

# Prostate Examiner Fall Newsletter

Visit us at [www.prostatecancersupporttbay.org](http://www.prostatecancersupporttbay.org)



Prostate  
Cancer  
Support  
Thunder bay

## Looking for Support

### Local men available to talk to you

Gary Allen 621-0552

Grant Arnold 933-4214 or  
519-584-5125

Marc Breton 628-9944  
(en francais)

Rick Eade 683-6573

Bill Everitt 767-5768

David Everitt 628-5287

Marcel Girouard 705-362-8154  
(en francais)

Bill Horde 767-1490

Ed Long 628-6915

Milton Marion 475-0760

Dez Stolz 577-9515

### Women available to talk to you

Beth Long 629-4774

Carmen Marion 475-0760

Lise Pollard 623-3102(en français)

## Northwestern Ontario Region

### Atikokan

Dave Anderson 807-597-1213 ext 23

Larry Brown 807-598-1746

Ron Speck 807-597-2219

### Dryden

Horst Lang 808-223-5516

### Fort Francis

need a contact

### Hearst

Marcel Girouard 705-362-8154  
(en français)

### Kenora

need a contact

### Terrace Bay/ Schriber

John St Amand 807-825-9054

## September is Prostate Cancer Awareness Month



Board members, along with Mayor Bill Mauro, raised the Prostate Cancer Support Thunder Bay flag at City Hall in recognition of Prostate Cancer Awareness Month



City Hall lit up in recognition of Prostate Cancer Awareness Month

Email us at

[info@prostatecancersupporttbay.org](mailto:info@prostatecancersupporttbay.org)

## Prostate Cancer Awareness Month in Thunder Bay.

September 1st, Mayor Mauro read our proclamation and our flag was raised over City Hall. Mayor Mauro informed us that his father had prostate cancer so he has a special interest in our cause. He presented a private member's bill supporting the diagnosis of prostate cancer when he was in Parliament. Our thanks to Mayor Mauro for his support.

For the first week of September, city hall was lit with blue lights for prostate cancer awareness. We join many cities across Canada in using this way to remind men to be aware of their prostate and get a PSA test done.

Join our board members and register for the virtual Canadian conference on September 17 and/or 18.  
at <https://mailchi.mp/prostatecancersupport/august-2022-newsletter>

Great speakers and information. It is also an opportunity for you to invite men to get together and participate together. With basic computer skills you can log on and participate. You will also connect with men in our group and other men across Canada.

### **IN PERSON MONTHLY MEETINGS AT 55 PLUS**

The facility has now been authorized to allow in person gatherings starting September 15th so we will finally be able to restart our monthly meetings in person.

The multi purpose room has been booked for the third Thursday of every month from 7 PM till 9 PM. Seating will be appropriate for safe distancing and masks are welcome.

The meeting will also be available on Zoom for those who are not comfortable with in person yet.

### **CHRISTMAS SOCIAL**

Where ? 55 Plus Auditorium

When ? December 15th from 5 PM to 9 PM

Dress is casual

Food provided by Harbourview catering

**MARK THE DATE**

## Presidents Message

Hope everyone is doing well. Lise and I are still enjoying our camp at Whitefish Lake.

55 Plus has finally reopened their doors to us. September 15 will be our first in person meeting since the covid pandemic began.

We will not have a guest speaker at this time. It will give us a chance to talk about our journey and what the last 2 years has meant to us. I am sure everyone had to make some sacrifices. Not being able to visit friends and family, facilities being closed ,shelves were bare and we were really restricted to what we could do .

September 1<sup>st</sup>, I was at City Hall with some of our board members. We raised our flag over the city for Prostate Cancer Awareness Month. The fountain in front of City Hall is lit in blue for the month. Take a drive to view this after sunset.

Prostate cancer support groups across Canada, with the help of city officials and some business owners, have lit many buildings in blue for the awareness of prostate cancer. Let us do our part and pass this onto others.

Prostate cancer has not stopped for covid. It is still out there and men around us have to be made aware of it.

Sincerely  
Your President

*Marc Breton*



### DONATIONS

Prostate Cancer Support Thunder Bay is a charitable organization that relies entirely on donations to remain in operation.

donations can be e-transferred to [info@prostatecancersupporttbay.org](mailto:info@prostatecancersupporttbay.org)

# On Cancer and Maximum Good Days

The most important conversation for patients with advanced cancer



David McCune  
June 11

This essay is based on my experience as a cancer physician and is specifically for patients and their families who are dealing with advanced cancer. “Advanced cancer” in this context means cancer that has spread outside the area where it started, also called “metastatic” cancer. It is an important distinction, because it defines one of the biggest decisions regarding cancer treatment: curative versus palliative intent.

When oncologists talk about “curative intent,” we are referring to the goal of treatment. Specifically, can some combination of surgery, radiation and chemotherapy completely eradicate the cancer? (We say “intent” because, despite the best efforts and aggressive therapy, cancer still sometimes comes back.) If there is a chance to prevent the cancer from ever relapsing, that’s when treatment plans are the most aggressive. We ask patients to risk more intense side effects, based on the possibility of a long remission and good quality of life after recovery.

But there are times, either because the cancer has relapsed, or because it was metastatic from the time it was diagnosed, when the goal is *not* to cure the cancer. We still treat it, but we don’t consider cure to be a realistic option. This sounds pessimistic, and it is a common point of misconception. I think it needs an explanation. It is fundamental to how you approach your cancer care.

Once a cancer is advanced, it is unusual to be able to ever completely eradicate it. This was learned the hard way decades ago, when patients would sometimes undergo very aggressive surgeries for metastatic cancer, only to have it return, sometimes before they were even recovered. They went through all of the pain of surgery but got no benefit. For all of the time and effort, they probably lost what could have been “good days” just getting over the effects of treatment. This brings me to how we approach advanced cancer, with “palliative intent.”

Palliative intent doesn’t mean that there can’t be aggressive treatment, nor that the cancer won’t shrink or even go to remission, but it recognizes that the treatment timeline has changed from a single period of intense treatment (curative intent) to the long-term management of a chronic disease. Even when advanced cancer goes into remission, it tends to come back once treatment stops. We may recommend periods of treatment and breaks that extend over years and through multiple different types of medication. It’s no longer an intense sprint to the end of chemo, but a proverbial marathon. The goals must adjust.

I like to frame the goal as “maximum good days.” In this way of looking at it, I treat every day a patient spends getting chemo or recovering from its side effects as a bad day, or at least not as a good one. For a treatment to be worthwhile, it needs to add more good days by controlling cancer than the number of bad days it creates in the form of time in the doctor’s office or side effects. Put another way, In order to continue, treatment must meet two goals: the cancer is not growing and the side effects of the treatment are tolerable.

“Wait, I thought the goal was to get rid of the cancer?”

This is certainly the best case, and it is appropriate to wish for a better than average outcome. But hope is different from a goal. We know the natural history of cancer is that, untreated, it will grow, so *not* growing is still a success. The analogy I like is to think of making cancer a chronic disease, like HIV. We would love to be able to cure it, but if treatment can make it so you live with your disease *and* tolerate the treatment, that’s still a big victory.

This is why the second goal is so important: tolerable side effects. It does little good to add days of life, if those days are all spent getting chemo or seeing the doctor. Or if the side effects are so debilitating that quality of life is greatly diminished. Again, any treatment must be judged by how likely it is to buy you “good days.”

Your doctor may be very conscientious about discussing with you, but I have found that to be the exception. The diagnosis of metastatic cancer is devastating, and it is emotionally easier on both the patient and the provider to talk about the possible benefits of treatment, of tumors shrinking, and of remission, no matter if it's the rare exception. Talking about the end of life is hard, and hard conversations often get put off. Both doctor and patient can view this entire discussion as defeatist. It's so much easier to talk about how the next treatment might still work than it is to have an honest talk about whether it will meet that goal.

Will it give you more good days?

If your goal the whole time has been a smaller tumor, it almost always makes sense to keep trying one more cycle, one more type of therapy. There may be a chance, no matter how small, that the goal will be achieved. If you opt to stop treatment, that chance drops to zero.

But if the goal is good days, the options are broader.

Good days can mean a treatment holiday or dose reduction. Good days can mean we skip a dose for you to go to an important life event. Good days mean that the side effects you experience are not something to be minimized in your conversation with your care team, but instead are the most important part of each visit. Good days are subjective, and helping you get them is the only real point of having an oncologist.

Understanding the goal of treatment helps you ask the right questions.

“Am I likely to have more side effects than average?”

“Taking into account all of my previous treatment, what are the chances the tumor will stay stable or shrink?”

“Do patients live any longer when they take this therapy?”

Most important: “Am I healthy enough for this to benefit me?”

It is a little-known fact that the research used to show cancer medicines work uses “healthy cancer patients” to prove the benefit. “Healthy cancer patients” may bring to mind the old George Carlin monologue about “jumbo shrimp” and “military intelligence.” What it means is that the research is conducted using patients with cancer and *very little else* wrong with them. The term used in medicine is that the research subjects “good performance status.”

Performance status is a simple assessment of how you are doing day to day. It ranges from “no problems” to “bedbound,” but it has one important dividing line. If you need to rest more than half the day, either in bed or in a chair, then you have a performance status too poor to have participated in the research. This means that, for the sicker patients, we have no proof that the treatment is either safe or effective.

I will restate that for emphasis. If you are sick enough that you need to rest in a bed or chair more than half of the day, more cancer treatment is just as likely to hurt you as it is to help. Admitting that you have reached the point of resting most of the day is hard, but denying it, and opting for more chemo, is more likely to take away good days than it is to add to them.



Which brings me to my final point.

Hospice.

Hospice is not the end, or a defeat. Hospice is a very important tool for maximizing good days. Hospice is associated with dying in large part because it is brought into the conversation so late, often when death is imminent. That is a poor use of this tool.

Hospice will produce more good days, and often more actual days alive, than one-round-too-many of chemotherapy. It needs to be in the discussion early, and a transition from chemotherapy to hospice should be viewed as using the best tool available to achieve the goal of good days.

This conversation ideally needs to happen at the beginning of treatment, but I find it gets put off because it seems like a discussion of dying. And it is. But it's also a discussion about living. About goals and dreams, and which ones will get realized and which might not. It is a conversation between the patient and the doctor, and ideally between patient and family as well.

I have said, only half in jest, that an intelligent high school student with internet access could design your chemotherapy program. A lot of it isn't much different than using a recipe. It is in the complex interplay of rapport, data, experience, and humanism that the art of oncology happens. The conversation about the goal of care is the most important one you can have, but it often never happens. I hope this essay helps you get it going.

To maximum good days.

Cheers, y'all.

David McCune

<https://davidemccune.substack.com/p/on-cancer-and-maximum-good-days>

We would like to again thank Applebee's for their generous donation of \$650.00. This is the result of their lemonade sales promotion .

Thank you, Robin and Ryan.

Remember to support them as they support our cause. Let them know that you are part of PCS

Thank you to the volunteers , Applebee's staff ,and all that participated in this event.



**PCS Thunder Bay**

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"Doctor says I've got an enlarged procrastinate."

**Notice re coffee time**

**We are going to try in person coffee time at 10:00 am September 22 2022 at A&W on Memorial Ave. Attendance at this will determine if we continue to do in person coffee**

Prostate Cancer Support Thunder Bay Coffee Time Meetings on Zoom are on the 2nd and 4th Thursdays of the month. If you do not receive a reminder and a link by the Wednesday before, contact Steve Scalzo by email at [sscalzo@shaw.ca](mailto:sscalzo@shaw.ca)

**Prostate Examiner Monthly News**  
**Please forward photos or information, that benefits communication to Prostate Cancer Support Thunder Bay members to the attention of Mike Aldrich. email: [mraldrich@tbaytel.net](mailto:mraldrich@tbaytel.net)**

# **\*\*GET YOUR PSA TESTED\*\***

**Its important**

**We believe in it so strongly that**

**we will reimburse you for your PSA test !!!**

**The PSA test is a key step in early diagnosis of prostate cancer**

**Early Detection Saves Lives  
Get Informed!**

**Talk to your health care professional! Get your blood work done!**

**Send us the receipt**

**Address below or check us out on our website**

**Must apply by Dec 31st 2022. Available for men in NWO.**

**PCS T Bay Members, please share the above message !**

**Inform your family, relatives, friends and neighbours to request a**

## **PSA Test**

**Awareness Support Research**

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