Local members probably thought they had a handle on prostate cancer. Then along came John Stonier with a crystal clear summary of Dr. John Blasko’s presentation from a Los Angeles conference Stonier attended with Bill Dolan in September.

Stonier, a PCCN Ottawa member and Warrior himself, held the November audience’s attention with his superb overview of Blasko’s talk on low and intermediate prostate cancer treatments. It was given at the Prostate Cancer Research Institute’s (PCRI) annual conference.

The Blasko slide presentation is freely available at: http://www.slideshare.net/PCRI_2012conf

From there, look for conference updates on the bottom of the screen. The Blasko slides are second from the right.

Dr. Blasko Comments on the Conference Slide Site

“It is important to understand that prostate cancer is not a single disease but a spectrum of diseases. Treatment considerations, therefore, must be individualized to each person’s particular situation. Patients diagnosed with Low or Intermediate Risk disease are faced with multiple choices for management. Low Risk (SKY in the Shades of Blue classification scheme) is usually defined as stage T1 – T2a, Gleason score < 6 and PSA < 10. Intermediate Risk (TEAL in the Shades of Blue classification) is defined as having one of the following: stage T2b, Gleason score 7, PSA 10 – 20.

“Additional diagnostic information such as percent positive biopsy cores, perineural invasion and modern imaging results are useful in further refining the status of the disease. What is unique for Low and most Intermediate Risk is that treatment may be either unnecessary or delayed because the disease can be so small and slow growing that it does not threaten the life of the patient.

“Further, there is data to suggest that death from prostate cancer at this stage is rare even if it is not eradicated.
Summary of Steering Committee Meeting, Thurs., Nov. 22, 2012

Privacy of PCCN Ottawa’s Membership List
PCCN Ottawa points out that we do not share our membership list with any outside organization. PCC and PCCN do not have access to our membership list.

PCCN/PCC Matters
The PCC Board of Directors is looking for a new CEO of PCC. David Brittain, a member of the PCCN Advisory Council, participated in choosing Bill Kennedy as the new Chairman of the Advisory Council.

Canteen Operations
Gerry Gilbert announced that he intends to step down as Canteen Coordinator at the end of this year. The Steering Committee thanked him for his service. We are looking for a replacement.

Partnership with Canadian Cancer Survivor Network.
PCCN Ottawa discussed partnering with CCSN. Partners are offered the opportunity to participate in events which CCSN holds at various times and locations. Decision was deferred.

Treasurer’s Report
PCCN Ottawa is financially sound. Financial details are given in the minutes of the meeting. A copy of the minutes is available at each monthly meeting.

Mentoring of Newly Diagnosed
One new person attended the November meeting mentoring session. A letter was received from a recently treated member asking us to keep informing people of the importance of early detection of prostate cancer.

Meeting Programs
The December meeting will be a Christmas get together and reprise of the PCCN Ottawa choir. In January, the speaker will be Andrea Bartels on sleep problems. In February, the speaker will be Gabriele Woerner.

PCCN Ottawa support from Windsor Park Manor
The Windsor Park Manor Retirement Home held a prostate cancer event that raised $750. PCCN Ottawa is pleased to be the recipient.

Info package for PCCN newly diagnosed update.
An information package for newly diagnosed men who attend the mentoring sessions is being prepared. The package will be ready in January.

Peer Support
The Peer Support Group has prepared a list of Men Available to Talk to You. The most prevalent forms of treatment and side effects are covered.
Conference Highlights from page 1

question is how can you be sure of this and are you comfortable with this idea of not treating a cancer?

“Many men are not comfortable with no treatment in these risk groups and opt for some form of definitive treatment at the time of diagnosis such as surgery, brachytherapy, or external beam radiation. Lacking airtight randomized studies comparing treatments, a great deal of work has gone into analyzing the available literature for outcomes and complications of these three approaches. It is this author’s opinion that review of the literature supports brachytherapy as offering the highest probability of cure with the least long-term complications in patients who are suitable for this approach.

“For patients who wish to avoid or at least delay the risks of definitive treatment, they may wish to consider some form of disease monitoring such as Active Surveillance.

“There is exciting research being done with multi-parametric MRI scanning that in the future may allow us to accurately monitor prostate cancer without the invasiveness of biopsies. If disease does advance, some studies show that treatment at that time is as effective as treatment would have been initially.

“Patients with Low or Intermediate Risk prostate cancer are faced with many decisions and choices that can be confusing and anxiety provoking. It is important to work with a knowledgeable physician to help guide you through this labyrinth. The good news is that patients with this category of disease very rarely die of prostate cancer no matter what choices are made and if definitive treatment is done, the chances of complete cure is over 90%.

In making a donation to PCCN Ottawa, Mary Winters of Cornwall, Ontario, included the following note about her husband Carman:

“We would like the word to get to every male how important early detection is.

“My husband was diagnosed July 9, 2012, with prostate cancer and had a radical prostatectomy on October 3, 2012. Following his recovery, on November 8, 2012, Dr. Weinberg gave him the all clear. It has been a long and stressful time, but that news was what we were waiting to hear.

“Keep up the great job. Merry Christmas.”

Carman and Mary Winters

A New Member’s Donation Accompanied by This Thank You

NEXT MONTHLY MEETING Thursday, Dec. 20

6:30-7:30 p.m.: Mentoring for newly diagnosed in the Shalom Room.
6:30 p.m.: Prostate Café. It’s coffee time. This week, a warm up to the real shindig at 7:30.
7:15 p.m.: Time for PCCN Ottawa business. (Better be short - we got some partying to do...see below)
7:30 p.m.: Yule really love this meeting!


Join our PCCN Ottawa orchestral movement (not to be confused with some other movement) and coral, er, choral group in song, dance and general frivolity, as we douse ourselves with fine drink and wade through yummy goods that are likely bad for us.

We meet the third Thursday of each month at St. Stephen’s Anglican Church, 930 Watson Street. Follow the Queensway to the Pinecrest exit and proceed north, past the traffic lights, to St. Stephen’s Steet on the left. Parking is at the rear of the church.

PLEASE REMEMBER YOUR CONTRIBUTION FOR THE ST. STEPHEN’S FOOD BANK.

WARRIORS SUPPORT GROUP Thursday, Dec. 20: 1-3 pm

at the Maplesoft Centre for Cancer Survivorship Care
1500 Alta Vista Drive (at Industrial in Cancer Survivors park, across from Canada Post)
New Therapies in Advanced Prostate Cancer
by Dr. Roanne Segal

Approximately 26,500 new cases of prostate cancer are diagnosed annually in Canada with the majority of those presenting with early stage disease. With early screening, diagnostic measures and improved surgical and radiation techniques, the majority of these men are cured of their disease.

Unfortunately some men will have their cancer return and about 4,000 men die of the disease annually. Upon initial relapse the majority of the cancer cells are sensitive to and the disease is driven by the presence of the male hormone, testosterone. We call this stage of the cancer Hormone Sensitive Prostate Cancer (HSPC). What follows then is that control of disease or the cancer is through lowering of the male hormone levels or hormonal deprivation. We call this treatment, Androgen Deprivation Therapy or Androgen Suppression Therapy (ADT/AST). In this way, the cancer cells are starved of their fuel and they cease to grow. With this therapy, most men can enjoy a prolonged period of disease control; generally speaking 24-48 months. In some it may be significantly longer and can be up to 10 years.

Unfortunately, not all cancer cells remain sensitive to this treatment and with time they can mutate (change) or find other ways or sources of testosterone, which leads to a resurgence or growth of the prostate cancer. This phase of the illness is called metastatic Castrate Resistant Prostate Cancer (mCRPC) and until recently carried a rather grave prognosis. In the last two years, significant advances have been made in this particular stage of the illness with the result that men are now not only living longer but with a very significant improvement in their quality of life. Many men do not realize that these new treatments can change their lives.

Based on the current standard of care, the first-line treatment for symptomatic mCRPC is chemotherapy with Taxotere® (docetaxel). As with any form of chemotherapy, there are multiple side effects including nausea, low blood counts, nerve damage (neuropathy) and even the possibility of new or worsening diabetes. Only about 30% of men treated will respond and their disease will come back under control. The duration of this control, despite all the side effects, is only about 3.5 months. Furthermore, many men, because of their other previous health conditions, are not even considered to be candidates for this therapy. In other words, most of the time, we had little else to offer other than symptomatic or palliative care.

Thankfully, this is changing.

New treatments

Over the past two years there have been a number of new therapies for men with advanced mCRPC.

Provenge® (Sipuleucel-T), Provenge is a vaccine therapy, and was the first of the options discovered for men with mCRPC. This therapy takes the patient’s own cells, and uses them to turn on his own prostate cancer. This results in a direct attack on that patient’s prostate cancer. While this sounds perfect, the results of this approach show only a 4-month survival benefit. Furthermore this treatment only seems to work in a particular group of men with very favorable types of prostate cancer. It is well tolerated with few side effects, very costly and not available in Canada.

Jevtana® (Cabazitaxel) is the second of the therapies that was found to be effective in this group of patients. It is an intravenous chemotherapeutic agent, similar to Taxotere. Like the vaccine, there is a four-month survival benefit. However, the side effects have proven to be a significant improvement.

See New Therapies on page 5
Clarification About Our Membership List

By Wilf Gilchrist

A member of PCCN Ottawa wonders if our membership list is shared with anyone. In particular, does Prostate Cancer Canada (PCC) or Prostate Cancer Canada Network (PCCN) have access to our member information? No, we don’t share our membership list with either of them. In fact, we don’t share our membership list with any outside group.

When PCCN Ottawa affiliated with PCCN on January 1, 2011, PCCN said we would not be asked to provide our membership list. They have kept their word and never asked for it. We’ve never given it to either PCCN or PCC.

Our membership list is used for PCCN Ottawa purposes to generate the mailing list for printing labels for the newsletter as well as the email list for those receiving the notice about The Walnut being posted on the website.

If you want to switch from one to the other, just let us know. Email notices don’t cost us anything, while the mail out requires printing labels and the newsletter, manpower to stuff the envelopes, and postage stamps. Mailing the newsletter is more work and it costs us. Many members don’t have computers and have no choice.

The membership list is also used to generate the labels for the yearly renewal of membership campaign which is now taking place.

The only person with a list of the names, addresses and phone numbers of members is the Volunteer Coordinator. He needs it when calling people to participate in our awareness projects. Occasionally he may organize a campaign to contact members and distribute parts of the list to members of the Steering Committee.

The same person has been managing the database for ten years. He would like to pass it on to someone else. If you are interested just contact someone on the Steering Committee. If you know how to use MS Access or would like to learn how to use it, you are a suitable candidate. We can provide training.

New Therapies from page 4

challenge, and many men cannot tolerate the treatment. In general, this therapy should only be considered in the younger, healthy gentleman and be administered in a centre with knowledge and expertise in both the disease and this treatment.

Xtandi® (MDV3100 or enzalutamide) is the first of two new oral treatments. It is a very promising drug that binds the hormone-receptor on prostate cancer cells, ultimately ‘turning off’ the genes needed for the growth of cancer. Patient trials showed significantly higher survival rates, tumor shrinkage and favorable toxicity profile in men who were taking the therapy. Currently, this medication is only available through special access programs to those patients who have progressed on docetaxel.

Finally Zytiga® (abiraterone) is the second of the new oral therapies. It works by blocking enzymes that drive testosterone production, starving the cancer of the signals needed for growth. This therapy has offered patients a four-month survival benefit in clinical trials and is very well-tolerated. To date, Zytiga® has only been approved for use in patients who have received prior chemotherapy with docetaxel. Results of a recent clinical trial have shown promise in more general or earlier use, but this has not yet been approved.

Ron Grant’s story

Ron Grant, who has metastatic prostate cancer, has taken a number of different therapies over the years, including surgery, ADT, chemotherapy and radiation. But these only provided temporary improvements. In 2010, he started treatment with Zytiga®, with excellent results. Aside from his PSA levels returning to normal, he has also resumed a very active lifestyle and is spending more time enjoying all the things in life that he used to.

“I have had a super summer. Maybe one of the best summers, in terms of being active and no pain, in 3 or 4 years,” he said in August when describing his recent vacation to Eastern Canada. “My quality of life this summer has been better than it’s been in at least 2 or 3 years.”

Ron goes on to explain how he now travels to watch his grandson play hockey in different parts of the province and how his family looks forward to spending quality time with family.

“Zytiga® has given me life. I am able to participate with my family, my friends, with my grandchildren, with my children. A lot of the restrictions are lifted. I don’t have to go travel for chemo every 3 weeks. You’re not tied to a string.

“My family isn’t as worried all the time any more. For a while, it was affecting my wife more than it was affecting me.”

New clinical trials are currently being conducted for both MDV3100 and abiraterone in prostate cancer patients who have never been on chemotherapy. If these treatments show benefit in these patients, regulatory bodies may eventually approve, and fund, their use in earlier stages of the disease.

Despite all the challenges, we are clearly on the verge of a very exciting time in the treatment of advanced prostate cancer, with many new and promising medications being pursued by pharmaceutical research companies.

So it becomes critical that you take a proactive role in managing your health. Do the research, talk to friends and other patients, go online and then follow up with your healthcare provider to see which therapies are right for you.
MOvember at St. Nicholas Adult High School

Three teachers (left to right, Mike Kusiewicz, Matt O’Neil, and Richard Bercuson) at the Graham campus of St. Nicholas Adult High School sport their MOs where a fundraiser was held on Nov. 30. The event raised over $100 which will be donated to PCCN Ottawa. Two draw prizes during the voting included Bercuson’s book “Assume the position.”

Students also voted on The Best Mo. The winner was Kusiewicz, however there may yet be a recount.

See Question in Cracking Open this Walnut on page 1

Sometimes even elks need to scratch them.

Winchester Flash a Stache a Real Winner!

The wrap-up party for Winchester’s Flash a Stache fundraiser was held at the Morewood Community Centre in Winchester on Nov. 29. PCCN Ottawa member Tom Clapp led the event that raised $53,240, which will go towards the Winchester District Memorial Hospital and The Ottawa Hospital’s Da Vinci robotic system.

In the photo, Winchester celebrity Butch Olford is about to have his beard shaved by the Winchester Fire Department. It led all fundraiser teams by raising over $5,000.