

## Looking for Support?

### **Men Available to Talk to You**

Gary Allen..... 621-0552  
 Grant Arnold..... 933-4214  
 Marc Breton..... 628-9444  
     (en Francais)  
 Rick Eade..... 683-6573  
 Bill Everitt..... 767-5768  
 David Everitt..... 628-5287  
 Ray Halvorson..... 345-2038  
 Bill Horde..... 767-1490  
 Jim Hyder..... 933-0124  
 Phil Junnila..... 475-5706  
     Ed Long..... 628-6915  
 Bill Vantour..... 767-8515  
 Mel Zobatar..... 767-6081  
     Cy Zurba..... 472-8676

### **Women Available to Talk to You**

Beth Long..... 629-4774  
 Lise Pollard..... 285-0127  
     (en francais)  
 Dianne Slack.... 473-8297  
 Betty Zurba..... 286-7686

### **Northwestern Ontario Region**

#### **Atikokan**

Dave Anderson..... 807-597-1213  
                          ext.23  
 Larry Brown..... 807-597-6196  
 Ron Speck..... 807 597-2219

#### **Dryden**

Horst Lang..... 807 223-5516

#### **Fort Frances**

Looking For Contact

#### **Hearst**

Marcel Girouard.....705 362-8154  
     (en francais)

#### **Kenora**

Looking For Contact

#### **Longlac**

Dick Mannisto.....807 876-4485

#### **Terrace Bay/Schreiber**

John St. Amand..... 807 825-9054

## Prostate Cancer Treatments: Has Anything Changed?

*Reported by Beth Long*

Dr. Kevin Ramchander, MD, Radiation Oncologist in the Cancer Centre at the Thunder Bay Regional Health Sciences Centre, was our guest speaker at the General Meeting on Thursday, November 15, 2018. Dr. Ramchander presented us with a discussion on changes in prostate cancer treatments in the last 15 to 20 years. His discussion reviewed where we were and what is new in each of the stages of prostate cancer.



### **Localized Prostate Cancer** **Low Risk Localized Prostate Cancer**

15 – 20 years ago, it was treated with surgery, radiation, LDR Brachytherapy ("seed implants"), or watchful waiting.

Today, very low risk prostate cancer is managed by Active Surveillance. This is defined by Cancer Care Ontario as "a way for the healthcare team to closely monitor the cancer for signs that it may be changing. If there are any signs of progression or tumour growth, then additional treatments, which may include surgery or radiation, are offered."

Today, low risk prostate cancer may be managed with active surveillance, or treated with surgery, radiation – fractionated, LDR Brachytherapy, or SBRT (stereotactic body radiation therapy).

There has been a recent decrease in fractionation from 37- 40 fractions down to 20 fractions for low to intermediate risk prostate cancers.

# NEXT MEETING

**Thursday, March 21, 2019**

**Speaker: Oliver Reimer on "The Benefits Of Exercise On Our Journey With Prostate Cancer"**

**Location:** 55 Plus Centre, 700 River Street  
**Time:** 7:00 pm

# **Prostate Cancer Treatments: Has Anything Changed?**

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*Reported by Beth Long*

SBRT is extreme hypofraction. It uses imaging techniques to deliver a targeted radiation dose to a tumour. A goal is to reduce damage to healthy tissue. It typically decreases fractions to five, delivered weekly. Studies show increasing dose per fraction improves disease control at the cost of gastrointestinal and genitourinary toxicity. Trials of SBRT are ongoing, especially for intermediate risk patients. Trials for high risk patients are in process.

## **Intermediate Risk Localized Prostate Cancer**

(Gleason Score of 7, PSA of 10 to 20)

15 – 20 years ago, the treatment offered was surgery, radiation – XRT (external beam radiation) with or without hormones, or watchful waiting – only in very poor candidates.

Today, intermediate risk localized prostate cancer is treated with surgery, radiation (XRT alone, XRT with hormones, XRT with Brachytherapy plus or minus hormones), LDR Brachytherapy, or may possibly be managed with Active Surveillance. There are many debates going on in the treatment of intermediate risk prostate cancer.

## **High Risk Localized Prostate Cancer**

(Gleason Score of 8 or more, PSA greater than 20)

15 – 20 years ago, it was treated with External Beam Radiation (XRT) to the pelvis plus a prostate boost (XRT) plus 2 to 3 years of hormone therapy. Surgery may have been offered in select circumstances in patients with lower PSA levels.

Today, the treatments offered are: radiation to the pelvis plus a prostate boost (XRT) plus 1.5 to 3 years of hormonal therapy; possibly surgery in select circumstances with lower PSA levels; or XRT to the pelvis plus a brachytherapy boost plus 1.5 to 3 years of hormonal therapy. There is a debate about giving chemotherapy at this stage.

## **Stage IV Prostate Cancer**

(cancer that has spread beyond the prostate to other parts of the body)

The treatment of metastatic prostate cancer 15 to 20 years ago was Androgen Deprivation Therapy (hormone therapy). If that failed, there was nothing further to offer.

Today, metastatic disease is treated with Androgen Deprivation Therapy, with or without chemotherapy, and with or without new agents. More and more options are becoming available when hormone therapy is no longer effective. There is an explosion of new drugs coming on the market all the time.

In some cases, when the patient has less than 4 or 5 metastatic sites (intermediate or oligometastatic state), most centres will consider treating these sites aggressively, with surgery or radiation, before the cancer cells are able to reseed to another site. This is done in the hopes of disease control, and in some cases "cure" of the metastatic cancer. Although the treatment benefits of oligometastatic disease (aggressive treatment with surgery or radiation) are unclear, they are getting some good response. In his practice, Dr. Ramchander will consider aggressive radiation in patients with 1 to 3 metastatic sites who are otherwise healthy and are informed about the goals and controversy of aggressive treatment.

## In Summary

Dr. Ramchander summarized the progress of prostate cancer treatment today:

- Treatments continue to evolve with better outcomes and quality of life.
- For localized prostate cancer, types of treatment are largely the same, but approaches, techniques and combination therapy continue to develop and change.
- For intermediate metastatic disease, an oligometastatic approach has the potential of huge benefits to some patients.
- Drug therapy options in the past 8 years have exploded for stage 4 prostate cancer to the benefit of patients.

*Dr. Kevin Ramchander was born and raised in Kenora. He has a BSc in Computer Engineering from the University of Waterloo. He completed a Medical Degree at the University of Toronto, and he did a Radiation Oncology Fellowship at McMaster University. He came back to Northwestern Ontario for the outdoors and the great lifestyle. He enjoys being active, having played basketball and been involved in track growing up. Today, he enjoys cross country skiing, running, ultimate frisbee, and has recently taken up curling. He is married and has a beautiful 15-month-old daughter.*

## Resolute Wellness Fair

Reported by Bill Horde

PCCN-Thunder Bay did a presentation on Prostate Cancer for the second year in a row to the staff of Resolute Paper during their Wellness Fair. It was very successful and well received. The staff showed great interest in our presentation and our handouts.

We thank Dan Llijow, Safety Manager, and Resolute Forest Products for giving us the opportunity to provide education and information on Prostate Cancer. We look forward to future presentations.

Thank you to our volunteers, Rose and Bill Horde, and Archie Gillies.



## Aboriginal Men And Prostate Cancer

Reported by Bill Everitt

Jerry Martin was our guest speaker for the General Meeting on Thursday, January 17, 2019.

Jerry is a well known aboriginal nurse, health recruiter, university lecturer, addiction counsellor and community Elder. He is a father with four children. Jerry was an integral member of the planning committee and the narrator of the PCC and PCCN-Thunder Bay production of A Man's Story, a video on prostate cancer designed for the aboriginal community. In addition to English, the video was translated into Ojibwe, Cree, and Oji-Cree. Approximately 1,000 copies of the video were distributed and it has been viewed over 400 times on YouTube.

While Jerry has not had prostate cancer himself, he is very familiar with the disease, its symptoms, diagnosis, and treatment. In his presentation he identified a number of issues that aboriginal men face, and particularly those in remote communities: culturally, aboriginal men are reluctant to talk about health issues, particularly those related to sexuality; there are few male nurses in the remote nursing stations and it is difficult for aboriginal men to talk with female nurses about the male sex organs; it is very expensive for people to fly out and back for medical appointments; and there is no word in the aboriginal languages for the prostate.

Jerry spoke of the work that he has done in talking with aboriginal men and the encouragement that he has given them to begin talking to their families about their health. Like the mainstream population, it is the wife in the aboriginal community who tends to be the main health care provider and men tend to ignore or deny any health issues. The video, A Man's Story, has been helpful in opening the discussion with aboriginal men about their health and opening up the discussion.

Jerry encouraged PCCN-Thunder Bay to include images of aboriginal men and possibly the inclusion of some aboriginal language on future brochures that we produce as a way to increase the engagement of the aboriginal community in talking about prostate cancer. In concluding, Jerry said that his role is to provide a "message of hope".

Mel Zobatar, our treasurer, thanked Jerry on behalf of the attendees.



## In Memoriam

**Clive Brown** died December 4, 2018 at the age of 79 years. Clive was born in Emo and moved to Current River at an early age where he grew up and met the love of his life, Bev. He worked at Provincial Papers for 34 years, retiring at age 57. He was a devoted member of Epiphany Lutheran Church for 56 years. Clive cherished time with his grandchildren. He was a passionate outdoors man, enjoying hunting and fishing. Clive is survived by his wife, Bev, and their three daughters and families: Mary Ann & Mike Lambert and their sons, Mitchell and Derek; Penny & Greg Kok and their children, Adam and Paige (Mike); and Lisa Presley and her children, Amanda, Rachel, Ryan & Olivia, and Lisa's seven grandchildren.

**We at PCCN-Thunder Bay send our condolences to Clive's family.**

## Prostate Cancer Canada Endorses the Canadian Urological Association Recommendations on PSA Testing

1. The decision of whether or not to pursue PSA testing should be based on shared decision making after the potential benefits and harms associated with testing have been discussed.
2. For men electing to undergo testing, start at age 50 in most men and at age 45 in men at an increased risk.
3. For men electing to have a PSA test, intervals between testing should be individualized based on previous PSA levels.
4. Discontinuation of PSA testing should be based on age, current PSA level and life expectancy.

## Nishnawbe Aski Nation Health Summit

*Reported by Grant Arnold*

PCCN-Thunder Bay participated in the Nishnawbe Aski Nation Health Summit on January 22, 23, and 24, 2019, which was held at the Best Western Norwester Hotel and Conference Centre in Thunder Bay. 220 Delegates were registered for the event, most attending from Northern Communities across Ontario. The Conference theme was on HEALTH CARE For First Nations Communities, with speakers from across Canada.

The PCCN information booth was set up for all 3 days, and during that time, we had over 100 contacts with Health Care Workers from most of the 49 First Nation Communities who attended, who included Nurses, First Responders, and one Pre-Medical Student going through for a Doctor.

We, on the information booth, spoke with delegates from Alaska, British Columbia, Manitoba, New Brunswick, Ontario, and Quebec.

A big thank you goes to the volunteers who worked at our booth, assisting to make this event a success: Gary Allen, Marilyn Arnold, Art Britton, Bill Everitt, Bill Horde, Gerry Martin, Don Pantry, and Mel Zobatar.

## **Christmas Social 2018**

**55 Plus Centre  
Wednesday, December 12**



**This was an evening of fun, food, socializing, draws, music and singing.**



**We welcomed back musicians,  
Pat Towell on piano  
and Bill Towell on saxophone.**

**They were joined by  
Murray Young on guitar and Ed  
Long on the ukulele.**



**Our very own singers, Cy Zurba,  
Barry Lahteenma,  
Bill Heath, Al Wainwright,  
and Bill Horde, provided  
the vocal accompaniment.**



**Thank you to all who made this  
evening possible:**

**Bill Horde for organizing the food**

**Harbourview Catering**



**Betty Zurba, Nellie Dedura,  
and Beth Long  
for arranging the food**

**Lorne Sampson and his team for  
setting up the tables and chairs**

**The Staff of the 55 Plus Centre**



**All of You  
who attended the event.**



# Thank You To Our Corporate and Community Sponsors

PCCN-Thunder Bay extends a sincere thank you to all of the businesses, community groups, and individuals who made donations and/or supported us in 2018. Your donations and support help to fund the vital work of our group to raise prostate cancer awareness, to provide information and support to men with prostate cancer and their families, to network with prostate cancer support groups in Northwestern Ontario, and to help fund research as we are able.

**Please remember to thank the following businesses when doing business with them.**

*AbbVie Corporation  
Applebee's Neighborhood Grill & Bar  
Astellas  
Boston Scientific  
City of Thunder Bay  
Chronicle Journal  
CKPR Radio  
Frank Cava Memorial Golf Tournament  
Harbourview Catering  
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*Magic 99.9  
Musselwhite Mine  
Rock 94  
Sanofi  
Stride Orthopaedics & Footwear  
The UPS Store #96  
Thunder Bay Border Cats  
Thunder Bay 55 Plus Centre  
Thunder Bay Telephone*

## Patient Family Advisors and TBRHSC Patient and Family Centred Care

Listening and responding to the needs of its patients, families and communities is essential for a quality patient experience and is the cornerstone of the Thunder Bay Regional Health Science Centre's Patient and Family Centred Care program.

**Patient Family Advisors** are patients or health care partners who have experienced care at TBRHSC within the past two years and who work in partnership to improve patient and family care and service. PFAs advise in all areas of the hospital and numerous improvements and initiatives are a result of their recommendations.

Bill Everitt, a member of PCCN Thunder Bay, meets monthly with other patient advisors at the regular PFA Coordinating Committee meeting. Members of PCCN Thunder Bay and their families, who have concerns about the care or service that they received at the Regional, may have these brought to the attention of the **PFA Coordinating Committee** by contacting Bill at 767-5768 or e-mailing him at william.everitt.shaw.ca.

## Marcel's Morsels

By Marcel Girouard, Hearst, ON



With the New Year, my recent emails included several year-end bulletins from various cancer organizations that I subscribe to. Along with their best wishes for a cancer-free 2019, these organizations summarized their achievements for the past year.

Jackie Manthorne, president and CEO of the Canadian Cancer Survivor Network, cancer patients, survivors, caregivers and healthcare professionals met together at the Ontario Legislature at Queen's Park, Toronto, during the Ontario all-party cancer caucus's third annual meeting on November 29, 2018.

Doug Nugent, prostate cancer survivor and vice chair of PCCN Ottawa, explained why it's important to create a provincial screening program for prostate cancer and how his PSA tests saved his life. "PSA testing in Ontario costs \$30. Does this deter men from getting their PSA tested? Yes, it does," said Nugent. "My PSA tests were

covered by my work insurance; but without PSA testing I might not be here with you today."

Caregiver, Heather Redick, portrayed the tremendous physical, mental and financial burdens of prostate cancer. She shared the prostate cancer journey of her late friend, Percy, who was diagnosed with stage-four prostate cancer. "He died a horrendous painful death in my home. I listened to that man scream for 36 hours before there was silence." Redick bravely shared this with the caucus. "For nearly five years my husband and I lived with prostate cancer as caregivers to Percy. Care giving does wear a body down, mentally and physically." added Redick.

According to the Canadian Cancer Society, about 1 in 7 men will be diagnosed with prostate cancer. Meanwhile, seven out of ten provinces in Canada publically fund PSA testing, with Ontario remaining as one of the exceptions. Nugent and Redick both urged implementation of a provincial screening program for prostate cancer. This would entail the funding of a baseline PSA blood test for all men over 45 and the funding of regular PSA blood testing for all men from age 55.

Prostate cancer screening recommendations in the U.S. and Canada were modified in 2018 according to the emails I received from the Prostate Cancer Foundation and Prostate Cancer Canada.

Dr. Stuart Holden, PCF medical director, issued a statement that the U.S. Preventive Services Task Force's updated prostate cancer screening guidelines now conclude that the decision to undergo routine PSA based screening in men 55-to-69 should be an individual one that includes a discussion of the potential benefits and harms of screening. The recommendation against PSA screening for prostate cancer in men 70 years and older was maintained. PCF, however, believes that for men after age 70, more research is needed to further illuminate the benefits and harms associated with screening. PCF mentioned that risk factors such as race, most importantly African American men who are disproportionately affected by this disease, and men with a family history of prostate cancer will be encouraged to talk to their doctors about prostate cancer screening.

Prostate Cancer Canada supports the new PSA position and endorses the Canadian Urological Association recommendations on PSA testing. Ed Long recently emailed what the new position is, although I did not see a recommendation that PSA screening tests be paid for in Ontario. The PCF has recently produced an 84-page Prostate Cancer Patient Guide currently available as a free emailed pdf. Visit [pcf.org](http://pcf.org) to learn more about this guide and how to order it on line.

World Cancer Day is an international day marked on February 4 to raise awareness of cancer and to encourage its prevention, detection and treatment. Founded by the Union for International Cancer Control (UICC) to support the goals of the World Cancer Declaration, written in 2008, its primary goal is to significantly reduce illness and death caused by cancer. It is also an opportunity to rally the international community to end the injustice of preventable suffering from cancer. Multiple initiatives are run during this day to show support for those affected by cancer.

The Canadian Cancer Survivor Network held an Open House in recognition and awareness of World Cancer Day in Ottawa. The Canadian Cancer Society recognises that on any given day 565 Canadians will hear the words "You have cancer".

World Cancer Day is the one singular initiative under which the entire world can unite in the fight against the global cancer epidemic. Note that according to the PCF Patient Guide, in 2018 about 1.27 million men were diagnosed globally with prostate cancer.

On a more personal note, I want to share with you that I am scheduled for a cataract operation. During a pre-operation visit, the ophthalmologist noticed on my medication record that I have been taking Tamsulosin (Flomax). This medication helps to relax the muscles of the prostate and the opening of the bladder to help the stream of urine to flow more freely so as to empty the bladder completely, especially at night. It's often prescribed for men who have an enlarged prostate. One of the side effects of this medication is that it can cause intraoperative floppy iris syndrome which presents challenges during cataract surgery and increases the risk of complications. If you have ever taken this medicine and face eye surgery, tell your doctor.

**Visit us at [pccnthunderbay.org](http://pccnthunderbay.org), or look us up on Facebook.**

*Our newsletters are now available on our website [www.pccnthunderbay.org](http://www.pccnthunderbay.org)  
If you would like to receive your copy by email, please email [info@pccnthunderbay.org](mailto:info@pccnthunderbay.org)*

## Upcoming Events

**Thursday, March 21:** **Oliver Reimer on "The Benefit of Exercise On Our Journey with Prostate Cancer."**  
7:00 pm, 55 Plus Centre, 700 River Street.

**Thursday, April 18:** **Ed Long on "The New PCC Guidelines For PSA Screening."**  
7:00 pm, 55 Plus Centre, 700 River Street

**Thursday, May 16:** **Dr. Chris Abraham on "Enhancing The Use Of Our MRI Machine For Prostate Cancer Diagnosis And Treatment."**  
7:00 pm, 55 Plus Centre, 700 River Street

**Thursday, June 20:** **Annual Beef-On-A-Bun Social**  
5:30 pm, 55 Plus Centre, 700 River Street

## Newsletter Committee

Beth Long  
629-4774

Marcel Girouard  
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Ed Long  
628-6915

Anne Scott

Lorne Sampson

Sal Tassone

Mel Zobatar

## Board Members



*Front Row L to R: Bill Horde – Director; Sal Tassone – Director; Doug Pantry – Secretary;  
Mel Zobatar – Treasurer. Back Row L to R: Ed Long – President; Lorne Sampson – Director.  
Missing: Marc Breton – Vice-President; Rick Eade – Director; Archie Gillis – Director.*

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