# Awareness

The "PCCN-Toronto" and "Side by Side" Prostate Cancer Support Groups

# Another fabulous "Do it for Dads" Walk Run On Father's Day morning!

By Aaron Bacher

o, when you woke up bright and early on **Father's Day** morning and looked outside, the only question on your mind was "do I go back to bed"? That's because it was very dark outside and raining!

Well, if you did go back to bed, we really missed you!

However, if you were one of the many people/volunteers who had braved the weather and arrived at **Ashbridges Bay Park** around 8:30 a.m., you were probably having second thoughts about being there altogether! That's because the skies had opened up and chances are that you had gotten quite wet!

And the day hadn't even officially started yet!

But then everything changed! Those dark clouds disappeared, the warm sun peeked through white, fluffy clouds, and the conditions suddenly were ideal!

And that's about the time I arrived at the park with my wife Ronnie. We actually had to remain in the car for another five minutes or so, and then emerged *sans umbrella* into the warm sunshine.

The crowd, smaller than usual early on, increased as the sun replaced the earlier "iffy" weather.

Our team was well represented, as members gathered under our "tent" as they arrived. All had stories to tell about where they were when it was really pouring! But now, as we waited for the opening speeches, including one from our chairman **Phil Segal**, conditions couldn't have been any better!

CityNews Tonight anchor **Roger Petersen** acted as emcee for the opening ceremonies.

Then the Walk was underway, as everyone (well, almost everyone) headed for the boardwalk and their 5K walk.

And then, just as quickly, people were returning and heading straight to the **PIZZAVILLE** booth for lunch!

Soon, Roger Petersen announced that **PHIL'S PALS** were this year's top fundraising team, (again!) with over \$53,000, while **PCCN-TORONTO** finished second (again) with over \$28,000 in donations!

We don't mind finishing in second place (really?), as all the money goes to a worthy cause. And, as the only **survivor team** entered in Toronto, we all have a special interest in this particular cause.

I want to thank my co-captain again this year - **Stan Mednick** - and everyone on our team for another fantastic job. Fundraising seems more difficult each year, and it takes more effort to get the job done. Why don't you join our team next year and help us? See pictures on pages 4 and 5.

Thank you all very much!

"Raising prostate cancer awareness" - pccntoronto.ca

# 2017



### JULY

# PCCN-Toronto Prostate Cancer Support Group

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## Amendments to our "IN MEMORIAM" list

As we mentioned in our December 2016 newsletter, the chance of missing/forgetting a name was always a possibility.

Ruth Sprenger, herself a long-time member of our Side by Side ladies' group, advised us that we had indeed overlooked her late husband Dick's name.

Dick served on our board for several years, and also volunteered at the Princess Margaret Cancer Centre.

We apologize for the omission and have now added the name of **DICK SPRENGER** to our list.

\_\_\_\_\_

Another name that was mistakenly omitted from our list is **JOE FRAGA.** 

Again, we apologize for these omissions.

\_\_\_\_\_

If you are aware of any other name that we might have missed, please advise us by emailing the information to <a href="mailto:aaronbacher@rogers.com">aaronbacher@rogers.com</a> Thank you.

To see Dr. Jeff Appelmann's entire presentation from our May 2017 Awareness Night meeting, please go to: pccntoronto.ca/videos

Thank you.

# PCCN-Toronto "invades" Mandarin Restaurant!



By Phil Segal

PCCN-Toronto hosted its annual social evening on Tuesday June 13<sup>th</sup> at the Mandarin Restaurant on Finch Avenue West near Dufferin.

The evening was very well attended with 36 persons in attendance (volunteers together with spouses or partners).

Because it was a quiet evening at the Mandarin, we were fortunate to be able to secure a private room for the group.

We ended up with three sets of long tables so that the group was split fairly equally which encouraged good conviviality.

Everyone enjoyed the variety of the Mandarin's buffet offerings as well as getting together to just meet in a setting other than our usual PSG meetings.

There was only one rule: no one was supposed to mention anything having to do with the word "prostate"!

We succeeded, as everyone was much too busy eating and drinking and talking! Did I mention "eating"?

### Our 2017 newsletter sponsor!



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### **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

July 26, 2017

at 7:30 p.m.

our guest speaker

### Dr. Nathan Perlis

**Princess Margaret Cancer Centre** 

Topic:

## "Focal Therapy"

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 Janssen 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.

- √ Canned fish & meat
- √ Canned vegetables
- √ Canned fruit
- √ Cooking oil canola or olive oil
- √ Cereals high fibre
- √ Peanut/almond butter
- √ Cookies (arrowroot, digestive, oatmeal)

- √ Flour
- √ Brown pasta
- √ Powdered milk
- √ Canned or dried beans
- √ Rice white & brown
- √ Baby formula & diapers
- √ Baby food & cereals
- √ Fruit juice 100%



www.northyorkharvestfoodbank.com

Il 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.

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# Great Memories from another fabulous Father's Day "Do it for Dads" event at Ashbridges Bay Park!



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.



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# ASK THE DOCTOR

### The Current Status of Brachytherapy

Many treatment options exist for men with newly diagnosed prostate cancer. Most often, the cancer is confined to the prostate and can be successfully treated by either surgically removing the prostate (radical prostatectomy) or by treating it with radiation. Radiation treatment can be given from the outside – called external beam, from the inside,



called brachytherapy, or with a combination of both external beam and brachytherapy. The treatment selected should offer the best chance of getting rid of the cancer with the least chance of side effects.

#### What is brachytherapy?

Brachytherapy is a way of treating prostate cancer by placing the radiation source directly into the prostate. As the distance the radiation travels is very short, almost all of the radiation is given to the cancer with little or no radiation to the surrounding organs such as bladder or rectum. It allows for a more targeted treatment than external beam radiation, where the radiation beams have to pass through healthy organs to reach the prostate. The high dose of radiation delivered by brachytherapy to the cancer results in a high cancer control rate, while the low dose to other organs greatly reduces the chance of unwanted side effects.

Two types of brachytherapy are used – Low Dose-Rate (LDR) and High Dose-Rate (HDR). Both types of brachytherapy deliver a very high dose. The difference is in the rate of delivery. With LDR, radioactive seeds remain inside the prostate and slowly release radiation over 4 to 6 months. The seeds are no longer radioactive after about a year.

With HDR, the radioactive source remains inside the prostate for only 5 to 15 minutes, under the control of a robotic system. LDR is most commonly used on its own – called monotherapy, whereas HDR is most often used as a boost in combination with external beam radiation.

### Who should have brachytherapy?

Brachytherapy has an important role to play for most men with prostate cancer. Brachytherapy monotherapy works really well for most men with Gleason 6 or 7 cancer. For those with more aggressive cancer, brachytherapy is usually combined with a short course of external beam radiotherapy as a boost. Ideally, the prostate should not be too large and the patient should be well enough to have an anaesthetic. The American Society of Clinical Oncology (ASCO) and Cancer Care Ontario (CCO) recently updated practice changing guidelines on who should have brachytherapy. A multidisciplinary panel of experts carefully reviewed all of the published evidence in order to come up with recommendations. Their recently released report came to the following conclusions:

- a) Brachytherapy alone may be used as sole treatment (called monotherapy) for men with low risk and many men with intermediate risk disease, and
- b) Brachytherapy in combination with external beam radiotherapy should be offered to men with higher risk disease.

#### LDR brachytherapy as monotherapy

Most men in Canada found to have low risk prostate cancer (Gleason 6 and PSA <10 ng/ml) opt to have active surveillance. For those who would prefer a more active treatment, LDR brachytherapy alone is an option to consider with long term cancer control and survival rates similar to a prostatectomy, but with less risk of impotence and incontinence. For men with slightly higher risk disease – Gleason 6 with PSA between 10 and 20 ng/ml, or Gleason 7 with PSA < 10 ng/ml, brachytherapy monotherapy is also an appropriate choice. A recent Radiation Therapy Oncology Group clinical trial (RTOG 0232) randomized 588 men with such "low tier" intermediate risk disease to have either LDR brachytherapy alone, or LDR combined with a 5-week course of external beam radiotherapy. The study showed that external beam was not required to improve cancer control rates, but did lead to an increase in side effects.

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### DICK ARAI 1928 - 2017

#### RICHARD "DICK" HIROYUKI ARAI

Surrounded by his family, Dick passed away peacefully in his 89th year on May 16, 2017 after a courageous battle with cancer. He is survived by Aki, his loving wife of 55 years and his dear children Judy (Stephen O'Donnell), Janet (Tony Aitken), Mike (Michelle) and Ray (Lisa). Kind-hearted and cherished Jichan of Jaimie, Ryan, Emiko, Kobe, Matthew, Mariah and Madelyn. He will be sadly missed by many nieces, nephews, extended family and a large circle of friends. Born in Ocean Falls, BC on October 19, 1928, he spent his childhood in Strawberry Hill, was interned during the war years in Kaslo, then moved east finally settling in Toronto. Dick was very devoted to family throughout his life.

He had a fun-loving sense of adventure and a love of the outdoors - fishing, camping, boating, golfing, gardening, mushroom forays, cross country skiing, ice fishing and curling. His integrity and loyalty led to successes in business and lifelong friendships. Dick had a passion for square dancing, music, origami, puzzles and he was the ultimate "Mr. Fix It". He loved travel, good food and gatherings with friends and family. He lived with gratitude and was selfless, generous and loyal, inspiring and supporting those around him. Dick was everyone's biggest cheerleader and a role model of a life very well lived! The family is very grateful for the highly compassionate and exceptional care provided by the team at Kensington Hospice. As per Dick's wishes, cremation has taken place.

Dick Arai was a long time Man to Man/PCCN-Toronto member, volunteer at the Princess Margaret Cancer Centre (formerly PMH), and refreshment provider during our years at our Holly St. location. He was also our "unofficial" greeter, welcoming everyone to our peer support meetings, especially those newly-diagnosed men who were attending for their first time.

During that time, Aki was also quite active with our Side by Side support group, as she and the other women offered their help to the partners of those newly-diagnosed men.

Dick and Aki always exuded pure class in all their interactions with people.

We extend our sincere condolences to Aki and her entire family on the loss of this wonderful man, who we all miss deeply.

The family hosted a celebration of Dick's life on June 24, 2017. Donations to <u>Kensington Hospice</u> would be appreciated.

# ASK THE DOCTOR Dr. Gerard Morton

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## Brachytherapy boost as a new standard of care for men with higher risk disease

For higher risk disease, brachytherapy combined with external beam radiation provides better cancer control than external beam alone. This includes those with Gleason 7 and PSA above 10 ng/ml, those with Gleason 8 -10 cancer, those with an initial PSA of over 20 ng/ml, or those with initial cancer beyond the prostate capsule. We now have three randomized trials that compared brachytherapy boost to external beam alone. All show that brachytherapy boost greatly reduces the chance of cancer recurrence, and as a result the ASCO/CCO Guideline Group indicated that brachytherapy boost should be offered to these men. The ASCENDE-RT clinical trial, led by researchers from Vancouver. randomized 398 men with unfavourable risk prostate cancer to receive either external beam radiation combined with an LDR brachytherapy boost, or external beam radiation alone. All men also received hormone treatment for 12 months. Brachytherapy boost more than halved the risk of recurrence. At 9 years following treatment, 83% of men treated with brachytherapy boost were free of cancer recurrence, compared to 63% in those treated with external beam alone. A similar finding was seen in two other randomized trials that used HDR boost instead of LDR.

#### HDR or LDR?

Both types of brachytherapy deliver high radiation dose to the prostate, and can be used equally well as a boost. Either may cause temporary swelling of the prostate with difficult urination requiring medication. Such symptoms tend to be less of a problem and get better more quickly following HDR. With HDR, it is possible to treat the entire prostate to one dose level while at the same time increasing the dose to the cancerous area within. The ongoing randomized PR19 clinical trial of the Canadian Cancer Clinical Trials Group is comparing this strategy with standard LDR for use as monotherapy for low and intermediate risk disease.

Brachytherapy, either alone or as a boost, should be considered as an option for most men with prostate cancer. We need to make sure sufficient resources are available to provide timely access.

Are you interested in becoming a PCCN-Toronto volunteer?

Please call our support line - 416-932-8820

or email us at info@pccntoronto.ca

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

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## Our on-going projects for 2017

### THE JANSSEN AWARENESS NIGHT MEETINGS

These meetings are held at the **Toronto Botanical Garden (in the** <u>Floral or </u><u>Garden Hall)</u>, 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)

<b>DATE</b>	<u>RM</u>	<u>SPEAKER</u>	<u>TOPIC</u>
July 26	G	<b>Dr. Nathan Perlis</b> Princess Margaret Cancer Centre	Focal therapy.
Sep 13	F	<b>Dr. Juanita Crook</b> 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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