Awareness

The "PCCN-Toronto" and "Side by Side" Prostate Cancer Support Groups

Dr. Gerard Morton discusses various radiation treatments and hormone therapy

t 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 hi-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 hi-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 hi-risk prostate cancer.



SEPTEMBER 2015

PCCN-TORONTO Prostate Cancer Support Group

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"Awareness'

Dr. John Kell discusses different types of surgeries.

e 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.

DR. GERARD MORTON continued from page 1

His entire address was a clear, precise, easy-to -understand presentation by someone who is an expert in his field and who obviously isn't dependent on slides to help him tell his story.

He concluded by telling everyone that the night before his talk he was camping in a tent with his wife on Georgian Bay, when they were visited by a bear! He managed to scare it off, twice, but his wife Yvonne strongly suggested that they shouldn't try for a third time, so they packed up their things and used their kayak to make their escape! He arrived home around 5 a.m. on Wednesday morning, and here he was at 7:30 p.m. that same day ready to talk to our eager audience.

It is a perfect example of the close relationship that our support group has developed, over many years, with numerous prostate cancer specialists in this city.

We sincerely thank him, first for his continuing support of our group, and then for coming to talk to us after surviving a bear visit and a night with little or no sleep.

As a token of our appreciation, PCCN-Toronto has made a donation in his name to Prostate Cancer Canada.

To see/hear Dr. Morton's entire presentation, *sans slides,* please visit our web site **pccntoronto.ca** - where you will be directed to his video and many other interesting videos, all recorded at previous Scotiabank Awareness Night meetings.

We look forward to seeing you again at the Toronto Botanical Garden on September 16th and November 25th.

If you would rather receive this newsletter electronically, please email <u>info@pccntoronto.ca</u> and we'll remove you from our regular mailing list and add your name to our email list. Thank you.

"Awareness"

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Scotiabank Awareness

Night Meeting

at the **Toronto Botanical Garden** *in the Floral Hall* 777 Lawrence Ave. East at Leslie Street

Wednesday September 16, 2015

at 7:30 p.m.

featuring our guest speaker

Dr. John Bartlett

BSc, PhD, FRCPath 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.

2015 Meetings Benefit North York Harvest Food Bank

P lease 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.

√ Flour

beans

√ Brown pasta √ Powdered milk

- V Canned fish & meat
- $\sqrt{}$ Canned vegetables
- √ Canned fruit
- Cooking oil canola or olive oil
- $\sqrt{Cereals high}$ fibre
- √ Peanut/almond butter
- √ Rice white & brown
- ✓ Baby formula & diapers

V Canned or dried

- √ Cookies (arrowroot, digestive, oatmeal)
- √ 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**.

The volunteers at the registration area were there bright and early, and everyone attending the Walk was able to register without any long delays.

Roger Petersen from CITY TV was the emcee again for the opening and closing ceremonies. He introduced **Shane Dixon**, Senior Manager of Events and Community Giving at Prostate Cancer Canada (PCC), who welcomed everyone on behalf of President and CEO **Rocco Rossi**, who this year attended the Walk/ Run in Edmonton Alberta.



Roger then introduced Robyn Feldberg, who lost her father Phil to prostate cancer 10 years ago, and whose team -**Phil's Pals -** raised over \$44,000! Robyn herself raised almost \$35,000! 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



ASK THE DOCTOR

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 nonaggressive 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!

FEEDBACK FROM YOUR BOARD OF DIRECTORS

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!"

Are you interested in becoming a PCCN-Toronto volunteer? Please call our hotline - 416-932-8820 or email us at <u>info@pccntoronto.ca</u>

"Awareness" newsletter - written and edited by Aaron Bacher unless otherwise noted.

Our on-going projects for 2015



Scotiabank Awareness Night Meetings

hese 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 vou. **PARKING IS FREE.**

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

DATI	<u>E</u>	<u>SPEAKER</u>	<u>TOPIC</u>
Sep	16	Dr. John Bartlett Ont. Institute for Cancer Research	Prostate cancer - we need to know more!
Nov	25	Dr. Dean Elterman Toronto Western Hospital	Incontinence & Erectile Dysfunction

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 Vallevview 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).

Our 2015 "Awareness" newsletters are being sponsored by an unconditional <u>AstraZ</u>eneca grant from AstraZeneca.

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