

April 2011

NEWSLETTER

Comox Valley Prostate Cancer Support Group



Opportunity to share experiences and concerns is another important aspect of our support group.



NEXT MEETING:

Sandy Poelvoorde from Boyd's Funerals will be discussing the cost of funerals; an event none of us wish truly to deal with but is inevitable nevertheless. She will be comparing corporate with non-corporate rates and the advantages of pre-arranged plans. Chris Dorrington will be attending as well and the evening promises to be one of straight up practical advice.

7:30; Monday evening, April 11, 2011

Ramblings:

Well, here I am, not sure how I got here, but I'm here. When Barry and Gordon first asked me to be co-chair and to be part of the succession planning for the group I was a little concerned at first with finding the time to commit but knew that I needed to give something back to the fight against prostate cancer; after all I have been blessed with being a SURVIVOR.

Stepping into the position of chair happened a year sooner than was planned but that's okay. I know with the support of the executive and the membership we can and will fulfill our mission statement.

"Our aim is to be help to those who have been diagnosed with prostate cancer by providing opportunities for learning more about the disease by group discussions and personal support."

As many of you know, or some of you may not know, we are in the process of establishing the 1-2-1 mentoring program and I would like to thank those individuals who have graciously and enthusiastically stepped up to the plate. I look forward to the challenges in front of me and although it is a little scary I fall back on the words of a great man: "Challenge your fears and your fears will be conquered." (That great man was my dad).

I would like to close my ramblings for this newsletter by putting a thought out to the universe "succession planning"... the co-chair position is presently vacant and if you have even an inkling to fill it, ask me what it is all about. It is not hard, it's rewarding.

Doug



News Flashes:

Tuesday, March 8, 2011: Mentoring Skills Workshop: As you can see by the smiling faces above, several support group members had an enjoyably fulfilling day gaining mentoring skills with the direction of Solange Valiquette. Over the coming weeks they will be planning the organization of our support group's **1:2:1 Program** led by Doug McPherson. In the photo (taken by participant Brian Lunn): *Row 1 l-r: Solange Valiquette, Anna May Lindsay, Yvonne Dol; Row 2 l-r: Kathy Stevens, Paul Ryniak, Ray Lindsay, Russ Engelmyer, Roy Johnson; Row 3 l-r: Doug McPherson, Lou Dol, John MacDonald.*

Monday, March 14, 2011: St. Patrick's Day Social: A capacity crowd had an hilarious evening celebrating Barry's send off; he and Marian returned to their home province, Ontario, at the end of March. Barry was true to form eliciting jokes from all and sundry before encouraging everyone to eat the treats.

Monday, May 9, 2011: Monthly Meeting: Janice Trainor will share her personal cancer journey.

Monday, May 23, 2011: Victoria Day Parade: Let Doug know if you would like to join our Survivors' March down Dunsmuir in Cumberland's annual parade on the May holiday.

Saturday, June 4, 2011: Motorcycle Ride for Dad: Last year several members had a lot of fun helping out at registration, check points and refreshments when the 200+ motorcyclists helped to raise funds for prostate cancer research. To join in, contact Doug McPherson, Bob O'Brien or Wayne Virtue.

Friday, June 24, 2011: Relay for Life: Bob O'Brien has registered 'The Reef Knots', the team our members always support. Please let Bob know as soon as possible if you would like to join the team's fundraising effort and 12 hour vigil ending Saturday morning June 25th at 7:00 am. Check out all the information on the internet at www.cancer.ca/relay and follow the leads to Comox Valley and The Reef Knots.

Random Neurotic Thoughts:

- Sometimes I'll look down at my watch three consecutive times and still not know what time it is.
- I wonder if cops ever get sore at the fact that everyone they drive behind obeys the speed limit.
- I love the sense of camaraderie when an entire line of cars teams up to prevent someone from cutting in at the front. Stay strong, brothers!

2011 Steering Committee



Chair:

Doug McPherson
250 336.8526

Vice Chair:

Secretary/Treasurer:

Brian Lunn
250 338-8235

Programs:

Doug McPherson
Paul Ryniak

Hospital Outreach:

Russ Engelmyer
250 339--4986

Social:

Bob O'Brien
250 338-2313

Website:

Don Waddell
250 338-6748

Newsletter:

Brian Lunn
250 338-8235

Home Visits:

Don Lanyon
250 334-2807

A Horse Race Story

A group of 3rd, 4th, and 5th graders, accompanied by two female teachers, went on a field trip to the local racetrack, (Churchill Downs) to learn about thoroughbred horses and the supporting industry (Bourbon), but mostly to see the horses. When it was time to take the children to the bathroom, it was decided that the girls would go with one teacher and the boys would go with the other. The teacher assigned to the boys was waiting outside the men's room when one of the boys came out and told her that none of them could reach the urinal. Having no choice, she went inside, helped the boys with their pants, and began hoisting the little boys up one by one, holding on to their 'wee-wees' to direct the flow away from their clothes. As she lifted one, she couldn't help but notice that he was unusually well endowed. Trying not to show that she was staring the teacher said, 'You must be in the 5th grade.'

'No, ma'am', he replied. 'I'm riding Silver Arrow in the seventh race, but I appreciate your help.'



Member of the
month: Doug McPherson

Rising Cancer Survivorship Rates Spark Research Need

by Kerri Wachter, Internal Medicine News Digital Network
from MORBIDITY AND MORTALITY WEEKLY REPORT

The number of cancer survivors in the United States rose from 3 million in 1971 and 9.8 million in 2001 to 11.5 million in 2007, according to a new report by the Centers for Disease Control and Prevention and the National Cancer Institute. The numbers come from the study "Cancer Survivors in the United States, 2007," which is published in the CDC's March 11th Morbidity and Mortality Weekly Report. The study authors defined a cancer survivor as "a person living with a history of cancer." The new numbers highlight the need for more research on the unique physical, psychological, and social issues facing cancer survivors. There is now "a growing number of people who have faced a cancer diagnosis which affects them and their loved ones – from the time of diagnosis through the rest of their lives," the NCI's

Julia H. Rowland, Ph.D., said in a press release. "Unfortunately for many cancer survivors and those around them, the effect of cancer does not end with the last treatment. ... This report underscores the need for continued research, as well as for the development and implementation of best practices to provide optimal care and support for all cancer survivors." Dr. Rowland is the director of the NCI's Office of Cancer Survivorship. The study authors analyzed the number of new cancer cases (except in situ and nonmelanoma skin cancers) as well as follow-up data from the NCI's SEER (Surveillance, Epidemiology and End Results) program in 1971-2006. They estimated the number of persons who were ever diagnosed with cancer and were alive on Jan. 1, 2007 (MMWR 2011;60:269-72). Notably, 65% of cancer survivors on Jan. 1, 2007, received their diagnosis at least 5 years earlier. Also, people aged 65 years or older accounted for 60%. The largest group of cancer survivors was breast cancer survivors (22%), followed by prostate cancer survivors (19%) and colorectal cancer survivors (10%). Women accounted for slightly more than half (54%) of all survivors.

Comox Valley Prostate Cancer Support Group

website:

www.cvprostatecancer.org

e-mail:

prostatecancer@shaw.ca

Mailing Address:

5976 Aldergrove Drive,
Courtenay, BC, V9J 1W3

Meetings:

Comox Valley Health Centre,
961a England Avenue,
Courtenay, BC

Next Meeting:

Monday, 7:30 pm, April 11,
2011.

Our Mission Statement:

"We aim to help those who have been diagnosed with prostate cancer by providing opportunities for learning more about the disease through group discussions and personal support. We work to increase public awareness of prostate cancer through advocacy, presentations to interested groups, free prostate cancer screening and publicity."

Medical Advisors:

Dr. Aaron Clark
Dr. James Chartrand
Dr. Will Tinmouth

Prostate Cancer Information

Prostate Cancer Canada:

www.prostatecancer.ca

Prostate Cancer Canada
Network:

www.prostatecancernetwork.ca

Canadian Cancer Society:

Information Line:

1 888 939-3333

Comox Valley Unit:

102 1509 Cliffe Avenue
Courtenay, BC, V9N 2K6
250 338-5454

Prostate Cancer Foundation BC

www.prostatecancerbc.ca

Prostate Cancer Canada - 2010 Research Grants in BC:

Dr. Frank van Veggel, University of Victoria

Early detection of prostate cancer with antibody-nanoparticle conjugates by MRI (Basic Research -Early Detection) \$120,000

Prostate cancer is highly treatable when it is discovered early and has not spread outside of the prostate gland. However, once the cancer spreads beyond the prostate ('metastasizes'), the disease is generally incurable. Unfortunately, nearly half of men diagnosed with prostate cancer already have some cancer cells that have metastasized. For these reasons, it is important to develop new strategies for identifying small pockets of prostate cancer cells outside of the prostate, in the hopes that these can be more effectively targeted by new therapies. Dr. Van Veggel's team is researching new strategies for improving magnetic resonance imaging (MRI) to detect prostate cancer. Specifically, Dr. Van Veggel will develop tiny 'nanoparticles', which are attached to antibodies that detect proteins on the surface of prostate cancer cells. His team will then test whether these nanoparticles can be detected by MRI, which may allow oncologists to detect very small regions of cancer cells outside of the prostate. It may also be possible to load these nanoparticles with radioactive particles and use them to treat prostate cancer. This research may open up new avenues for detecting tiny pockets of prostate cancer cells outside of the prostate, which may ultimately help to improve the prognosis for men diagnosed with metastatic prostate cancer.

Dr. Juan Ausio, University of Victoria

Role of histone H2A.Z in androgen receptor dependent and independent signaling in prostate cancer (Basic Research-Therapeutics) \$119,130

The genetic material (DNA) within a cell is supported by proteins known as histones. Scientists now know that histone proteins can be chemically modified in response to environmental factors such as diet, and that these modifications can alter whether specific genes are turned on or off. Unlike DNA mutations, however, chemical modifications of histone proteins are potentially reversible. The progression of prostate cancer is highly influenced by the actions of male sex hormones ('androgens'), and researchers have found that a specific histone protein called H2A.Z can influence the actions of androgens, and thus may have an important role to play in the development of prostate cancer. Dr. Ausio's research team will study if and how H2A.Z can modify the actions of androgens, and whether H2A.Z can alter the progression and survival of prostate cancer cells. Dr. Ausio's group will also study whether H2A.Z is altered in different ways in prostate cancer cells that have stopped responding to androgens. Dr. Ausio's research may open up new potential avenues for the treatment of prostate cancer, especially for men for whom androgen therapy has stopped working.

Dr. Cheryl Helgason, British Columbia Cancer Agency

Mechanism of Immune Privilege Used by Prostate Cancer Stem Cells (Basic Research-Therapeutics) \$120,000

Many scientists now believe that prostate cancers arise from a very small collection of cells termed cancer 'stem' cells and that in order to eradicate a tumor, these stem cells must be killed. Unfortunately, it is also believed that these stem cells possess special properties that make them resistant to killing by traditional therapies, and very little is known about why this is the case. One possible explanation is that prostate cancer stem cells have developed mechanisms to avoid being detected by a man's immune system. If this is the case, then it may be possible to better identify these stem cells and ultimately to develop strategies to better target these cells. Dr. Helgason's research team will examine whether specific immunity genes are turned off in prostate cancer stem cells and whether prostate cancer stem cells from tumors located inside the prostate gland have different immunity genes turned on or off than prostate cancers that have spread outside of the prostate gland ('metastasized'). Dr. Helgason's work will shed light on the role of prostate cancer stem cells in the progression and spread of prostate cancer, and on why prostate cancer stem cells are resistant to therapies.

Dr. Ivan Robert Nabi, University of British Columbia

Identification of Caveolin-1 Associated Regulatory Proteins in Prostate Cancer (Basic Research-Diagnostics) \$120,000

One of the major goals of cancer researchers is to identify genes and proteins that, when turned on, cause the disease to progress more extensively or more rapidly, or to become resistant to the various therapies that are employed by oncologists to treat the disease. Of particular importance is identifying genes that are involved in regulating the ability of prostate cancer cells to spread outside of the prostate gland ('metastasize'), since metastatic prostate cancer is incurable. Dr. Nabi's research group has identified that a gene called caveolin-1 is often turned on in metastatic prostate cancer cells. However, very little is known about if and how caveolin-1 actually contributes to prostate cancer metastasis. Using state of the art molecular techniques, Dr. Nabi's team will examine how caveolin-1 interacts with other genes that regulate the ability of prostate cancer cells to metastasize, and how these genes in turn affect the function of caveolin-1. Identification of these genes may allow oncologists to better treat aggressive prostate cancers.