

PCCN Markham



Newsletter

Volume 15 Issue 7

March, 2014

NEXT MEETING

Tuesday, March 11 @ 7:30 PM

St. Andrews Presbyterian Church

Main St. Markham

Youth Room – Upstairs

Free Parking off George Street

Speaker

Dr. Avidis Boudakian - Urologist

Topic: Erectile Dysfunction

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New Options in Advanced Prostate Cancer Raise Questions

Gerald Chodak, MD [Disclosures](#) February 13, 2014

Hello. I am Dr. Gerald Chodak for Medscape. This week I want to talk about the changing approach to managing metastatic, castrate-resistant prostate cancer in men during the prechemotherapy time period. ^[1-8] Currently approved options include sipuleucel-T ^[3,4] and abiraterone acetate. ^[5-7] Another drug, enzalutamide, ^[8] is approved after chemotherapy, but recent studies during the prechemo period have demonstrated a statistically significant benefit. One can expect that the US Food and Drug Administration will eventually give prechemo approval for that drug as well. Tasquinimod, an investigational drug, works by a different method of action from the 3 previously mentioned drugs. ^[9] Tasquinimod also has shown considerable promise in early studies, and we are awaiting the results from the phase 3 trials.

Given this growing number of options, patients will be presented with a challenge: Which drug should they receive in which order, and does it matter? We could start off with sipuleucel-T, which has resulted in a statistically significant improvement in survival, but it has the unique feature of not providing any objective improvement in men who receive the treatment. ^[3] That means we have no way to tell whether a patient is benefiting or not benefiting. We do know from some subset analyses that men who have a low prostate-specific antigen (PSA) seem to have much better improvement with this treatment compared with placebo vs men who have a much higher PSA. ^[4] That cut-off seems to be around 22 ng/mL. One could therefore make the case that if we wanted to offer men all of the available options, we would start off with sipuleucel-T. The next quandary is to decide what to do if enzalutamide is approved and we are faced with a choice between enzalutamide and abiraterone plus prednisone, or even the possibility of giving patients the combination. An early, ongoing study is looking at the combination approach; it is too early to evaluate whether that offers men an advantage over either drug alone, followed by the next drug. If enzalutamide is approved as monotherapy, we will still have a lot of uncertainty. One could argue, if enzalutamide is approved, as well as abiraterone plus prednisone, whether patients will be better served with one vs the other. Clearly, many will argue that avoiding the steroids given with abiraterone would seem to be an advantage. Taking enzalutamide first may be a reasonable approach. We do not know yet whether offering enzalutamide before abiraterone will result in a worse or better overall outcome than doing the reverse -- treating first with abiraterone plus prednisone followed by enzalutamide.

Then what happens if tasquinimod is approved in the next few years, with another mechanism of action that also shows a benefit? What should we do then?

The best message at this moment is that this is an exciting and challenging time. It is great for patients, who now have a growing number of options to treat metastatic, castrate-resistant disease -- those men who have progressed while receiving hormone therapy. Ensuing studies likely will begin to sort out the best approach. A final question here is, what about the cost? Do we consider that as part of the whole management paradigm? After all, these drugs are quite expensive, and if men are going to take them sequentially or in combination, the cost will be very high. Because enzalutamide and abiraterone are oral agents, patients will

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bear a greater burden to adhere to treatment than they do when drugs are injectable. We may be faced with a real challenge ultimately: Will there be an ultimate cap on how many dollars should be allowed to be spent to treat a man with metastatic prostate cancer? That is a question no one wants to tackle at this point. Ultimately, treating men with metastatic prostate cancer could be an extremely costly process. Only time will tell which is the best approach.

The good news is that we have a growing number of options that seem to offer men an improvement in survival while maintaining a good quality of life. The difficulty is figuring out what to do in what order, and how to pay for that entire cost. I look forward to your comments. Thank you.

Video

<http://www.medscape.com/viewarticle/820421>

Researchers offer new options for men whose prostate cancer has spread to bones

Published on February 13, 2014 at 1:44 AM

Dartmouth-Hitchcock Norris Cotton [Cancer](#) Center has treated three men with a recently FDA-approved treatment, which offers new options for men whose [prostate cancer](#) has spread to their bones. The treatment's trade name is Xofigo® (or radium-223 dichloride). It is an alpha particle-emitting radioactive therapeutic agent with an anti-tumor effect.

Treatment entails an injection each week, up to six injections if needed. "When compared with the best existing standard of care, research shows that patients receiving radium-223 injections live longer," said Thomas C. Sroka, MD, PhD, radiation oncologist, Norris Cotton Cancer Center. "It is also very tolerable," he said, "with few side effects."

Sroka explains that the agent is made to look like [calcium](#) so it is easily absorbed into the bone. "This radioisotope is precise, settling into the right place, with minimal damage to surrounding tissue," said Sroka. It targets area of increased bone turnover, which is the case in bone metastases. The high-energy alpha-particle from Radium-223 deposits its energy over a very short distance (less than 100 micrometers), which is how it limits damage to surrounding normal tissue.

Xofigo was approved by FDA in May of 2013 and is the first agent of its kind. Clinical trials of the drug showed an improvement of overall survival time from 11.3 months to 14.9 months versus placebo. The most common side effects are [nausea](#), diarrhea, [vomiting](#), and peripheral [edema](#).

Prostate cancer is the most common cancer among men in the United States. If it spreads to other places in the body, prostate cancer predominantly settles in the bones. Bone metastases are a leading cause of death in men with prostate cancer.

<http://www.news-medical.net/news/20140213/Researchers-offer-new-options-for-men-whose-prostate-cancer-has-spread-to-bones.aspx>



Hormone Drug Slows Prostate Cancer Growth

Jennifer Corbett Dooren Updated June 2, 2012 4:53 p.m. ET CHICAGO—

[Johnson & Johnson's JNJ +0.22%](#) drug Zytiga slowed the growth of prostate cancer in a clinical trial of men who hadn't undergone chemotherapy.

Zytiga was approved by U.S. regulators last year to be used in combination with the drug prednisone to treat men with advanced prostate cancer who have previously tried a chemotherapy. The company is sponsoring clinical studies of the drug, which is projected to generate about \$1 billion in sales this year, for use at earlier stages of the disease.

The drug works by cutting production of testosterone, a hormone that can stimulate cancer cell growth. Additional details from a clinical trial involving 1,088 men with prostate cancer were presented Saturday at the American Society of Clinical Oncology's annual meeting. Patients in the study are still being followed so the results aren't final.

In March, Johnson & Johnson announced the study exceeded study goals. An independent group overseeing the study recommended it be stopped and men in the control arm be offered Zytiga.

J&J said it plans to submit the results to the Food and Drug Administration later this year and other regulators seeking approval for Zytiga use in men before chemotherapy, a larger group of men than which the drug is currently approved.

The study compared men being treated with Zytiga and prednisone compared with men treated with a placebo, or fake drug, and prednisone. Patients whose disease progressed were then offered chemotherapy. The study was designed to measure progression-free survival, which is a measurement of the time from the start of treatment until the disease gets worse or the patient dies, and overall survival, which is a measurement of time from the start of treatment until death.

J&J said the median progression free survival time was 8.3 months in the control arm and had not yet been reached in the Zytiga arm because the progression of cancer was occurring more slowly in the Zytiga arm of the study. The study also showed that overall median survival was 27.2 months in the control arm of the study and had not been reached in the Zytiga arm. However, researchers estimate Zytiga resulted in a 33% improvement in overall survival.

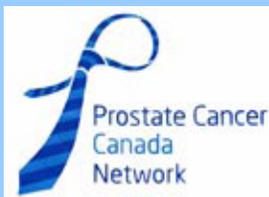
One of the study's secondary goals showed that the median time to the initiation of chemotherapy was 25.2 months for men who were treated with Zytiga and 16.8 months for those not receiving the drug, another measure that suggested Zytiga slows the progression of prostate cancer.

Another study, released earlier this month but also being presented at the cancer meeting, showed Zytiga greatly reduced or eliminated tumors in about one-third of men when given the drug before surgery.

Zytiga is seen as a competitive threat to [Dendreon Corp.'s DNDN +2.43%](#) prostate-cancer drug Provenge.

Medivation Inc. has developed a similar prostate-cancer drug, enzalutamide, in collaboration with [Astellas Pharma Inc. 4503.TO +2.42%](#)

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Medivation said on May 21 that it submitted an application to the FDA seeking approval of the product in men with advanced prostate cancer who had been previously treated with chemotherapy. Enzalutamide also works to block the production of testosterone but in a different way than currently available drugs.

<http://online.wsj.com/news/articles/SB10001424052702303640104577442671587961122>

Exciting advancements in prostate cancer treatments

For patients with Castration Resistant Prostate Cancer (CRPC) — and who are in a position where a number of treatments have been tried and have not been successful — the prognosis has, up until very recently, not been good.

The idea behind castration treatment is to deprive the body of the hormones that feed the cancer cells. Until recently, for patients whose cancer had returned after medical castration the only option was chemotherapy. “A castration causes the cancer to regress and it gives patients pain relief and remission from their disease for several years,” explained Dr. Fred Saad, who is Professor and Chief of Urology and Director of G-U Oncology at the University of Montreal Hospital Centers.

“Unfortunately, the majority of patients, over a period of two or three years, will become resistant to the hormone therapy.” In other words, the cancer will progress even with the absence of androgens or testosterone in the circulation.

Important breakthroughs

But, in the past two years, there have been significant advances in research, and new therapeutic methods have been developed to treat men with CRPC.

One discovery is of an agent that is able to shut down secretion and production of testosterone in the testes, the tumour itself and in the adrenal gland. Testing of this treatment led to striking results in prolonging life and improving the quality of life for patients that had failed both castration therapy and chemotherapy.

Recently, Health Canada also endorsed this treatment for men with metastatic CRPC in the pre-chemotherapy setting — a great advance for those unable or willing to pursue chemotherapy.

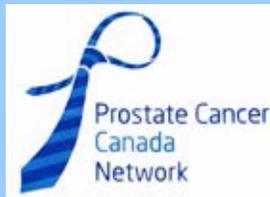
Research has also led to another discovery for the treatment of CRPC, and this one works in a different way.

“It’s a medication that works to block the receptors of the testosterone instead of working to stop its production,” explained Urologist, Dr. Andrew Feifer.

It works in six different ways to block the androgen receptor function, which in turn prevents the cancer cells from getting the fuel — testosterone — that they need to progress. These extraordinary new treatments are extremely easy to take, they have minimal side effects, and so far, there have been very few patients who are unable to tolerate them.

Of patients who have CRPC, 80 to 90 percent will have bone metastases, a condition that, if left untreated, can lead to a pathological bone fracture. “This can cause pain to such a degree that a patient needs radiation to dull the pain and surgery to stabilize a bone at imminent risk of giving way,” explained Dr. Bobby Shayegan

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Associate Professor of Urology at St. Joseph's Healthcare Institute.

Until 2004 there was no treatment for bone metastases, but in that year a new agent was discovered that, when administered, resulted in men with CRPC having substantially less chance of developing bone problems. Then in 2011, another breakthrough treatment was discovered.

"This agent is even more effective than the earlier treatment," explained Dr. Shayegan. "There's an 18 percent reduction in complications of bone metastases in patients taking the new agent compared with the one from 2004. This agent is more effective and convenient to administer."

There is a growing consensus amongst experts that a slightly more diligent approach to screening long-term patients could prolong and improve the lives of even more men that are suffering with prostate cancer.

Continued search for improvements

How to most effectively administer these new medications is outlined in a new set of guidelines developed by the Canadian Urological Association (CUA) that aim to standardize best practices amongst Canadian urologists and urologic oncologists.

"They act a bit like a white paper," said Dr. Feifer. "Helping and guiding practitioners to the best treatment options for their patients."

All of the recent discoveries offer new hope to patients with advanced stage prostate cancer. The subject of how often long-term prostate cancer patients should be screened for metastases, if they have no symptoms, has been a contentious one. But, with the new products that are available, there is a growing consensus amongst experts that a slightly more diligent approach to screening long-term patients could prolong and improve the lives of even more men that are suffering with prostate cancer.

Joe Rosengarten editorial@mediaplanet.com

<http://ca.mediaplanet.com/prostate-cancer/exciting-advancements-in-prostate-cancer-treatments>

Lycopene Intake Linked to Lower Risk of Aggressive Prostate Cancer

Finding ways to facilitate the prevention of prostate cancer remains an important area of research, as prostate cancer is still the second leading cause of cancer deaths among men in the United States.

In a new prospective study on the role of dietary lycopene in reducing the risk of prostate cancer, Edward Giovannucci, MD, of the department of nutrition at the Harvard School of Public Health, and colleagues found that consuming foods high in lycopene is linked to reduced risk of lethal prostate cancer. They suggest that with the advent of prostate-specific antigen screening, which has resulted in an uptick of asymptomatic, early-stage, and indolent prostate cancer diagnoses, the more relevant endpoint for lycopene studies may be the detection of lethal prostate cancer rather than indolent disease. The study was [published](#) in the *Journal of the National Cancer Institute*.

Higher intake of dietary lycopene was inversely associated with any prostate cancer, with the strongest association for lethal prostate cancer (hazard ratio of 0.47; $P = .009$). Higher lycopene consumption was also associated with prostate tumors with less angiogenic potential, according to the study authors.

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Lycopene—a carotenoid and antioxidant found in red colored fruits and vegetables—has been investigated in many studies for its potential ability to prevent the development of prostate cancer. Earlier studies provided evidence that consumption of foods high in lycopene, such as tomatoes and tomato-rich products like tomato paste, can reduce prostate cancer risk by as much as 25% when high levels of lycopene in the blood serum were detected. But more recently, studies have found either no association or an inverse association. For example, a 3,500-participant study conducted at the Fred Hutchinson Cancer Research Center in 2011—one of the largest studies to examine the role of lycopene in protection against prostate cancer—found no association when participants' blood samples were analyzed for lycopene levels.

The new study analyzed dietary data from 49,898 men participating in the Health Professionals Follow-Up Study. Men between the ages of 40 and 75 were enrolled and submitted questionnaires every 2 years on lifestyle and health, and every 4 years on dietary habits. The new study re-evaluated the dietary questionnaire data from 1986 through 2010. A [previous assessment](#) of the data from this same cohort showed that dietary lycopene was linked to a 20% lower risk of prostate cancer.

In the current analysis, baseline height, body mass index, history of prostate cancer, smoking history, total dietary calorie intake, total carbohydrate consumption, and percentage of PSA screening did not vary in the different quintiles of lycopene consumption. Men in the upper quintiles of lycopene consumption tended to be slightly younger (median 52.9 years of age vs 56.8 years of age for the lowest quintile) and more likely to do vigorous physical activity. The men who ate more lycopene consumed higher amounts of tomatoes and tomato products, such as tomato juice and pizza. The men who consumed more lycopene also tended to consume less alcohol, coffee, and all types of fat, but more fruits, vegetables, and fiber.

Compared with the bottom quintile of lycopene consumption, the top quintile was associated with a hazard ratio of 0.72 for total prostate cancer and a hazard ratio of 0.47 for lethal prostate cancer. The difference in median lycopene levels between the highest and the lowest quintiles was fourfold (3,160 mg/day compared with 13,391 mg/day).

In a subanalysis of only men who had undergone PSA screening and had at least one negative test result, the highest lycopene intake quintile was inversely associated with lethal prostate cancer ($P = .009$). "Men with the highest intake were half as likely to develop lethal prostate cancer compared with those with the lowest intake," stated the authors. Consumption of lycopene earlier in the study was more strongly associated with lower risk compared with more recent lycopene consumption, which the authors suggest supports the idea that long-term or early dietary lycopene intake may be more relevant for prostate cancer prevention, particularly prevention of aggressive prostate tumors.

Using archival fixed tumor samples from 1,180 men who were diagnosed with clinical localized prostate cancer through 2002 and underwent prostatectomy or transurethral resection of the prostate, the study authors found that men who consumed higher levels of lycopene had tumors with less angiogenic potential. The blood vessels of these tumors had smaller diameters, consisted of a smaller area, and were less irregular compared with those from men in the lower quintiles of lycopene consumption.

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Studies linking dietary intake with clinical outcomes are generally difficult to conduct. In the case of lycopene, the antioxidant can be difficult to measure in foods and its bioavailability can vary greatly. The strengths of the current study included the number of participants, repeated measurements of lycopene consumption, the ability to track changes in diet over a longer time frame, and the ability to assess tumor samples. Limitations included the inability to account for all possible confounding factors and the use of participant-reported data. <http://www.cancernetwork.com/prostate-cancer/lycopene-intake-linked-lower-risk-aggressive-prostate-cancer#sthash.WzybuBa2.dpuf>

NOTABLE

What are the health benefits of milk?

Monday 3 March 2014 - 12am PST

Milk has long been associated with good health and is one of the most consumed beverages throughout the US and Europe. It is thought that the ability to digest the milk sugar lactose beyond infancy first evolved in dairy farming communities in central Europe around 7500 years ago.

Popular sayings and slogans such as "Milk: it does a body good" and "Got Milk?" have brought milk into the mainstream media and further propelled the notion of milk being a healthful choice.

Milk can come from many different species of animal, with cow, sheep, and goat milk being the most popularly consumed. There are also many "**milk alternatives**" available now, such as soy milk, almond milk, coconut milk, hemp milk and more. Even cow's milk comes in many varieties including flavored varieties like strawberry or chocolate, lactose-free milks, milk with added omega-3s, hormone free or organic milks and reduced fat milk.

This MNT Knowledge Center feature will focus solely on cow's milk and is part of a collection of articles on the health benefits of popular foods. It provides a [nutritional breakdown](#) of milk and an in-depth look at its possible [health benefits](#) and any [potential health concerns](#) with consuming milk.

Nutritional breakdown of milk

One cup of milk is considered one serving. The nutritional breakdown of milk depends on the fat content. Whole milk, with 32.5% fat contains 146 calories, 8 grams of fat, 13 grams of [carbohydrate](#) and 8 grams of protein in one cup. One cup of nonfat or skim milk has about 86 calories, 0 grams of fat, 12 grams of carbohydrate and 8 grams of protein.

Some important nutrients that all milk provides are:

Calcium's primary job is the development and maintenance of healthy bones and teeth.

Calcium: Dairy products like milk are the best dietary sources of [calcium](#). Calcium has many functions in the body but its primary job is the development and maintenance of healthy bones and teeth. Calcium is also important for blood clotting and wound healing, maintaining normal [blood pressure](#), and muscle contractions including heartbeat. It is important to try to pair calcium-rich foods with a source of [vitamin D](#), as [vitamin D](#) helps the small intestine to absorb calcium. There are 306 milligrams of calcium in one cup of skim milk.

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Choline: Milk is also one of the best sources of choline; an important nutrient found that helps with sleep, muscle movement, learning and memory. Choline helps to maintain the structure of cellular membranes, aids in the transmission of nerve impulses, assists in the absorption of fat and reduces chronic [inflammation](#).⁴

Potassium: High potassium intakes are also associated with a reduced risk of [stroke](#), [heart disease](#), [high blood pressure](#), protection against loss of muscle mass, preservation of bone mineral density and reduction in the formation of [kidney stones](#). A high potassium intake is associated with a 20% decreased risk of dying from all causes.³ The recommended daily intake of potassium for all adults is 4700 mg per day.

Vitamin D (fortified): Vitamin D is important for bone health, aiding in the formation, growth, and repair of bones. Vitamin D also plays an important role in calcium absorption and immune function. Vitamin D deficiency has been associated with [osteoporosis](#), [depression](#), chronic [fatigue](#), muscle pain, PMS, [hypertension](#), and breast and [colon cancer](#).

Milk also provides magnesium, phosphorus, vitamins A, riboflavin, vitamin B-6 and vitamin B-12.

Possible health benefits of consuming milk

Bone Health: Everyone has heard that milk is good for the bones. That is because of its powerful duo of calcium and vitamin D. However, it is equally important to have an overall balanced and healthy diet, as adequate calcium and vitamin D alone are not enough to prevent osteoporosis. Regular physical activity and strength training, along with not smoking and eating a diet low in sodium and high in potassium also contribute to overall bone health and a decreased risk of osteoporosis.

Blood pressure and heart health: An increased potassium intake can play a huge role in improving vasodilation and lowering blood pressure.

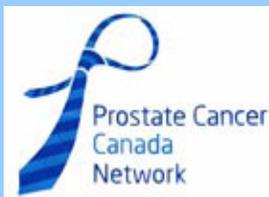
An increase in potassium intake along with a decrease in sodium intake is the most important dietary change that a person can make to reduce their risk of cardiovascular disease, according to Mark Houston, M.D., M.S., an associate clinical professor of medicine at Vanderbilt Medical School and director of the Hypertension Institute at St. Thomas Hospital in Tennessee.³

In one study, those who consumed 4069 mg of potassium per day had a 49% lower risk of death from ischemic heart disease compared with those who consumed less potassium (about 1000 mg per day).³ Unfortunately, according to the National Health and Nutrition Examination Survey, fewer than 2% of US adults meet the daily 4700 mg recommendation.³ Incorporate more potassium-rich sources such as milk, oranges, tomatoes, lima beans, spinach, bananas, prunes and yogurt into your daily diet to increase your potassium intake.

Cancer: The risk of dying from [colorectal cancer](#) is highest in geographic locations that receive the least amount of sunlight. Some [research](#) suggests that one reason for this is that vitamin D might play a role in cell growth regulation and [cancer](#) protection.

According to the [National Cancer Institute](#), "research results overall support a relationship between higher intakes of calcium and reduced risks of colorectal cancer, but the results of studies have not always been consistent."²

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Some studies have suggested an increased intake of calcium and lactose from dairy products may help to prevent [ovarian cancer](#).²

Dairy proteins support muscle growth and repair.

Depression: Adequate vitamin D levels support the production of serotonin, a hormone associated with mood, appetite and sleep. Vitamin D deficiency has been associated with depression, chronic fatigue and PMS.

Muscle building and weight loss: Milk is a great source of natural, high quality protein. Maintaining a healthy amount of muscle is important for supporting metabolism and contributing to weight loss and weight maintenance. A diet that is sufficient in protein is needed to preserve or increase lean muscle mass. Dairy proteins support muscle growth and repair. According to *Today's Dietitian*, a recent analysis of over 20 clinical trials suggested that an increased milk intake can boost muscle mass and strength during resistance exercise in both younger and older adults.⁶

Concerns and Precautions

Those with [lactose intolerance](#) may experience bloating, [flatulence](#) or [diarrhea](#) when consuming milk and milk products. Drinking lactose-free milk, which has added enzymes to help with lactose digestion, may ease or eliminate these symptoms.

Consuming too much potassium or phosphorus, both of which are high in milk, can be harmful for those whose kidneys are not fully functional. If your kidneys are unable to remove excess potassium or phosphorus from the blood, it could be fatal.

Consuming an excess amount of calcium is also dangerous. You are unlikely to exceed calcium intake limits with food, however taking an excess amount of calcium via supplements can cause unwanted side effects such as [constipation](#), kidney stones or kidney failure. The tolerable upper intake level of calcium is 2.5 grams per day for healthy individuals over the age of 1 year.

High calcium intakes have been linked with an increased risk of [prostate cancer](#) in some studies, however others have found no associations between prostate cancer and calcium intake.²

Written by [Megan Ware, RDN, LD, registered dietitian and nutritionist](#)

SOCIAL MEDIA LINKS

Prostate Cancer: Chemotherapy for Metastatic Disease

<http://www.youtube.com/watch?v=lmThZqKOiHc>

Radiation Therapy Side Effects for Prostate Cancer Patients

<http://www.youtube.com/watch?v=KbzARAszGqw>

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QUOTABLE

"St. Patrick's Day is an enchanted time - a day to begin transforming winter's dreams into summer's magic."
~Adrienne Cook

"The first day of spring is one thing, and the first spring day is another. The difference between them is sometimes as great as a month." - Henry Van Dyke

"If we had no winter, the spring would not be so pleasant; if we did not sometimes taste of adversity, prosperity would not be so welcome." - Anne Bradstreet

"No matter how long the winter, spring is sure to follow." - Proverb

PCCN Markham
Prostate Cancer Support Group
Meets the 2nd Tuesday
Every month
September – June
St. Andrew's Presbyterian Church
143 Main St Markham

The Markham PCCN Prostate Support Group is generously supported by Dr John DiCostanzo, PCCN, Janssen Pharmaceuticals, St. Andrews Presbyterian Church, and the Canadian Cancer Society.

The group is open to all; survivors, wives, partners, relatives and those in our community who are interested in knowing about prostate health. Drop by St Andrews Presbyterian Church 143 Main Street Markham at 7:30PM, the 2nd Tuesday every month from September to June. The information and opinions expressed in this publication are not endorsements or recommendations for any medical treatment, product, service or course of action by PCCN Markham its officers, advisors or editors of this newsletter.

Treatment should not be done in the place of standard, accepted treatment without the knowledge of the treating physician.

The majority of information in this newsletter was taken from various web sites with minimum editing. We have recognized the web sites and authors where possible.

PCCN Markham does not recommend treatment, modalities, medications or physicians. All information is, however, freely shared.

Email markhampccn@gmail.com

We look forward to your feedback and thoughts. Please email suggestions to markhampccn@gmail.com