-perishable food with you to our 2015 Scotiabank Awareness Night Meetings, which PCCN-Toronto will donate to the North York Harvest Food Bank.

Here is a list of their much-needed items. Please note that all expiration dates must be valid and canned goods cannot be damaged (dented). Thank you very much.

- Canned fish & meat
- Canned vegetables
- Canned fruit
- Cooking oil - canola or olive oil
- Cereals - high fibre
- Peanut/almond butter
- Cookies (arrowroot, digestive, oatmeal)
- Flour
- Brown pasta
- Powdered milk
- Canned or dried beans
- Rice - white & brown
- Baby formula & diapers
- Baby food & cereals
- Fruit juice - 100%

www.northyorkharvestfoodbank.com

All of our 2015 Awareness Night meetings at The Toronto Botanical Garden and our PCCN-Toronto Man to Man Peer Support Group meetings at Valleyview Residence are being sponsored by Scotiabank.

We are very proud to continue calling our meetings at the Garden “The Scotiabank Awareness Night” meetings.

We sincerely thank Janet Slasor and all the people at Scotiabank for their very generous on-going financial support.
DO IT FOR DADS WALK/RUN 2015: NO THUNDERSTORMS, JUST BEAUTIFUL WEATHER AND A LOT OF MONEY RAISED!

The weather forecast all week for this year’s Do it For Dads Father’s Day Walk/Run was for thunderstorms to take place all morning. However, thankfully, they were wrong, and it turned out to be another fabulous, warm, sunny, and highly successful day at Ashbridge’s Bay Park.

As for our own PCCN-Toronto team: we raised just under $35,000 this year! Our biggest individual fundraiser was Bill Sceviour, who raised the incredible amount of over $12,000! Stan Mednick also did a fabulous job, as he collected almost $5,500!

Our team thanks them both for their tremendous efforts this year. We also sincerely thank every one of our team members for doing a very tough job - going out and raising money for charity, which seems to be getting more difficult each year.

The Walk began at 10:30 a.m., and the estimates were that anywhere from 800 to 1,000 people were either walking or running on the boardwalk!

This year’s Father’s Day began with another great morning: terrific weather, lots of people/families having fun after raising money for prostate cancer research, and still allowing plenty of time to privately celebrate the rest of Father’s Day with dinners/barbecues, etc.

Thanks to Allison O’Mara and the rest of her team at Prostate Cancer Canada for another superb job of organizing this major event this year. PCCN-Toronto and Side by Side congratulate them all!

When we do this again next year, we hope that many of you will decide to join our team and help us raise more of these much-needed funds to help PCC find a cure for prostate cancer. Until then, stay well!
Memories from our Do it for Dads Walk Run

PCCN-Toronto is supported by:
AstraZeneca/Harmony Printing/Macgregors Meat & Seafood Ltd.
Prostate Cancer Canada/Scotiabank
The following article was written by Dr. Rob Hamilton, Urologic Surgeon, Princess Margaret Cancer Centre, in response to this question asked by an attendee at a recent Tuesday evening Peer Support Group meeting:

“What is the role for PET scans for non-aggressive metastatic prostate cancer?”

Sometimes after receiving radiation or surgery as the primary treatment for prostate cancer the PSA begins rising, suggesting a recurrence. Clinicians and patients understandably want to know “where is this PSA coming from...where is the cancer?” Depending on the particular scenario, we may order a bone scan, CT scan and/or MRI to look for the cancer but these techniques are usually not sensitive enough to visualize small collections of cancer cells.

You may have heard about “PET” scans, as they are increasingly in the news, and be wondering whether you would benefit from having a PET scan. PET, or Positron Emission Tomography, involves injection of a radioactive tracer, which is taken up by specific cells in the body and then emits a signal. The signal is subsequently detected and translated into a 3-D image of cell function in the body. The idea is that cancer cells take up more of the tracer and thus the PET scan will point to where the cancer is located.

Are all PET scans the same?

When people mention PET scans, most commonly this means the radioactive tracer is fluorodeoxyglucose (FDG), which is just a fancy glucose molecule taken up by very active cells, such as rapidly dividing cancer cells. Some cancers like glucose more than others.

Unfortunately, prostate cancer cells tend not to be metabolically active and don’t take in much glucose. Because of this, conventional PET scans are not very useful until the prostate cancer is more advanced (i.e. widely metastatic or castration resistant), and even then, conventional PET scans have limited utility.

Recently, newer PET tracers have been developed with the hopes of being more sensitive in picking up smaller areas of prostate cancer. The idea is that if you can detect the metastatic prostate cancer while small, you may be able to target it with treatment like radiation or surgery.

If you Google these new PET scans you will see the confusing names of these tracers such as: 11-C Acetate, 11-C Choline, 18F-choline, 18F-sodium, PSMA, 18-F ACBC, to name a few. Research is ongoing to determine which tracers are the best. So far choline and PSMA appear the most promising.

Choline is a crucial component of the membrane around cells and so cells that turn over rapidly take up a lot of choline and will be detected on PET. PSMA (Prostate-Specific Membrane Antigen) is a protein expressed exclusively in prostate cells and is particularly expressed in prostate cancers. Both of these tracers have proven significantly superior to FDG for detecting small amounts of metastatic prostate cancer.

How to get a PET scan:

Currently there are two challenges: In Canada, only the conventional FDG PET scan is available for routine clinical use and in Ontario PET scans are not approved for prostate cancer. There are private PET scan clinics in Ontario that will perform FDG PET for a cost, but again this is only the conventional FDG PET, which has limited sensitivity. The only way in Ontario to obtain the newer tracer PETs is through a research study. Cities such as Toronto, London, Hamilton, Ottawa and Quebec City have research studies open and your doctor can guide you in this regard.

In the U.S. and Europe, new tracer PET technology is available for routine clinical use, but patients must pay out of pocket. The only approved tracer in the U.S. is Choline and the only approved site is at the Mayo Clinic. In Europe, there are several centres offering Choline or PSMA PET scans (examples include The Harley Street Clinic, London, England; University of Heidelberg, Heidelberg, Germany). It is possible for Canadians to travel to these centres and obtain PET scans, but speak with your doctor before considering this.

In summary, the new PET technologies offer a lot of promise in identifying metastatic prostate cancer earlier in the hopes of targeting the cancer with radiation or surgery. While exciting, in truth, we have much to learn about the utility of the new PET scans and how best to use the results.

For now they remain in the realm of “research” rather than routine clinical practices, as there are challenges to obtaining a PET scan, either conventional FDG or new tracer.

If this is something that interests you, it is wise to speak to your doctor to see if a PET scan could potentially be of benefit.

Xerox and Wurlitzer will merge to produce reproductive organs!
Temporary subcommittees:

We are very encouraged by the contributions made by volunteers to our temporary subcommittees.

Howard Vogelhut (who works in a marketing oriented environment at Honda) and Ari Katz (with his connections in marketing and public relations) have been helping to brainstorm initiatives to increase the awareness of PCCN-Toronto activities.

Howard, in fact, suggested that we promote our upcoming September Awareness Night in Post City. Jerry Garshon, Irwin Pressman and John Schofield have helped to assemble our 2016 Awareness Night speakers.

Mark Surchin is applying his legal expertise to the revamping of our constitution. Temporary subcommittee work typically requires two “two hour” meetings.

Website survey:

Survivors seeking information and support are demonstrating increasing preference for the convenience of websites. Survivors, partners and friends of PCCN-Toronto have been invited to complete a survey (managed by John Roth) designed to assess our website content.

If you have not completed this survey please make a special effort to do so. It is costing us to administer the survey and the information you provide will help us considerably. Please see www.pccntoronto.ca.

Annual Volunteer Dinner:

This year our annual Volunteer Dinner will take place on Tuesday October 27th at the Jerusalem restaurant (on the east side of Leslie Street between Finch and Sheppard); partners and caregivers are also being invited. Most of the meals there are approximately $20 per person, and PCCN-Toronto will be subsidizing each attendee $5.

Volunteers will soon be receiving a formal invitation and we hope that most of you will be able to attend.

Awareness Night change:

It is becoming clear that the Floral Hall at Edwards Gardens is too big for most of our Awareness Night meetings; current attendance levels are averaging around 125 people.

We will experiment in 2016, using the smaller Garden Hall for next year’s January, March and July Awareness Nights. The capacity of the Garden Hall is 150; there is, of course, a slim chance of overcrowding.

Annual Information Meeting:

There was no Annual Information Meeting (AIM) this year. The board agreed to host this meeting every two years.

A man rushes home and from the door bellows "Guess what I heard in the bar today?"

The wife smiles and replies, "Some new gossip from your buddies?"

The man nods excitedly and says, "They said the milkman has slept with every woman on our block except one." Here he gives his wife a proud smile.

The wife frowns, thinks about it for a moment and replies, "I'll bet it's that stuck-up Phyllis in No. 23. She hates blue collar workers!"
**Awareness Night Meetings**

These meetings are held at the **Toronto Botanical Garden (Floral Hall)**, at the corner of Lawrence Avenue East and Leslie Street, from 7:30 - 9:30 p.m. Leading medical professionals speak on a range of topics related to prostate cancer and then, following a refreshment break, answer your questions. Family members and friends are welcome to attend. If you are on our mailing list, a notice of each meeting will be sent to you. **PARKING IS FREE.**

**Please bring some non-perishable food with you for the North York Harvest Food Bank. See page 3.**

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**Man to Man Peer Support Meetings - 7 p.m. to 9 p.m.**

These meetings take place on the **first** and **third** Tuesday evenings of each month at the **Valleyview Residence**, 541 Finch Avenue West (just west of Bathurst Street on the Branson Hospital site) in the All-Purpose Room. They provide an opportunity for men to talk in a safe and comfortable setting about dealing with their diagnosis of prostate cancer.

**Side by Side Peer Support**

*This program has undergone some changes. All meetings are now by appointment only; through our support line 416-932-8820 or an email to info@pccntoronto.ca. You may choose to talk to one of our female volunteers by telephone, or in a face-to-face situation at 7 p.m. on the first Tuesday of each month at the Valleyview Residence.*

**Visitation**

Trained volunteers, all prostate cancer survivors, will talk to you/your family in your home, by telephone or in the hospital. Our volunteers visit surgical patients at the **Toronto General Hospital** (Thursday & Saturday) and **Sunnybrook Hospital** (Thursday), bringing them messages of hope and support.

**Counseling**

Our volunteers counsel men in prostate cancer clinics at the **Princess Margaret Cancer Centre** (Monday through Friday), the **Odette Cancer Centre** (on Thursday), and the **Gale & Graham Wright Prostate Centre at North York General’s Branson site** (on Tuesday afternoon - 3rd floor).

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**Our on-going projects for 2015**

- **Man to Man Peer Support Meetings**
- **Side by Side Peer Support**
- **Visitation**
- **Counseling**

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**Our 2015 “Awareness” newsletters are being sponsored by an unconditional grant from AstraZeneca.**