



December 2012
Volume 12 Issue 12

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This newsletter is made possible by an unrestricted operational grant from Janssen, Inc.

**CHECK OUT
OUR
AWARENESS
ACTIVITIES AND
CONSIDER
VOLUNTEERING
IF YOU CAN**

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PCCN Brampton News

Daniel Santa Mina came to visit us at our November meeting with a familiar message. If you want to limit your chances of developing heart disease, the first occurrence of cancer or a reoccurrence of a previous cancer your best defense is a healthy diet and regular exercise. It seems this is the all too apparent solution to many of our health problems but we tend to always look for the simple solution. Why work at something when you can take a pill? The body is meant to stay in motion and when this stops many of its natural defenses stop working at the peak of their abilities. Muscles get weak, bones lose density and the immune system begins to break down.

Exercise also minimizes the side effects of treatments and improves recovery time and general quality of life. If you could literally put it in a pill you could make a fortune.

Speaking of pills we are happy that Zytiga has finally been approved for use by patients with advanced prostate cancer. It has been shown to both extend the lives of these patients and substantially improve their quality of life. Unfortunately, it is still only approved once a patient has gone through a session of chemotherapy and this has been deemed to be unsuccessful. We are still hoping that Zytiga can be moved ahead of the chemotherapy treatment since this is often ineffective and has just the opposite effect on quality of life.

November saw the group at the Brampton Santa Claus parade once again. Pictures and a write-up appear below. December 11th marks our annual Christmas get together. We hope to see you there.

Gary Foote / Jim Dorsey – Newsletter Editors

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Next General Meeting, Tuesday, Dec. 11, 2012 – 7:00pm

This is our Annual Christmas Potluck and Social Evening

This is our annual Christmas Social & Potluck. Please bring your favourite holiday specialty and spend the evening socializing with the rest of our great members.

As always, we will have a 50:50 draw and free door prizes, including two Cruisin' for a Cure zippered, hooded sweat shirts.

We have a number of very classy Prostate Cancer Canada tee shirts to give away as well. They were left over from our first Father's Day Walk / run event in 2011.

If you have some small items that could be re-gifted, feel free to bring them along. We always like to try and send everyone home with some small gift.

We look forward to seeing you in Room #2, upstairs,

The Terry Miller Recreation Center, 1295 Williams Parkway,

at the southwest corner of Williams Parkway & Bramalea Road.

Parking as always is free.

Please forward your questions or suggestions to: info@pccnbrampton.com



Last General Meeting, Tuesday, November 13th, 2012

Daniel Santa Mina "New Findings on Exercise & Cancer"

Our speaker last month was Daniel Santa Mina. Daniel has been out to speak to us before to reinforce his findings regarding Cancer and Exercise. Daniel shared some more findings regarding exercise and cancer. Regular exercise reduces the incidence and intensity of many chronic diseases. It minimizes the side effects of treatment, speeds recovery time and improves quality of life during treatment.

Studies have also indicated that it can also reduce your chances of developing prostate cancer by 10-20%. Regular vigorous exercise also seems to reduce the incidence of more aggressive forms of prostate cancer. As strange as it may seem obesity actually seems to limit less aggressive forms of the cancer but increases the incidence of aggressive forms. Exercise may achieve some of these benefits by reducing free testosterone levels and by helping regulate insulin levels.

Daniel also discussed "Pre-Habilitation" or advanced exercise before treatment. By driving the body's fitness level higher before treatment patients are better able to rebound and return to a normal level more quickly after treatment. This goes for surgery, radiation and even hormone therapy. Early kegal exercises can also help minimize the time taken to regain urinary control post surgery.

Exercise in the form of aerobic, resistance, mixed and impact all have positive impacts on our health. Resistance and impact training can be highly important in maintaining overall health during hormone therapy as the loss of both muscle strength and bone density is one of the potential side effects of this therapy.

Motivation can often be a problem with maintaining an exercise regimen. Daniel suggested exercising with a partner or group, doing it at home if you don't like going to a gym or combining exercise with leisure or sports activities. Anything that keeps you active will help maintain your health. 10 hours of regular exercise a week has been shown to reduce overall mortality by as much as 50% in certain age groups.

Exercise programs need to be personalized to match your overall health and fitness level. Combine aerobic and weight training weekly and try to at least break a sweat to do reap the most benefit. Be sure and speak to your doctor to make sure there are no contraindications for you and your exercise plans and just do it.



PCCN Brampton Bram-O-Gram

Upcoming PCCN Brampton Meetings / Events:

Unfortunately Al Hutton, our Speaker Co-ordinator was injured in a fall and had to be hospitalized. We wish Al the best in his recovery efforts as falls and fractures are all too common and not easily overcome when we combine increasing age with hormone therapy treatment. We would like to thank Al for all of his efforts in the past and hope for his return in the not too distant future.

Tuesday, December 11th
Annual Pot Luck Supper Get Together

Tuesday, January 8th, 2013
Dr. Uri Lindner – Topic – Focal Therapy in Prostate Cancer

Tuesday, February 12th, 2013
Dr. Bristow – Topic TBA

Speaker suggestions from members are always welcomed; please watch our website for complete meeting agendas and updated speaker profiles!

Jim Dorsey, Acting Speaker Committee:
(905) 453-3038 or Email: jfdorsey@yahoo.com

Please Note: We try as best we can to plan great speakers and topics; however, from time to time we may have to reschedule a speaker due to unforeseen circumstances.

We will always try to provide as much advance notice as possible when a reschedule occurs.



Paul Henshall Will Miss the Christmas Potluck This Year

Paul is in Indonesia until December 21 and sends this explanation.

Indonesia: Islands Apart

With 238 million people and 17,508 islands, Indonesia is the 4th most populous country in the world...while Canada is 34th in population while occupying the second largest land mass.

Indonesia's land area of 1.9 million sq. kms. makes it almost twice the size of Ontario. While there are large expanses of wilderness, the majority of the population crowds into a relatively small percentage of the country.

So what attracted me to this archipelago straddling the Equator?

Travel and exploration, yes, but I discovered an opportunity to apply knowledge and skills developed through 45 years in education. Combine that with the stark reality of a diagnosis of cancer and you have only two options: throw up your hands in despair or maximize every moment. So I am working on the principle of "No coulda, shoulda, woulda, didn't!"

The worldwide web brought me news of a Foundation being established here to address the needs of disabled, orphaned, sick or poor children. While the Government and other Non-Governmental Organizations (NGO's) such as UNICEF have various programs to tackle their issues, many children still have no access to remediation. So emerged:

"Reaching Stars Foundation"

The niche I defined for myself was that of program development for each child accepted into the Foundation's structure. So far, I have modified a technique used in Ontario schools, that of the Individualized Education Plan. Some children may not need educational support but rather other types such as corrective operations, fitting with prostheses or learning to use a hearing aid. So now we use the term Individualized Education/Success Plan (IESP).



An IESP will be created for each child, based partly on the assessment/work-up prepared by doctors connected to the Foundation. It will follow the child from intake age through to age 18, and will be a living document, able to have items added or checked off as appropriate over time. The chart below illustrates how a child might receive services over time.

| Age | Need | Process | Outcome |
|------|---------------------------------------|--|--|
| 4 | Bilateral hearing loss | Fitment of two hearing aids to match audiometric scan | Child can echo sounds and words |
| 4-5 | Child mispronounces common vocabulary | Child receives 1-on-1 instruction on diction, list kept for tracking and instruction | Child demonstrates accurate pronunciation of listed vocab errors |
| 4-18 | Hearing aid maintenance | Tech support, earpiece, battery etc as needed | Child can use and care for apparatus |

Each identified need will be defined, a process for addressing the need will be developed and a suitable evaluation technique will be created to assure the need is being or has been met. Reviews of each Plan will be conducted at least annually, most likely more frequently at the start of a child's journey.

This will serve as a major resource for others in the Foundation who will be seeking donors to support the programs. They can demonstrate how the Foundation fulfills its Charter mandate and assure donors that their funding, services or material will be spent effectively and productively.

Several other facets of the Foundation are being devised currently. For instance, a team of experts in various fields is being assembled. This includes former federal ministers from relevant portfolios.

A piece of property has been purchased to act as a focal point for the Foundation. Candidate children will be able to enjoy a relaxed atmosphere while learning to use the resources the Foundation has provided. This could be how to keep a hearing aid working or adjusted, a distinct line on the IESP.

Further plans include the development of Micro-Economic loan funds so that, near the end of the Foundation's support term, a child can have access to money or equivalent to set up a business that has been discussed with a mentor. Perhaps an apprenticeship will be needed. That would appear on the IESP also.

The process is in its infancy but is born of strong parents, so to speak. I am fortunate to have a role to play in making this a reality.



Editor's Note: Paul may not have picked the greatest time to work in Indonesia. He just sent us a couple of photographs and writes that "This shows how close the houses are packed. The house on the left is where I am staying. When it rains, it pours!! Apparently, this is the start of the [monsoon?] season." We are wondering if the birds that usually live in the two cages hanging from the eaves have been drowned....

[PCCN – Brampton's Santa Claus Parade Float](#)

We participated in our fourth annual parade on November 17. Our display consisted of BramCity Transmission & Automotive's tilting tow truck hauling a small trailer. Both components were decorated and illuminated with Christmas lights.

Thanks to our volunteers, **Bill Stellings & Gary Brown** from BramCity Transmission and our members, **Tilly Netherton, Steve Hutton, Paul Henshall, Victor Horvath** and **Morris Rambout**. Our thanks to **Sean O'Neill** for lending us the illuminated blow-up bear & snowmen for the trailer.

Tilly advises that the announcer for the Rogers TV broadcast of the Parade provided a very nice description of PCCN – Brampton's role in the community.

The Santa Claus Parade will be re-broadcast on the Rogers Community Channel on the following dates: Dec. 8 at 2:30 pm, Dec. 9 at 6 pm, Dec. 18 at 1:30 pm, Dec. 22 at 7 pm and Dec. 23 at 4 pm.

PCCN – Brampton’s Santa Claus Parade Float



Yes it was Movember Once Again!

The numbers are in and it looks like the Prostate Cancer Canada Network – Brampton team matched last year at \$1,035!

Navin Rao led the way for our team with \$425. Navin was a young car service customer of mine who earned a degree in Automotive Management through Georgian College and its affiliate University. After graduation, Navin worked at the Mercedes-Benz headquarters in Toronto.

He and his wife then moved through employment in Dubai and now reside back in India. Along the way, his wife was diagnosed with Hodgkin's lymphoma but subsequently recovered. Happily, they will be the proud parents of a baby in February!

Navin is now the Press Officer for Ferrari-Maserati India's authorized importer / dealer and enjoys a junket now and then to Modena and other Holy Grails of cardom. At a recent car show, he met his hero of heroes, Sebastian Loeb, World Rally Champion driver for Citroen.

I do appreciate Navin's enthusiastic support for our team, connecting with his friends and colleagues in the car industry!

Paul Henshall, Team Captain

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 lead 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 for prostate cancer

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 type 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 4-month survival benefit. However, the side effects have proven to be a significant 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 center 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 4-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 him with 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," says Ron Grant 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 grandsons play hockey in different parts of the province and how he looks forward to spending quality time with family. Ron says that 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." – Ron Grant

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.

The Author



Dr. Roanne Segal, MD, FRCP(C), is a Medical Oncologist at the Regional Cancer Centre in Ottawa where she is the Medical Lead of the Breast Disease Site. She is also the Head of the Survivorship Program and an Associate Professor of Medicine at the University of Ottawa. Her primary areas of expertise include Breast and Genitor-Urinary Malignancy, with a research focus on Rehabilitation Oncology.

[Recently Diagnosed? – Contact PCCN-Brampton](#)

If you would like to speak with someone who has been there, please contact us and we will arrange to meet with you at a convenient time and place. Alternatively, come early to one of our Monthly Meetings and inform the front desk that you're a new member on arrival. One of our counsellors will welcome you and listen to your concerns. Our Monthly General Meetings are held on the 2nd TUESDAY of each month except July & August at the Terry Miller Recreation Centre.

Steering Committee Meetings are held two weeks plus a day later on a WEDNESDAY in the Community Room at the Fortino's at Main & Bovaird, 60 Quarry Edge Drive, Brampton, ON L6V 4K2. Sean Butterly has offered to be available during these Meetings to meet you one on one at Fortinos if you prefer.

Family members, friends & supporters are always welcome at any of our Meetings!

[Our New Hot Line Number:](#) **(289) 752-6316**

Note that we accept phone calls throughout the year.

If no one is available to take your call, PLEASE leave a voice mail and we will return your call as soon as possible.

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Regular Mail Costs Us about a dollar per person per month.

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