A WAARA BARANS The "PCCN-Toronto" and "Side by Side" Prostate

Join us on Father's day morning for our annual "Do it for dads" Walk Run!

Dear fellow survivors/partners: if you just started receiving this newsletter recently or you've been getting it for years, you know that we provide important information for you, all pertaining to prostate cancer. Whether it's about our upcoming meetings, or reporting on past meetings, it's information that you can use on your own personal journey.

Having said that, once each year we ask you for your help. That's when June approaches, and we discuss our involvement in Prostate Cancer Canada's Father's Day **"Do it For Dads Walk/Run"**. This Walk is *our support group's one and only official fundraising event!*

Our PCCN-Toronto "team" is now registered for this year's Walk, and we need your financial support. Funds that are raised are allocated to prostate cancer research through Prostate Cancer Canada, and some of these funds are also used by our support group so that we can continue providing all of our normal services.

Several men have already joined our team and started contacting their family members, friends, and business associates by email, asking each of them to support them by making a generous donation to their personal pages! We would love to have you also join our team, and then come walk with us on Father's Day morning, **June 18th**, at **Ashbridges Bay Park** on the beautiful Toronto waterfront.

First things first: go to: <u>doitfordads.ca</u> Scroll down to **Find a participant** team, and click. Under team search type in PCCN-Toronto, and click below on our name. Then click on **JOIN THE TEAM.**

Sign in with your Current account or **Create a New Account**. Click on **Fundraising**, then name your page, write a message as to why you are participating in this years Walk Run, and **Save Changes**.

To ask people to sponsor you, please click on **Get Sponsors**, enter the email addresses of your friends, family members and business associates, and either use the message already written for you or personalize it. Then click on **Send Email**.

Anyone making a donation of **\$20** or **more** to you will receive their official tax receipt by return email within minutes!

Registration on **June 18th** takes place from 8:30 to 9:30 a.m., and the Father's Day Walk usually starts at ten o'clock, but you should arrive early to get a parking spot.

You can either do a 5K or 10K walk it is your choice! Shortly after completing your walk, together with your family and friends, lunch will be provided to you by **Pizzaville**.

Some participants may choose to leave shortly after the "walk" to attend other Father's Day events, so participating in our Walk **will not prevent you** from taking part in other Father's Day proceedings that are planned with your families.

Join our team, help us raise important funds, and walk with us on Father's Day morning!



APRIL

PCCN-Toronto Prostate Cancer Support Group

541 Finch Avenue West Toronto, Ont. M2R 3Y3 Phone: 416-932-8820 Fax: 416-291-3025

Email: info@pccntoronto.ca

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"Raising prostate cancer awareness" - <u>pccntoronto.ca</u>

Dr. Raj Satkunasivam

Chairman Phil Segal (PCCN-Toronto) told the audience that we want them to meet various members of our board, and then introduced Denis Farbstein, who took over as the host of our January awareness night meeting.



Denis then introduced our speaker, who was appearing before our awareness night audience for his first time.

Guest Speaker Dr. Raj Satkunasivam with host Denis Farbstein.

He began by saying that throughout his residency training and early career he has seen how we support

patients at the hospital, and how happy he was to be with us talking about **Prostate Cancer Screening**, a very hot topic these days for a variety of reasons.

Dr. **Raj** then went on to give detailed information about some "preventative" groups, both in Canada and the United States, who have voiced their opinions about the relevance of PSA screening or testing.

He also discussed the so-called "harms" associated with PSA screening, and gave us a "history lesson" about how the PSA test, when first introduced, was able to detect early-stage prostate cancer much more consistently than ever before!

It was an excellent discussion covering this important topic and, after our refreshment break, Dr. Raj answered many questions from our audience.

His entire presentation can be seen at <u>pccntoronto.ca</u>. Thank you Dr. Raj for a terrific evening.

We'd like to welcome a new sponsor - JANSSEN PHARMACEUTICALS

n behalf of the entire Board of Directors and all the volunteers at PCCN-Toronto, we are very happy to welcome the Janssen Pharmaceutical Company as a major sponsor of our support group.

In appreciation of their financial support, we are renaming our awareness night meetings, held at the Toronto Botanical Garden, to **The JANSSEN AWARENESS NIGHT MEETINGS**. We missed out making this announcement at our January meeting because of a timing issue, but this name change was effective with our March 29th meeting.

We are announcing this change in this edition and we'll continue making note of their generous support in all subsequent editions of our newsletter. We have already posted news of their support and the renaming of our awareness meetings on our website.

We are very grateful to the Stakeholder Engagement Manager at Janssen - **Stacey Silverberg -** for her direct involvement and support in finalizing this agreement with us, as well as all the people at Janssen.

For your information, one of the drugs that Janssen currently manufactures is **Zytiga**, which several men in our Warriors' group are currently benefiting from.

We look forward to a long and productive relationship with Stacey and the rest of the Janssen team.



Aaron Bacher Past Chairman

PCCN-Toronto & Side by Side

invite you to attend another

Janssen Awareness Night Meeting

at the **Toronto Botanical Garden In The Garden Hall** 777 Lawrence Ave. East at Leslie Street

on Wednesday May 31, 2017

at 7:30 p.m.

our guest speaker

Jeff Appelmann

BSc, ND

Naturopathic Doctor, Menen Centre for Optimum Health and Canadian Integrative Cancer Centre Co-founder, Canadian Integrative Cancer Centre

Topic:

"Naturopathic approaches to prostate cancer and prostate health"

A question period will follow. All family members, partners & friends are most welcome!

FREE parking!

If you have any questions, please call us at **416-932-8820**

Doors open at 7 p.m.

2017 Meetings Benefit North York Harvest Food Bank

Please bring some non-perishable food with you to our Scotiabank Awareness Night Meetings, which PCCN-Toronto will donate to the North York Harvest Food Bank.

Here is a list of their much-needed items. Please note that all expiration dates must be valid and canned goods cannot be damaged (dented). Thank you very much.

√ Flour

- √ Canned fish & meat
- √ Canned vegetables
- √ Canned fruit
- ✓ Cooking oil canola or olive oil
- √ Cereals high fibre
- ✓ Peanut/almond butter
- √ Canned or dried beans

√ Brown pasta

√ Powdered milk

- √ Rice white & brown
- ✓ Baby formula & diapers
- √ Cookies (arrowroot, digestive, oatmeal)
- √ Baby food & cereals
- \sqrt{Fruit} juice 100%



www.northyorkharvestfoodbank.com

A ll of our 2017 Awareness Night meetings at the Toronto Botanical Garden and our PCCN-Toronto Man to Man Peer Support Group meetings at Valleyview Residence are being supported by a grant from Janssen Pharmaceuticals.

We sincerely thank *Stacey Silverberg* and all the people at Janssen for their very generous financial support.

The Board of PCCN-Toronto.

PCCN-Toronto Volunteers Participate in PCC's "SHOP FOR A CAUSE" with Tommy Bahama Stores!

n Saturday March 25, 2017, Tommy Bahama Stores donated 10% of their sales that day to Prostate Cancer Canada (PCC) for prostate cancer research. Volunteers from PCCN-Toronto were at two Toronto stores - 2488 Yonge Street and Bayview Village on Bayview Avenue at Sheppard Avenue East.

Chairman Phil Segal and board member Jerry Garshon manned the Yonge Street store, while former chairman Winston Klass and board member Ari Katz were at the Bayview location. **Rocco Rossi**, President and CEO of PCC, made the rounds, visiting some of the Toronto stores.



Selina Wong, Store Manager Debra Brinksman, Winston Klass, Margaret Mahoney, Natilie Zyablistseva, Chris Pun and Ari Katz.

At the Bayview Village store, manager Debra Brinksman and her staff were very helpful, allowing us to talk to their customers about the importance of prostate cancer screening and the PSA blood test. We also met several customers with family members who had been diagnosed with prostate cancer.

It was a great day for Tommy Bahama, Prostate Cancer Canada, and PCCN-Toronto.



Winston Klass, Rocco Rossi & Ari Katz.

If you would rather receive this newsletter electronically, please email <u>info@pccntoronto.ca</u> and we'll remove you from our regular mailing list and add your name to our email list. Thank you.

A new sponsor for our 2017 newsletter.

e are very happy to welcome a new sponsor of our "Awareness" newsletter. Joshua Damdar, a real estate agent representing KELLER WILLIAMS Neighbourhood Realty, has agreed to sponsor all of our 2017 newsletters. As part of the agreement with Joshua, we have agreed to include his ad below in every edition.

"I have been privileged to serve as a Realtor for over 25 years. Do you wish to sell a property in the GTA? If so, please call me. Whether buying or selling, I want you to have the most left in your pocket.

When selling, I use all tried and true methods that all good realtors employ, as well as going above and beyond what other realtors normally do.

Please call me to share my methods and my results with you.

I will donate 5% of any net income, generated by the ad below, to prostate cancer research through PCCN-Toronto."

Welcome aboard Joshua.

LATEST NEWS!

Andrologist Dr. Labossiere was a big hit in his debut presentation!

I t may have been his first time with us, but Dr. Joseph LaBossiere was very comfortable speaking about his specialty, and the bonus was that we understood every word!



Of course, he began by saying that it was a privilege to be with us, and he had us right there!

And then we heard about the role of the prostate gland and what it does, the impact of Prostate Cancer (PCa) on our overall health, and understanding what

Andrology is (and what Andrologists do). Andrology: focuses on diseases & conditions specific to men!

He also covered topics such as: erectile dysfunction, urinary incontinence, infertility, bowel radiation injury, and hormone therapy (and possible side effects).

Testosterone was a key topic, as our speaker mentioned its effects on libido, cognition, muscle mass, and bone density.

Another discussion involved what can effect overall prostate health, such as: diabetes, obesity, elevated blood pressure, decreased HDL (cholesterol).

The importance of prostate cancer screening using the PSA blood test was also covered very well.

As you can see, this was a "loaded" presentation with a lot of information for our full audience. You'll soon be able to see the entire video of this talk at <u>pccntoronto.ca</u>

A sincere "thank-you" to Dr. Labossiere for coming to our meeting, sharing his knowledge with us, and



answering so many questions from our audience! I think we'll be seeing him again in the future.



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Page 6



The History of Active Surveillance and its Current Status

By Dr. Andrew Loblaw

We welcome Dr. Andrew Loblaw as a medical contributor to our Ask The Doctor column.

Dr. Andrew Loblaw is a Radiation Oncologist, Clinician Scientist, and Professor in the Department of Radiation Oncology at Sunnybrook Health Sciences Centre. Dr. Loblaw's clinical practice and research interest focus on improving outcomes for men with prostate cancer and the healthcare system.

A ctive surveillance is a curative (the intention is to cure the disease) but conservative management approach for men with favorable risk prostate cancer. It involves close monitoring of patients with prostate cancer, looking for early signs that the tumour is behaving more aggressively than originally thought, and/ or an upgrading the pathology of the tumour. If a patient is "reclassified" to more aggressive disease, then treatment (surgery, radiation, or brachytherapy) is offered with the goal of curing the patient with prostate cancer.

It is different from **watchful waiting** that, strictly speaking, is a palliative management approach. In its truest form, there is no bloodwork, examinations, imaging, or biopsies. Rather, watchful waiting involves simply talking with the patient to see if he has symptoms of advanced disease in the prostate or spread of the cancer to elsewhere in the body ("metastases"). If the patient does get symptoms, then hormone therapy is used to reverse the symptoms and put the cancer into remission. The hope is that the patient's cancer will remain in remission long enough that he will pass away from another cause. Watchful waiting, therefore, should be used for patients with a life expectancy of less than 5 years.

With PSA-screening becoming widespread in the 1990's, a greater proportion of men were diagnosed with early, less aggressive prostate cancer. Doctors knew that the Gleason Sum (what the cancer biopsy looks like under the microscope) was a strong predictor of how men with prostate cancer fared. Theoretically, the score ranges from 2 (least aggressive) to 10 (most aggressive), although, practically, with a needle biopsy, the lowest score a man with prostate cancer can get is 6 (low risk).

Gleason 7 is considered an intermediate risk factor, while Gleason 8 - 10 is considered a high risk factor.

What the prostate cancer feels like during a rectal examination (T category), the Gleason Sum and the PSA help determine the patient's risk of disease spreading outside the prostate and elsewhere in the body. Table 1 summarizes the most commonly used risk classification system.

We noticed that men with low risk prostate cancer did well regardless of how they were treated. Willet Whitmore, a famous Urologist from New York asked, "Is cure possible? Is cure necessary? Is cure possible only when it is not necessary?"¹ We also noticed that while their tumours had no symptoms, the cure of these

tumours left some men with a lifetime of bothersome symptoms.

To our knowledge, Sunnybrook started the first active surveillance (AS) program in 1995 (but at the time it was called "watchful waiting with selected delayed intervention").² The concept was to watch closely a group of patients with favourable risk disease (low or intermediate risk) using physical examinations, PSA changes over time, imaging, and repeat biopsies. This concept has now been refined, repeated, and adopted the world over with several prominent guideline groups (Cancer Care Ontario, American Society of Clinical Oncology, National Institute for Health and Clinical Excellence),^{3,4} recommending AS for all low risk and selected intermediate risk patients.

Approximately 75% of patients remain free of treatment on AS (depending on their initial risk and the intensity of re-evaluation). Over time, more patients may need treatment, but in the Sunnybrook experience 55% of men were still free of treatment 20 years after initial diagnosis.⁵ This is critical for many men as the time men remain on surveillance is free of treatmentrelated symptoms. Delayed treatment also has another benefit: as modern treatments are refined, they are becoming more effective, more convenient, less invasive, and have fewer side effects associated with them.

Some men believe they should take treatment because they are anxious about living with untreated prostate cancer. Fortunately, a large randomized study of AS versus active treatment has recently shown that anxiety levels are the same whether a man is treated or untreated.⁶



Men who tend to worry more than others will worry about something else (side effects or cancer recurrence) even after treatment. In that trial there was no difference in the risk of dying of prostate cancer at 10 years (about 1% for all groups); however, there was a small increased risk for AS patients to develop metastases (6% for AS patients vs 3% for treated patients at 10 years).^Z In the Sunnybrook experience, almost all the excess metastatic risk was for patients who initially had Gleason 7 prostate cancer (Gleason 6 cancers with PSAs between 10-20 appeared to at no higher risk).[§]

In sum, after 20 years of research, active surveillance has been shown to be a highly appropriate, safe, and effective curative management option for men with Gleason 6 cancers and a PSA < 20 ng/ml. It now represents the standard of care for these men.

Further work investigating the role of MRI imaging and biomarkers will undoubtedly refine this approach even further.

Risk Classification	Criterion	T-category	Gleason Sum (worse core)	PSA (ng/ml)
Low risk	All of	T1 – T2b	6	<u>≤</u> 10
Intermediate risk	One or more of	T2c	7	10 - 20
High risk	One of	T3 – T4	8 – 10	<u>></u> 20

Table 1: Risk grouping based on physical examination, Gleason Sum and PSA9

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Are you interested in becoming a PCCN-Toronto volunteer? Please call our support line - 416-932-8820 or email us at <u>info@pccntoronto.ca</u>

"Awareness" newsletter - written and edited by Aaron Bacher unless otherwise noted.

Our on-going projects for 2017 THE JANSSEN AWARENESS NIGHT MEETINGS

These meetings are held at the **Toronto Botanical Garden (in the** *Eloral* **or** *Garden* **Hall), at the corner of Lawrence Avenue East and Leslie Street, from 7:30 - 9:30 p.m. Leading medical professionals speak on a range of topics related to prostate cancer and then, following a refreshment break, answer your questions. Family members and friends are welcome to attend. If you are on our mailing list, a notice of each meeting will be sent to you. PARKING IS FREE.**

Please bring some non-perishable food with you for the North York Harvest Food Bank. (See page 3)

DATE	<u>RM</u>	<u>SPEAKER</u>	TOPIC
May 31	G	Jeff Appelmann, BSc, ND Menen Centre for Optimum Health and Canadian Integrative Cancer Centre	Naturopathic approaches to prostate cancer and prostate health.
July 26	G	Dr. Nathan Perlis Princess Margaret Cancer Centre	Focal therapy.
Sep 13	F	Dr. Juanita Crook BCCA Centre for the Southern Interior	Brachytherapy for prostate cancer and breast cancer!
Nov 29	G	Leah Jamnicky Princess Margaret Cancer Centre	Partner, caregiver, and survivor forum.

Man to Man Peer Support Meetings - 7 p.m. to 9 p.m.

These meetings take place on the **FIRST** and **THIRD** Tuesday evenings of each month at the **Valleyview Residence**, 541 Finch Avenue West (just west of Bathurst Street on the Branson Hospital site) in the All-Purpose Room. They provide an opportunity for men to talk in a safe and comfortable setting about dealing with their diagnosis of prostate cancer.

Side by Side Peer Support Meetings

This program has undergone some recent changes. Our ladies' support group, although still very active, now provides advice by appointment only. Please visit our website for more information.

Visitation

Trained volunteers, all prostate cancer survivors, will talk to you/your family in your home, by telephone or in the hospital. Each week our volunteers visit surgical patients at **Toronto General Hospital** (Thursday & Saturday) and **Sunnybrook Hospital** (Thursday), bringing them messages of hope and support. **Counseling**

Our volunteers counsel men (and their families) in prostate cancer clinics at the **Princess Margaret Cancer Centre (**Monday through Friday), the **Odette Cancer Centre** (on Thursday), and **The Gale & Graham Wright Prostate Centre at North York General's Branson site (**on Tuesday afternoon).

Our 2017 newsletters are being sponsored by an unconditional grant from Joshua Damdar of KELLER WILLIAMS Neighbourhood Realty.

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