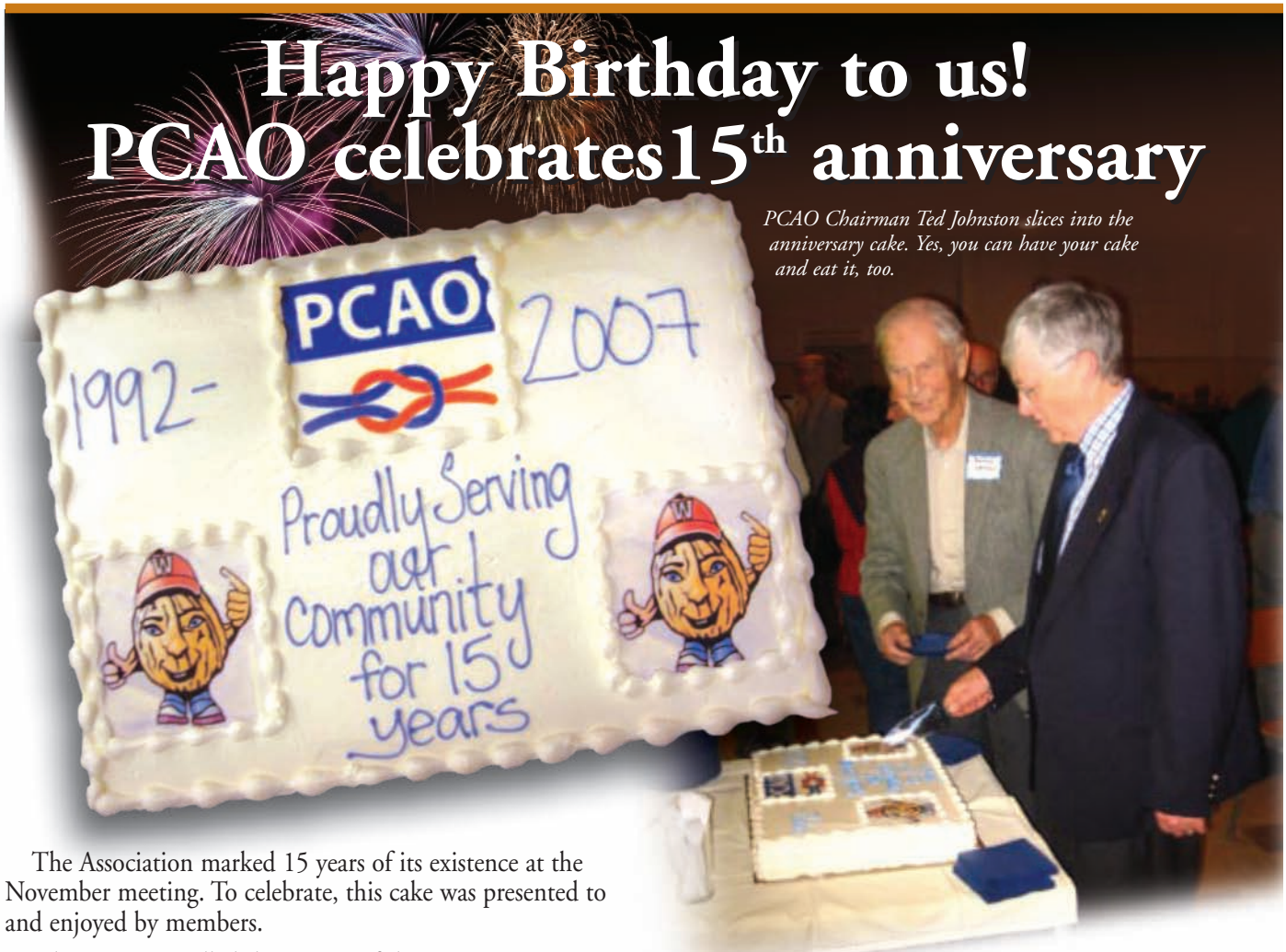
The Walnut

NEWSLETTER OF THE PROSTATE CANCER ASSOCIATION OTTAWA DECEMBER 2007

P.O. BOX 23122, OTTAWA, ON. K2A 4E2 • (613) 828-0762 • pca@ncf.ca

Happy Birthday to us! PCAO celebrates 15th anniversary



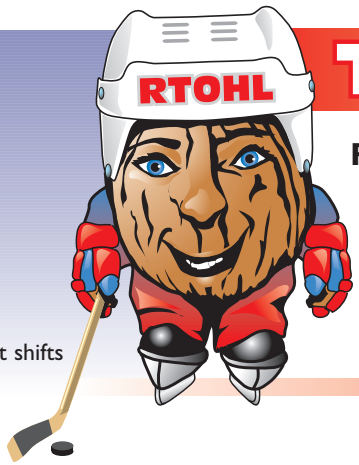
PCAO Chairman Ted Johnston slices into the anniversary cake. Yes, you can have your cake and eat it, too.

The Association marked 15 years of its existence at the November meeting. To celebrate, this cake was presented to and enjoyed by members.

John Dugan recalled the origins of the support group, crediting Dr. John Collins, then-head of urology at the Civic Hospital, and Nancy Smith, a urology nurse, with getting a few patients together to become the nucleus for the support group that we now are.

Over the years, hundreds of men have benefited from the experience of those who have 'gone before'- either under the knife or through radiation. They and their families have always expressed great appreciation for the guidance and support they have received.

Cracking open this Walnut:



Thanks

PCAO thanks the Manotick Community Association and the Rideau Township Oldtimers Hockey League for its generous donation of $2,000 from money raised at their Charity Golf Tournament held on August 20.

Message from the Chair: It's time for new leadership

I first attended a PCAO meeting in the spring of 1996 when I had come to grips with my diagnosis. I was pleasantly surprised to find I knew people at that meeting and from them I drew strength and inspiration about surviving. Later in the year, I had my radiation and, like many patients, drifted away from the Association.

In 1999, a rising PSA brought me back in search of information, experience and support – and all these were there. That was the year of the first Do It for Dad. I became involved with its organization and subsequently joined the Steering Committee. There I found there was much more to the Association than producing a simple newsletter and hosting monthly meetings. But, then, as now, the membership either was blissfully unaware of the activity or turned a blind eye to the merits of it and the need to help make it work.

Over the last ten years I have devoted a great deal of time and energy to ensuring the Association prospers. I have both supported and been supported by my colleagues in these endeavours and it is with some reluctance that I now am stepping down as Chairman. My regret is that I have failed to have a successor in place and will leave the steering committee to be its own helmsman. Unfortunately, many of the present committee members also wish either to step down or to one side but not up.

The Association is unlikely to suddenly collapse but members will find the program reduced and the influence that we have with other organizations will be weakened. The desire of members to promote more awareness of and attention to prostate cancer will certainly suffer a setback in Ottawa. My hope, nonetheless, is that out of this will come new leadership to ensure the delivery of basic support services and to develop fresh approaches to the many issues and opportunities facing us as patients and survivors. Three strong persons (men or women) are needed at a minimum to become engaged with the Association, but there are many tasks where an extra mind or pair of hands will make the work that much more enjoyable – and profitable.

The profit comes in the feeling of goodwill generated from knowing you are helping others just as you were helped at the beginning of your journey. I want to stay with the journey, but it is now time for others to help set the route.

Ted Johnston

Thursday, December 20, 2007

6:00 -7:15 P.M. Orientation for new patients and spouses. The presentation is timed to allow patients to hear the main speaker but everyone is welcome to continue this consultative discussion for as long as they find it useful.

6:30 P.M. Members are welcome to socialize and share experiences over coffee, tea and biscuits.

7:00 P.M. Open discussion at December meeting
This month we'll give the meeting over to patients, survivors, and friends to talk about experiences with prostate cancer and what might be done to improve treatment processes and after-treatment problems and cares. Snacks and drinks will be available to mark the season.

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 ST. STEPHEN'S FOOD BANK.

PUBLIC FLU CLINIC INFORMATION:

Public Flu Clinics for Ottawa began on Oct 27th and will end on January 17th.

Where do I go for the clinic?

On the internet: www.ottawa.ca

- Choose English or French
- Click on "Residents" (upper left)
- Scroll down and click on "Health" (middle of page)
- Under WHAT'S NEW? click on "School Immunization Clinics"

Telephone: 613-580-6744, ext. 24179

Some PC patients susceptible to osteoporosis

An "upright" presentation in November

"Without our bones, we would just be blobs on the floor," said Eulice Harris introducing the topic of osteoporosis at the November meeting. Ms. Harris, Education Director for the local chapter of Osteoporosis Canada, explained to members the causes, effects and treatments for this bone disease to which prostate patients can be especially susceptible.

"Bones are living tissue that holds us upright," she said. "They are remodeled approximately every four to six months. Osteoclasts erode the bone and create small cavities which osteoblasts then fill in with new bone." So long as the two processes work together, healthy bones are maintained, but the efficiency decreases with age and the loss exceeds the restructuring. Up to the age of 16 for women and 20 for men, the bones are 'under construction' but, after age 30 a gradual decline begins through to about 50 for women and 65 for men - and then becomes more pronounced.

Men under treatment for prostate cancer – especially anti-androgen therapy – become more susceptible to bone loss because of the decrease in testosterone. This is similar to women who, at menopause, lose about 10 per cent of bone mass and sometimes more. Those most at risk are age 65 and over. Other major factors include trauma fractures at an earlier age, family history, extended cortisone or other identified drug treatments, Crohn's disease sufferers and others.

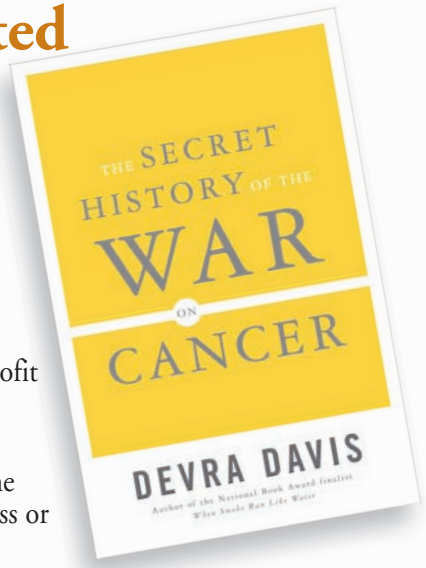
Ms. Harris urged PCAO members to be sure to have regular Bone Mineral Density tests to establish a baseline and monitor their status. "It's a simple test involving only 15 minutes of your time – and you don't have to undress for it," she joked.

Calcium supplements are important to offset bone destruction and they should be taken with Vitamin D which helps the calcium to stick to the bones. She cautioned that there are various kinds of calcium supplements and it is important to read the labels to understand the strength of each and whether they are certified as 'government inspected' for quality control. The recommended dosage for those over 50, according to the speaker, is 1500 mg of calcium daily, some of which can of course be received from diet. Natural sources are dairy products, green vegetables, and nuts such as blanched almonds. Overdosing on calcium is neither help nor hindrance as the excess is simply excreted from the body.

"There has been much progress in medications that are helpful to osteoporosis treatment," said Ms. Harris. These include sprays, pills, injections, intravenous infusions, and even patches although these are still in the trial stage and not readily available.

Osteoporosis Canada, which is marking its 25th year in 2007, has a very helpful and easy-to-navigate website at: **www.osteoporosis.ca** . The Ottawa chapter has an office at 411 Roosevelt, Suite 306 and can be reached at 613-729-8489.

Book claims cancer prevention neglected



A new book on cancer has received some astounding reviews. Andrew Nikiforuk, writing in the Globe and Mail, described "The Secret History of the War on Cancer" by Devra Davies as "easily the most important science book of the year." He further wrote, "This courageous and altogether horrible book is about as unsettling as it can get. It painstakingly documents such a persistently foul pattern of deceit and denial that I often wanted to throw it against a wall and scream."

Ms. Davis is an epidemiologist who heads the Center for Environmental Oncology at the University of Pittsburgh Cancer Institute. According to Salon reviewer Katharine Mieszkowski, Davies "argues again and again, from tobacco to benzene to asbestos, the profit motive has trumped concerns about public health, delaying, sometimes for decades, the containment of avoidable hazards."

Davies claims prevention of cancer has taken a backseat to treatment. In the process, she says, industry and its propaganda hit men have used every opportunity to discredit, dismiss or disparage information on cancer hazards in the workplace or at home.

The Secret History of the War on Cancer *by Devra Davis*, Basic Books, 505 pages, $33.50.

PCAO PROSTATE CANCER ASSOCIATION OTTAWA

P.O Box 23122
Ottawa, ON. K2A 4E2
Tel: (613) 828-0762 (Voice Mail)
E-mail: pca@ncf.ca
Website: **www.ncf.ca/pca**

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

PCAO is a member of the CANADIAN PROSTATE CANCER NETWORK: www.cpcn.org

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 David Brittain

At the December 20th meeting, Jim Steen, who had prostate cancer surgery two years ago, will read from his new novel "Buried Treasure." Jim said he is very grateful for the mentoring he received from PCAO and he will donate $100 to the Association plus $5 from any book sold that evening. The January 17th meeting will see the Dried Prostate awarded. St Stephen's has asked us to cancel our March meeting because it is Holy Week. Unless the association finds another locale, it will be cancelled.

The mentoring group reported very high ratings from surveyed newcomers. The only negative comments were from newcomers concerning joining the main meeting when it was felt the subject did not always apply to them. Stewart Given said that, after seven years with the mentoring group, he must retire. He will be standing down in January.

John Dugan reported on his trip to the CPCN conference in September. He said that while it was very good, there were not enough sessions devoted to running a support group. He acquired some CDs on initial PCa, advanced PCa, and erectile dysfunction.

Dan Livermore provided feedback on Cancer Care Ontario. They would like to develop a letter that could be sent to households detailing each cancer and the type of available tests.

Ted Johnston discussed the first meeting of the working group for the new Prostate Cancer Assessment Centre. No patients have been referred to the centre yet but meetings with other area hospitals will establish processes for referral, diagnoses, treatment and relationships.

Alterna Bank has indicated it will continue to be a Do It For Dad sponsor but will not be responsible for organizing the event in 2008 as in past years.

An open discussion was held on the association's future. Although we are financially well off, we are having difficulty getting new people to serve on the executive. Many on the present executive have been filling positions for between 5 and 10 years and are either weary or need a break. Activities to cut back or eliminate were considered. Without other members stepping forward, a reduction in activities may occur in the coming year.

Interesting findings from Down Under

by News-Medical.Net (AZoM.com Pty.Ltd.) – Sydney, Australia

Should the UK lower the age for prostate cancer detection in line with the USA?

http://www.news-medical.net/?id=32640

Urinary complications in men over 45

http://www.news-medical.net/?id=32438

As many as one in four men admitted to hospital with acute urinary retention will die within a year, finds a study published on bmj.com.

Early diagnosis of prostate cancer

http://www.news-medical.net/?id=32295

Treating prostate cancer is a race against time. By the time the patient can feel the first symptoms, the disease has usually spread too far.

To brachytherapy and beyond

By Milan V. Gregor

In 1980 at the very young age of 49, I stopped writing my name in the snow with my pee. The stream went in all directions and I had to get up at least twice during the night. My urologist told me I had an enlarged prostate and needed TURP (Transurethral Resection of Prostate), also known as Resection of Bladder Neck or the "ream job". My urologist and GP both said there would be a mild and temporary incontinence and "sex will be dry." They were correct on both counts. For twenty years after the TURP, I forgot I had a prostate.

Then one morning, after climbing out of the shower at the cottage, I felt a leak. I thought – incontinence! No, it was blood: 23 drops on the floor. Then it stopped. The following week I went to see the same urologist who performed the TURP.

Following a DRE (Digital Rectal Examination), the urologist felt an enlarged prostate, but no lumps. He sent me for a PSA test. My number was 7.5. He prescribed a weekly DRE "massage" – for 8 weeks. The DRE massages were painful and at the end the PSA instead went up to 8.5. He still did not feel a lump, but prescribed an ultrasound and a biopsy. The ultrasound did not identify anything, but the biopsy produced 4 malignant snips. My Gleason score was 6. The urologist gave me a book on the various treatments of prostate cancer. A week later, we discussed the options. Because of a previous heart by-pass operation, surgery was out of the question.

I started on hormone therapy, a mile long needle containing the hormone blocker Zoladex, in the underbelly every 3 months. It looked worse than it felt. It costs over $1100 per shot, but Ontario pays. Testosterone feeds the malignant cells and the treatment reduces its production and the prostate's size. The smaller the prostate, the more effective the radiation.

After the third injection, I was experiencing hot and cold flashes, fatigue, sore breasts and loss of strength in my legs. I was sent to a hospital-based urologist and an oncologist. With my legs in the birthing position, we had a long talk. He gave me the pros and cons of two alternatives: external beam radiation (EBR) or brachytherapy. In both options there is a risk of incontinence. With my 20-year old TURP, the brachytherapy has an incontinence risk factor of 51%. On the other hand, the EBR carries a risk of scorching the anus. To submit to radiation 5 days a week for 7 weeks did not appeal to me. I opted for brachytherapy.

Afterwards, they inserted a catheter and showed my wife how to remove it. I was in and out of the hospital in 5 hours. My underbelly colors resembled a rainbow and I had to hold something firm when urinating. The pain!!!

For the first 3 months, there was serious incontinence and I wore diapers. However, I used prevention to fight the incontinence and I think I know the location of most public bathrooms in Ottawa. In fact, I "used" the diaper only once – at a gas station in the dead of winter.

My urologist told me the frequency of voidance is caused by loss of elasticity of my bladder wall. He prescribed Detrol 2 MG (Tolterodine L – Tartrate) and the improvement was almost immediate.

I received Zoladex injections twice after the treatment. The urination pain diminished quickly, but the incontinence threat lasted almost 3 years. My final endurance test was a trip from Ottawa to Toronto, which I managed without a stop. I still pee about 3 times a night, but can hold it for a long time during the day. The stream is a problem, but my urologist told me "50% of the world population sits down to pee".

My PSA is undetectable and I am not taking any pills for prostate problems. I also know I could reduce my nightly peeing excursions if I would not have any liquids after 9 p.m.

So now, in three words, I am a PROSTATE CANCER SURVIVOR.

PCAO THANKS ASTRA ZENECA FOR ITS GENEROUS SUPPORT OF THE WALNUT

WALNUT crumbs…

A Healthy Living E-bulletin was launched by the federal government in November. It is a quarterly newsletter designed to keep healthy living stakeholders informed on efforts to promote physical activity, healthy eating and healthy weights across the country. It is produced by the Public Health Agency of Canada on behalf of the Healthy Living Issue Group of the Intersectoral Healthy Living Network.

The E-bulletin is available for viewing online at the following links:

English:
www.phac-aspc.gc.ca/hp-ps/ebulletin/index-eng.html

French:
www.phac-aspc.gc.ca/hp-ps/ebulletin/index-fra.html

Dr. Hartley Stern, Vice President of The Ottawa Hospital and CEO of the Cancer Centre, will become CEO of Montreal's Jewish General Hospital in 2008. No replacement has yet been named.

Wash your hands regularly, especially after toileting and before and during preparing food. And, if you are going to sneeze or cough, protect others by aiming for your sleeve. For a reminder of how to sneeze see the video at **www.coughsafe.com**. Think of others when you use public facilities. Observation of 6,000 people in four US cities earlier this year found that one third of men (get that? MEN!) didn't bother to wash after using a toilet. Where did they go and what did they touch after that? Frequent hand washing is the single best thing people can do to avoid getting sick.

The Medical Officer of Health and the Ottawa Paramedic Services would like to remind people to take precautions this winter:

Dress warmly: The first thing to consider is to dressing properly against the cold. At -15C, hypothermia becomes an increasing concern and overexposure to cold temperatures can result in severe injury and even death. The key to staying warm is to dress in layers and to make sure the outer layer protects you from wind and wetness. With a wind chill of -25, the risk of frostbite increases substantially so the City of Ottawa will be issuing a Frostbite Alert to local agencies that deal with those who are the most vulnerable to the cold. When the wind chill reaches -35, a Frostbite Warning will be issued to the media to advise people that exposed skin can freeze in minutes.

Check out the City of Ottawa website at **www.ottawa.ca/residents/health/environments/issues/cold/index_en.html** for more tips on dressing for cold weather and how to spot the symptoms of hypothermia and frostbite. Listen to local radio and television stations for the weather forecast so you can dress accordingly.

Haven't had your flu shot yet? Go to **www.ottawa.ca** and scroll down the home page on the right hand side to the icon "Don't let the Flu Get You" for a list of the free community clinics.

PCAO members helped to make the news and spread information about prostate cancer during October and November. **John Dugan** and **Ted Johnston** were featured in a series on cancer testing presented by CTV-Ottawa. **Murray Gordon** was quoted extensively in the Globe and Mail on November 1 in an article by Lisa Priest questioning prostate cancer testing.

Tony Coté of The Ottawa Citizen continues his very frank and helpful blog on his experience with prostate cancer. You can read his regular updates by going to **www.ottawacitizen.com**, then go to the list of blogs and click on "*It's only a prostate, right?*" to discover you aren't the only one suffering incontinence or learning that recovery from surgery means no heavy lifting.

ONE MAN'S THOUGHTS

By Cliff Oldridge

In December, 2001, the Retired Teachers of Ontario made a representation to the Romanow Commission on the Future of Health Care in Canada in which they referred to OHIP's policy on mammograms vs. PSA as "gender discrimination." I'd be hard-pressed to find any better terminology.

I regularly check out online disclosures of various federal departments. These are posted quarterly and it seems that one cancer related biggie was added after the fact: a huge grant to Canadian Partnership Against Cancer Corporation.

This organization got some $2.6 million from Health Canada in January, 2007, for startup and communications activities. I asked my MP, John Baird, how much the federal government spends on prostate cancer and his assistant referred me to Jim Watson, a provincial MPP! My guess is, what with the way spending is spread around government departments and institutes or foundations, Baird won't be able to give a direct answer about prostate cancer research.

Cliff Oldridge is neither a PC survivor or nor a patient. But he is a good friend of the PCAO and is concerned about his and other men's health. He has advocated PSA testing be covered under OHIP

Overnight shifts linked to cancer

By Maria Cheng
THE ASSOCIATED PRESS

LONDON–Like UV rays and diesel exhaust fumes, working the graveyard shift will soon be listed as a "probable" cause of cancer.

It is a surprising step validating a concept once considered wacky. It's based on research that finds higher rates of breast and prostate cancer among women and men whose work day starts after dark.

The International Agency for Research on Cancer, the cancer arm of the World Health Organization, will add overnight shift work as a probable carcinogen.

The higher cancer rates don't prove working overnight can cause cancer. There may be other factors common among graveyard shift workers that raise their cancer risk.

However, scientists suspect that overnight work is dangerous because it disrupts the circadian rhythm, the body's biological clock. The hormone melatonin, which can suppress tumour development, is normally produced at night.

If the graveyard shift theory eventually proves correct, millions of people worldwide could be affected. Experts estimate nearly 20 per cent of the working population in developed countries work night shifts.

In recent years, several studies have found that women working at night over many years were indeed more prone to breast cancer. Also, animals that have their light-dark schedules switched develop more cancerous tumours and die earlier.

Some research also suggests that men working at night may have a higher rate of prostate cancer. Because these studies mostly focused on nurses and airline crews, bigger studies in different populations are needed to confirm or disprove the findings.

Zen Truths 禪悅

Never, under any circumstances, take a sleeping pill and a laxative on the same night.

Heavier men have greater death risk

Obese men diagnosed with prostate cancer are twice as likely as healthy weight men to die from the disease, new research shows. The heavier a man is at the time of diagnosis, the greater his risk of death, according to a study published in the journal, Cancer.

After five years, the death rate for normal weight men from locally advanced prostate cancer was 6.5%, compared with 13% for overweight and obese men. And, it's not known whether losing weight after a diagnosis of prostate cancer makes a difference in survival.

"To the best of our knowledge, this is the first large study using prospective data to evaluate the relationship between obesity and mortality in men treated for locally advanced prostate cancer," the team reports. About one-third of Canadian men are obese, and an estimated 22,300 men will be diagnosed with prostate cancer this year, according to the Canadian Cancer Society.

CPCRI to cut funding for prostate cancer research

By Dan Livermore

The Canadian Prostate Cancer Research Initiative (CPCRI) has said it will no lend financial support to prostate cancer research due to a lack of funding from previous major donors, including the federal government.

This was announced at a November meeting of Cancer Care Ontario and the Cancer Preventive and Screening Network meeting attended by the PCAO's Dan Livermore and John Dugan. They reported to the meeting on Prostate Cancer Awareness Week, the PCAO's outreach activities, PSA testing, and the recently-concluded joint conference of the CPCRI and CPCN.

The meeting decided to set up a series of "task forces" to gather ideas for future screening, detection, and other initiatives, and to help share the limited amount of seed money which the CCO-ER has. As a result, Messrs. Dugan and Livermore were tasked with the prostate cancer task force, the details of which have yet to be worked out. Dan Livermore raised the issue that we should research more thoroughly possible synergies among the screening and detection methods used in all types of cancers, to assess whether new cost-effective approaches could be recommended for the region.

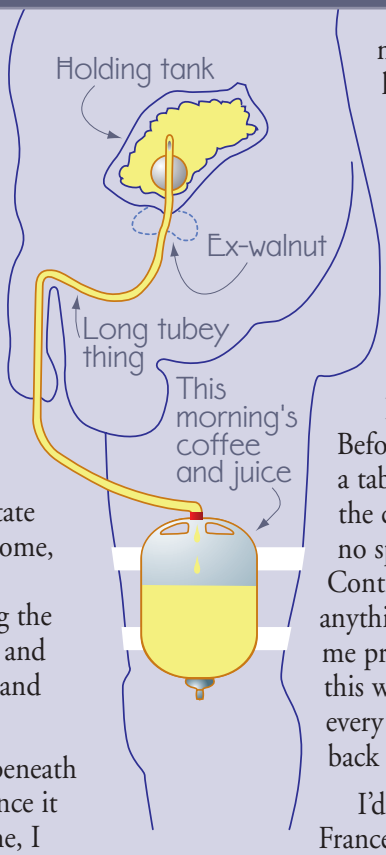
The idea has been taken up by other members of the CCO-ER, which might well lead to the study suggested. The group is proving to be a useful sounding board and information-sharing meeting, which now includes materials on prostate cancer at every meeting. The next session will be in February, 2008.

Life with a catheter

by Richard Bercuson

I'd like to say that, after four days, I was cured of prostate cancer and became sick from hospital food. Neither was true. I didn't really expect cancer surgery to cure me. I could become relatively cancer-free over time. But cured? No, ham had a better chance of getting cured than me.

I left the hospital with spare catheter bags. One type was for mobility, to be strapped to my shin. The other was larger and needed to be hung from the bed at night. In the hospital, this wasn't a problem since the beds had hooks and rails. At home, I faced a problem. It was solved by my friend and prostate advisor, Johanna. When her husband was at home, needing a catheter for two months due to a complication, she fashioned a hook by stuffing the handle of a kitchen fork between the mattress and box spring. The bag then hung from the fork and was automatically below the level of the body.



As for the mobility bag, it attached neatly beneath just about any pair of slacks or track pants. Since it was a typical Ottawa winter when I went home, I wouldn't be wearing shorts for a while.

I suppose one can become used to just about anything. The catheter was a nuisance but I knew it was a short term nuisance, or so I'd been told. It would be out in a week. People deal with a lot worse for much longer. Johanna's husband told me he never let the catheter hinder his movements. He used to drive to the local Tim Hortons and sit by the hour drinking coffee, knowing full well he'd never have to get up to pee. It was strangely liberating.

Nighttime was the trickiest. Hanging the large bag from the fork contraption wasn't hard. Moving in bed without yanking on the tube was another issue. So was seeing to it the tube always hung down. It meant changing my sleeping habits. I was afraid to sleep on my stomach for fear I'd choke off the flow. If I turned to my side, away from the bag, I could pull the catheter out. Not many options left.

Emptying and reattaching new bags became part of my routine. The bags and caring for where the catheter tube inserted were simple tasks. Of course, I couldn't easily fathom the idea of having a catheter for much longer, yet it turned out to be less of a pain than I'd feared. I admit to being curious about how the thing managed to stay attached inside me and how hard a yank it would take to pull it out. I learned the catheter is inserted through the penis and up the urethra into the bladder where a small balloon inflates and holds it in place. The catheter is removed when the balloon is deflated. It then slides out easily, which is exactly how mine was done eight days after surgery.

I saw the surgeon eight days post-op. Before entering his office, a nurse had me lie on a table and drop my pants. Then she removed the catheter. I felt nothing. Better yet, there was no spray. The doctor said I was healing well. Continue the Kegels, he said, and don't lift anything heavier than two litres of milk. He gave me prescriptions for Viagra and Levitra stating this was the time to start taking small doses every couple of days to help the nerves come back to life. Music to my ears.

I'd been considering a visit to my son in France, but was afraid the strain of traveling would harm me. I worried about deep vein thrombosis on the plane. How would I lug my suitcase around? What about leakage? He said it was fine to go. Be careful, take baby aspirin daily, move around in the plane, bring some pads, and don't worry about it. I was doing well and the trip wouldn't hurt me unless I did something stupid, like carry heavy suitcases up the steps of the Paris subway.

I booked the trip. I also went to the drugstore to buy incontinence diapers and pads. I figured a guy my age staring at the different types wouldn't be noticed. No way he'd be buying for himself, people would think.

Life without the catheter was going to be a darn sight better than with it.

Last month: *Escape plans*

Next month: *It's all about wee-wee*

This serialized account of one man's journey with prostate cancer has been written by PCAO member Richard Bercuson, an Ottawa Citizen and Monitor magazine columnist. Until this month, he has written under the pseudonym of Drake Gifford. Longer versions of the articles are being compiled into a book entitled "Assume the position."