

Da Vinci prostatectomy procedure coming to Ottawa

by Richard Bercuson

"The future is not what it used to be."

- Yogi Berra

By late 2011 or early 2012, the Ottawa Hospital will be one of just a handful of Canadian centres to boast a revolutionary approach to urologic surgery, the Da Vinci surgical system.

Dr. Chris Morash described the robotic procedure to an enthralled November gathering. The Da Vinci robot heralds a new world of treatment for patients of various afflictions, not just prostate cancer.

"Surgeons look at it as a platform or program," Dr. Morash said. "We're developing a program in robotics. However, this does not spell the end of open surgery. This despite the fact that in the U.S., there are places that don't do much or any open surgery anymore."

Between laparoscopic and now the Da Vinci methods, it would appear that eventually, the open prostatectomy is doomed to be overtaken by these less invasive procedures. Certainly in the United States, this seems to be the case, he added, where over 80% of prostate cancer surgeries are no longer of the open type.

Surgery's aim has always been three-fold:

- ▶ improve cure rates
- ▶ improve (retain) urinary continence
- ▶ retain erectile function

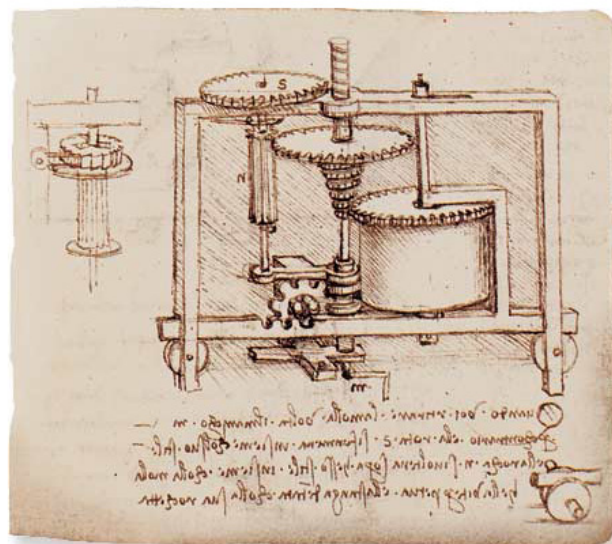
Dr. Morash believes that the Da Vinci robot system will accomplish this.

The differences between the laparoscopic and Da Vinci approaches are stark. In laparoscopic surgery, a single "stick arm" with limited range of motion is inserted through one of five holes in the patient's abdomen. A camera is inserted through another. The surgeon manipulates the stick arm while watching his work on a 2D image. In essence, the surgeon uses an extension of his hand though he is not looking directly into the abdomen as in open surgery.



▲ Leonardo, not Dr. Chris Morash

▼ Da Vinci's first surgical machine



Cracking open this Walnut

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The PCAO is 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	Vacant
Treasurer	Sherry Coates
Past Chair	Ted Johnston
Administrative Director	John Dugan

Team leaders

Membership	Vacant
Mentoring	Harvey Nuelle
Outreach	Ted Johnston
Meetings Program	Bill Dolan
Meetings Setup	Bob Blackadar
Women's Focus Group	Diane Desjardins
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Cards & Greetings	Joyce McInnis
Church Liaison	Bob McInnis

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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 Leadership Team Meeting, Nov. 25, 2010

ATTENDEES – Sherry Coates, Dennis Cusson, Ron Marsland, Wilf Gilchrist, John Dugan, David Brittain, John Arnold, Harvey Nuelle, Elie Moussalli

Cusson as Chairperson called for motion and approval for agenda and the minutes of the October 28 meeting

TREASURER – All bank accounts and balances are expected to continue building up with the influx of member donations through to January, 2011. Members are asked to be as generous as possible and return their renewals ASAP to support our 2011 activities. Costs of operations are projected to increase through 2011.

MEETINGS AND ARRANGEMENTS – All agreed that Dr. Morash provided an excellent presentation on robotics at our November 18 meeting. It preceded an informative Q&A session. It is apparent that using a floor mike for questions has greatly improved the decorum of sessions, keeping attendees aware of questions and answers. Details for our December meeting will take a more festive turn. **See details page 3 of this issue.** Plans are in process for a meeting and tour of the Ottawa Hospital Simulation Centre. This is a night you can't afford to miss. Bill Dolan continues to contact key members of our medical community anxious to support us. Cancer Care Ontario has approved our request for \$2,300 for display banners.

ADMINISTRATIVE REPORT – Considerable time has been devoted to the Prostate Cancer Canada Network affiliation agreement as covered in this and last month's Walnut. We now expect to sign the agreement following presentation to the membership on or before the January meeting. There are three important issues outstanding requiring clarification and/or action. We expect they will be resolved on or before December 15. There are many positives to our becoming part of PCCN under our new name Prostate Cancer Canada Network Ottawa. We will endeavour to hold elections for officers at our January 20 meeting. **It is essential we have a strong turnout of members for this most important event. See page 3 for more details.** Current plans are in place to update our Constitution, Vision Statement and By-Laws to more truly represent and respond to the questions: WHO...HOW...WHY our Association exists.

MENTORING REPORT – Nuelle reported an excellent response from three newly diagnosed attendees and family members at the November meeting. Diane Desjardins sat in on the discussions. Time was short since all wanted to attend Dr. Morash's presentation, particularly the Q&A session. Afterwards, Dr. Morash fielded many questions.

NEXT MEETING – Thursday, January 6, 2011 - in recognition of Christmas and New Year's. All are welcome to attend. St. Stephens Church - 9:30 am - Shalom Room. **Merry Christmas!** ■



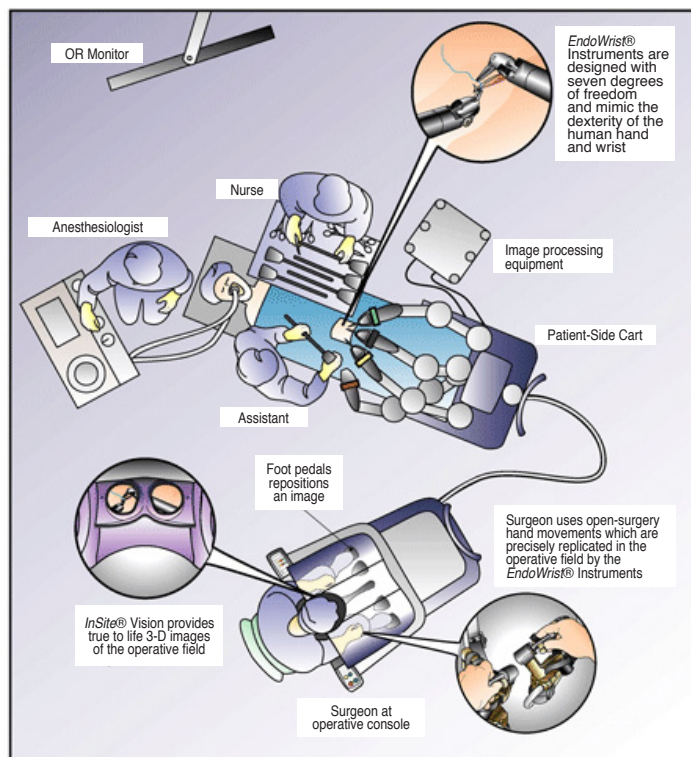
▲ Modern day Da Vinci robot

With the Da Vinci system, the surgeon is actually seated away from the surgical table. He doesn't even need to "scrub up" to do the work. His fingers are attached to an "endo wrist" attachment that has seven degrees of freedom. He watches his work on a high definition 3D monitor when the Da Vinci camera is inserted through one of the five abdominal slits.

The procedure is carried out using tiny instruments attached to the ends of the special arms. Because of their size and difficulty to sterilize, they need to be replaced after each surgery to the tune of \$2500. This is partly what makes the Da Vinci method so expensive as it's money not needed in the laparoscopic surgery.

Da Vinci can also be used for surgical simulations, something Dr. Morash mentioned was under utilized and greatly reduces the cost of surgical training.

da Vinci® Surgical System in a Urology Procedure Setting



"A robot won't make an average surgeon a good one," he added. "But it will improve surgery in the long run and probably provide more options for other procedures. I suspect that in 5-10 years, we'll be on the cutting edge of robotic surgery." ■

NEXT MONTHLY MEETING

Thursday, Dec. 16, 2010



HO-HO-HOW about a sociable gathering for members and spouses/partners to mingle with others? No doctors. No guest speakers. No powerpoint. Just us.

Start time: **6 pm** in St. Stephen's Church Hall – Enjoy sandwiches, veggies, dips, a smorgasbord of snacks and sweets and adult-style beverages.

The only "official" part of the evening will be a short presentation to explain the process for selecting members of the PCAO Executive to occur at the January meeting.

Attention newly diagnosed members: The regularly scheduled mentorship session is postponed till Jan. 20. For questions or concerns, call the PCAO at 613-828-0762 and leave a message for Harvey Nuelle.

Thurs., January 20, 2011 – A Red Letter Day for All Members!

Potential PCAO officers in a number of positions will be presented. Others may be nominated as well. Each position's duties will be explained. If only one person standing for a post, that person will be acclaimed. If more than one person, there will be a vote.

Following this will be a presentation explaining the Affiliation Agreement with Prostate Cancer Canada. If agreed upon, PCAO

will become a member of Prostate Cancer Canada and its national network, PCCN. The name would change to PCCN Ottawa.

Both discussions are important to our future. Your attendance is essential.

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 the St. Stephen's food bank.

The Q & A with PCCN

Here are the questions emailed to HPCC CEO Steve Jones and VP Helene Vassos prior to the Nov. 16 meeting with them. Ms. Vassos's answers (in italics) are abridged for space. These answers were further clarified on Nov. 16. The details will be included in the January Walnut and monthly meeting.

Q What will the difference be for PCAO versus the arrangement we had with CPCN?

A *We have the financial and human resources to assist and help grow the support groups' network in Canada. We can do this by uniting with one brand across the country, which will enable us to increase awareness and secure national sponsorships. We want to link support groups, creating a more formalized structure.*

Q Explain the PCCN's volunteer structure and how affiliated groups can participate?

A *We are investing human resources, develop programs and services which will support the PCC Network. A staff structure will ensure that every support group is given opportunities to participate in program development, generate ideas for the good of the cause, and be heard. Support groups may contribute to the national body through a volunteer PCCN Advisory Board. This reports to the PCC Board of Directors. Support Groups can participate by ensuring their PCCN Advisory Board member brings forward matters affecting local support groups but may have national impact. You can also contribute by affiliating with PCCN and taking on the PCCN name: PCCN—Ottawa. This enables a strong brand recognized from coast to coast as the voice of prostate cancer. Affiliated groups can further participate by volunteering at various events.*

Q Not all groups have affiliated with the PCCN. Why is this? The PCAO is a proud organization reticent to lose its positive image or have a diminished role in local awareness and fundraising activities. What is the PCCN doing to help support groups retain and even enhance their individualities?

A *There are 115 groups listed on our website of which only 72 are active. 50 have affiliated and 16 report they will be. The affiliation process began in November, 2009. We encourage you to speak*

to these support groups to discuss their individual situations. You will find that none has lost its individuality. In fact, you will probably discover the opposite. We make every effort to work with each Support Group to ensure they are well supported in their communities.

Q Does the PCCN intend to "tap into" support group membership lists to solicit funds. What if we do not wish our members solicited? We promote a very strict Privacy Clause.

A *We will never ask directly for funds from the support groups. Some members may be on our direct mail donor list.*

Q What is the process to amend clauses in the current Affiliation Agreement in order to maintain our strong local profile and some financial independence?

A *We are happy to discuss this. We wish to make the Affiliation Agreements consistent across Canada.*

Q The annual Do It For Dad event is dear to our hearts. Would we be able to continue with this, using its name and logo? Does the PCCN plan for an annual Father's Day event like it? Is the PCCN willing to waive the funds that it claims the PCAO owes for the use of the Title, should we affiliate?

A *We want to have a national run/walk, with national sponsorship to raise substantial revenue. This year, the Breast Cancer Run for the Cure raised \$33 million dollars for their cause. To achieve a similar result, we are going to have to come together. We understand the sensitivity, and respect that.*

Q The PCAO has a Constitution. Does the PCCN request or require its affiliated support groups to either have a Constitution or rewrite the ones they have to fall into line with certain PCCN stipulations?

A *PCCN does not request any of the affiliated groups to have a Constitution. The Affiliation Agreement is all that is required.*

Q How does affiliation affect our registered charitable status? Is there a cost associated with changing our registered charity name with Revenue Canada? Does PCCN contribute to the costs associated with the name change? (ie: cost of new letterhead & envelopes.)

A *The Affiliation does not affect registered charity status. There may be a small fee associated with the name change with Revenue Canada. We are happy to look at such costs, and support any way we can. Upon Affiliation, we create new letterhead and provide templates for business cards and stationery, and brand guidelines.*

Q What resources does the PCCN have in assisting local support groups with websites? We already have one. Does the PCCN intend to develop resources that local groups may call on? PCC will be making printed material available however local groups could use assistance in addressing local issues. For example, how can a local group make better use of the media in its area?

A *We will help you convert your site to be consistent with others in the PCCN family and will also provide information about your site on the PCCN/PCC website.* ■

PCAO meets with PCCN Execs

by Richard Bercuson

The process to investigate affiliation with the fledgling Prostate Cancer Canada Network reached its zenith on Nov. 16 when six PCAO members met with the PCCN's Steve Jones and Helene Vassos.

PCCN President Jones and Vassos, VP of national development, addressed local concerns. They also expanded upon their answers to questions sent them by the PCAO days before. These were formulated from an Oct. 25 meeting of PCAO members who felt the association needed more information about what a future in the national network would hold.

The discussion was collegial and clarified many points. The one stickler, however, concerned the future of the Fathers' Day Do It For Dad event. There was no clear resolution except for Steve Jones's assertion the PCCN would examine how it might work with the Ottawa group in seeking an agreeable solution.

Subsequently, the local action plan included awaiting a response to the DIFD issue. From this, further talks would be held and finally, an open discussion with all PCAO members at the monthly January, about affiliation.

Who's Who and What's What: A primer

by Wilf Gilchrist

Prostate Cancer Association Ottawa (PCAO)

Originally the Prostate Cancer Association of Ottawa-Carleton (PCAOC).

The Ottawa Hospital (TOH)

TOH = the Civic Campus (formerly the Ottawa Civic Hospital) + General Campus (formerly the Ottawa General Hospital) + Riverside Campus (formerly the Riverside Hospital). TOH President and CEO is Dr. Jack Kitts.

The Ottawa Hospital Foundation (TOHF)

The Ottawa Hospital Foundation is the fund raising arm of The Ottawa Hospital. President and CEO is Susan M. Doyle. PCAO's contact is Beth Monaco.

The Ottawa Hospital Cancer Centre

The Ottawa Hospital Cancer Centre used to be separate, the Ottawa Regional Cancer Centre (ORCC). It is now one of TOH specialty centres.

Ottawa Regional Cancer Foundation (ORCF)

The Ottawa Regional Cancer Foundation was the Ottawa Regional Cancer Centre Foundation (ORCC Foundation). The ORCC Foundation was the fund raising arm of the Ottawa Regional Cancer Centre, now The Ottawa Hospital Cancer Centre.

The ORCF changed its name from ORCC Foundation when it moved to Bronson and Carling.

The ORCF is a standalone agency raising funds for cancer-related issues in Eastern Ontario. Linda Eagen is President and CEO. The ORCF person responsible for Father's Day Do It For Dad (DIFD) is Tara Beechey. The PCAO has two representatives who attend DIFD planning meetings with her.

Ottawa Hospital Research Institute (OHRI)

The Ottawa Hospital Research Institute is an affiliated research institute of the University of Ottawa and the research arm of The Ottawa Hospital. Primary laboratories are in The Ottawa Hospital Cancer Centre on Smyth Road. Recent PCAO speaker, John Bell, PhD, is a Senior Researcher.

Cancer Care Ontario – Eastern Region (CCO-ER)

Cancer Care Ontario is an Ontario agency responsible for \$700 million in health care funds to hospitals and health care providers. The regional cancer centres used to be administered by CCO. In 2004, the Ontario government legislated that regional cancer centres be integrated with hospitals.

Cancer Care Ontario advises the provincial government on cancer system change and ensures cancer services are planned and coordinated. Ontario has six CCO regions. Cancer Care Ontario – Eastern Region includes Ottawa. CCO has recently granted \$2,300 to PCAO for the purchase of display stands for awareness promotions.

Local Health Integrated Network – Champlain Region (LHIN)

In 2006, the government divided Ontario into 14 health care regions or Local Health Integrated Networks (LHINs). Ottawa is in the Champlain LHIN. These not-for-profit corporations work with local health providers and community members to determine health service priorities. LHINs plan, integrate, and fund local health services including: hospitals, community care access centres, community support services, long term care, mental health and addiction services, and community health centres.

Prostate Cancer Canada (PCC)

Prostate Cancer Canada was formerly the Prostate Cancer Research Foundation of Canada. PCC's mission is to eliminate prostate cancer through research, education, support and awareness. PCC seeks a Director, Father's Day Walk/Run, to be responsible for the vision and strategy for PCC's national fundraising and participatory event.

Prostate Cancer Canada Network (PCCN)

Prostate Cancer Canada Network was formed when the Canada Prostate Cancer Network (CPCN) joined with PCC to become a division of PCC. It is the umbrella group uniting Canadian PCa support groups. PCCN has a nine-member board (including former PCAO member Murray Gordon who's moved to B.C.). Upon affiliation with PCCN, the PCAO would become Prostate Cancer Canada Network Ottawa (PCCN Ottawa). ■

Hear Ye! Hear Ye! Hear Ye!

Hot Dog, By George!

The PCAO thanks member George Kilby for not just his membership dues but more importantly for a \$135.25 donation to the association.

He raised the money during a June neighbourhood garage sale and Hot Dog Bar B Q in Orillia.

Lounging with Mike

The Rideau Canoe Club will recognize the PCAO's Mike Scott for his dedicated service to that club by naming a lounge after him. It will be known as the Mike Scott Lounge.

Do you use an incontinence clamp?

A PCAO member is soliciting help from those who use a clamp for incontinence. There are two types: the *Dribblestop*, a plastic device, and the Cunningham, which is metal and may, he says, set off airport metal detectors.

This fellow uses the *Dribblestop*. He would like to discuss a matter concerning this particular device.

Kindly write to the PCAO at pca@ncf.ca putting "Clamp" in the subject line.

Or, you can call the PCAO at 613-828-0762 and leave a short message with your name and phone number indicating your wish to have him call you back.

Have an opinion about the PCAO joining the PCCN?

We welcome your comments about this important topic that will directly affect the future of our organization.

Tel. 613-828-0762 and leave a message. | Email: pca@ncf.ca



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Women's Experiences of Changes in Sexuality and Relationship after their Partners' Treatment for Prostate Cancer

If you are the wife or female partner of a man with prostate cancer, you may be eligible to participate in a research study conducted by social workers at The Ottawa Hospital.

To participate in this study, you must be over the age of 18, and have lived with your partner for at least one year. Your partner must have a sexual dysfunction that is defined as erectile dysfunction or lowered libido (sex drive). This sexual dysfunction should not have predated the onset of prostate cancer but rather should be a direct result of the prostate cancer treatment.

The present study will involve individual interviews with 10 female partners of men who are currently receiving, or have received, treatment for prostate cancer. Specifically, this study will examine: the impact of a partner's sexual dysfunction on the intimate relationship, the issues which women may face as a result of their partner's sexual dysfunction or possible changes in their intimate relationship; and coping issues and strategies.

All results of the study will be kept confidential. No identifiable information will leave the Ottawa Hospital and you will not be identifiable in any reports, publications or presentations resulting from this study. Representatives of the Carleton University Research Ethics Committee, the Ottawa Hospital Research Ethics Board, and the Ottawa Health Research Institute may review the study results for audit purposes.

In order to participate in the study please contact:

Michele Holwell, M.S.W., R.S.W.

Principle Investigator

Social Worker, Cancer Assessment Clinic, 7NE

The Ottawa Hospital, General Campus

613.798.5555 ext. 17338

Trufflicios Christmas Tasting

December 16th, 2010



PCAO | PROSTATE
CANCER
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OTTAWA

This year the PCAO supported the *Cancer Patient Emergency Fund*. On December 16th come out and join us for a truffle tasting.

The selected TEN tasters (drawn from Santa's hat) will be given 5 truffles of unknown flavours. They will be asked to name the flavours and then give a ONE minute description.

Winner, chosen by the audience, will win a FREE truffle package.

Reasonably priced packages will be available for last minute shoppers, ie the men in the audience.