

# PROSTATE CANCER ASSOCIATION OTTAWA



## JULY/AUGUST 2003 NEWSLETTER



**THIS IS A DOUBLE ISSUE – OUR NEXT EDITION WILL BE AFTER LABOUR DAY**

EVEN THOUGH IT IS SUMMER, WE MEET AS USUAL ON THE THIRD THURSDAY OF THE 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 STREET ON THE LEFT.

*Parking is available at the rear of the church.*

There is no admission fee, but contributions are welcomed for the St. Stephen's food bank.

**Please Note: St. Stephen's has asked that we observe the scent-free environment that it has adopted for its parishioners.**

**THURSDAY, JULY 17 and  
THURSDAY, AUGUST 21**

**6:30 P.M.** REGISTRATION AND ORIENTATION FOR NEW MEMBERS

**7:00 P.M.** ASSOCIATION BUSINESS;

**7:15 P.M.: In July, Peter Cooney will present a thorough review of diagnosis, treatment, and support for prostate cancer.**

**In August, look forward to "round tables" where discussion will be centred on the various forms of treatment of prostate cancer.**

**(See Page 5: "What Do You Think?")**

**Want to reach PCAO? Voice Mail messages left at 828-0762 or e-mail to [pca@ncf.ca](mailto:pca@ncf.ca) are always promptly answered.**

## MESSAGE FROM THE CHAIR

June was a most active month for our Association: a significant amount of money was raised in *Do It For Dad*, and we helped see it put to good use.

*Do It For Dad* was a great success both from the standpoint of weather and overall participation. I must thank some of the great people who spent so much time and energy over the past year ensuring the day's success. Not least are **Gary Seveny**, President and CEO of our great partner CS COOP; **Sharon Holzman**, who managed, coached and quarter backed the event from start to finish, keeping everyone on focused and on track; the CS CO-OP's **Cynthia Little** and **Alan LeBourveau** and the many employees from branch offices across Ottawa; **André Lagassé** who spearheaded the Team Challenge, and captained operations on Father's Day at Anniversary Park; PCAO members, **Randy Dudding** and **Ted Johnston**, who worked throughout the year to help get it organized, and **Mike Scott** who marshaled our many volunteers (see page 8). I had the privilege of sitting in on organizing meetings and was kept up to date on progress throughout the year. Unless you are part of it, you cannot imagine the effort required to make everything flow. To everyone involved our sincere thanks for making this the most successful *Do It For Dad* yet. Now we start getting ready for 2004!

In June, I represented the Association at a review of grant applications submitted to the ORCC Foundation. I witnessed an extremely interesting in-depth study of 25 requests from ORCC Research for projects covering all areas of cancer research. The review team, headed by Dr. Michael McBurney, our speaker at the May meeting, prioritized the requests including four relating to prostate cancer. Your Executive has voted to support two of these with proceeds from the 2002 *Do It For Dad*.

These are essentially "starter" studies which, if successful, will lead to greater funding and more in-depth research here in Ottawa. So, we are seeing very clear benefits from local fund-raising efforts for prostate cancer.

**JOHN DUGAN**

**PROSTATE CANCER  
ASSOCIATION, OTTAWA**

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**Chair** John Dugan

**Vice Chair** Vacant

**Vice Chair (DIFD)** Ted Johnston

**Treasurer** Jim Bloomfield

**Secretary** Randy Dudding

**Committee Chairs**

Member Services Peter Cooney

Program David Brittain

CPCN Liaison Fred Hostetter

Church Liaison Bob McInnis

Orientation

Bill Dey, Harvey Nuelle, Peter Cooney  
Hand-in-Hand Vacant

Publicity and Awareness Ted Johnston

Prostate Awareness Week Vacant

Newsletter Editor Ted Johnston

Newsletter Distribution Phil O'Hara

Members at Large

Ken McClymont Jacques Mousseau

John Trant John Webster

Kenn McCuaig Fred Hostetter

*The Prostate Cancer Association of Ottawa does not assume responsibility or liability for the contents or opinions expressed in this newsletter. The views or opinions expressed are solely for the information of our members and are not intended for self-diagnosis or as an alternative to medical advice and care.*

**The PCAO is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support both current and newly diagnosed patients and their caregivers.**

**PCAO 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. Raising funds for prostate cancer research is a continuing challenge. We collaborate with local organizations such as the Ottawa Regional Cancer Centre, Canadian Cancer Society, and urologists and oncologists, as key sources for information.

## **ASSOCIATION BUSINESS**

*By Ted Johnston, Acting Secretary*

At the Steering Committee meeting on June 26, Chairman John Dugan was pleased to welcome four new observers and expressed the hope they might join the Committee or undertake duties for the Association.

**Financial Report:** The Treasurer, Jim Bloomfield reported that all outstanding charges have been paid leaving the Chequing Account balance at \$13,248.99. Operation of the Nevada lottery franchise remains unresolved at this time.

There are now 213 paid up members for the new fiscal year beginning 30 June. He reminded the Committee that those who have not made the membership donation by September 30 will no longer receive the newsletter.

The Committee agreed to direct funds raised in the **2002 Do It For Dad** to two research projects, worth \$25,000, recommended by the Ottawa Regional Cancer Centre Directors of Research. One is a pilot study of molecular markers using biopsies and prostate cancer specimens and the other is to develop a research plan to evaluate the clinical benefits and impact on human resources of the acquisition of a clinical tomotherapy unit to be used in radiation delivery. Other moneys are to be used for appropriate treatment or support activities, including the proposed Prostate Assessment Centre, subject to consultation with the PCAO.

There was discussion on the **pledge activity of PCAO members** to Do It For Dad. No information is yet available on the pledge form included in the May newsletter or the possible amount raised by PCAO members. In discussion, members felt that the expectation of PCAO members contributing money ought to be disabused. The Chair urged Mr. Brittain to develop a means of measuring the pledges raised by PCAO members in 2004.

The Chair reported that no significant correspondence has been received. Copies of the new **CPCN newsletter** have been received along with other information and video materials. Mr. Hostetter has prepared letters for the signature of the Chairman to be sent to Ottawa area funeral homes advising them of the availability of **donation cards for PCAO**.

Mr. Seabrook reported his personal and the **nominations committee's** disappointment and frustration at not being able to present nominees for any of the elected positions. Following discussion of possible reasons for this state of affairs, there was a consensus that a review of the association's objectives and activities to confirm future direction should be undertaken.

The Chair, in the absence of **elections**, said he and Mr. Bloomfield are prepared to remain in office for one additional year and that Randy Dudding has agreed to serve as Secretary for one year. The Committee voted in favour of these actions. The Chair reported that Mr. Johnston has agreed to be liaison for the 2004 DIFD.

Messrs. Cooney and Dugan are to consult with the Canadian Cancer Society on proposed activities and joint action for **Prostate Cancer Awareness Week** (September 15-20).

Mr. Johnston asked that submissions for the **newsletter** be in hand well before the deadline dates of July 5; September 3; October 3; November 7.

Mr. Godwin Ifedi, Project Officer of the City of Ottawa People Services, attended the June general meeting with a view to exploring collaboration between the **Multicultural Health Coalition** and PCAO.

Mr. Cooney questioned the decision of the committee to "collaborate" on the launch of a **book on Vitamin D** and prostate cancer (see minutes of May 29). It was agreed that, as the Association does not endorse any form of treatment without sound clinical evidence, no further action should be taken until one or more members have had the opportunity to read the book.

***The next meeting will be July 31 at the Canadian Cancer Society, 175 Woodward Drive.***

**IN MEMORIAM:** We note the passing of member Wes Henderson of Nepean

## The June Meeting

# PALLIATIVE CARE: NAVIGATING DIFFICULT ISSUES

For Carol Baker, palliative care is an inspiring activity that brings comfort to those faced with terminal illness. Ms. Baker, a registered nurse trained in palliative care, told the June PCAO meeting that the care strives to meet the whole person's needs as well as those of friends and families dealing with unfamiliar matters.

"This is a specialized service", she explained, "a young discipline that has been available only for about twenty years in Ottawa. It combines active and compassionate therapies to comfort and support individuals and their families faced with life threatening and terminal illness." The palliative care workers are drawn from several disciplines into a team that addresses the physical, psychological, social and spiritual needs of patients while remaining sensitive to personal, cultural, and religious values, beliefs, and practices. They are called into action when the illness has reached a state where active treatment is no longer effective. "We meet the family and the patient to help them deal with the information and to guide them through the remaining days in dignity and comfort, surrounded by loved ones."

Doctors, nurses, pharmacists, other health care professionals, spiritual counselors, volunteers, friends, family members help to make up the care giving team. "We are navigators, companions for both the patient and the families," she said. "We are there to help make decisions". There are specially trained doctors and nurses working in hospitals and hospices and who make house calls. Many patients strongly desire to stay at home and the team can work with that objective in mind. "But, when it gets to impact severely on family in the home, or it is no longer comfortable or safe at home, it is better to seek institutional care. Families must recognize when they can no longer cope – and it is better to preserve good memories through sympathetic treatment."



Palliative care provides specialist advice for relief of pain, for symptom management, to support families during the illness and to ensure linkages with care providers and community agencies. She noted that more family doctors are being "empowered to deliver palliative care" and they are usually the ones who initiate contact with the specialist services.

Ms. Baker urged members to become familiar with the concept of and need for palliative care. It is a service provided through OHIP to which all are entitled.

In Ottawa, there are palliative care teams at both campuses of The Ottawa Hospital, and care is available at Elizabeth Bruyère, the May Court Hospice, and the Salvation Army's Sylvia House Hospice.

## **ELECTIONS – CRISIS AVERTED... TEMPORARILY**

In the absence of candidates for any of the positions, the current Chair, John Dugan (right), and Treasurer, Jim Bloomfield, have agreed to stay on for one year. Randy Dudding has volunteered to serve as Secretary for one year. The position of Vice-Chair remains vacant. Other members of the Steering Committee were either departing or unwilling to take on new tasks.



In the coming year, a concerted campaign will be undertaken to identify and persuade candidates to take on the running of this Association. PCAO has four elected positions – Chairman, Vice-Chairman, Secretary and Treasurer – and they are supported by others who make up the Steering Committee. Their names are listed on Page 2. Any PCAO member is welcome to attend Steering Committee meetings and it is here that you learn about the needs of the Association as well as the good works.

## **IT CONTINUES:**

### **SHOULD HEALTHY MEN PSA OR NOT?**

Reports of a European study of the merits of universal PSA testing served to continue doubts and confusion over use of the best available indicator of prostate cancer – and concluded “otherwise healthy men” should not be encouraged to be screened for prostate cancer. The study results were published by the *Journal of the National Cancer Institute* and were reported in various media including the June 18 editions of the Ottawa Citizen and Globe and Mail. (Copies of the articles are posted at PCAO general meetings.)

Using computer simulations based on results from 42,000 Dutchmen involved in the larger European Randomized Study of Screening for Prostate Cancer, the study found that the PSA test does indeed find cancer at an early stage but observed this is “over detection” that is almost irrelevant since many of the men are likely to die from other causes before the cancer is a threat to their health.

Canadian and American experts contested the conclusion. Dr. Laurence Klotz, University of Toronto professor of surgery is quoted: “The fact that 50 per cent of patients wouldn’t need to be treated and would do just fine without treatment doesn’t mean it’s still not worth it to try and diagnose the disease early and offer a curative therapy for patients, because some patients do benefit ... No one is proposing that every single patient who is diagnosed with prostate cancer should be treated the same way, or even radically.”

An accompanying editorial in the *Journal* cautioned that limitations of the study suggest that the findings should be considered “tentative and provisional” and that they do not necessarily apply to more ethnically diverse populations such as those in North America.

#### **Understanding PSA Testing in Ontario**

Fred Hostetter, has summarized the main clinical guidelines for Ontario doctors issued (and last revised in March, 2003) by the Ministry of Health.

##### **Use of the PSA test for early detection of prostate cancer in men without symptoms**

The guideline is that PSA determination should not be used as a population-wide mass screening test for early detection of prostate cancer in asymptomatic males.

Information on the potential benefits and risks of the use of a PSA determination for early detection of prostate cancer should help men 50-75 with a life expectancy of ten or more years in making informed decisions as to whether to have the test.

Men forty or older with a family history of prostate cancer or other risk factors that put them at higher risk should also receive this information.

##### **Use of the PSA test in combination with Digital Rectal Examination (DRE) in whom prostate cancer is suspected.**

A PSA determination is recommended for any man with a life expectancy of ten or more years, found to have a prostatic nodule on DRE, an abnormal-feeling prostate, or other symptoms provoking increased suspicion of prostate cancer.

It is also recommended for men with moderate or severe prostatism in whom treatment is contemplated.

##### **Using the PSA test to monitor patients with prostate cancer**

It is recommended that the PSA test be used to monitor patients with prostate cancer. The test should not be repeated more than once a month.

**Details on the guidelines are available at our monthly meetings or go on-line to [www.gov.on.ca/health](http://www.gov.on.ca/health).**

**Fred also suggests viewing a general commentary by Dr. Klotz to be found at [www.uronet.org/feedback/cssep00.asp](http://www.uronet.org/feedback/cssep00.asp).**

## **ANOTHER THOUGHT ON THE PSA TEST...**

A new American study says that the prostate specific antigen (PSA) test often produces false positive results and should be repeated at least once before an invasive biopsy is performed. "We recommend having the findings confirmed by repeating the test after waiting at least six weeks," said Dr James Eastham, a surgeon in the department of urology at the Memorial Sloan-Kettering Cancer Center in New York and lead author of the study. "Even if the repeat test shows an elevated level, prostate cancer will only be discovered in about one quarter of men who undergo biopsy... A single, elevated PSA level does not automatically warrant a prostate biopsy," he said. See more on this at: <http://bmj.com/cgi/content/full/326/7401/1231>

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## **AND HERE'S ONE MORE CONTRIBUTION: EPCDO**

Early Prostate Cancer Detection Ontario is one man's efforts to bring more attention in Ontario to the PSA test being accepted by OHIP. John Peck has begun a campaign to persuade the Government that the test should be included in the fee schedule and you should be hearing more about this in July.

In the meantime, visit his website at [www.epcdo.ca](http://www.epcdo.ca) and consider becoming involved in his efforts.

## **WHAT DO YOU THINK?**

**PCAO recently received this e-mail from a member raising interesting questions which may occur to many members. These are questions that can usefully be pursued at both our July and August meetings helping to set the stage for future speakers and articles in the newsletter. We are always interested in views and welcome comments. If you have comments, mail them to PCAO at P.O. Box 23122, Ottawa, ON. K2A 4E2 or e-mail to [pca@nef.ca](mailto:pca@nef.ca).**

**Why**, in all of these support groups, is there never a discussion or web sites about alternatives to radical surgery or radiation or hormone therapy? Is it always cut or fry? Cancer is a systemic disease and these only attack the tumor; even if surgery is the mode, there is no clear data that it will not return. Also, where is the discussion about prevention? Diet, lifestyle, stress, spirituality, mind, body, soul, relationships - do you not believe that these are relative?

A writer to the Ottawa Citizen disputes an article about PSA testing. How come many MDs refuse to take the test themselves? When one is diagnosed with cancer, fear is the worst emotion to have, yet that is what many MDs pass on. When asked "Is there something else besides cut or fry? ", the answer is "Now, you don't want to take that chance do you?"

I support your efforts to help those in need and I am sure you have helped a great many men and their families. But, as more and more men are found to have prostate cancer, in part because of more testing, other alternatives, other than those solely from the medical community, should be encouraged, along with prevention. Serious medical intervention should be the last choice - not the first. Quality of life is just as important as quantity. I, too, am dealing with PC but, after a very intrusive biopsy, further main stream medical procedures will be my last choice.

I realize that this is not for everyone but should be discussed, along with alternatives, which is the path I am on now and, believe me, it is a lonely road. When all around you question your sanity, it is tough; but I have a supportive wife and family, and a support group that believes as I do, so I will carry on.

I am guided by a proverb that gives me courage: "The person who says it cannot be done should not interrupt the person doing it."

Good luck to you all. Peace

Bob

# CANADIAN PROSTATE CANCER NETWORK

## IT'S WORKING FOR YOU!

You are not alone. Along with our local support group, there is a national organization concerned with prostate cancer patients and survivors. The Canadian Prostate Cancer Network (CPCN) publishes a periodic newsletter, copies of which are available at PCAO meetings, and it maintains a very useful website at [www.cpcn.org](http://www.cpcn.org). In both the newsletter and on the website you will find leads to current news reports on prostate cancer research and treatment, efforts across the country to increase awareness, and other useful information.

If you would like to be sure to receive your free copy of the CPCN News by mail, send your name and address to **CPCN, BOX 1253, LAKEFIELD, ON K0L 2H0**; be sure to mention you are a member of the Prostate Cancer Association of Ottawa, and include your e-mail address..

CPCN was in part inspired and organized by a late member and leader of our Association, Grant Heron.

### STAND UP FOR THE CPCRI

The Canadian Prostate Cancer Network is calling on prostate cancer patients and survivors to declare their support for the Canadian Prostate Cancer Research Initiative (CPCRI). Funding for this nationwide network dedicated to fostering and furthering prostate cancer research in Canada is about to run out.

CPCRI came about, reports the CPCN News, as the result of a national prostate cancer forum in 1997. It brought together researchers, practitioners, prostate cancer survivors and family members to discuss a national strategy for prostate cancer research. The Initiative was launched with help from the Canadian Cancer Society and in 1999 the federal Minister of Health announced a five year funding commitment to keep the Initiative going under the auspices of the National Cancer Institute of Canada. That will end in 2004.

The CPCRI has worked to build networks, foster cooperation and bring new researchers into the prostate cancer field. It has also provided money for "New Ideas Grants", money that could be made available quickly in order to help promising new ideas get off the ground. Before this support existed, very few people were doing prostate cancer research and there was little or no collaboration of sharing of good ideas, according to Dr. Paul Rennie, vice-chair of CPCRI's management committee. Now there is a network and much more nationally-focussed attention on prostate cancer.

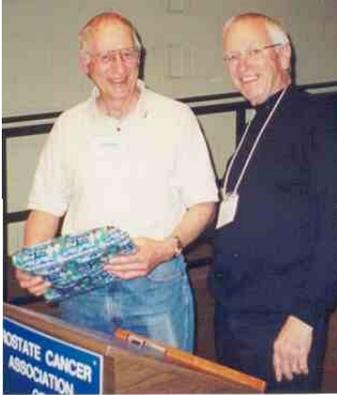
"It's not just that the research needs to be done, explained Dr. Rennie. "It's also very important to have research being done in your own country which means it will be put into play more quickly."

Dr. Rennie suggests that letters should be sent to MPs urging them to support funding for continuing the CPCRI, to ensure on-going funding as there is for breast cancer research. CPCN has placed contact information for Members of parliament on its website ([www.cpcn.org](http://www.cpcn.org))

**OUR VOICE** is a quarterly publication for men with prostate cancer. The Spring 2003 issue talks about hormone resistance, dealing with stress and other useful articles relating to prostate cancer. A free subscription is yours for the asking (in English or French, your choice), by calling 1-800-667-4444, or send your request by e-mail to [aqcourrier@abonnement.qc.ca](mailto:aqcourrier@abonnement.qc.ca), or by Canada Post to: Parkhurst, Our Voice, Informatique Rive Sud – Abonnement, 525 Louis Pasteur, Boucherville, QC J4B 8E7.

The Medical Post is a Rogers Media publication for the Canadian medical profession. There is an on-line version at [www.medicalpost.ca](http://www.medicalpost.ca). The subject matter is wide-ranging, covering all areas of medicine, and each issue includes a section on urology.

## FAREWELL TO A FRIEND



At the June meeting, the Association wished farewell to longtime member Mottie Feldman who is moving to Toronto. But it was not entirely a goodbye as Mottie will continue his links with the Association and make contributions both to PCAO and the causes of prostate cancer generally.

Chair John Dugan was joined by fellow Steering Committee members in praising Mottie for his work as Secretary of the Association and as the individual who has in most cases been the first voice heard by those seeking our help.

He was presented with a PCAO sweatshirt and certificate of appreciation by Mr. Dugan.

## SOME SUMMERTIME PHILOSOPHY TO MAKE YOU GRIN AND BARE IT!

A clear conscience is usually the sign of a bad memory... I'd kill for a Nobel Peace Prize... Borrow money from pessimists - they don't expect it back... Half the people you know are below average... 99 percent of lawyers give the rest a bad name... 42.7 percent of all statistics are made up on the spot... A conscience is what hurts when all your other parts feel so good... All those who believe in psychokinesis, raise my hand... Early bird gets the worm, but the second mouse gets the cheese... I almost had a psychic girlfriend but she left me before we met... OK, so what's the speed of dark?... How do you tell when you're out of invisible ink?... If everything seems to be going well, you have obviously overlooked something... When everything is coming your way, you're in the wrong lane... Ambition is a poor excuse for not having enough sense to be lazy... Hard work pays off in the future, laziness pays off now... Everyone has a photographic memory, some just don't have film... I intend to live forever - so far, so good... If Barbie is so popular, why do you have to buy her friends?... Eagles may soar, but weasels don't get sucked into jet engines... 24 hours in a day ...24 beers in a case . . . coincidence?... What happens if you get scared half to death twice?... If at first you don't succeed, destroy all evidence that you tried... A conclusion is the place where you got tired of thinking... Experience is something you don't get until just after you need it... The hardness of the butter is proportional to the softness of the bread... The severity of the itch is proportional to the reach... To steal ideas from one person is plagiarism; to steal from many is research... The problem with the gene pool is that there is no lifeguard.

**HAVE FUN IN THE SUN, OR THE SHADE, OR WHEREVER!**



The reef knot lapel pin is becoming more popular among prostate cancer survivors. The four ends of the knot represent the interdependence, strength and unity shared among prostate cancer survivors, their families, supporters and the links between support groups nationally.

You can obtain your pin at any Association meeting for only \$5.00.

## \$160,000 will “Chase a Cure for Prostate Cancer”

The 5<sup>th</sup> Annual CS CO-OP *Do It For Dad* Run and Family Walk held June 15, was a tremendous success. Approximately \$160,000 was raised to go towards prostate cancer research, patient care, education, and awareness. In the five years of the *Do It for Dad* we have now raised over half a million dollars. The weather was fabulous for the 1400-plus participants in the 5km and 10km runs and the 2km walk. Everyone had a great time.



This success was due in part to a number of factors but perhaps the greatest contribution came from our presenting sponsor, CS CO-OP Community Financial Services. Their sponsorship of the 10km run through CS Alterna Bank, and the many CS CO-OP volunteers all must be recognized. Not least has been the personal contribution and commitment of CEO Gary Seveny, and the dedicated involvement of staff members Cynthia Little and Allan Lebourveau. The hard work of Event Coordinator, Sharon Holzman, and Race Director Bruce Walker contributed equally strongly to the day's success.

The Team Challenge continued to grow as well. We had 44 teams this year from all sectors of the community. There were only seven teams in 2000, when we started encouraging team entries. The success here is due to the long hours and many telephone calls by André Lagassé and the co-sponsors Nelligan O'Brien Payne and Big Daddy's Crab Shack and Oyster Bar. We must also thank the other event sponsors : Enbridge-Consumers Gas, The Ottawa Police Association, Trinity Development Group, Bridgewater Systems; CJOH TV, the Ottawa Citizen , the CHUM Group's Majic 100 and 580 CFRA; and Gold sponsors: Dollco Printing, The Bay, and McGill Buckley . There were 30 other organizations and companies that also contributed goods or services.

Finally, many members of the PCAO that were involved have been with the event since the beginning and more have joined each year. We salute and thank the following 2003 volunteers:

Mo Aller; Rick Bedard; Arland Benn; Archie Boyd; David Brittain; Art Brooks; Ken Buckingham; Louis Cabri; Bill and Muriel Campbell; Michael Cassidy; Tony Chernushenko; Harry Chowhan; Mel and Carmen Creighton; Bill and Jean Dey; Randy, Geoffrey and Deen Dudding; John and Jill Dugan; Mottie Feldman; Stephen Fleming; Jake Freel, André Gascon; Margaret Gibberd; Jim Gibson; Wilf Gilchrist; Ross Hadwen; Eric and Suzanne Hammond; Don Hampton; Peter Heenan; Bud Hill; Laurie Hill; Fred and Ariela Hostetter; Jennifer, Catherine and Ted Johnston; Bob Lambert; Ron and Micheline Lachance; Ted Larose; Don Lyon; Mike MacDonald; Ken McClymont; Sam, Brandon and Denise Miller; Paul and Janette Morin; Bill Musgrove; Phil O'Hara; Doug Payette; Jane Rannie; Laura Rees; Glenn Robb; Mike Scott; Ian, Joel, Lindsey and Madeline Taylor; Rod and Annaliese Villeneuve; John Webster; Eric Wiles; Eric Wimberley.

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### Membership renewal

I am pleased to renew my membership in the Prostate Cancer Association of Ottawa for another year and enclose my donation of \$25.00.

NAME:

ADDRESS:

CITY:

PROVINCE

POSTAL CODE

Optional:

TELEPHONE NUMBER ( )

E-MAIL ADDRESS

I would like to receive notice by e-mail when the monthly newsletter is posted on the PCAO website: YES \_\_\_\_\_ NO \_\_\_\_\_. (If “YES”, you will no longer receive the mailed copy)

Return this to:

**PCAO, P.O. BOX 23122, OTTAWA, ON. K2A 4E2** OR BRING TO THE NEXT MEETING

PCAO thanks **MDS NORDION**, a major supplier of reactor and cyclotron produced isotopes for health care and research applications for the printing of this newsletter.