



Dried Prostate Award Presented to Stephen Greenberg

by Wilf Gilchrist

The da Vinci Robotic Surgical System was unveiled at The Ottawa Hospital in May of 2012. Some of our PCCN Ottawa members had already benefited from the new system that had been purchased and installed. By the time of the public unveiling, Dr. Rodney Breau, had performed several radical prostatectomy operations, many of them for our members. Since being installed, 300 operations have been performed.

One of the driving forces for bringing this technology to The Ottawa Hospital was Stephen Greenberg, the recipient of this year's Dried Prostate Award. Mr. Greenberg provided the initial idea and the impetus to bring the da Vinci technology to Ottawa when he was diagnosed with prostate cancer. He went to the United States in order to take advantage of this type of surgery. Not only did he lead the



▲ Stephen Greenberg (left) is all smiles as he receives the Dried Prostate Award from Wilf Gilchrist.

fundraising team, the Stephen and Jocelyn Greenberg Foundation donated \$1 million toward the purchase of the Surgical System.

The Dried Prostate Award, is presented annually by Prostate Cancer Canada Network Ottawa to a non-member individual or organization that has made a significant contribution to the goals of PCCN Ottawa and the treatment of prostate cancer. It is retained by the recipient for one year until the next award is made. At the end of the year, the recipient will receive a smaller version of the award.

The Dried Prostate Award was first awarded in 1993. The recipient was Dr. John Collins, then head of Urology at the then Civic Hospital. It was on Dr. Collin's urging that this prostate cancer support group was started.

Dried Prostate Award Recipients: 1993-2012

- 2012** Stephen Greenberg. Chair of the Robot Fundraising Committee that raised the \$5 million needed to purchase the da Vinci Robotic Surgery System for The Ottawa Hospital.
- 2011** The Ages Cancer Assessment Clinic at The Ottawa Hospital. The award goes to the staff of the CAC.
- 2010** The Ottawa Hospital Foundation. Outgoing Foundation Chair Susan Doyle was honored with a mini Dried Prostate Award for her work in helping establish Canada's first chair of men's health, held by Dr. Tony Bella.

See Dried Prostate on page 3

CRACKING OPEN THIS WALNUT

The late great Al Jolson crooned about April showers, daffodils and the hope that comes with the spring. An apropos sentiment as we dance out of winter's darkness.

For those who'd like to hear him, click on (or copy and paste) this link:

<http://www.lyricsbox.com/al-jolson-lyrics-april-showers-vk6xd91.html>



Summary of Steering Committee Meeting, Thurs., Mar. 28, 2013

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PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

Co-chairmen	John Arnold and Bill Dolan
Past Chair	Wilf Gilchrist
Vice Chair	Vacant
Treasurer	Jim Thomson
Secretary	John Temple

Steering Committee

Program Director	Bill Dolan
Mentoring Director	Harvey Nuelle
Outreach/Awareness	John Arnold
Volunteer Coordinator	Bill Lee
Peer Support Director	Knowlton Constance
Newsletter	Editor: Richard Bercuson Layout: Shannon King Distribution: Andy Proulx, Arland Benn Contributors: Wilf Gilchrist, Chuck Graham, Harvey Nuelle, Ludwick Papaurelis, John Temple Photo: Chris Brown
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Thank you cards	Joyce McInnis

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PCCN Ottawa Mission Statement

We provide information on prostate cancer to those in need, gathered from a variety of sources. We participate in events that provide a venue for promoting awareness of prostate cancer through our informed member interaction at public gatherings or as speakers. We collaborate with local organizations such as The Ottawa Hospital, the Ottawa Regional Cancer Foundation, the Canadian Cancer Society, urologists and oncologists for information and support.

2012 American PCRI Conference

DVDs of the 2012 American Prostate Cancer Research Institute Conference are available for loan for members.

Warriors Group

The Warriors Yahoo Groups mail list continues to grow and they have 26 members across Canada. See the report on page 3.

Back to Basics Town Hall Meeting

There was a positive response to a March letter call for more volunteers as seven people have come forward. This was followed by a Town Hall meeting on March 21 where members provided feedback. Responses will be used to guide PCCN Ottawa's next steps.

March Program

Wilfred Gilchrist presented The Dried Prostate Award to Stephen Greenberg.

Programming

In April, Jackie Manthorne, CEO of the Canadian Cancer Survivors Network (CCSN), will be the guest speaker. Gabreile Woerner will return in May. Her focus will be "Putting Theory into Practice."

Awareness

Last month Harvey Nuelle gave two presentations and spoke to a large group of nursing students. He also presented a Guardian Angel pin to Dr. Ronald Gerritzen on behalf of the prostate cancer patients he has treated.

Volunteer Co-ordinator's Report

Sixteen members are participating in the Canadian Cancer Society Daffodil sale at the Trainyards Walmart store, April 5-7. To participate, go to the web-site www.mycsschedule.ca and sign up, or call Yolande Usher at 613-723-1744, Ext 3625, to book a location, date and time.

PCC Wake Up Call Breakfast

May 14th, Hampton Inn - A table has been arranged for eight members of PCCN Ottawa to attend at no cost.

Defibrillator Training

Members may sign up for defibrillator training. One course is with St Stephen's Church on May 1 with another, organized by PCCN Ottawa, scheduled for June.

Ontario Patient Advisory Board Meeting

Ted Johnston and Doug Payette will attend an April meeting called by Janssen Pharmaceutical in Toronto.

PCCN Advisory Council

David Brittain attended a meeting of the Advisory Council on March 24-25 in Toronto. The new PCC CEO is Rocco Rossi. ■

Dried Prostate from page 1

- 2009 Tom Spence and his team for being the top fundraisers in the Do It For Dad run over ten years.
- 2008 Linda Eagen, President and CEO of the Ottawa Regional Cancer Foundation.
- 2007 Ages Family for their support to establish the Cancer Assessment Centre, The Ottawa Hospital
- 2006 Cancer Therapeutics Laboratory, Ottawa Health Research Institute
- 2005 Garry Janz, Founder of Motorcycle Ride for Dad
- 2004 Max Keeping, Vice-President CJOH-TV News and a prostate cancer survivor.
- 2003 Staff of the Ninon Bourque Patient Resource Centre of The Ottawa Hospital Regional Cancer Centre
- 2002 Dr. Chris Morash, onco-urologist at The Ottawa Hospital
- 2001 CS CO-OP (now Alterna Savings), title sponsor of the annual Do It for Dad Family Run and Walk.
- 2000 The Ottawa Citizen
- 1999 Kathryn Leroux and Sharon Holzman of Hospitality Management Services for the organization and management of Do It for Dad
- 1998 MDS Nordion, for sponsorship of the PCAO Newsletter
- 1997 Elizabeth Wiebe, Astra Zeneca for support of the Association

1996 Margaret Lehre, Education Manager, Ottawa Regional Cancer Centre

1995 Nancy Smith, R.N., for assistance in organizing the Association

1994 Dian Duthie, CBC-TV News

1993 Dr. John Collins, Urologist, Civic Hospital, for initiating the idea of a support association ■



for March, 2013

By Ludwick Papauarelis

We had a good turnout for the last warriors meeting: 5 members and 2 new members. Discussion covered the side effects of Xtandi, patients' options and other topics. One new member who was treated with surgical castration in 1994 has been able to keep his cancer in check by diet, supplements and determination. Very inspiring.

We had a discussion of changing the date of the Warriors meeting to Tuesdays as some members have trouble making the evening meetings. John Stonier is coordinating this with the members and Maplesoft.

The Warriors mail list on Yahoo groups continues to grow and we now have 26 local members as well as some from across Canada. We hope to grow this group so we can have news exchange with all the warriors across Canada. ■

NEXT MONTHLY MEETING

Thursday, April 18

6:30-7:30 p.m.: Mentoring for newly diagnosed in the Shalom Room.

6:30 p.m.: Prostate Café. It's coffee time.

7:15 p.m.: Time for PCCN Ottawa business.

7:30 p.m.: Jackie Manthorne, CEO of Canadian Cancer Survivor Network (CCSN), and Mona Forrest will introduce this new advocacy organization with a view to how we can support its initiatives.

Back to "Back to Basics": John Arnold and Bill Dolan will provide feedback on the town hall meeting held last month.

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, April 18: 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)

The “Cure” Word and Its Use... by Oncology Specialists and Their Patients

from prostatecancerinfoklink.net

As many readers will be aware, the word “cure” has to be used with caution in talking about any form of cancer — prostate cancer included. While “curative” therapy can be offered to a high proportion of men diagnosed with this condition, achieving a true “cure” is a less predictable opportunity, especially for men diagnosed with intermediate- and high-risk disease.

In this context, there is an interesting article in the *Journal of Oncology Practice*. It deals specifically with the use of the word “cure” in the management of cancer by physicians working at the Dana-Farber Cancer Institute in Boston, Massachusetts (rightly regarded as one of the pre-eminent cancer centers in the USA).

Use of the word “cure” in cancer care reflects a balance of physician and patient optimism, realism, medico-legal concerns, and even superstition. This study surveyed a group of oncology specialists regarding the frequency and determinants of using the word cure.

Miller et al. invited 180 specialist oncology clinicians at Dana-Farber to complete a 19-question survey dealing with such matters as how commonly their patients are cured, how often they use the word cure in their practice, and details about its use.

The authors provided three clinical case scenarios to elicit participants’ views as part of the survey. These case scenarios gave information about patients who were 20-year survivors of testicular cancer, large-cell lymphoma, and estrogen receptor-positive breast cancer. While none of the questions or the case scenarios dealt with advanced

or metastatic forms of prostate cancer, some of the learnings are still instructive:

- ▶ 117/180 invitees (65 percent) actually responded to the survey.
- ▶ Of these actual survey respondents
 - 95/117 (81 percent) were hesitant to tell a patient that he or she had been cured.
 - 74/117 (63 percent) would never tell a patient that they are cured.
 - Only 8/117 (7 percent) felt that > 75 percent of their patients are, or will be, cured.
- ▶ The survey participants further reported that only 34 percent of their patients actually ask if they are cured.
- ▶ In the case of the 20-year survivor of testicular cancer
 - 84 percent of clinicians believed that the patient was cured.
 - 35 percent of clinicians still recommended annual oncology follow-ups.
- ▶ In the case of the 20-year survivor of large-cell lymphoma
 - 76 percent of clinicians believed that the patient was cured.
 - 43 percent of clinicians still recommended annual oncology follow-ups.
- ▶ In the case of the 20-year survivor of estrogen receptor-positive breast cancer
 - 48 percent of clinicians believed that the patient was cured.
 - 56 percent of clinicians still recommended annual oncology follow-ups.

- ▶ 23 percent of oncology clinicians believed that patients should never be fully discharged from the cancer center.

It seems very clear that specialized oncology clinicians (at least at Dana-Farber) are hesitant to use the “cure” word for many of their patients, and that their patients are hesitant to ask whether they are cured. ■

The Walnut Laureate



DAYS

by Glenn Kletke

These days you’ve turned your life over to PSA numbers. Undetectable? Or, if detectable, is it rising, falling remaining relatively the same? And whatever direction it is tilting toward what does that subtle shifting mean?

It’s a matter of reading hieroglyphics by candlelight in some shadowy cave. Your life dedicated to the deciphering of that writing on the wall. And just where do you stand, where do you live in the middle of that maze of numbers?

Easy. You are Mr. In-Between, afloat upon the three, six or twelve months between numbers. Days when you drift fool yourself that nothing is changing. Days when you breathe, laugh, curse. Days when you’re almost yourself again.

Glenn Kletke’s poetry has most recently appeared in “Whistle for Jellyfish” published by Booklands Press

Steve Garvey Battling Prostate Cancer, Looking to Bring Awareness to Disease

By Mark Townsend
Big League Stew

(AP) On the heels of his own prostate cancer diagnosis, former Los Angeles Dodgers and San Diego Padres first baseman Steve Garvey is already determined to turn a negative into a positive for others battling the same disease.

Garvey said that his prostate was removed at UCLA Medical Center in October after his cancer was diagnosed the previous month and that he now hopes to devote a considerable amount of his time to prostate cancer awareness.

"I was thrown a pretty good curveball by God," Garvey told *The Times'* Dylan Hernandez. "I felt I was being challenged to work for prostate awareness for men and the women who love them."

Garvey has officially answered that challenge by putting several personal baseball items and memorabilia — including his 1974 National League Most Valuable Player Award and his 1981 World Series Championship ring — up for bid through SCP Auctions, with 70% of the proceeds going toward prostate cancer awareness.

Eric Stephen over at True Blue LA has the complete list of items Garvey will auction. All will be available for bidding until April 10.

"I have been blessed to win a number of awards and be involved in numerous historical baseball moments over my 20-year career with the Los Angeles Dodgers and San Diego Padres," said Garvey. "I feel it's time to share several pieces of history with those fans who inspired me to those wonderful achievements."

Truly a great gesture on Garvey's behalf, and one that we hope will lead to great rewards for prostate cancer research and awareness.

As for his own battle, Garvey says it's still too early to say he's out of the woods. He is, however, cautiously optimistic, and can draw on a little family history to help improve his outlook. At age 64, his father was also diagnosed with prostate cancer and would live to be 83. Obviously, Garvey knows that doesn't guarantee him a similar recovery, but any type of positive reinforcement is welcomed in the face of his battle.

Are We Treaters, Passers, or Doctors?

By Richard Rosenbluth, MD
From cancernetwork.com

As often as not, the decision whether to treat or deny treatment to any elderly patient with cancer is a result of an oncologist's impression of the individual person's ability to benefit from and withstand the side effects of therapy. And that decision is usually based on a clinical assessment that is far more intuitive than it is scientific.

Today, two questions form the basis of much research in geriatric oncology, one of the (paradoxically) youngest disciplines in the field: How are we treating our older cancer patients? And how should we be treating them?

Some physicians will find a regimen for almost any patient of any age or health status who has been diagnosed with any type of cancer. It matters little whether we are treating someone with breast cancer or stage IV non-small-cell lung cancer. Those of us who do this are "treaters."

Others among us, more skittish when dealing with older patients, may have an absolute age cutoff in mind when making treatment decisions. Rather than risk morbidity, these physicians — or "passers" — pass on almost any anticancer therapy, often denying such treatment to otherwise healthy, active seniors.

As a general rule, the automatic behavior of both treaters and passers is inappropriate. Clearly, there are many fit elderly patients who are not receiving useful treatments, while other, more frail patients are being over-treated.

Most of us, I suspect, are neither treaters nor passers. Rather, we evaluate every patient individually, attempting to weigh the benefits and risks of therapy, patient by patient. The choice is often clear to

oncologists within minutes of entering the consultation room. The 85-year-old man with lymphoma who is still working a 40-hour week, and then skiing on weekends, is no more a challenge to us than is the 90-year-old lung cancer patient who is wheelchair-bound, oxygen-dependent, and physically debilitated.

It is the far larger, middle-ground patient population that is difficult to assess. Which elderly breast cancer patient should receive adjuvant chemotherapy, and which should more properly be treated with aromatase inhibitors? Can an older person with metastatic colon cancer tolerate FOLFOX, or would capecitabine be a safer alternative?

To answer such questions, geriatricians have provided us with comprehensive geriatric assessment tools that thoroughly evaluate clinical status, medications, mobility, cognition, and nutrition. Unfortunately, however, these assessments take as much as an hour to perform, and few busy oncologists in an office practice can afford to expend that much time.

Clearly, a brief, reliable tool is necessary. Geriatric oncologists have been searching for such a holy grail for years, and it now appears likely that success is within reach. Group studies performed by the Cancer and Aging Research Group and others are close to finalizing a dependable, concise assessment tool, and the National Comprehensive Cancer Network is interested in providing it to the general oncologist.

Richard Rosenbluth is Chief, Geriatric Oncology, John Theurer Cancer Center, Hackensack University Medical Center, Hackensack, New Jersey. ■

HEAR YE! HEAR YE! HEAR YE!

Automated External Defibrillation (AED) and CPR Courses

by Chuck Graham

A portable Automated External Defibrillation (AED), commonly referred to as a Portable Defibrillator, is available inside St. Stephens Church (where PCCN Ottawa monthly meetings are held). Posted signage indicates its location (next to the stairwell on the left as you enter the rear of the building, directly across from the coatroom).

PCCN Ottawa recognizes that portable defibrillators are becoming more commonplace and that training is essential to their effective use in a cardiac emergency. The organization is organizing a training session through the Ottawa Paramedic Service to be held during June (exact date to be determined).

The training is about 3–4 hours long. In addition to the AED instruction, the course covers basic CPR functions, the treatment of a conscious and unconscious adult choking victim, and heart attack and stroke.

We are determining the level of interest and if AED and CPR certification (usually valid for 1 year) is desired by the majority of those interested (one of the offered courses covers the basics of both CPR and AED but does not result in certification).

The course fees are between \$20.00 and \$40.00 and PCCN Ottawa is considering the viability of covering all or part of the costs for PCCN Ottawa members. More on this is to come.

For now, those interested are asked to send an email with their name and a contact telephone number to pccnocpr@gmail.com or add your name to the sign-up sheet at the April 18 monthly meeting.

For those who would like to attend session in the immediate future, St. Stephen's has scheduled its own training, which consists of CPR level 'A' certification (valid for 1 year) in addition to the AED training, on Thursday, May 1, from 6:00 to 10:00 p.m. at \$35 per person (payable to St. Stephen's the night of the course). As of the end of March, we have been informed that there is still room for participants in this course, although this could change with short notice. Those interested should contact the church office at 613-828-0762 to add their names.



Harvey Nuelle (left), Director Mentoring for PCCN Ottawa, proudly presents an Ottawa Hospital Foundation Guardian Angel Pin to Dr. Ronald Gerridzen, Chairman, Division of Urology, at the Ottawa Hospital .

Harvey presented the pin to Dr. Gerridzen on behalf of the countless newly diagnosed men and survivors he has treated and whose lives he has immeasurably improved.

PCCN Ottawa is grateful for the dedication he has devoted to promote prostate cancer awareness.

The Ottawa Hospital Foundation is committed to raising funds for men's health, prostate cancer care, robotics, and research for men and their families here in Ottawa.

PUNishing...

I tried to catch some fog. I mist.

A dyslexic man walks into a bra.

I stayed up all night to see where the sun went.
Then it dawned on me.

All the toilets in New York's police stations have been stolen. Police have nothing to go on.

