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**CHECK OUT OUR
AWARENESS
ACTIVITIES AND
CONSIDER
VOLUNTEERING**

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PCCN Brampton News

October brought a long time friend, Dr. Robert Bristow, back to Brampton to bring us up to date on a new series of genetic tests that he and a group of researchers around the world are working on. One of the goals of these tests is to distinguish between the majority of cases of prostate cancer which are indolent and those that are or will become aggressive and potentially life threatening. The next goal is to try and determine patterns that indicate which treatment will be the most effective for a particular individual. These tests form a part of a larger effort to personalize cancer treatment.

The renewed debate over the effectiveness of the PSA test is in part due to the fact that it often results in over treatment of the less aggressive forms of the disease. If we aggressively treat a large number of men who did not need treatment then we do run the risk of negating some of the benefits of those that needed the treatment. This is where the tests that Dr. Bristow mentioned at our last meeting will come into play.

The PSA test along with the dreaded DRE should still constitute the initial screening that lets a patient's urologist know that their patient may have prostate cancer so that further diagnostic steps can be taken. Once cancer is diagnosed, a genetic follow up test, even if expensive, may indicate that the patient does not require active treatment, thus avoiding the risks and side effects of over treatment.

Rather than just being something to fight about, I think that a **well-designed** study that measures the effectiveness of the screening process should be evaluated carefully and used to help improve the methods used to diagnose and treat PCa in the future. But we should certainly not simply stop using the PSA test until something better is developed.

Jim Dorsey / Gary Foote - Newsletter Editors

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PCCN Brampton Bram-O-Gram

Next General Meeting, Tuesday, November 11th, 2014 – 7:00pm

Personal Experiences Night – Members and Partners, Share YOUR Prostate Cancer Journey!

Both men and their partners are cordially invited to speak on this special evening. Please contact Jim or Sandi @ 905-453-3038 or email info@pccnbrampton.com to be added to the program.

You can also forward your questions or suggestions to: info@pccnbrampton.ca

We look forward to seeing you in Room #2, upstairs at The Terry Miller Recreation Center, 1295 Williams Parkway, at the southwest corner of Williams Parkway & Bramalea Road.

Parking as always is free.

URGENT- Webinar re PSA Testing, 10 am, Thurs., November 6

Dr. Andrew Loblaw:

Don't Throw the Baby Out With the Bathwater: The Benefits of PSA Testing

In response to the recommendations against PSA testing by the Canadian Task Force on Preventative Health Care, this Expert Angle webinar will highlight the benefits of PSA testing with Dr. Andrew Loblaw. In particular, Dr. Loblaw will discuss:

- the importance of active surveillance and its adoption in Canada
- the need to measure baseline PSA to determine prostate cancer risk
- the use of modeling data to augment cohort data

Dr. Loblaw's credentials and a full description of this informative webinar are available at <http://prostatecancer.ca/Support/Expert-Angle/2014/The-Benefits-Of-PSA-Testing#.VFIHicn4pD4> as is a link to register for the webinar.

Last General Meeting, Tuesday, October 14th, 2014

Dr. Robert Bristow MD, PhD - *Genetic Tests and Prostate Cancer-The Next Wave*

In keeping with the new “Personalized Cancer Treatment” mandate at Princess Margaret Hospital, Dr. Bristow brought us up to date on some ongoing genetic research being done at PMH and around the world by teams of researchers. This research in Canada is funded in a large part by the Movember foundation which is very active in men’s health issues.

Prostate cancer treatment in the 20th century was very much “Search and Destroy”. In the 21st century the goal is to “Target and Control” cancers. To do this, researchers are attempting to map and understand genetic markers that indicate which patients will experience indolent forms of the disease and which are likely to become aggressive. Within the group of aggressive cancers, it is also hoped that they will be able to find patterns that will help to indicate which patients will respond best to certain treatments.

This aims to limit cases of over treatment, which in many cases are requested by the patient, by giving the doctor an answer to the question “Will my cancer become aggressive?” In the past, doctors were not able to definitively answer this question, so fear often ruled the treatment decision making process. Doctors often recommend Active Surveillance but not everyone is comfortable with that decision. Hopefully, a better test will alleviate these fears and fewer men will have to deal with the side effects of treatment.

Dr. Bristow explained that for every group of men who receive active treatment there is a percentage that will fail the initial treatment. Of these, about 20% experience a rapid failure and these are the men most at risk of a lethal form of the cancer. If a test could identify these men at an early stage then more aggressive treatment may be helpful. If the cancer was one that often rapidly metastasized then a perhaps a combination of radiation therapy and hormone therapy might have the best chance to knock the cancer out.

The worldwide Genone Consortium is continually pooling their research all over the world to help researchers develop a signature for the different forms of prostate cancer. Currently there are two principal factors that indicate the likelihood of aggressive cancers. One is Hypoxia, a measure of the level of oxygen in prostate tissue. The other is a measure of genetic damage and instability in the prostate cancer cells. If these are both significant, then there is an even greater chance that the cancer will become highly aggressive and spread quickly. This seems to be the case even when the patient’s PSA and Gleason scores are low and the normal prognosis might be low risk.

We wish Dr. Bristow and his follow researchers the best of luck and hope he will come back again at the end of the process to let us know the final results of their findings.



Upcoming PCCN Brampton Meetings / Events:

Tuesday, November 11th, 2014
Member & Partner Testimonial Night

Tuesday, December 9th, 2014
Christmas Potluck and Social Evening

Tuesday, January 13th, 2015
Speaker to be announced.

Dr. Richard Casey, Urologist and one of our chapter's favourite speakers, has had to cancel. He will be rebooked; we are actively seeking a replacement.

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

Kim Vogel, Speaker Coordinator:
(416) 806-9619 or Email: kimvogel@leaderabilityconsulting.com

Please Note: From time to time we may have to reschedule a speaker due to unforeseen circumstances.

Some Interesting New Websites Dealing with Prostate Cancer

We have already mentioned the outstanding new website created by our friends and sponsors at **Janssen Inc.** Of particular interest is the section on metastatic prostate cancer, which all of us "thrivers" (**thriving survivors**) dread. Fortunately, advanced prostate cancer is getting more attention than ever and wonderful new diagnostic methods and treatments should lie ahead. prostatecancermatters.ca

We took part in a survey at the request of Prostate Cancer Canada and became aware of another potentially valuable resource - partnershipagainstcancer.ca "The Canadian Partnership against Cancer is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians."

At a Prostate Cancer Canada **Wake Up Breakfast** on October 31, Paul Henshall and Jim Dorsey met **Todd McMillon**, a young CFL and NFL alumnus and prostate cancer thrivor. The interesting story of his self-advocacy and successful treatment is told at anythingformyprostate.com Bottom line: his doctor did not want to test him for prostate cancer despite family history....

[Do Not Screen for Prostate Cancer! - Canadian Task Force](#)

On October 27, we became aware of [an incredible set of conclusions](#) reached by the members of the **Canadian Task Force on Preventive Health Care** (CTFPHC). Similar conclusions were reached by the United States Preventative Services Task Force several years ago and were promptly shot down by actual experts. Neither of these task forces included any members who actually know anything about prostate cancer, apparently in order to avoid any bias towards saving men's lives or improving their quality of life.

In brief, their recommendations are summarized as **“Routine PSA screening not recommended.”** This is regardless of age, skin colour or family history! However, they kindly state that “Recommendations do not apply to the use of the PSA test for surveillance after diagnosis or treatment of prostate cancer.”

The damage that this “task force” has done cannot be underestimated. The most obvious effect is going to be on men who don't really want to be tested, and will now be even more reluctant. And if these recommendations are accepted by cost-averse government agencies and by reluctant family physicians and by the general public, then men will die or suffer aggressive treatment when their cancer is discovered to be metastatic.

Rocco Rossi and his team at [Prostate Cancer Canada](#) came out swinging in all available media and are not letting up the pressure. Nova Scotia became the first Province to reject the CTFPHC recommendations; hopefully all the rest will follow.

As our own Dr. Andrew Loblaw stated, *“You may have heard/seen media clips this week ...advising against getting a PSA blood test. Data shows this will increase the number of men diagnosed with incurable prostate cancer – which the panel acknowledges! I believe that PSA is a critical part of smart diagnosis and smart treatment, one where we individualize screening and treatment approaches for each individual man (rather than making blanket ‘one size fits all’ recommendations). Would you buy a suit that only came in one size?”*

Over my 20 years of studying and treating prostate cancer, for the same group of patients, we've gone from 45% successful treatment to 97%, the latter delivered as a one-hour outpatient treatment where men can return to their normal lives the next day. Paired with PSA screening, this and other smarter treatments have reduced the mortality rate from prostate cancer by 30% - that's about 15,000 brothers, fathers, uncles, husbands and friends every year in North America. But 250,000 men are diagnosed and 40,000 are dying of the disease each year – we need to continue to fight together to save more men.”

Stay tuned. This is going to be an interesting battle – one that we cannot afford to lose!



[PCCN Brampton's Movember Team](#)

Prostate Cancer Canada and **The Movember Foundation** recently signed a new three-year agreement and **Paul Henshall** has once again set up a PCCN Brampton team to raise awareness and funds for prostate cancer.

As of November 4, the team had raised \$605. Our top performer is **Neil Vogel**, the husband of **Kim Vogel** our Speaker Coordinator. Neil has raised \$330! You can join the PCCN Brampton team or donate at <http://ca.movember.com/team/1535445>

As Dr. Loblaw so clearly explains, "*The Movember Foundation is working hard with an urgent goal in mind: accelerating breakthroughs in prostate cancer research that will benefit patients and their families. Movember is achieving this by the formation of the largest, global alliance of prostate cancer researchers, who are tackling the toughest prostate cancer challenges.... Together, we can create a world where no man dies of prostate cancer.*"

Since Paul has reluctantly left us for sun and seafood in southeast Asia, you can email him at paul.henshall@gmail.com or speak to one of the Steering Committee at the November meeting for more information. You can also contact Jim Dorsey at (905) 453-3038 or email jfdorsey@yahoo.com.

[Expert Angle: Prostate Cancer Canada Webinars](#)

Learn more about PCC's webinars at <http://prostatecancer.ca/Support/Expert-Angle>.

The Expert Angle sessions use interactive on-line technology to make top-notch presentations by leading experts in Prostate Cancer accessible to anyone, regardless of their location.

Videos of previous sessions can be accessed from the Expert Angle website and viewed via **YouTube**.

Please save the dates for the following upcoming speakers:

- November 18 – Dr. Marie-Elise Parent
- November 25 – Dr. Deb McLeod
- December 2 – Dr. Howard Pai
- January 20 – Dr. Richard Casey
- January 27 – Dr. Andrew Feifer
- March 3 – Dr. Tae Hart



[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 General Meetings and on arrival, inform the front desk that you're a new member. One of our peer counsellors will welcome you and listen to your concerns. Our Monthly General Meetings are held at 7:00 PM on the **SECOND 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 the **FOURTH WEDNESDAY** of each month, September through June, at 7:00 PM. Steering Committee Meetings are held in the Community Room at the Fortino's at Hurontario and Bovaird.

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

[Jim Dorsey:](#) (905) 453-3038

[Gary Foote:](#) (905) 458-1812

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.

[Regular "Snail Mail" Costs Money – Please Consider Email](#)

Regular printing and mailing now costs us well over a dollar per person per month.

Anyone who would prefer to receive this newsletter via e-mail should contact:

Gary Foote, 905-458-1812, E-Mail: visact@rogers.com

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