

# Awareness

The "Man to Man" and "Side by Side" Prostate Cancer

## Dr. Kenneth Pace Discusses Robot Assisted Radical Prostatectomy - Fact vs. Fiction

He is an Assistant Professor in the Department of Surgery at the University of Toronto; Co-Director of the Fellowship in Urologic Laparoscopy; and a staff surgeon in the Division of Urology at St. Michael's Hospital. He also trains residents and fellows in Robotic surgery.

"He" is Dr. Kenneth Pace, who was our July Awareness Night guest speaker.

First he talked about the prostate gland itself and prostate cancer, explaining that this disease is the most common cancer in men and the second leading cause of cancer deaths. Then he discussed biopsy results, diagnosis after a PSA blood test/digital rectal exam (DRE), and clinical staging, explaining the differences between stages T1, T2, T3, and T4.

Treatment options were next, which he said were dependant upon "stage of disease, patient's age and overall health, and the patient's personal choice." The options discussed were: Active Surveillance, External Beam Radiation Therapy, Brachytherapy (seed implants), and the three different types of surgical procedures, namely: Open (ORP), Laparoscopic (LRP), and Robotic (RRP). He pointed out that the goals of any surgery are the same: a) remove the cancer, b) preserve urinary function, and c) preserve erectile function.

Dr. Pace highlighted some differences regarding the types of surgery. Open has a long and successful history, but risks leakage (1-10%), loss of erections (10-100%) and the recovery period is normally 4-6 weeks.

Laparoscopic usually means a shorter hospital stay, a faster recovery, less blood loss and less post-operative pain, but there are also drawbacks as well. These are a loss of depth perception by the surgeon, a decrease in the surgeon's precision and dexterity and surgeon fatigue after many hours of surgery.

Robotic-assisted surgery (using the da Vinci Robotic System) "takes the advantages of Laparoscopic surgery and makes it even better" said Dr. Pace. It is better, in his opinion, because it allows for more precise, accurate surgery. This is due to the greater magnification which produces a higher quality 3D image ("*you can see things that you can't see in any other procedure*"), and the "endo-wrist" (actually *more* flexible than the human wrist).

He listed the potential benefits of the RRP: fewer complications, less blood loss/transfusions, less postoperative pain, quicker return to normal activities, faster recovery, a shorter hospital stay, shorter catheterization (7-10 days), and less scarring. Other possible benefits involved are: improved cancer control, faster and better recovery of urine control, and faster and better recovery of erectile function.

*Dr. Pace said that so far at St. Mike's they have found that **cancer control** seems to be the same as other surgical methods, **urine control** is better, and, as far as **erectile function** is concerned, it is simply too early to tell! That's because results are not usually published for at least two years and, as Dr. Pace said, "We're just not there yet!"*

On a lighter note, Dr. Pace noted that a *cup holder* for coffee can be installed on a da Vinci machine, but that, so far, "my nurses won't let me do that!" (continued on page 6)

PLEASE SEE PAGE 3 FOR CHANGE OF DATE FOR DR. ROBERT BUCKMAN



AUGUST 2009

### Toronto Man to Man Prostate Cancer Support Group

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"Raising prostate cancer awareness" - <http://mantoman.ca>

## May Awareness Night Speaker Dr. Morton Discusses The Importance of the PSA Blood Test

First, he accepted one of the new Man to Man baseball/golf caps. Then Dr. Gerard Morton asked everyone a question: "What is Prostate Specific Antigen or PSA?" His answer defined it as



Our May Awareness Night speaker, Dr. Gerard Morton, wearing his brand new Man to Man cap!

"a protein found in seminal fluid and manufactured by the prostate gland. Its purpose is to keep the semen liquid, and a small amount can get into the blood and be measured - this becomes the PSA level!"

**"The bottom line is:  
'Everyone's survival is ZERO!'"**

*Dr. Gerard Morton*

He explained that since 1990, when the PSA blood test was introduced, prostate cancer incidence increased. However, since these cases were picked up much earlier than before the introduction of the PSA test, the number of deaths from prostate cancer decreased dramatically!

Dr. Morton said that PSA plays a key role at diagnosis as an important predictor of the extent of the disease which can determine the choice of treatment. For example, if the PSA <10 ng/ml, it is most likely that the disease is confined to within the prostate gland; with PSA 10-20 ng/ml, there's a 50% chance that the disease has broken through the capsule; and with PSA >20 ng/ml, chances are that the disease has spread to the lymph nodes and beyond.

After Radiotherapy PSA should fall to a low value and stay there, while following a radical prostatectomy the PSA should be undetectable. A rise in PSA following treatment is an early warning sign of future disease recurrence. He repeated that radiation can be used in recurrence following surgery, while only in some cases can surgery be

used if radiation therapy fails.

He then discussed the PSA blood test as a screening tool, saying that it is great at detecting pre-cancerous or early cancerous lesions in men without symptoms and proven treatments are available. Also fewer men will die as a result of detection and treatment of lesions found through screening. PSA as a screening tool is: simple and safe, not expensive, able to identify those with the disease as well as those without the disease.

He compared PSA screening to breast cancer screening (Mammography) and colon cancer (colonoscopy) and the fact that all three save lives! He discussed the two PSA screening studies (European and American) whose partial results were published in March and contradicted each other in certain areas.

So what's the *bottom line*? Early prostate cancer can be cured and a prostate biopsy is the only way to detect prostate cancer!

Dr. Morton's final words were that PSA testing *on its own* is not a good way of detecting prostate cancer. But it can be very useful when combined with other factors, such as a digital rectal exam (DRE) and a biopsy, as it can then detect early stage cancer which he had already said is very curable.



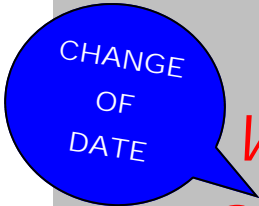
Dr. Morton answering one of many questions from the large audience.

We sincerely thank Dr. Morton for his terrific presentation, for answering so many questions from our audience, and for his continued support of Man to Man.

*If you would rather receive this newsletter electronically, please email [info@mantoman.ca](mailto:info@mantoman.ca) and we'll remove you from our regular mailing list and add your name to our email list. Thank you.*

*Man to Man & Side by Side  
(Prostate Cancer Support Groups)*

*invite you to attend a  
**Prostate Cancer Awareness Night**  
at the  
**Toronto Botanical Garden**  
in the **Floral Hall**  
777 Lawrence Ave. East at Leslie Street*



on  
**Wednesday**  
**Oct. 14, 2009**

*at 7:30 p.m.  
guest speaker*

**Dr. Robert Buckman**

**MD, FRCSC**  
*Princess Margaret Hospital*

*topic*  
**Laughter, the Second  
Best Medicine ...**

*... when dealing with prostate cancer*

*A Question Period will follow*

*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.*

**2009 Meetings Benefit  
North York Harvest Food Bank**

**W**hen you attend one of our Awareness Night Meetings at The Toronto Botanical Garden, please bring some non-perishable food with you, which Man to Man will donate to the *North York Harvest Food Bank* again next year.

Below you will find a list of their much-needed items. Please note that all expiration dates must be valid and canned goods cannot be damaged (dented).

- √ *Canned fish & meat*
- √ *Canned vegetables*
- √ *Canned fruit*
- √ *Cooking oil*
- √ *Sugar substitute (Equal)*
- √ *Flour*
- √ *Brown pasta*
- √ *Powdered milk*
- √ *Dried beans*
- √ *Brown rice*



[www.northyorkharvestfoodbank.com](http://www.northyorkharvestfoodbank.com)

**We thank you for your continued support.**

**SPECIAL ANNOUNCEMENT**



**W**e are very happy to announce that all of our 2009 Awareness Night meetings at the Toronto Botanical Garden and our peer support meetings at Valleyview Residence will be sponsored by Scotiabank.

**We sincerely thank them for their very generous financial support.**



## Man to Man Reaches Major Milestone at 2009 Relay for Life Event in June

**R**elay for Life, the Canadian Cancer Society's major fundraising event, began in 2001 and Man to Man (M2M) participated that first year and raised **\$4,000**, which made us very happy.

In June 2009 M2M took part in our ninth successive *Relay*, and this time we raised the amazing total of **\$45,751!** What is so important about this year is that it brought our nine-year total of money raised at this event to a whopping **\$275,017.00!**

In these troubling financial times, we didn't think we'd ever come close to the record high we achieved last year (\$46,719), but we didn't miss by very much (\$968). The credit for that goes to the many M2M volunteers who raised funds online as well as face-to-face, at the same time selling Luminary Candles (\$5) which honour cancer survivors or remember those loved ones who unfortunately lost their battle to cancer.

Over thirty men and their families attended the actual Relay on Friday June 12th at Forest Hill Memorial Park and took part in the opening Survivor Victory Lap, after sharing some food and drink at the Survivors' Reception. For the rest of the evening everyone shared in the activities and walked several laps on the walking track at the

park.

At 10 o'clock the emotional Luminary Ceremony took place, when all the candles lining the track, each one representing a loved one, were lit in a very dark park. They then circled the dark track as men and women continued walking into the night.

Chairman Aaron Bacher and his wife Ronnie took part in the official ceremony by telling their personal story about dealing with a diagnosis of prostate cancer, from the perspective of both patient and caregiver. CTV's Christine Bentley emceed the proceedings. She also interviewed members of our group before the Survivors' Victory Lap which was broadcast live on television around 6:40 p.m.

This year's *Relay* took place under beautiful weather, after rain had been forecast for most of the day.

Everyone from Man to Man had a terrific evening and the fact that a lot of money was once again raised for prostate cancer research capped off another very successful event.

"Thank you" to everyone who participated in Relay for Life 2009!



PART OF OUR 2009 MAN TO MAN RELAY FOR LIFE TEAM

### Man to Man is Supported By:

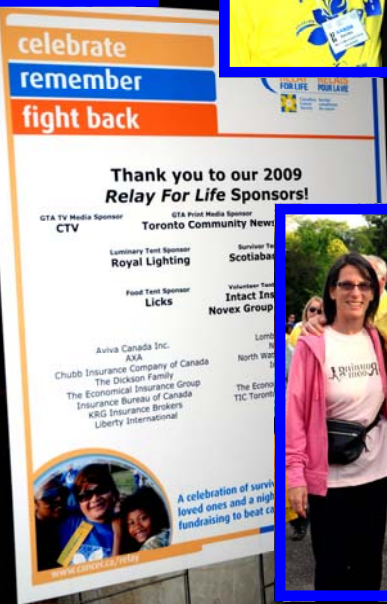
Abbott Laboratories  
Associated Tube Industries  
AstraZeneca

Canadian Cancer Society  
MacGregors Meat & Seafood Ltd.  
Merck Frosst Canada Ltd.

Novartis Pharmaceuticals Canada  
Pfizer Canada  
Scotiabank



# 2009 Relay for Life "Memories"



# Buy a Magnetic Car Ribbon and Support Man to Man

## Car Ribbons Raise Prostate Cancer Awareness

Help us get the message out about prostate cancer by purchasing a Royal Blue magnetic ribbon (3 1/2" x 8") for your car which reads:

### Prostate Cancer Awareness

Each ribbon costs \$5 with all proceeds going to



Man to Man. These ribbons will be available at all peer support and awareness night meetings, or you can call

416-932-8820 or email [mantoman@rogers.com](mailto:mantoman@rogers.com) to order yours today. Thank you.

Are you interested in becoming a Man to Man Volunteer?

Please call our hotline - 416-932-8820 or email us at [info@mantoman.ca](mailto:info@mantoman.ca)

## Dr. Kenneth Pace/Robotic Surgery (continued from page 1)

Using results from St. Michael's Hospital, Dr. Pace compared data between LRPs (112 patients) and RRP (65 patients), with RRP resulting in less operating room time, shorter hospital stays, and fewer days on a catheter. With reference to cancer outcomes, the RRP showed less positive margin involvement and undetectable PSA readings after 1 year were at 95.2% compared to 85% from LRPs. Urine control, with men needing no pads at all, showed better results after having an RRP at intervals of 3, 6, and 12 months following surgery.

The bottom line, according to Dr. Pace, is that operating time is shorter than Laparoscopic surgery and more in line with open surgery. However, the major downside is the cost involved with Robotic-assisted surgery. The da Vinci machines must be purchased with money raised from donors, and the price tag is quite steep. But the "robots" are here to stay, as almost every major hospital in the United States has one or more, and even though Canada only currently has seven machines, the feeling is that many major Canadian hospitals will have one of their own very soon. We were reminded by Dr. Pace that *"the robot is only a tool - it is the surgeon that drives it!"*

Following his formal presentation and a refreshment break, he answered many written questions from the enthusiastic audience members. Over 150 people attended our Awareness Night meeting during this popular vacation period and they were all very impressed by our guest speaker.

The language he used in his presentation, as well as during all of his answers, was easily understood.

On behalf of everyone in attendance, Man to Man "Awareness Night" coordinator Winston Klass thanked Dr. Pace for a fabulous evening and told him that a donation from Man to Man and Side by Side had been made to the St. Michael's Hospital Foundation in his name.

## New Man to Man Baseball/Golf Hats for Sale

**H**elp us raise prostate cancer awareness by purchasing one of our baseball and/or golf hats which advertise the **Toronto Man to Man Prostate Cancer Support Group**.

These hats will be on sale at all our peer support and Awareness Night meetings for **\$10** each, or you can have us put one (or more) aside for you by calling **416-414-4961**.



**Supply is limited!**

All proceeds from the sale of these hats go to Man to Man.

### WILLIAM RAY TURNER

**It is with great sadness that we report the passing of Ray Turner on Sunday June 21, 2009 after his valiant and courageous battle with ALS (Lou Gehrig's Disease).**

**He is survived by his wife Linda, children Laurie, Kathryn and Scott, and grandchildren Matthew, Stephanie and Alexei.**

**Ray was a prostate cancer survivor and a former Treasurer and member of the Board of Directors of Man to Man.**

**We extend our condolences to Linda and her entire family.**

**Ray is greatly missed by our entire Man to Man "family".**



## M2M Chairman Participates in Creating the Ideal Patient Experience at Princess Margaret Hospital

by Barbara Fitzgerald, Director of Nursing (PMH)

**A**mbulatory care at Princess Margaret Hospital (PMH) has shown a 30% growth over six years. In addition to the increase in patient numbers we have seen an increase in treatment complexity, patient acuity and patient diversity. As part of strategic planning, PMH is going to transform the delivery of patient care. We will deliver high quality, safe and integrated patient care that engages patients and families in their own care planning throughout their cancer experience.

A Model of Care team has been established to include representation of patients, nursing, physicians, psycho-oncology, allied health, eHealth/informatics, and is partnering externally with Cancer Care Ontario and with the De Souza Institute for Oncology Nursing Education. This team has been working on developing guiding principles that focus on patient centered-care (see Team Photo).

To begin our work, the team came together for 21/2 retreat days in May and June and focused on “the best of what is” at PMH and “what might be”. The desired vision for PMH Ambulatory Care will focus on a collaborative model of care with a core team including the patient.

The core team will travel to the patient instead of the patient traveling to the team which means we need to determine how to have the core team accessible on the same day at the same time. In addition, a designated point person for the patient is crucial. This person will help the patient “navigate” the system. Technology is considered to be key in supporting the patient and team when accessing information at any point in time.

The team is currently exploring models of care in other centers. Future directions will involve determining what the final recommendations will be and what needs to change in order to establish a new way of providing care.

It is an exciting time as we re-imagine how best to care for patients and families at Princess Margaret Hospital.

The Model of Care Re-imagine Team members are:

- ⇒ Patient Representatives: *Golda Goldman, Aaron Bacher*
- ⇒ Nursing : *Sheila Webster, Nancy Gregorio, Shannon Nixon, Janice Wright, Judith Filman, Catrina Buick*
- ⇒ Physicians: *Dr. Bezjak, Dr. Murphy, Dr. Galal, Dr. Hogg, Dr. Sridhar*
- ⇒ Psycho-oncology: *Dr. Zimmerman/Dr. Seccaraccia*
- ⇒ Allied Health: *Sandra Grgas, Maureen Jackman, Lu Anne Swanson, Jack Seki, Sheila Weinstock*
- ⇒ eHealth/Informatics: *David Wiljer*
- ⇒ Toronto General Hospital Partnering: *Petrina McGrath*
- ⇒ External Partnering: *Esther Green, Cancer Care Ontario*
- ⇒ DeSouza Institute: *Dr. Mary Jane Esplen.*
- ⇒ Consultants: *David MacCoy and Sandra Harris*



Seated: Golda Goldman (Breast cancer survivor), Esther Green, Dr. Mary Jane Esplen, Catrina Buick, Petrina McGrath, Janice Wright.

Standing: David MacCoy (facilitator), Barbara Fitzgerald, Sheila Webster, Lu Anne Swanson, Shannon Nixon, Dr. Camilla Zimmermann, Aaron Bacher, Sandra Grgas, David Wiljer, Nancy Gregorio, Jack Seki, Sandra Harris (facilitator).

# OUR ON-GOING PROJECTS FOR 2009

Awareness Night Meetings - Sponsored by:



These meetings are held at the **Toronto Botanical Garden (Floral Hall)**, at the corner of Lawrence Avenue East and Leslie Street, from 7:30 p.m. to 9:30 p.m. Here, 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 event will be sent to you.

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

<u>DATE</u>	<u>SPEAKER</u>	<u>TOPIC</u>
Oct <b>14</b>	<b>Dr. Robert Buckman</b> <i>Princess Margaret Hospital</i>	"Laughter, the Second Best Medicine . . . . . .when dealing with prostate cancer"

*PLEASE NOTE CHANGE OF DATE FROM OCT 7 TO OCT 14*

Nov 25	<b>Dr. John Trachtenberg</b> <i>Princess Margaret Hospital</i>	Treatments of the Future <i>Where we are headed</i>
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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 Meetings - 7 p.m. to 9 p.m.

The ladies' support group meets at the same location, in The Board Room, but only on the **first** Tuesday of each month. These meetings allow for personal discussion from a female perspective.

### Visitation

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

### Counseling

Our volunteers counsel men in prostate cancer clinics at **Princess Margaret Hospital** on Monday, Tuesday, Thursday and Friday, at the **Odette Cancer Centre** on Thursday, and at **The Prostate Centre at North York General's Branson Site** on Tuesday afternoon.

## Toronto Man to Man Board of Directors

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*Aaron Bacher*

Vice Chairmen  
*Ron Benson*  
*Sol Dennis*

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*Our 2009 "Awareness" Newsletters are being sponsored by an unconditional grant from AstraZeneca.*



In association  
with the



Canadian Cancer Society  
Société canadienne du cancer