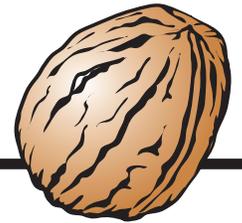


# The Walnut



NEWSLETTER OF THE PROSTATE CANCER ASSOCIATION OTTAWA  
P.O. BOX 23122, OTTAWA, ON. K2A 4E2 • (613) 828-0762 • pca@ncf.ca

OCTOBER 2008

Dr. Stephen Strum (a.k.a. David Brittain) presents:

## Male Osteoporosis

Renowned American oncologist Dr. Stephen Strum did not attend the September PCAO meeting. It wasn't too practical to fly him in from Oregon for an evening.

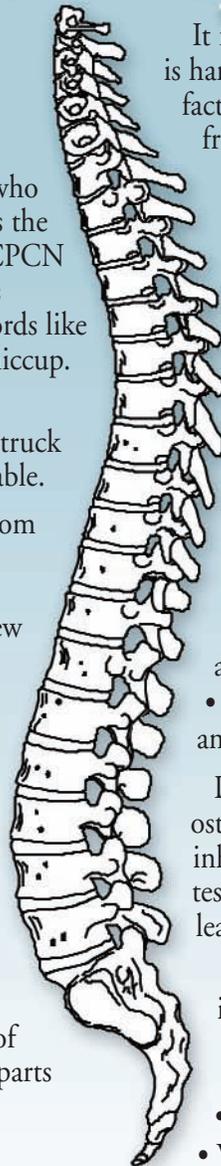
In his place spoke the PCAO's David Brittain who did a commendable job in reviewing for attendees the presentation Dr. Strum had given at the August CPCN conference in Calgary. David was able to wrap his military engineering tongue around marvelous words like bisphosphonate and absorptiometry with nary a hiccup.

David went through Dr. Strum's entire 58 slide presentation, highlighting the salient points that struck him as being the most pertinent, and understandable.

Afterwards, he was joined at the front of the room by Ludwick Papaurelis and together the men answered questions about Dr. Strum's slides and apparent radical views on how doctors need to view their relationships with patients.

The presentation's focus was on five areas:

- Male osteoporosis is grossly underestimated.
- Osteoporosis is costly insofar as health & healthcare costs.
- Technical aspects in assessing bone mineral density are extremely important, but have been ignored.
- Rx of osteoporosis involves bisphosphonate therapy AND a lot more.
- Bone integrity is part of the integrative circuit of health. Bone loss is an LED to examine other parts of our circuit board.



It further noted that osteoporosis is epidemic and that it is hardly an old woman's disease as men have it, too. In fact the death rate for men within one year of a hip fracture is 26% higher than in women.

More pertinently, it indicated that "In the setting of a new diagnosis of prostate cancer, osteoporosis or osteopenia occurs virtually 100% of the time."

One slide summarized the cause of the loss of bone mass in prostate cancer.

- Sedentary Life Style: Use it or Lose it
- Dietary excess of phosphates (soda pop) drive down calcium, stimulate PTH to resorb bone.
- Mineral deficiencies: calcium, magnesium, boron, vitamin K, silica, strontium
- Genetic Factors: Asians > Caucasians > Blacks
- Medical conditions, social habits and medications: hyper & hypothyroidism, hyperparathyroidism, stress, alcohol, cigarettes, steroids, Dilantin, Coumadin
- Declining hormonal levels seen with aging: androgens, growth hormone (GH), melatonin, etc.

Dr. Strum's research showed how testosterone inhibits osteoclast formation. "Testosterone removes osteoclast inhibitors, hormone therapy for PC patients lowers testosterone, and this increases osteoclast function leading to net bone loss due to excessive resorption."

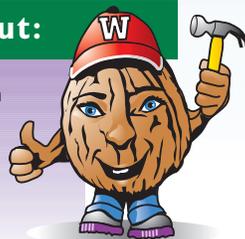
The doctor's observation after 45 years in medicine included these key points:

- Illnesses are linked, and finding one illness should raise our concern regarding presence of others.
- If we prevent one illness, we likely prevent the other.
- We need to multi-task healthcare.
- All of us—patients & physicians—must be outstanding MDs (medical detectives)

In the end, Messrs. Brittain and Papaurelis educated the membership with as close to an actual medical professional's summary as was possible.

### Cracking open this Walnut:

- Page 1 – Dr. Strum's presentation
- Page 2 – Executive meeting
- Page 3 – Brittain's El Camino
- Page 4 – Avoiding costly care
- Page 5 – Liberals renegeing?
- Page 6 – Cancer expert warns





**PROSTATE  
CANCER  
ASSOCIATION  
OTTAWA**

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

Chair	<b>Vacant</b>
Vice Chair	<b>Vacant</b>
Vice Chair (DIFD)	<b>Vacant</b>
Treasurer	<b>Murray Gordon</b>
Administrative Director	<b>John Dugan</b>
Past Chair	<b>Ted Johnston</b>

**COMMITTEE CHAIRS**

Member Services	Vacant
Program	David Brittain, Bill Dolan
Volunteers	Murray Gordon
CPCN Liaison	Vacant
Church Liaison	Bob McInnis
Setup	Bob Blackadar
Mentoring Group	Harvey Nuelle (Interim Chair), Stewart Given, Jim White, Milan Gregor, Ron Marsland, Eric Meek, Murray Gordon, Charles Boode
Hand-in-Hand	Vacant
Prostate Awareness Week	Vacant
Cards & Greetings	Joyce McInnis
Newsletter	EDITOR: Richard Bercuson DESIGN AND LAYOUT: Marc Guertin CONTRIBUTORS: Wilf Gilchrist, Dan Livermore, Ludwick Papaurelis, John Dugan
Distribution	Arland Benn, Andy Proulx, David Walsh
Members at Large	Jim Annett, Wilf Gilchrist, Ron Marsland, Jim McKenzie, Eric Meek, John Trant, John Webster

**PCAO is a member of the  
CANADIAN PROSTATE CANCER  
NETWORK: [www.cpcn.org](http://www.cpcn.org)**

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.

**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

**OVERVIEW OF EXECUTIVE MEETING  
SEPTEMBER 25, 2008**

**PRESENT:** Wilf Gilchrist, Bob McInnis, Murray Gordon Treasurer, Charles Boode, Bill Dolan, Ron Marsland, Dan Livermore Chairperson, David Brittain, John Dugan Administrative Director

**REGRETS:** Harvey Nuelle, Ludwick Papaurelis, Ted Johnston

**AGENDA & MINUTES OF PREVIOUS MEETING - Moved, Seconded and Carried**

**TREASURER'S REPORT –**

Alterna Savings - \$16981.74 Trust Account - \$2143.89

Manulife Bank Business Advantage Account - \$88,450.38

Donation from Carp Fair was received and well publicized locally. DVD from Thunder Bay Support Group tabled with Motion *Moved, Seconded and Carried to contribute \$25.00 in support.*

**SECRETARY'S REPORT:** Web site activity slow with improvement in telephone helpline. Reviewed new donation cards for funeral homes, organization of coffee breaks at meetings, performance at General Dynamics Wellness fair, and importance of training volunteers for such events. PCAO will provide parking lot attendants for the Survivor Park Opening. *Moved, Seconded and Carried to pay for services of members to look after coffee service.*

**MEMBER SERVICES:** Reviewed September Meeting and topics for future meetings.

Need to upgrade and introduce topics impacting PCa patients, osteoporosis, and new markers, realizing one cancer leads to another. Bill Dolan will take over from David Brittain in January, supported by Charles Boode. Discussed Dr. Moyad for November, using large screens for special events, inviting other cancer organizations, and continuing search for more suitable locations, avoiding hockey nights and parking costs. Program topics must better relate to member needs.

**WEB SITE:** Recent suggestions to improve our web site were reviewed and in most part resolved by report from Wilf Gilchrist to be published in The Walnut. Hit counter shows activity growing. Concern that aging membership is not all computer-oriented. Hired support may not be justified.

*Moved, Seconded and Carried that PCAO send two representatives to Toronto Conference "Surviving Cancer and Living Well," November 14 – 16, and report findings at a future meeting.*

**MENTORING REPORT:** Harvey Nuelle has asked to carry on as Chairperson. Committee is organized and procedures now better documented. Activity sporadic with expected increase in winter as media reports implemented. Members are asked to place info in doctors' offices.

**OUTREACH PROGRAM:** General Dynamics only activity in the period. Prostate Cancer Awareness Week was disappointing this year through no fault of PCAO. ATP book sales continuing and have covered costs to date. Dan Livermore reported on recent Cancer Care Ontario meeting. Dugan to investigate our participation in the CCO Hampton Inn Conference October 6th. Charles Boode attended and reported on the City of Ottawa conference "Living Well". Opportunity for networking.

**NEXT EXECUTIVE MEETING:** Thursday October 30th, St. Stephens Church, 9:30 AM. All members are welcomed to attend and take a more active role in our Association.



## Brittain walking Spain

David Brittain blames his wanderlust and sense of outdoors on his upbringing in Wyoming.

That's Wyoming, Ontario, by the way, a small town about 30 kilometres from Sarnia. There he built rafts and tree forts and explored trails and forests. He was an avid Boy Scout, in love with the outdoors. There wasn't much he didn't do: canoeing, tripping, whitewater paddling, skiing, fishing, and trekking.

Trekking. And his biggest trek has just begun. On Oct. 1, David, a member of the PCAO's Steering Committee, departed for Roncesvalles, Spain, his starting point for the 800 kilometre El Camino walk.

"I saw a story in the Citizen," Brittain said just prior to departure, "It was about a Telecom boss who'd had to fire so many people, he felt he needed to do the El Camino to restore 'his heart and soul.' I was touched by the story and have wanted to do this ever since. That was six years ago."

Brittain was a graduate of RMC in Kingston and an RCAF engineer, yet history had always been his favourite subject. He loved the idea of walking a 2000 year old Roman road. Plus, there's the sense of adventure, being by himself in a country he had never visited.

"The concept of walking, living, and eating simply, and thinking away from the hurley-burley and materialism of today's world attracts me. Eat-walk-sleep. Like a canoe trip in the Far North except a paddle has been traded for a shoe."

It's a daunting task indeed. The PCAO and the Walnut wish David many quiet adventures, peaceful nights, and just enough luscious wine to keep a glow on.

## Car show donates \$500 to PCAO

The fourth annual Carp Antique Car show, held in July, recently gave a cheque for \$500 to PCAO's Murray Gordon.



The cheque was presented by Glenn Byrnes, the event's originator, who organized the fundraiser. The resident of MacLaren's Landing told a west end newspaper he wanted the prostate cancer association to benefit, not just the Carp Agricultural Fair with which the show is linked.

Byrnes also indicated that next year, the PCAO may be able to set up a display during the show.

## Final tally for Do It For Dad is...

# \$233,778.21

The final figures are in, the "t's" are crossed and the "i's" dotted: the tenth annual **Alterna Do It for Dad** netted **\$233,778.21** in support of the fight against prostate cancer.

Over 1500 runners, walkers and volunteers turned out for this year's event on a splendidly sunny Father's Day.

Further details can be found at [www.alternadifd.ca](http://www.alternadifd.ca) or [www.ottawacancer.ca](http://www.ottawacancer.ca). The Prostate Gurus results can be found at [www.ncf.ca/pca](http://www.ncf.ca/pca).

## Cancer Survivors Park opens



*Three of our PCAO members are pictured here in full parking lot attendant paraphernalia.*

The Richard and Annette Bloch Cancer Survivors Park Cancer Survivor Park at the corner of Alta Vista Drive and Industrial Avenue was officially opened on Wednesday, September 24th. The opening was called "A celebration of life" and was promoted as "what's outside can help heal what's inside."

The PCAO's Mike Scott and Ron Marsland along with other volunteers supported the event as parking lot attendants. The park is an island of hope and solitude in the midst of a bustling city. Patients, survivors, supporters and the general public are invited to take advantage of its location and purpose within our community.

## NEXT MONTHLY MEETING

Thursday, October 16, 2008

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

**7:00 P.M.** Orientation for new patients and spouses – Shalom Room. Everyone is welcome to continue this consultative discussion for as long as they find it useful. Afterwards, they may also join the regular PCAO meeting, which will be in progress.

**7:15 P.M.** "LET'S TALK ABOUT IT" with large screen video followed by open discussion. Men and women are encouraged to attend and participate.

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.**

## Avoiding costly care is a priority

by Dr. Mike Ritze

Though used on both sides of the political aisle, the very term “healthcare” speaks volumes. Most proponents of universal healthcare spout rhetoric that American medicine is too “disease oriented.”

This tells you where the emphasis of a new system will lie and where future monies will be spent — on the healthy. They ask, “Wouldn’t it be better to focus on keeping people healthy?” This theme plays out in various iterations, often in the context of statistics and money.

Over and over, we hear negative commentary about the supposedly over-large amounts of money being spent on people during their last six months of life. Not voiced aloud but obviously implied are other questions about cost, such as, “Why should society waste money giving your child a 10 percent chance of surviving his cancer, when for the same amount of money we could buy obesity education for thousands?”

Of course, proponents of universal healthcare aren’t so crass as to admit that they’re against giving care to certain groups of people, but that is how universal healthcare lowers the cost of care.

The Fraser Institute, which does a yearly analysis of the wait times in Canadian healthcare, found that in 2005 over 782,936 Canadians were on waiting lists.

If Canada had the same population as the United States, that would mean almost seven and a half million people would be on waiting lists. (In the United States, our waiting list would likely be vastly greater because of our aging population.)

In fact, eye surgeons in Toronto were allowed in operating rooms only one day a week while Canadians often went blind waiting for cataract surgery, a relatively minor procedure in the United States.

Undeniably, “universal access” means months of waiting for “elective” procedures. In Canada, a new industry has even emerged for managing the waiting lists. The average waiting time across “12 specialties and 10 provinces surveyed” was 17.7 weeks, according to the Fraser Institute. (This number is probably skewed low because some provinces do not readily release data about waiting times.)

This is a worsening problem: “Compared to 1993, waiting time in 2005 is 90 percent longer.”

And as Paul Krugman, a New York Times editorial writer who is for government healthcare, has admitted, Canada’s waiting times are still shorter than Britain’s. Yet, when comparisons between the systems are made, the cost of pain and disability from these delays is never counted.

Long-suffering Canadians are beginning to lose patience. Only 65 percent of Canadians still say they get good care,

and only 53 percent of Albertans said they were satisfied with recent emergency care. The government’s response: hire more social workers, open a 24-hour “suggestions” hot line — and conduct a high-profile campaign to reduce waiting times for cancer surgery by cannibalizing resources from other types of surgery.

But when the citizens of countries with national healthcare programs get treatment, it’s better than ours, right?

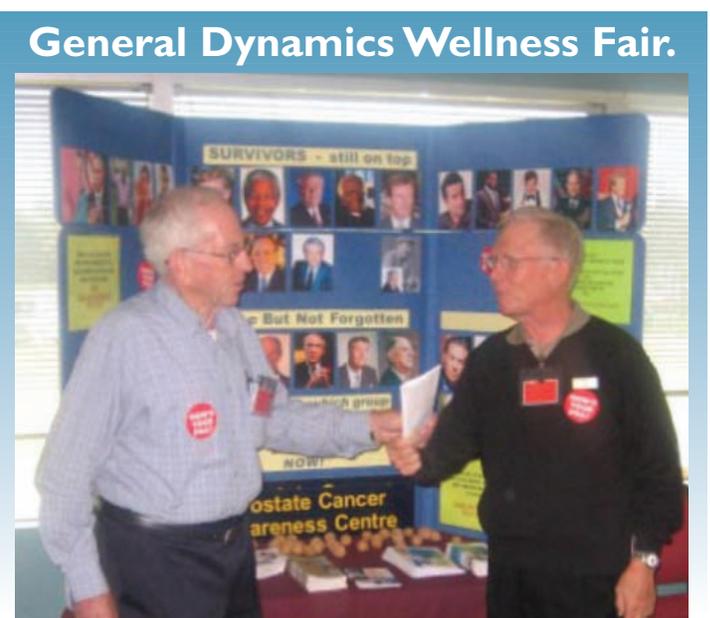
An article critiquing Paul Krugman’s commentary on healthcare cites the book *Lives at Risk: Single-payer National Health Insurance Around the World* as saying: “Consider breast cancer. In the United States, the mortality ratio - the percentage of people with the disease who die from it - is 25 percent. The breast cancer mortality ratios for Canada, the United Kingdom and New Zealand are 28 percent, 46 percent and 46 percent respectively.

The U.S. prostate cancer mortality ratio is only 19 percent. In Canada, it’s 25 percent, in France, it’s 49 percent - and in the United Kingdom, over half - 57 percent - of men diagnosed with prostate cancer die from it!”

But if Canadian healthcare is so poor, why don’t they scrap the system and get a better one? Because supplying “free” routine healthcare is still a great vote-getter from the healthy population that is worried about paying off emergency trauma care, rather than paying for quality-of-life care (knee and hip replacements).

And the healthy out-vote the sick by a huge margin. Moreover, healthy people may enjoy going to the doctor frequently for minor complaints, without charge at the time of service, without thinking about the true costs of those doctor visits.

*Dr. Mike Ritze is a member of the Oklahoma House of Representatives.*



*The PCAO booth at the recent General Dynamics Wellness Fair.*

## PCAO website under review

by Wilf Gilchrist

The PCAO has had a website for a number of years. It is hosted by the National Capital Freenet (NCF). The PCAO url is: [pca.ncf.ca](http://pca.ncf.ca). The NCF, a partly volunteer organization in Ottawa, asks for a donation each year and we generally make a contribution above that amount.

The PCAO principally uses our website to post information about upcoming meetings. Members also download *The Walnut* newsletter from the site. As well, there is information about local items that might be of interest to prostate cancer survivors in Ottawa. We have a few links to other organizations such as the CPCN, the Canadian Cancer Society, and the City of Ottawa/Prostate Cancer information. We tend not to have links to specific information on other websites. Having such links might indicate we endorse the information to some extent. The PCAO does not have the manpower on a regular basis to assess outside information. Internet users can already easily access a wide range of information.

Our website has an average daily use of 6 visitors, or 185 per month. To find our website, any casual internet user can find us through Google. Doing a Google search on the words "prostate cancer Ottawa" will bring up a list of 237,000 hits with our website being the three hits at the top of the list. If a user knows the initials of our organization and enters "pcao" in Google, our website comes up at the top of the list of 17,600 hits. This is because the meta name keywords being searched for are contained in the code of our website main page. Google searches out these meta names on an ongoing basis and stores them to be used when a user conducts a search.

The PCAO has had the domain name [pcao.ca](http://pcao.ca) registered since 2000. If implemented, our url would be [www.pcao.ca](http://www.pcao.ca). It has never been implemented because it would not provide much advantage over what we have now. If implemented, the more computer literate users could enter it as the url and go directly to our website, provided they knew our acronym.

While 194 members receive an email notification of The Walnut being posted to our website, 210 members have it mailed out. Of our over 400 members, there are 122 members without an email address. This indicates that in general our members are not heavy computer users.

An investigation will be made into the costs involved in implementing the [pcao.ca](http://pcao.ca) domain name with the NCF, and the company through which the domain name is registered.

## Are provincial Liberals reneging on paying for PSA test?

by Richard Bercuson

Early this month, Derek Lawrence, Ontario coordinator for CPCN, was informed by Sophia Ikura-MacMillan, a Senior Policy Advisor to the Minister of Health, that the province was not going to pay for PSA tests as of Jan. 1, 2009.

Lawrence writes, "She stated that the only changes that will be made on January 1st would be that men who have prostate cancer or highly suspected of having prostate cancer (as it is at present) would no longer have to go to the hospital to have blood taken. It would be then covered by OHIP so that men would then go to a lab to have the blood taken. This would of course benefit those men who now have to travel long distances to get to a hospital."

During a meeting attended by Lawrence and Aaron Bacher, Chairman of Man to Man, Ms. Ikura-MacMillan said that in January, 2009, meetings will be set up to discuss what changes to the PSA test should take place and at that time CPCN, and others, will have the opportunity to state our case with the medical people who will also be called to the meeting.

This is not what the Liberal government promised. One gentleman who has been front and centre to get the test covered, Cliff Oldridge, is incensed. He had agreed to participate last spring in the press conference announcing that the Liberals would pay for the test.

Now he has written to his MP John Baird and MPP Jim Watson informing them he will no longer support either the provincial or federal Liberal parties. He has asked Mr. Baird where he can send funds to support the Conservatives instead.

Meanwhile, Barbara Garland, Chairperson of the Us Too PC Support Group in the Durham Region, writes, "I feel it is time we started contacting our MPPs to get this decision revoked. There is a reverse discrimination here and although it doesn't help us as PC survivors, husbands, sons, nephews of the future are affected. Over ten thousand men in Ontario alone will be diagnosed with PC if they pay for their bloodwork. How many more are missed?"

"Us Too Prostate Cancer Support Group is initiating a letter-writing campaign among our mailing list of members. I urge you to do the same."

If true, the policy reversal (a.k.a broken promise) is sure to galvanize men and their families against Dalton McGuinty's party. Judging by the initial reaction at The Walnut's press time, he's in for a rough ride.

# Cancer expert warns of too-great expectations

by Michael Valpy

One of the world's top cancer scientists used the language of baseball to predict that research into the disease over the next 10 to 20 years will be measured by singles and doubles but not home runs.

Nobel laureate Harold Varmus, head of New York's Memorial Sloan-Kettering Cancer Center, said one of the inherent difficulties in continuing to raise funds for cancer research is to explain to people how difficult the problems are that still lie ahead.

"These problems are really, really tough, and they're going to be knocked off more or less one by one," he said in an interview in Toronto, where he received one of Canada's highest-profile medical awards, the Henry G. Friesen International Prize in Health Research.

"Unrealistic expectations of an imminent cure for cancer have been around since former U.S. president Richard Nixon declared war on the disease in his 1971 State of the Union address," Dr. Varmus said.

"They have been fuelled," he said, "by a continuous stream of media articles that trumpet some initiative such as the completion of the genome project and then predict a payoff never matched by reality."

And he argued that the culture of unrealistic expectations is encouraged by the way science is taught in schools, with a focus on outcomes rather than process.

Dr. Varmus, a lean, athletic 68-year-old, shared the 1989 Nobel Prize for medicine with the discovery that certain genes that guide normal growth in cells can be converted into cancer-causing genes - called oncogenes - that transform healthy cells into tumour cells. His work has been credited with revolutionizing cancer research. He received the Friesen

Prize for his leadership and innovative contributions to medical research and promotion of science over the past four decades.

What researchers now unequivocally know is that cancer is not one disease but many diseases where the machinery of a cell is disordered by mutation

Dr. Varmus said the challenge lies in how to define those disorders and figure out ways to restore the correct balances and forces in cells that lead them to grow or not to grow, die or not to die, become different or not become different.

"These are incredibly complicated scenes that we're only beginning to understand thanks to the genome project and spinoffs from the genome project.

"And the hope that advocacy groups understandably have - that if we just do a little bit more research and apply it at the bedside, that we're going to cure cancer - is really terribly simplistic.

"And when scientists give support to that simplistic notion, which they are likely to do because it's the way of raising money, they create an expectation that's very hard to meet."

Cancer researchers have made dramatic progress on a number of fronts, he said - citing successes with pediatric cancers, testicular cancer and myelogenous leukemia, a type of bone-marrow cancer.

He described these targeted therapies as "remarkable - they show us how the job can be done for some selected cancers. But no one should be allowed to make the leap that if you can do it for Lance Armstrong you can do it for everybody," a reference to the seven-time winner of the Tour de France who survived testicular cancer.

Dr. Varmus said, "I think it's safe to say that over the next 10 to 20 years we're going to be much more successful in controlling growth of cancer cells, in [controlling] the progression of the disease by targeted therapies. But it's going to be singles and doubles but not home runs."

## Sens game tickets will support Motorcycle Ride for Dad

David Neilson is selling Ottawa Senators tickets to raise money for the fight against prostate cancer. His father-in-law was diagnosed with prostate cancer five years ago, and luckily, after a very successful surgery, he has beaten the disease and has been cancer free ever since. David and his wife have been active participants in the Motorcycle Ride for Dad, an annual ride to raise money and awareness for prostate cancer, for the last four years. Two years ago, they sold 554 tickets to an Ottawa Senators game and raised over \$8,000 for the Ride for Dad.



This year he's trying to better that amount by trying to sell 600 tickets to the Senators' November 13th game against the New York Islanders. The tickets are worth over \$50 (including surcharges) but are being sold for \$45 (total, no taxes or surcharges). For every ticket sold, \$16 will be donated to the Ride for Dad. Tickets need to be sold by November 1. See the attached poster for contact information.

**Ottawa Senators**  
vs  
**New York Islanders**  
**Thursday November 13, 2008**  
**Tickets: \$45.00 each (worth over \$50)**  
**Mid/Upper 3rd Level**

*\$16.00 from every ticket sold will be donated to The Motorcycle Ride for Dad, a motorcycle ride to raise money and awareness for prostate cancer.*

**Tickets must be purchased by Nov. 1st**

**To Purchase Tickets Contact:**

**David Neilson**

**Phone: (613) 424-3087**

**E-Mail: sensridefordad@rogers.com**