

Awareness

The "Man to Man" and "Side by Side" Prostate Cancer Support Groups

Dr. Andrew Loblaw Very Popular With Large March Awareness Night Audience

As soon as our guest speaker took the podium, a few things became abundantly clear: he was quite tall, relatively young, and he had a real love for expensive sports cars! But, at the same time, you quickly realized that he was an expert in his specialty of Radiation Oncology at the Toronto-Sunnybrook Regional Cancer Centre!



Winston Klass with guest speaker Dr. Andrew Loblaw

Dr. Andrew Loblaw is involved with External Beam Radiation Therapy (EBRT) and specializes in both types of Brachytherapy - seed implants and High Dose Rate. He discussed Intensity-Modulated Radiation Therapy (IMRT) and how it is the most accurate form of external radiation to date combined with the help of implanted gold seeds which act as markers/targets.

He compared Sunnybrook's standard EBRT technique to their new image-guided IMRT, one difference being that the margin of error in EBRT is 10mm, while that of IMRT is only 4mm.

He referred to Brachytherapy as "Internal Radiation", itemizing the

requirements for seed implants: a PSA <10, Gleason Score of 6 or less, Grade of T1/T2, and the cancer must be contained within the prostate gland, which cannot exceed 50cc's. The Transrectal Ultrasound (TRUS) is the final test to assure that he can "see" the entire prostate gland in order to properly place the required number of seeds. He included images of both the TRUS and the procedure itself in his presentation.

"The doubling time of the PSA is very important in the assessment of prostate cancer treatment. The longer the doubling time, the better it is for the patient."

He mentioned that every Brachytherapy patient goes on Flomax or Xatral for a period of time in order to help empty the bladder, and that the intensity of the seeds two months after the procedure is at 50%. He added that, "It usually takes up to 1 year to deliver the entire dosage of the radiation". He listed the advantages of seeds as: convenient, an excellent cancer control and minimal side effects. The disadvantages were: a true specialist is required to perform the procedure, the seeds can sometimes move or migrate, there can be prolonged urinary symptoms, and not everyone qualifies for this treatment.

"Spooning with your partner during the first year after seed implants is not dangerous!"

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APRIL 2007

Man to Man

Prostate Cancer Support Group

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"Raising prostate cancer awareness" - <http://mantoman.ca>

Dr. Robert Nam is a Big Hit Again at Our First Awareness Night Meeting of 2007

So our first Awareness Night meeting of the year took place in February instead of January. But that didn't seem to make a difference to our audience. They just wanted to hear what Dr. Robert Nam had to say, and if they had to wait until Feb. 21st, so be it!

They definitely enjoyed what he told them. His topic was the Radical Prostatectomy (RP) and he began by asking questions, such as: "Is this you?",



February guest speaker Dr. Robert Nam and Man to Man Awareness Night Coordinator Winston Klass.

where he described the "numbers" of a newly-diagnosed patient (including PSA, Gleason, and Grade); and, "What should I do?", listing the various treatments currently available. When he focused in on the RP, he went over "who can get it" and "which is better - an RP or radiation

therapy". He mentioned that the ideal candidate for surgery is someone who is otherwise healthy and not taking many medications and, of course, someone who has no metastasis.

Regarding the comparison between an RP and radiation, he said that, "I cannot say that any one treatment is **the best**, as there is no data available to prove that!" He did quote a Swedish study done a few years ago, where they proved that **some form of treatment definitely works**, compared to not having any treatment! When comparing these two treatments, he mentioned that there have been no randomized trials, although on-going studies are being conducted. He added that RPs are "time-tested", as they have been around for over 20 years, while radiation techniques are constantly evolving, leaving older treatments obsolete. His opinion is that "no one knows which treatment is better; and each

man has to decide which is best for him!"

He showed the audience still pictures and a video of an RP, asking, "Do you want me to stop showing these pictures or continue?" The audience replied, "Please continue". He told how patients often ask him, "Do you do the surgery yourself?" His answer: "Since I only have two hands, and you need four hands to do some part of the surgery, I need help from my assistant/resident at times. But I most definitely do the 'critical parts' of the operation" He added, "That's how I was trained."

He covered the pros (excellent cancer control, additional treatments possible) and cons (major operation, potential blood loss, incontinence, erectile dysfunction [ED]) of surgery. Regarding incontinence, he said simply that, after surgery, "You will leak. But it will either gradually or rapidly improve, as each man is different and 'age' makes a difference." On ED: "You will experience ED, but again, age can be a determining factor in recovery. Erections can happen again but it might take weeks, months, or longer. I strongly suggest however that you 'use **it** regularly'! He directed this last comment particularly at the women in attendance!

An interesting aside was when Dr. Nam told how, immediately after diagnosis, most men want the surgery to get rid of the cancer and, as far as the possible side-effect of ED is concerned, their answer usually is, "that's not important to me right now". However, after they have recovered from surgery and their catheter has been removed, "ED is all they want to talk to me about - because, in some cases 'nothing is working'! I always tell them to give it time to heal and return on its own!"

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If you would rather receive this newsletter electronically, please send an email to info@mantoman.ca and we'll remove you from our regular mailing list and add your name to our email list. Thank you.

Man to Man & Side by Side
(Prostate Cancer Support Groups)

invite you to attend a
Prostate Cancer Awareness Night
at the
Toronto Botanical Garden
in the Floral Hall
777 Lawrence Ave. East at Leslie Street

on

Wednesday May 23, 2007

at 7:30 p.m.

guest speaker

Dr. Scott Berry

MD, FRCPC, MSc

Toronto-Sunnybrook Regional Cancer Centre

topic

“Late Stage Prostate Cancer”

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.

**2007 Meetings Benefit
North York Harvest Food Bank**

When you attend one of our Awareness Night Meetings at The Toronto Botanical Garden, please bring some non-perishable food with you, which Man to Man is donating to the *North York Harvest Food Bank* again this year.

Below you will find a list of their much-needed items. Please note that all expiration dates must be valid and canned goods cannot be damaged (dented).

- √ **Canned fish & meat**
- √ **Canned vegetables**
- √ **Canned fruit**
- √ **Cooking oil**
- √ **Sugar substitute (Equal)**
- √ **Flour**
- √ **Brown pasta**
- √ **Powdered milk**
- √ **Dried beans**
- √ **Brown rice**



www.northyorkharvestfoodbank.com

We thank you for your continued support.

Side by Side Support Group

It may be the men who are diagnosed with prostate cancer, but this disease affects every family member .

The Side by Side Support Group, our female partners group, plays a very important role in helping these men (and themselves) deal with everything from diagnosis to treatment decisions and the recovery phase. They meet on the first Tuesday of each month at 20 Holly Street in Suite 200 from 7 to 9 p.m.

We need women who have been through this experience to attend these meetings to help the female partners of newly-diagnosed men. We also need a few women to facilitate some of these meetings. The next Side by Side meeting will take place on Tuesday May 1, 2007.

Please try to attend. If you have any questions, please email: aaron.bacher@mantoman.ca Thank you.

*Are you interested in becoming
a Man to Man Volunteer?*

*Please call our hotline - 416-932-8820
or email us at info@mantoman.ca*

Relay for Life Scheduled for Friday June 22, 2007

What are you doing on Friday night June 22, 2007? Many of us will be gathering at E.T. Seton Park in North York for the 2007 *Relay for Life*, sponsored by **The Canadian Cancer Society** (CCS). This is their major fundraising event of the year; the one that Man to Man (M2M) participated in for the first time back in 2001 and has been part of ever since. In our first 6 years we have raised \$137,265 for prostate cancer research!

Please help us again this year by joining our *Relay* "team" and helping us raise more of these much-needed funds.

If you have been a part of previous "teams", you know how we raise these funds; if you are new to this event, here are the important details.

We raise money for this event in two ways:

- 1) By obtaining donations to CCS from family members, friends and/or business associates and issuing instant tax receipts to these generous people. We supply you with a *Relay* kit that includes an official tax receipt book. Many of the people you will approach for donations are most likely already making annual donations to CCS; all you ask them to do is make that same donation through you, so that M2M receives credit, and you immediately issue them their tax receipt.
- 2) Selling Luminary Candles. These candles are placed in paper bags and each bag contains the name of someone who unfortunately died from some form of cancer or is a cancer survivor like you. Therefore these candles take on greater meaning, as each one represents a special life. Each candle costs \$5.00 and receipts cannot be issued.

On the night of the *Relay*, around 10 p.m., all the candles that were purchased, which line the walking track all night, are lit in a very emotional ceremony

highlighting the evening.

As I do every year, I ask each of you to purchase at least one candle in your own name to honour yourself as a prostate cancer survivor. The \$5 cost is a very small price to pay to have your own personal candle appear alongside the many, many other cancer survivors. Ask your family members and friends to honour you as well by buying additional candles with your name on them. To order your candles, please contact me at your earliest convenience (see email address and phone number below and form on page 7).

Relay night is a fun night when members of M2M, along with their wives/partners, children and grandchildren all attend and have a fantastic time. The evening officially begins with the opening **Survivors' Lap**, when survivors of different types of cancer and of all ages are invited to walk the first lap of the evening's relay. Each survivor's name is announced over the loudspeakers for everyone to hear and it's a fabulous way to begin the event.

Do you want to be there with us? It's simple: please contact me (at aaronbacher@rogers.com or **416-414-4961**) to obtain your M2M *Relay* kit, raise some money for **CCS**, and/or join us at the *Relay* on the evening of June 22nd. You and your family will have a terrific time and you will also feel great about helping us "make a difference"!

Come on out and walk with us!

Man to Man is supported by:

Abbott Laboratories
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 Canadian Cancer Society
 MacGregors Meat & Seafood Ltd.
 Merck Frosst Canada Ltd.
 Novartis Pharmaceuticals Canada
 Pfizer Canada



Sample of a Luminary Candle

**Dr. Nam says:
“Use it regularly!”**

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Dr. Nam said he always advises patients to “ask questions of your surgeon”, such as: how many surgeries (RP) have you done?; what percentage of your patients require blood transfusions?; do you use the nerve-sparing technique?; and, can I get a second opinion? He added that many patients with advanced cancer (Grade of T3, PSA >20, or a higher Gleason score of 9 or 10) can still be candidates for surgery.

His focus then turned to salvage surgery following failed radiation treatment, (a topic that many in the audience had come to hear about). This is evident when there is a rise in the PSA, or a biopsy shows recurrent prostate cancer but no evidence of metastasis (from CT scan and bone scan). He said there are three basic rules that apply:

RULE #1 You can’t have surgery after radiation!

Rule #2 and rule #3 are the same as Rule #1!

However, because current forms of radiation result in much less collateral damage to the bladder, sphincter and rectum, “we can remove the prostate in certain patients”. There are some necessary criteria: life expectancy >10 years, PSA <20, and stage 2 or less.

To date Dr. Nam has successfully performed almost 20 of these salvage surgeries and, although incontinence is one of the main side effects of this type of surgery, he told us that 75% of his patients “are happy with whatever incontinence they are experiencing”. Perhaps that is because it is the price they have to pay in order to eliminate a cancerous prostate gland.

Following the refreshment break, he was very generous with his time and answered many questions submitted by those in attendance. He also encouraged our audience to come back and hear the other distinguished speakers scheduled to speak at future Awareness Night meetings.

We sincerely thank Dr. Robert Nam for taking the time to come and share his vast knowledge with us.

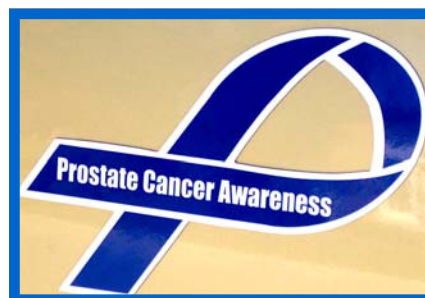
Buy a Magnetic Car Ribbon and Support Man to Man

Car Ribbons Raise Prostate Cancer Awareness

Help us get the message out about prostate cancer by purchasing a Royal Blue magnetic ribbon (3 1/2” x 8”) for your car which reads:

Prostate Cancer Awareness

Each ribbon costs \$5 with all proceeds going to



Man to Man. These ribbons will be available at all peer support and awareness night meetings, or you can call

416-932-8820 or email mantoman@rogers.com to order yours today. Thank you.

Have you ever had a TURP?

We’re looking for information from men who have had a **Transurethral Resection of the Prostate**, more commonly referred to as a **TURP**.

When men are scheduled to have this test they question us about it and we’d like to be able to answer them based on solid information obtained from men like you who have actually experienced it. This can be done totally anonymously as we don’t have to mention any names.

Please email aaron.bacher@mantoman.ca and tell us about your experience, including basic details, such as: when it was done, where and by whom; why it was done; whether you experienced any side effects; what kind of follow up there was by your urologist; and how you are doing now.

Thank you for sharing this information and helping other men.

Dr. Andrew Loblaw speaks about Radiation Therapy

Continued from page 1

High Dose Rate Brachytherapy (HDR) also requires some pre-assessment. Originally this procedure consisted of two treatments followed by 5 weeks of EBRT; currently it is only 1 treatment followed by 3 weeks of EBRT.

Gold seeds are also used as targets for HDR. Tiny plastic catheters are placed into the prostate and the radioactive seed is then inserted into each of these catheters one by one by a special machine. Because the computer can control how long the seed remains in each of the catheters, Dr. Loblaw said that he can increase the radiation dosage in different regions of the prostate, as needed. Therefore the tumour can receive a higher dose than some surrounding tissue near the urethra and rectum. This is the major advantage of HDR over seed implants, allowing the doctor to better sculpt the radiation dose. When completed the catheters are removed and no radioactive material is left in the prostate gland. Dr. Loblaw told the audience that the success rate of this treatment is currently at 90% plus.

As for the two major side effects that all men are concerned about, incontinence is generally not associated with radiation treatments. Erectile Dysfunction (ED) however can occur, although it usually will happen as a "delayed reaction" several months to years after the procedure. But one has to be potent before the procedure to be potent after. Dr. Loblaw used this analogy: ***"If you can't play piano before your procedure, you certainly can't after!"***

What if the cancer returns after radiation therapy? Are there any options available for me?

Dr. Loblaw mentioned several options if the cancer should return, such as: a Salvage Radical Prostatectomy, although there are only a few urologists performing this type of surgery locally; Cryotherapy; High Intensity Focused Ultrasound

(HIFU); Brachytherapy seed implants; and Hormone therapy, also referred to as androgen deprivation therapy (ADT).

Regarding ADT, Dr. Loblaw told us how many doctors used to wait until a man's PSA reading hit 50 before starting him on a program of hormone therapy. However now the thinking is to start much earlier.. Of course, all treatments come with possible side effects, and ADT is no exception. Some men may experience one or more of these: decreased libido (ED), hot flashes (these may go away with time), breast tenderness, loss of muscle mass, weight gain, osteoporosis (weakening of bones), anemia (low red blood cell counts), and fatigue. Dr. Loblaw explained that lifting weights can help your overall condition (improves muscle mass and energy level) and taking calcium can also help protect against bone loss. Hormones control your prostate cancer but can increase the risk of other medical problems. For example, someone who is on hormones for up to 10 years has a 44% increased chance of being diagnosed with diabetes.

There is a trial opening soon (called ELAAT) to address the optimal timing of hormone therapy after radiation, and Dr. Loblaw is the lead investigator. It should take about 4 years to enter the necessary patients and another 7 years to get the first results. After including several slides in his presentation of some great cars, such as an Aston Martin V8 Vantage, a Lamborghini Gallardo, a Porsche 911 Carrera II, and a BMW M6 Cabriolet, you should know that Dr. Loblaw's own car is a BMW M3 convertible. (He asked me to say he drove a Honda Civic, but . . .)



We genuinely thank him for sharing his vast knowledge of radiation therapy with us.

OUR ON-GOING PROJECTS FOR 2007

Awareness Night Meetings - 7:30 p.m. to 9:30 p.m.

These meetings are held at the **Toronto Botanical Garden (Floral Hall)**, at the corner of Lawrence Avenue East and Leslie Street, where 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 event will be sent to you.

Remember to bring some food with you for the Harvest Food Bank - please see the article on page 3.

<u>DATE</u>	<u>SPEAKER</u>	<u>TOPIC</u>
May 23	Dr. Scott Berry	Late stage prostate cancer
July 25	Dr. Charles Catton	Salvage Radiation
Sep 26	Dr. Antonio Finelli	Laparoscopic Radical Prostatectomy
Nov 28	Dr. Sidney Radomski	Incontinence & Impotence

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 in the first-floor offices of the Canadian Cancer Society, 20 Holly Street (Yonge and Eglinton area), in Suite 101. They provide an opportunity for men to talk with others in a safe and comfortable setting about dealing with their diagnosis of prostate cancer.

Side by Side Peer Support Meetings - 7 p.m. to 9 p.m.

The ladies' support group meets on the second floor of the same building, in Suite 200, on the first Tuesday of each month. These meetings allow for personal discussion from a female perspective.

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 in the Toronto General Hospital and Sunnybrook Hospital, bringing them messages of support and hope. If you are scheduled for surgery at another hospital and would like to have a visit during your stay, please let us know.

We will visit patients at any hospital in the Toronto area.

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