



Laparoscopic procedures on the way

By Ted Johnston

There may come a day when prostatectomies are performed robotically – but for now the cost of such procedures inhibits the early arrival in Canadian hospitals.

Drs. Brian Blew and James Watterson presented a view of the future for PCa surgeries at the November meeting. Both are urological surgeons at The Ottawa Hospital and are performing laparoscopic radical prostatectomies. They began their presentation with an overview of the incidence of prostate cancer and the treatment options: watchful waiting, radiation and surgical removal.

Under the latter heading, they said that open surgery is still the standard method, but increasingly surgeons (like Blew and Watterson) are performing laparoscopic operations, which are minimally invasive and provide the surgeon and his team with superior images of the target area. This method allows for the possibility of less damage to the surrounding neuromuscular bundles.

Robotic laparoscopic surgery allows the surgeon to operate from a console near the patient, assisted by a bedside surgeon and team who manage the actual tools as required. The surgeon sits at a console outfitted with robotic hands and a magnified three-dimensional view of the surgical bed.

Not all patients can be candidates for laparoscopic or robotic laparoscopic surgery. The disease has to be diagnosed as low volume and localized in the prostate. Moreover, the patient cannot be morbidly obese nor have other health problems. He must be deemed to be tolerant of the procedure and to have given informed consent. Both procedures minimize blood loss and usually involve short hospital stays (1-2 days), smaller incisions and minimal scarring, which contribute to a faster recovery with less post-operation pain. The robotic procedure provides greater magnification that is three dimensional, eliminates human tremor, allows scaling of movements and has seven degrees (ranges) of freedom. For the surgeon, there is an improved ergonomic stance making it less tiring.

But for all its benefits, there is a cost: the initial capital investment runs to \$5 million, with annual maintenance costs of \$250,000 and the expense of training surgeons which includes less time available for patients. The disposable instruments are valued at \$2,500 for each operation.

Nonetheless, Drs. Blew and Watterson anticipate the day when robotic laparoscopic radical prostatectomies (RLRP) will be the standard. Already in the United States, 60 per cent of surgeries in 2007 were RLRP. In recent years, for every 20 per cent drop in open surgeries, there has been a commensurate increase for LRP or RLRP operations.



Dr. Brian Blew (left) and Dr. James Watterson share a light moment after the November presentation.

Cracking open this Walnut:

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**Ladies – We have
gifts for you at
our Dec. 18
meeting!**

**See the bottom of
page 3 for details**





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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	Dan Livermore (Acting)
Vice Chair	Charles Boode
Treasurer	Murray Gordon
Secretary	John Dugan
Past Chair	Ted Johnston
Administrative Director	John Dugan

TEAM LEADERS

Membership	Vacant
Mentoring	Harvey Nuele
Outreach	Ted Johnston (Interim)
Meetings Program	Bill Dolan
Meetings Setup	Bob Blackadar
Partners in PCa	Vacant
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Church Liaison	Bob McInnis

PCAO is a member of the CANADIAN PROSTATE CANCER NETWORK: 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 THURSDAY, NOVEMBER 22, 2008

Present: Ron Marsland, Bill Dolan, Charles Boode, Wilfred Gilchrist, Ted Johnston Past Chairman, Dan Livermore Acting Chairperson, John Dugan Administrative Director, Harvey Noelle, Murray Gordon Treasurer, David Brittain, Mel Creighton **Regrets:** Richard Bercuson

AGENDA AND MINUTES OF PREVIOUS MEETING: Moved, Seconded and Carried

TREASURER'S REPORT: Murray Gordon reported:

Chequing Account - \$13,200.21

Trust Account - \$23,609.07

Manulife Bank Business Advantage Account- \$88,877.56

SECRETARY'S REPORT: Increased activity for both telephone Help Line and web site this month. Excellent action and response to our Telephone Canvas of members in promoting the November Meeting. Dugan presented a six month overview of costs for the Administrative Director position. Gordon suggested the Association would save the expense if specific tasks could be relegated to volunteers. A motion was presented, seconded and carried to have Dugan continue for another six months. Another motion approved the purchase of a new projector and screen.

MEMBERSHIP – Excellent attendance and program in November. Our December meeting will be of great interest to members, wives, family and friends. Guy Thatcher takes us on a tour of an interesting part of the world in SPAIN - SIGHT AND SOUND with a special gift for our ladies. Dolan will now concentrate on program for 2009 and delay the Members Survey until later in the 2009. Brittain and Marsland volunteered to send out the 2009 Membership Renewal Forms during December. Boode has volunteered to act as MEMBERSHIP team leader. This is a major step for PCAO.

A new sign up sheet will be circulated at each meeting to gauge attendance levels.

MENTORING – We welcomed ten new members in November with discussion both at the beginning and end of the meeting giving them the opportunity if seeing the video presentation. Our Mentoring program has received a number of accolades this month.

OUTREACH PROGRAM – Discussions covered the need for volunteers for the Ottawa Hospital and issues relating to Do It For Dad. We need a volunteer as our representative to DIFD matters.

Our Awards program was discussed with the nominee for the Dried Prostate Award confirmed.

Marsland commented on the Men's Wellness Seminar and Boode covered the Foundations General Meeting.

COMMUNICATIONS – Deadline for Walnut as scheduled. Gilchrist will add organizations and individuals that support PCa to our mailing lists.

NEW BUSINESS - Motion seconded and carried to pay Mike Ventura (Church Custodian) \$30.00 per month for meeting set-up and storage of chairs and tables and take charge of coffee service.

NEXT MEETING – January 8, 2009. All members welcomed.

MEETING ADJOURNED 12:20 PM To be followed by Dolan review of program issues for 2009.

PROSTATE CANCER SPURS NEW NERVES

Baylor College of Medicine

Prostate cancer – and perhaps other cancers – promotes the growth of new nerves and the branching axons that carry their messages, a finding associated with more aggressive tumors, said researchers from Baylor College of Medicine in the first report of the phenomenon that appears today in the journal *Clinical Cancer Research*.

Previous research showed that prostate cancer follows the growth of nerves, but this is the first time that scientists have demonstrated that the tumors actually promote nerve growth.

“This is the first report of this phenomenon,” said Dr. Gustavo Ayala, professor of pathology and urology at BCM and first author of the article. “It represents an important new target in prostate cancer treatment, as prostate cancers are more aggressive when neurogenesis is present.”

Ayala noted that this finding is comparable to the discovery of angiogenesis or the growth of new blood vessels. Both are part of the wound repair process.

“We also believe that axonogenesis and neurogenesis is found not only in prostate cancer, but is potentially a more global phenomenon, particularly relating to those cancers

that grow along nerve paths,” said Ayala, also a researcher in the Dan L. Duncan Cancer Center at BCM.

Ayala and his colleagues studied the neurogenesis in tissue culture, in human tissues of patients who had had prostate cancer and compared to prostate tissues from patients who had died of other ailments. They calculated the density of nerves in human prostate tissues, including those with prostate cancer. They found that nerve density was considerably higher in patients with prostate cancer and in precancerous lesions. As part of the study, he used an entire prostate gland to reconstruct the prostate and enable scientists to see the growth of nerves and axons in three-dimensions, a computerized process that took substantial continuous computer processing.

He and his colleagues have even identified a possible method of regulating the growth of new nerves and axons through a protein called semaphorin 4F. Semaphorins are embryologically active molecules that regulate nerve growth and direction. Most disappear in adults, but semaphorin 4F is active in wound repair. When prostate cancer cells overproduce semaphorin 4F, new nerves result. Blocking semaphorin 4F prevents the growth of new nerves.

A Public Health Moment
Did you know... that 46% of Ottawa adults (20 years or older) report at least one occasion of binge drinking over the past year. To learn about Low Risk Drinking Guidelines visit the Healthy Everyday Living pages of ottawa.ca/health at: http://ottawa.ca/residents/health/living/alcohol_drugs_tobacco/alcohol/guidelines_en.html

A Public Health Moment
Did you know... stuffing should be cooked before being put into a raw turkey? To learn more on protecting yourself from food poisoning this holiday season visit ottawa.ca/health.

Ottawa | Public Health
Santé publique

613-580-6744
TTY: 613-580-9656

ottawa.ca/health | ottawa.ca/sante

NEXT MONTHLY MEETING

Thursday, December 18, 2008

6:30 P.M. Members and guests 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.

7:30 P.M. Through photos and dialogue, **Guy Thatcher** will provide a tour of El Camino de Santiago in Spain. *There will be special gifts for the ladies in attendance.*

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 Street on the left. Parking is at the rear of the church.

PLEASE REMEMBER YOUR CONTRIBUTION FOR ST. STEPHEN'S FOOD BANK.

Wealthy men getting diagnosed more

By Joanna Frketich
THE HAMILTON SPECTATOR

Wealthy men are more likely to be diagnosed with prostate cancer.

But it's not because they're at increased risk, suggests a report by the Institute for Clinical Evaluative Sciences (ICES). Instead, they're more able and willing to pay for the screening test which is currently not covered by the Ontario government.

"Men living in wealthier neighbourhoods were more likely to be screened," states the report which was released in error in November. "This might have led to more diagnosis of prostate cancer."

The Prostate Cancer Research Foundation of Canada is meeting with the province Monday to make sure the Ministry of Health keeps its promise to fund screening in January.

"This is a test that should be made available to all," said Greg Sarney, vice-president of the foundation. "We feel it's as valuable a test as mammogram is for breast cancer."

What isn't clear from the ICES report is why wealthy men are also more likely to have surgery to cure them once diagnosed. The finding left researchers baffled.

"It is impossible to provide a definitive explanation," they concluded. The report used a number of provincial databases to investigate close to 60 per cent of all cancer surgeries in Ontario performed on patients diagnosed between April 1, 2003 and March 31, 2004.

The 31,457 patients had one of the four most common types of cancer -- prostate, breast, colorectal or lung cancer -- or a cancer of the female genital tract.

It's been more than 10 years since this level of detail on cancer surgery has been researched by ICES, an independent and non-profit organization funded primarily by the provincial government that conducts research on health care in Ontario.

The report found patients don't always get the surgeries that might cure their disease. This was particularly true for lung cancer, with only 19 per cent of patients having a surgical procedure to remove their tumours. Concerns about lung cancer care were also raised in the area that includes Hamilton. It saw the worst access to medical oncologists and chemotherapy in the province.

The report, which also concluded those having cancer surgery don't always receive the highest quality care, left cancer officials stressing the data is four years old and things have changed since then.

Oily fish may boost PC survival

By Sarah Han
foodconsumer.org



Taking omega-3 fatty acids such as DHA and EPA or eating oily fish full of omega 3 may boost the odds of survival for patients diagnosed with prostate cancer, according to a new study published in the current issue of the American Journal of Clinical Nutrition.

The study, led by Jorge Chavarro from Harvard School of Public Health, found an increased intake of fish and omega-3 rich seafood was associated with a 38 percent increased rate of prostate cancer survival.

The prospective cohort study of 20,000 men also found that those who ate five servings of fish per week were at a 48 percent reduced risk of death from prostate cancer compared to men who only ate one serving per week.

The same team of researchers last year published a study in the journal Cancer Epidemiology, Biomarkers & Prevention saying higher intake of DHA and EPA reduced risk of prostate cancer by 40 percent, but the benefit was not seen with eating fish.

KGK supports new Vitamin D research

KGK Synergize Inc, a contract research organization, sponsored an observational screening study along with the Toronto Man to Man Prostate Cancer Support Group, to evaluate the vitamin D status of volunteers from Toronto.

Attendees of this first-ever Man to Man special event, which was held on November 5, 2008 at the Toronto Botanical Garden, were invited to participate, along with their spouses. A total of 189 people participated in this screening, which to date, is one of the largest one-time cohort of subjects in North America that have been screened for vitamin D levels in their blood.

"Vitamin D deficiency is a worldwide health problem, especially for populations at higher latitudes where sun exposure is at a minimum," states Dr. Mark Moyad, Director of Preventative and Alternative Medicine at the University of Michigan Medical Center. "Toronto is one such northern location, where, to our knowledge, vitamin D status has not been specifically evaluated. Further, the data linking certain cancers, such as prostate cancer, to vitamin D levels can be strengthened by the addition of more data."

Dr. Moyad was the invited speaker during the event and initiated the study in collaboration with KGK."

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Red meat, dairy links to cancer studied

The debate over links between red meat and dairy consumption and the risk of cancer have raged for years, often with political overtones. But scientists at the University of California, San Diego School of Medicine say there could be a way those two food products could contribute to the increased risk of cancerous tumors.

Their findings suggest that inflammation resulting from a molecule, introduced through a diet high in red meat and dairy, could promote tumor growth. Their study, funded by the National Cancer Institute and National Institutes of Health, is published in the Proceedings of the National Academy of Sciences.

Dr. Ajit Varki, UC San Diego School of Medicine distinguished professor of medicine and cellular and molecular medicine, and co-director of the UCSD Glycobiology Research and Training Center, and colleagues studied a non-human cellular molecule called N-glycolylneuraminic acid (Neu5Gc).

Neu5Gc is a type of glycan, or sugar molecule, that humans don't naturally produce, but that can be incorporated into human tissues as a result of eating red meat. The body then develops anti-Neu5Gc antibodies – an immune response that could potentially lead to chronic inflammation, as first suggested in a 2003 PNAS paper by Varki.

"We've shown that tumor tissues contain much more Neu5Gc than is usually found in normal human tissues," said Varki. "We therefore surmised that Neu5Gc must somehow benefit tumors."

It has been recognized by scientists for some time that chronic inflammation can stimulate cancer, Varki said. So the

researchers wondered if this was

why tumors containing the non-human molecule grew even in the presence of Neu5Gc antibodies.

"The paradox of Neu5Gc accumulating in human tumors in the face of circulating antibodies suggested that a low-grade, chronic inflammation actually facilitated the tumor growth, so we set out to study that hypothesis," said co-author Nissi M. Varki, M.D., UCSD professor of pathology.

Using specially bred mouse models that lacked the Neu5Gc molecule – mimicking humans before the molecule is absorbed into the body through ingesting red meat – the researchers induced tumors containing Neu5Gc, and then administered anti-Neu5Gc antibodies to half of the mice.

In mice that were given antibodies, inflammation was induced and the tumors grew faster. In the control mice that were not treated with antibodies, the tumors were less aggressive. Others have previously shown that humans who take non-steroidal anti-inflammatory drugs (commonly known as NSAIDs) have a reduced risk of cancer.

Therefore, the mice with cancerous tumors facilitated by anti-Neu5Gc antibodies were treated with an NSAID. In these animals, the anti-inflammatory treatment blocked the effect of the Neu5Gc antibodies and the tumors were reduced in size.

"Taken together, our data indicate that chronic inflammation results from interaction of Neu5Gc accumulated in our bodies from eating red meat with the antibodies that circulate as an immune response to this non-human molecule – and this may contribute to cancer risk," said Varki.

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KGK sent 12 employees, who volunteered their time, to conduct the study and is currently in the process of analyzing the results in KGK's laboratory.

"When Dr. Moyad approached us with this opportunity, our staff was very willing and excited to be part of this research," stated Najla Guthrie, President/CEO of KGK. "We are pleased to be able to contribute our resources to this research and look forward to the results".

Man to Man Chairman Aaron Bacher added, "We were very honoured when Dr. Moyad asked us to participate in this research project, and were pleasantly surprised when so many people agreed to take part in the study that night."

The results of this study will be available to participants shortly and submitted for publication.

KGK provides contract research services to the health nutrition, biotechnology and pharmaceutical industries. These services include both pre-clinical and human clinical trials. In addition to its contract research capabilities, KGK has a Product Development Division, which brings new and innovative natural health products to the point where they are ready to be manufactured and marketed. These products include Sytrinol® for cardiovascular health, Diabetinol™ for the treatment and/or prevention of Type II Diabetes, and Dermytol™, a new product for the protection of sun damage to the skin.

The Good Cancer?

by Dana Jennings

There is no such thing as a “good cancer.”

When my prostate cancer was diagnosed last April, I can't tell you how many well-meaning friends and acquaintances said: “At least you have a good cancer.” What they were trying to say is that prostate cancer is often very treatable when detected in its early stages. Even so, nearly 30,000 American men died last year of “the good cancer.”

My cancer did appear to fall within the range of the ordinary. Treatment is still treatment, though, and a prostatectomy, no matter the method, is major surgery, with the twin shadows of impotence and incontinence always present.

But after my radical open prostatectomy on July 7, the pathology report revealed that my cancer wasn't so ordinary, after all, and showed what one doctor called a “somewhat extraordinary scenario.” My apparently run-of-the-mill prostate cancer was actually an aggressive star among such cancers.

Rather than being a typically slow and pokey prostate cancer, mine had marched beyond the prostate and invaded a seminal vesicle and other tissue. It was a pure and aggressive prostate cancer. I soared from pre-surgery Gleason scores of 6 or 7 (two different hospitals, two different scores) to a Gleason of 9 — the higher the number on this scale of 10 the worse the news — and from having a probable Stage 1 cancer to a Stage 3: Stage T3B to be exact.

Some men with Gleason 9's do well, my doctors say, others don't. And even if I go into remission after my current treatment of hormonal therapy coupled with radiation, there's still a 50 percent chance that the cancer will return.

I'm 51 and married, have two sons (19 and 22), and I'm on the young side to have prostate cancer. If my cancer had been “ordinary,” if the prostate had been simply snipped out with only the usual complications (which are significant), I might not have felt compelled to write about it.

But I've been living with my cancer for more than seven months now, and have taken to regularly writing down my experiences and feelings about the disease in a journal to help me cope with — and try to understand — the very personal challenges it presents. Despite the prevalence of prostate cancer (nearly 200,000 new cases are diagnosed each year), I have found my diagnosis to be surprisingly isolating, partly because, in my view, the national conversation about prostate cancer is lacking. It dwells on statistics and treatment, and ignores deeper issues.

Doctors tend to default to mere competent professionalism, forgetting to talk directly to the scared flesh-and-blood man bearing the disease. Friends shift uncomfortably, turn squeamish, when the conversation turns to the most personal aspects of treatment, like sex, impotence and incontinence. And even men who have prostate cancer themselves, taking their cues from their doctors, I suspect, find it difficult to talk about. Instead, they sound as if they're spokesmen for their cancer, not men stricken with a serious disease.

In these posts I hope to provide an antidote to the averted eyes and the retreat into medical jargon that sometimes characterize talk about prostate cancer. Prostate cancer isn't just about surgery, treatment and survival — it's also about relationships, sex, self-esteem, embarrassment, hope and fear. By writing about my own experiences, I hope I can start a personal, honest and down-to-earth conversation about the disease — in all its bewildering sadness and, yes, in all its strange humor — with fellow prostate cancer patients, their caregivers and anyone else who is interested.

And I'll say this one more time: There is no such thing as a “good cancer.”

Dana Jennings is a NY Times editor and writer

MEMBERSHIP DONATION RENEWALS

Our 2009 Membership Renewal Forms are in the mail. You will receive yours shortly. We had a problem with the size of the return envelope this year and suggest you cut off the Donation Section, fold it twice and return it with your donation. If there are no changes from 2008, simply write your name.

If you registered as a new member or submitted your donation AFTER JUNE 2008 please disregard this mailing.

...and then the fight started.

A woman is standing nude, looking in the bedroom mirror. She is not happy with what she sees and says to her husband, “I feel horrible; I look old, fat and ugly. I really need you to pay me a compliment.”

The husband replies, “Your eyesight's damn near perfect.”

And then the fight started...

RESOURCE CENTRE

Looking for Lapel Pins, Car Ribbons, latest Newsletters or Prostate Cancer Literature for family and friends or just browsing. Take a look at your Resource Center at the back of our Parish hall. There is no charge for the items shown however a donation to PCAO is always appreciated. While your there scan the minutes of our recent Executive Meetings and other items of interest posted on the Bulletin Board. Thanks for your support.