

## Make a difference – see P. 4

# PROSTATE CANCER ASSOCIATION OTTAWA

#### **DECEMBER 2003 NEWSLETTER**



WE MEET, <u>UNUSUALLY</u>, ON THE SECOND



THURSDAY OF DECEMBER 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 be generous to help others. Please Note: St. Stephen's has asked that we observe the scent-free environment that it has adopted for its parishioners.

## THURSDAY, DECEMBER 11!!!!

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

7:00 P.M. ASSOCIATION

**BUSINESS: PRESENTATION OF** 

# THE DRIED PROSTATE AWARD,

# FOLLOWED BY MEMBERS' FORUM AND SOCIAL EVENING.

Please bring some food or drink to share with your fellow members – cheese and crackers, cookies, cake, juice. Tea and coffee will be provided.

Want to reach PCAO? Voice Mail messages left at 828-0762 or e-mail to <a href="mailto:pca@ncf.ca">pca@ncf.ca</a> are always promptly answered.

# MESSAGE FROM THE CHAIR

The end of the year, combined with religious celebrations, is opportune for reflection on achievements and blessings that have been received. As a prostate cancer survivor, I am grateful for just that, for the continued opportunity to enjoy life and to help others in various ways. Whatever may occur in the world around us, we Canadians are fortunate to live in circumstances second to none. As your Chairman for the past three years, I look with satisfaction on the achievements of our Association and the contributions that have been made by members. Whether these have been significant efforts with the steering committee or staffing a public display or helping at Do It for Dad or just talking with friends about your experience, it has all helped to make society more aware of the threat of prostate cancer – and the availability of treatment and support.

Although it is clearly understood that prostate cancer is the leading cancer among men, the resources that are devoted to spreading awareness, to research, even to treatment are insufficient for the task. The Canadian Prostate Cancer Research Initiative (see page 4), has brought more researchers into the field and there are positive results being counted from their efforts. However, if there is not renewed funding for this worthy, collaborative, pan-Canadian initiative, it may all be for naught.

It is perhaps unworthy to compare our male plight with female breast cancer, HIV/AIDS or any other of the many ailments that beset humans, but prostate cancer is surely as deserving of attention and funding as these have been. Prostate cancer's social and economic costs have yet to be clearly charted but there can be little question about improving the survivability of middle-aged men who are most at risk – and most likely to benefit from early diagnosis and treatment.

It would be welcome news to know that the new Federal
Government agrees to renew its funding commitment to the
Initiative for another five years – and we prostate survivors would
have cause to give thanks for a national blessing.

In the meantime, let me wish each of you and your families, a Merry
Christmas, a happy spassonal celebration and a Happy Healthy

Christmas, a happy seasonal celebration and a Happy, Healthy New Year.

**JOHN DUGAN** 

#### PROSTATE CANCER ASSOCIATON, OTTAWA

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**Committee Chairs** 

Member Services
Program
CPCN Liaison
Church Liaison
Orientation
Bergen, 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
John Trant
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 Randy Dudding, Secretary

The Steering Committee met on November 27 at St Stephen's Church. The following represents some of the more significant items discussed

**Financial Report**: Treasurer Jim Bloomfield reported that PCAO continues to have over \$15K in its bank accounts and \$10K in GIC's. Active members continue to increase and stand now at 331 with new names continuing to be received. The paperwork for the Nevada site is nearing completion and it should be operating within a week at the postal outlet in Minto Place.

<u>Awards</u>: The recipient of the 2003 Dried Prostate Award has been notified and will be attending the December 11<sup>th</sup> meeting.

Program: David Brittain keeps busy juggling the schedule for speakers into the New Year. Dr Fleshner has had to postpone his January appearance and new plans are being made for the January to March time frame. Dr Ross Gray of Toronto is still set to speak at the April meeting. Membership Survey: Fred Hostetter reported that he and his wife, Ariella, have spent a lot of time and effort collecting and processing the 172+ responses received from PCAO members. A draft report was given to the Steering Committee members for discussion at the next committee meeting.

<u>PCAO Newsletter/Website</u>: A number of clever and interesting suggestions for the naming of the newsletter have been received from members and friends. Ted Johnston distributed the schedule of key dates for production of the Newsletter in 2004. Members were encouraged to review the contents of the Association website (<a href="www.ncf.ca/pca">www.ncf.ca/pca</a>) and to make contributions to ensure information is up to date.

<u>Video Library</u>: A review of the contents of the library is under way to ensure contents are current and relevant.

<u>Volunteers</u>: Mr. Johnston has prepared an outline of the duties of the many volunteer jobs being done, or needing to be done, in the Association. This should serve to clarify our needs for prospective volunteers. A volunteer coordinator is still desperately required.

<u>Do It for Dad</u>: In keeping with the registered trademark for this event, the internet URL <u>www.difd.ca</u> has been renewed for a year although the domain is not being used currently. The discussions with CS CO-OP continue on the overall management of the event and the allocation of the net proceeds. Mr. Brittain presented information on the Vancouver and lower B.C. runs and work of the Associations.

Next Meeting: Thursday January 8, 2004 at which the major focus will be on the membership survey report. The next full business meeting will be Thursday January 29, 2004. Any member of the Association is welcome to attend Steering Committee meetings.

LATE NEWS: The PCAO Nevada site is back up and running. Patronize the <u>NNSpot Plus</u> at Minto Place 407 Laurier Street West and make a contribution to PCAO and, hopefully, your personal wealth by playing Nevada.

#### **November Speaker**

# A Look Inside Prostate Cancer

"So that's what the cancer looks like." That's what members were saying as they came away from the November meeting.

Using slides and words, Dr. Susan Robertson, Ottawa Hospital pathologist, gave a graphic picture of what prostate cancer cells look like and how they differ at various stages. She first explained her role in the diagnosis of patients is to "read" biopsy samples to determine if cancer is present in the prostate. If it is there, then she will attempt to determine what stage it is, and this will guide the oncologist or urologist in considering treatment. She stressed, in response to a member, that patients have the right to read the biopsy report but cautioned they should do so with a doctor so as not to have "the bejeesus scared out of you."

In the series of slides she presented, members were given an overview of the prostate, where the cancer seems most often to occur, what other organs and body functions are affected by the cancer and its treatment before showing specific slides of the cancer at different stages. A slide of normal tissue shows two layers in the prostatic gland, one that is "pale and fluffy...secreting substances" and the basal layer in which the antigen is found. The Prostatic Intraepithelial Neoplasm (PIN) is the pink and fluffy and when it is no longer in that condition, a danger flag is raised, as it indicates cells are no longer behaving normally.

She acknowledged that error can occur in rating biopsy samples, but the co-relation is good between such samples and samples from the whole prostate (after removal).

Dr. Robertson outlined how the Gleason Score is arrived at, bringing together various information such as the tumour type and grade, its volume and the number of core samples, and perineural, fat, or seminal vesicle involvement. Under the microscope, the Gleason pattern for tightly packed cells that are fluffy and nucleoli are clearly observed is deemed to be at 1. As the cell pattern becomes less uniform and irregular, the rating increases up to 5. The Gleason Score is based on using samples from the two most easily seen grades and adding together their respective grades. The presence of perineural tissue, fat or seminal vesicle matter in samples is an indicator of spread outside the capsule. The higher the Gleason grade, the worse the prognosis.

Staging of the tumour is done by adding scores for the tumour type (T1 through 4), spread to lymph nodes (N0 or N1), and Metastasis (M0 or M1) to establish a determination for survival or cure. From this data, the method(s) of treatment can be established.

Dr. Robertson has generously given the PCAO her Power Point presentation on disc which may be loaned to members or forwarded by e-mail (but it is over 8 MB!)

Researchers at Dalhousie University are still seeking participants in a survey of the impact of prostate cancer on masculinity and quality of life. You can give them your responses anonymously on-line at <a href="https://www.caprostate.ca">www.caprostate.ca</a>. See the October newsletter for more information.

#### OH! OH! OH! Or HO! HO!?

A woman goes to the post office and asks the clerk, "May I have 50 Christmas stamps?" The clerk says, "What denomination?"

The woman says, "God help us! Has it come to this? Give me 6 Catholic, 12 Presbyterian, 10 Lutheran and 22 Baptists."

### IS THIS TO BE A LOST INITIATIVE?

Time is running out; is the money going with it?

That's the question facing agencies and institutions involved in the Canadian Prostate Cancer Research Initiative. They include the Canadian Cancer Society, National Cancer Institute of Canada, the Canadian Institute of Health Research, the Canadian Prostate Cancer Network, and Health Canada.

The Initiative was set up five years ago, explained Dr. Peter Venner, Chair of the CPCRI Management Committee, "to direct Canadian dollars specifically towards studies on how to reduce the numbers of men with this condition and to improve their lives." In just five years, CPCRI grants have promoted innovation in prostate cancer research and supported a wide range of studies, encouraging both young and more experienced scientists to get involved in the field of prostate cancer research.

In 1997, \$5 million was allocated to the Initiative by Health Canada and another \$2 \frac{1}{2} million was put up each by the Canadian Cancer Society and the Canadian Institute of Health Research. CCS is prepared to renew its grant for a new phase II.

Dr. Venner says that men with prostate cancer and their families "can make their voices heard. If you think the CPCRI should receive renewed funding, contact your MP, and the federal Minister of Health to say so, loud and clear."

David Brittain of PCAO notes that, by way of comparison, Health Canada has awarded \$25 million to the first phase of the Breast Cancer Initiative and another \$15 million to the second phase.

Minister McLellan can be addressed by way of Canada Post at: Minister's Office, Health Canada/Brooke Claxton Building/P.L. 0906C/Ottawa, ON. K1A 0K9. Her fax number is (613) 952-1154. E-mail can be addressed through two websites: http://www.hc-sc.gc.ca/english/media/minister/write.html or www.annemclellan.ca

# GUIDANCE FOR DEALING WITH YOUR CANCER, YOUR SPOUSE AND YOUR LIFE

"They went like hot cakes – so we have ordered more." So promised Chair John Dugan about the new booklet on prostate cancer distributed by the Canadian Prostate Cancer Network (CPCN). The publication, presented in a folder format, is intended for newly diagnosed patients but clearly it has value to all who struggle with continuing to learn what has happened to them. Funded by an unrestricted educational grant from AstraZeneca Canada Inc, <u>Prostate Cancer – A Booklet for Patients</u> provides a fundamental overview from definition to diagnosis to treatment and post treatment, along with references to other resources and definitions of medical terms.

Another book to look for at your library or bookstore is <u>Prostate Tales</u> by Dr. Ross Gray, one of the co-authors of the play <u>No Big Deal</u>. The book and the play (which is included in the book) are especially helpful for men and women coping with the first diagnosis of prostate cancer and its impact on the patient, his spouse or partner, family and friends. Dr. Gray is co-director of PsychoSocial Medicine at Sunnybrook Hospital in Toronto. He bases his tales on true cases which illustrate well the frustrations and conflicts that must be dealt with when the diagnosis is made and augments each tale with references to studies that provide further guidance. His focus is more on the emotional upset that occurs with the diagnosis than on the actual medical condition and its treatment.

The CPCN booklet is available free of charge to members at the general meetings. The book and videotape can be borrowed from the Association's library or from the Ninon Bourque library at the ORCC-General site.

<u>DO IT FOR DAD 2004</u>: Mark your calendar for Father's Day, June 20 so you, your family and friends will be sure to share in the fun and reward of CS CO-OP Do It for Dad Family Run and Walk. If you know of a firm or organization that would be interested in sponsoring the event, please let us know.

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

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



Starting to feel a chill? Maybe you could use a warm PCAO sweatshirt. It comes in navy blue with PCAO and the reef knot discreetly printed in gold on the front shoulder. \$35.00

#### TO DIET FOR...

#### YOU MAY BE WHAT YOU EAT

The Fall 2003 issue of <u>Our Voice – Living With Prostate Cancer in Canada\*</u> features Dr. Neil Fleshner on the effect of diet on prostate cancer growth. He comments on fat consumption, the roles played by selenium, Vitamin E, lycopene, soy, and Vitamin D (actually a steroid, he says).

"Making changes like replacing high fat hamburger with a soy tofu burger, loading up on tomatoes or reinforcing your daily diet with Vitamin D or selenium supplements may help to prevent or slow down the growth of prostate cancer. While those mentioned have the strongest scientific evidence supporting their benefits, other nutrients that have been studied less but still deserve honourable mention include red wine (in moderation), green teas, garlic and cruciferous vegetables like cauliflower and broccoli."

Included in his advice is this: "No one food or diet supplement alone will make up for a lifestyle that neglects general good health. It makes practical sense to adopt a healthy lifestyle that includes stopping smoking and getting exercise."

Dr. Fleshner has agreed to speak to the PCAO in the New Year.

\*A subscription to <u>Our Voice</u> (a quarterly magazine) is available free by sending your name and address by Canada Post to Parkhurst/Our Voice, 400 McGill Street 3<sup>rd</sup> Floor, Montreal, QC H2Y 2G1, or by fax to (514) 397-0228, or by e-mail to <u>contact@parkpub.com</u>. The magazine is sponsored by Abbott Laboratories, Ltd.

#### FESTIVAL OF FITNESS: DECEMBER 12

Come celebrate your well-being. The ORCC Fitness Centre will be the site of a holiday potluck lunch on Friday, December 12. If you have worked out at the gym over the past 12 months, feel free to come out and renew your friendships. The only exercise will be raising food and drink to your lips and perhaps a carol or two. Price of admission is something to put on the table. The party starts at 1:00 p.m.

The Association was recently recognized by the Ottawa Regional Cancer Centre Foundation for its contributions to the Centre and the Foundation as a volunteer organization. Unfortunately, they omitted the Association's name from the list of honourees.

#### **WHO OR WHAT WILL BE THE 2003 RECIPIENT?**



The primary award of the Association is the **Dried Prostate Award**, presented annually to an individual or organization that has made a significant contribution to prostate cancer awareness. Be on hand at the December meeting to honour this year's recipient.

December is a social affair and members are encouraged to bring a contribution both for the St. Stephen's Food Bank and for our meeting hospitality table.

# MMMMM YUM AND IT'S GOOD FOR YOU

Christmas is coming – and so are parties that may present snacks loaded in fats. *Eating Right for Life*, a food guide from the *Our Voice* people, has this interesting paté recipe.

2tbsp olive oil
1 large onion, finely chopped
2 large cloves of garlic, finely chopped
14 oz can whole tomatoes, drained and chopped
12 sun-dried tomatoes, finely chopped
1 c. cashews, finely chopped

zest of ½ lemon, finely chopped 1 tbsp, fresh basil, chopped 1 egg, beaten salt and freshly ground black pepper to taste low-fat butter-flavoured cooking spray

- Preheat oven to 350 degrees (175 C). Line a shallow 2x5x9 inch loaf pan with waxed paper and coat with cooking spray.
- Warm oil in a saucepan over moderate heat, add the onion and garlic, cover and cook for 5 minutes. Add tomatoes and cook, uncovered, until any liquid has evaporated, about 3 minutes. Remove from heat and stir in sun-dried tomatoes, cashews, lemon zest, basil and the egg. Season with salt and pepper.
- Spoon the mixture into the pan, smoothing the top. Bake until centre is firm to the touch, about 45 to 60 minutes. Allow to cool, then turn the pâté out of the pan, wrap in foil or plastic wrap, and cool in the fridge. Serve with crackers, mini-pitas or Melba toast. Pâté can be made in advance and stored in the fridge for 2 to 3 days.

#### Fred? Prostgland? Wally? The Beacon? A rose by any other name/

Names for the newsletter have been coming in with some surprising, amusing, and appropriate suggestions. You have until December 12 to submit your suggestion.

The Executive and Members of the Steering Committee wish everyone a Happy Holiday Season and The Best of Health in the New Year.

I am plea	ased to support the wo	rk of the P	rostate Cancer Association
Ottawa with the enclosed donation of \$ .			
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PCAO is a registered charitable organization.			

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.