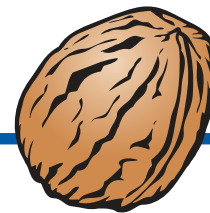


The Walnut



NEWSLETTER OF PROSTATE CANCER CANADA NETWORK OTTAWA
P.O. Box 23122, Ottawa, ON K2A 4E2 • (613) 828-0762 • info@pccnottawa.ca

MARCH, 2015

In Search of Combining Agents to Combat Cancers

by David Cook

Research by Dr. Jim Dimitroulakos reveals that combining agents that target an important growth factor in a number of cancers, including prostate cancer, may have clinical benefit. Additional research work is studying new drug combinations that enhance chemotherapy activity and its application in advanced prostate cancer. The objective is to develop approaches that identify the efficacy of combining with other agents and then testing them clinically with prostate cancer patients.

Such was the focus of PCCNO's February presentation by Dr. Dimitroulakos, Senior Scientist at the Ottawa Hospital Research Institute. Dr. Dimitroulakos received his Doctorate in Pathology and Laboratory Medicine at the University of Toronto at the Hospital for Sick Children and Post-doctoral training at Princess Margaret Hospital.

His laboratory is trying to uncover new therapeutic or refined therapeutic approaches for a wide variety of cancers and at the same time exploring certain aspects of prostate cancer. The research is particularly focused on new treatment strategies developed in his lab as well as the identification of biomarkers of chemotherapy response for patients who need chemotherapy later on. Will these new markers assess whether those patients will benefit from chemotherapeutics? Unfortunately, he stated, chemotherapeutics have a lot of toxicities associated with them and the intent is to realize the benefits without the toxicities. So the research helps to identify cases that will benefit from the lab results and those that will not.

Dr. Dimitroulakos's lab opened in 2002 and has received funding from the Motorcycle Ride for Dad. As a result, he's been able to include prostate cancer research. He noted that in order to get to his laboratory every day,

See Combining Agents on page 2

Monthly Meeting

Thursday, Mar. 19

6:30 p.m.

Pre-meeting Friendship Circle and Social Time

7:15 p.m.

PCCN Ottawa business

7:30 p.m.

Dr. Chris Morash is the Head of Urologic Oncology in the Surgical Oncology Program and is the Chair of the Genitourinary Cancer Multidisciplinary Group at The Ottawa Hospital Cancer Center. His current focus is in clinical outcomes research, guidelines and trials.

We meet the 3rd Thursday of each month at St. Stephen's Anglican Church, 930 Watson Street, off Pinecrest, north of the Queensway. Parking is at the rear. Please bring a contribution for the St. Stephen's food bank.

Warriors + 1

Tuesday, Mar. 17

1:00 – 3:00 p.m.

There will be a presentation and discussion on possible side effects of radiation therapy on the prostate. The 2nd hour will feature a presentation on "Wellness after Cancer Program" by a staff member of the Ottawa Cancer Centre

Warriors + 1 support group meetings are normally the Tuesday BEFORE the regular monthly meeting at the Maplesoft Centre for Cancer Survivorship Care, 1500 Alta Vista Drive.

Cracking Open This Walnut

Want to know about our new fearless leaders? See The Back Page.

Want to know why men should hold onto their hair? See page 3.

Want to know why the hardest part of doing nothing is knowing when you're through? So do we.





P.O. Box 23122, Ottawa, ON K2A 4E2
613-828-0762 (Voicemail)
Email: info@pccnottawa.ca • pccnottawa.ca

PCCN OTTAWA is a volunteer organization of prostate cancer survivors and caregivers. Our purpose is to support newly-diagnosed, current, and continuing patients and their caregivers. PCCN Ottawa is a member of the Prostate Cancer Canada Network.

Chairman **Larry Peckford**
Vice-chair **Chuck Graham**
Past chairmen **John Arnold and Bill Dolan**
Treasurer **Jim Thomson**
Secretary **Jim Chittenden**

Steering Committee

Program Director **Bill Dolan**
Mentoring Director **Harvey Nuelle**
Outreach/Awareness **John Arnold**
Volunteer Coordinator **Bill Lee**
Peer Support Director **Knowlton Constance**

Newsletter **Editor: Richard Bercuson**
Layout: Shannon King
Contributors: John Arnold, David Cook, John Dugan
Distribution: Andy Proulx, Martien de Leeuw
Photos: Chris Brown

Members at Large **David Brittain, Lionel Burns, John Dugan, Gerry Gilbert,**
Admin Support **Mike Cassidy, Martin de Leeuw, Fil Young**
Website **Chris Brown**
Database **Hal Floysvik**
Thank you cards **Joyce McInnis**

PCCN 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.

PCCN Ottawa 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. We collaborate with local organizations such as The Ottawa Hospital, the Ottawa Regional Cancer Foundation, the Canadian Cancer Society, urologists and oncologists for information and support.

Combining Agents from page 1

he passes by cancer patients who provide him confirmation that the research is important

While not a prostate cancer researcher per se, Dr. Dimitroulakos studies pathways applicable to prostate cancer problems. His team is looking for novel therapeutic strategies to identify a target or drug and show laboratory assessments that could prove effective, likely in combination with other agents.

His clinical trials are in three phases: Phase I is an early trial looking to determine, for example, if there is toxicity associated with an agent; Phase II looks for what works; Phase III compares results to what is available as a standard therapy.

A significant study called the “Ottawa Tumour Tissue Resource”, funded by the University of Ottawa, was conducted to identify new predictive biomarkers regulated by drug treatment in ex-vivo tumour samples which had not been done



before in his lab. This allowed for the identification of patients who are likely to respond to therapy. More importantly, what of those patients more unlikely to respond? Can they undergo treatment without the toxicity? For if they don’t respond to therapy, then a more appropriate clinical regimen must be selected.

In the near future, he said, he will hopefully conduct more extensive research specific to prostate cancer. ■

Newly Diagnosed with Prostate Cancer? Maplesoft Centre can help...

PCCN Ottawa has reviewed our approach to support those diagnosed with prostate cancer. With changes in treatments and expectations, the Maplesoft Centre’s program of Cancer Coaching may better meet your needs. We consider its professionally managed program a good replacement to what PCCNO offered “in house.” Their program offers men and their families a comprehensive approach by considering all aspects of their cancer care.

PCCNO will continue to be active in responding to calls and emails from newly diagnosed men. One- on-one mentoring and support will still be available and the choice for support will always be an individual decision.

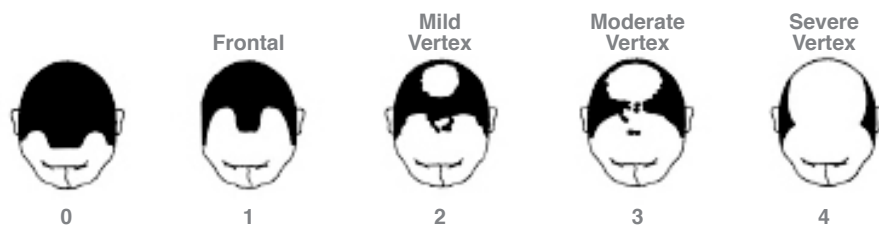
Contact PCCN Ottawa at: 613-828-0762 or email us: info@pccnottawa.ca

For information about the Maplesoft Centre’s Cancer Coaching program

<http://www.ottawacancer.ca/how-can-we-help-you/cancer-coaching/what-is-cancer-coaching/>

The Disease That Bald Men Should Watch Out For

from bottomlinehealth.com



For a man, a bald head may be a sign of maturity, wisdom or even masculinity, but it might also be a sign of something else—something much worse. According to a new study, a bald head could signal a higher risk of developing prostate cancer.

In the study, men being referred for prostate biopsies were asked to describe how bald they were by ranking their pattern of hair loss using a five-point scale. Zero meant no baldness...1 meant a minimally receding hairline...2 meant a little bald spot on the top of the head...3 meant a large bald spot on the top...and 4 meant no hair on top of the head. (For a visual scale, see the accompanying illustration.)

The researchers found that the more bald that a man was (the higher he ranked on the scale), the more likely it was that his biopsy would come back positive—showing that he had prostate cancer. In fact, men with minor baldness—a minimally receding hairline, level 1—were twice as likely to have prostate cancer as men with full heads of hair (level 0)...and men with the most severe baldness—no hair on their heads, level 4—were almost three times as likely to have prostate cancer, compared with men with full heads of hair.

To learn more, I called the lead author of the study, Neil Fleshner, MD.

Keep in mind that it's unknown whether baldness causes prostate cancer. This study showed only an association. Why? Dr. Fleshner's theory is that being hypersensitive to a hormone that's partly responsible for the development of male sex organs and masculine characteristics, *dihydrotestosterone*, may be what both stops hair growth and prompts the development of prostate cancer, because some prior studies have hinted at a link between the hormone and baldness.

I asked Dr. Fleshner whether he thinks that men should get screened for prostate cancer the minute they start losing hair, and he said that it's not necessary, because most men start losing hair in their 20s and prostate cancer is rare among men in that age group. When healthy men should start getting screened for prostate cancer is, of course, a controversial topic.

If you already get a regular screening, such as a PSA test that detects the level of a prostate-specific antigen in the blood or a rectal exam, during which a doctor uses a gloved finger to feel for abnormalities in the texture, shape or size of the gland, then continue getting screened, said Dr. Fleshner. A high PSA score or an abnormal rectal exam almost always requires further testing. But if your PSA score is on the borderline, assessing your level of baldness might be helpful. If you're fully

bald or balding, you may want to be extra-cautious and ask your doctor to monitor you more frequently or more intensely (doctors can also perform further tests, such as ultrasounds or biopsies of prostate tissue), he added.

Whether you get screened or not, if you're bald or balding, be on the lookout for symptoms of prostate cancer, such as trouble urinating (difficulty starting a urine stream and/or decreased force of the urine stream) or the presence of blood in your urine or semen. ■

The Walnut Laureate



CANCER SQUAD by Glenn Kletke

I never shouted I'M IN!
I never signed up.
I got drafted.
Issued a card and a uniform.
Assigned a locker.
Weighed and measured.
Dealt a coach.
Taught contradictory rules.
Shoved into scrimmages.
Praised, encouraged, cursed.
Mocked when I spoke of getting out.
Told to practice every day.
Slapped on the back.
You're IN they shouted.
Never mind how you got here.
You never signed it
but your contract is unbreakable.
Stop complaining.
Field is freshly marked and waiting.
Clock is ticking.
Act like a hero.
Make the world believe it.

Glenn Kletke's poetry has most recently appeared in "Whistle for Jellyfish" published by Booklands Press

Steering Committee Summary, Feb. 26, 2015

- There has been interest in the vacant Secretary's position. The interested party has asked for time to assess his suitability.
- The Chair has made progress in having the organization connect with someone who can help with PCCNO's governance. This will take place shortly. We have also identified that Volunteer Ottawa holds workshops on the matter. We hope a couple of Steering Committee representatives will attend an upcoming workshop. Our goal is to finalize this process in the next couple of months.
- The Treasurer presented the 2014 financial report. Jim Thomson's work in capably managing this function is greatly appreciated. PCCNO happily made a \$25,000 contribution to cancer research during the past year. A sub-committee of the SC is tasked with assessing other areas where the organization's financial support would be useful.
- PCCNO's relationship with Ottawa Cancer Foundation's Maplesoft Centre was reviewed. With the support of PCCNO's Peer Support Team, we believe the cancer coaching program can be of great benefit to men dealing with prostate cancer. We look forward to working with Maplesoft and making sure that individuals interested in this program are connected to it. Likewise, Maplesoft has agreed to refer men to PCCNO who contact them directly.
- The Warriors + 1 continues to meet at the Maplesoft Centre. Dan Faber leads this group and new ways are being explored to ensure men are aware of Warriors and the support it can provide.
- The line up of TOH medical specialists as speakers to our monthly general meetings has brought varying perspectives to the work of the Hospital in its research and treatment of prostate cancer. We expect Dr. Chris Morash to speak at our March 16th meeting.

Meet PCCNO's New Head Honchos

by John Arnold



Larry Peckford (on the left in photo) is PCCN Ottawa's new Chairman. He lives in Ottawa where he operates a private consultancy practice. He has a diverse professional career that includes occupying senior managerial roles within the federal public service in addition to working in the not-for-profit sector and at the municipal government level. Originally from Newfoundland and Labrador, Larry has lived in various northern communities both in Labrador and the western Arctic. He and his wife, Dianne, moved to Ottawa in 2011. Prostate cancer made its visit in early 2013 and Larry was successfully treated by the Ottawa Hospital's da Vinci robotic surgery system.

Chuck Graham, our new vice chairman, has lived in Ottawa for almost 25 years. A former Signals Intelligence Analyst in the Canadian Armed Forces, he served in various commands in Canada and Europe. On military retirement in 2000, he has worked in the IT security and threat and risk management field for both public and private sector clients. Chuck was diagnosed with prostate cancer in June, 2012, three weeks before his 50th birthday. He had laparoscopic surgery in October of 2012.