

Printed for the Prostate Cancer Support Groups as a courtesy of Newfoundland Power

Walk a Mile in His Shoes

Walk a Mile continues to successfully promote provincial prostate cancer awareness. In 2008 approximately \$84,000 was raised and more importantly the walk helped to increase the awareness of the most common cancer diagnosed in men. The walk a mile funds are managed by the NL division of the Canadian Cancer Society and are used primarily to promote prostate cancer awareness and to provide patient support.

Walk a Mile began in 2000 as a Father's Day event for the purpose of increasing prostate cancer awareness throughout the province of Newfoundland and Labrador. 2008 marked the ninth successful year for the campaign which now coincides with Father's Day and the September national awareness campaign. Our gratitude is extended to all our supporters, volunteer workers and participants.

Labrador City continues to be the leading site. In 2008 the group from Labrador City presented a cheque for \$18,180. The 2008 top provincial fundraiser (\$3265) was Jim Buffett, Labrador City. As top fundraiser, he received a return trip for two people to any scheduled WestJet destination in Canada.

The two top-site draw winners were Tom Barry (Grand Falls Windsor) and Clem Haley (Carbonear). The prizes were complimentary one night stays at the Courtyard by Marriott Hotel with a dinner certificate at Smitty's and at the Capital Hotel with a dinner certificate.

Planning for the *Walk a Mile 2009* is proceeding well. If you plan to walk in your area, please call Christa at 1-888-753-6520. We look forward to the continuation of our current sites and we would greatly appreciate the addition of any new site.

2009 Events Calendar

**Walk a Mile
Father's Day Weekend
&
September Awareness Month**

**CPCN National Conference
Sheraton Hotel
St. John's, NL
September 9-11th**

Provincial Conference 2008



On the weekend of October 17-18, prostate cancer survivors from all across the province assembled at the Lion Max Simms Memorial Camp for the annual retreat. All seven provincial support groups were represented. They came as well from the broader network, thus representing regions beyond the reach of the support groups.

Healthy Living: life before and after diagnosis was the conference theme. The speakers were pathologist Dr. Maurice Dalton and nutritionist Carolyn Dicks. Dr. Dalton addressed the issue of PSA testing and fielded a variety of questions on the significance of pre and post treatment readings. Ms Dicks captivated the audience with her presentation on nutrition and prostate cancer and the dietary connection to prostate health.



Charlie Ward shared his personal experience with the group. With the aid of a power point, he outlined the steps that he has followed in dealing with the sexual side effect resulting from his surgery. "I tried it all and it didn't work", he said. The final step was a penile prosthesis, the satisfying solution. He explained the procedure with particular reference to his own experience. He cautioned, however, that it's a personal choice and may not be for everyone; but for him and his wife it works and they are pleased with the outcome. Charlie did point out that once you make the decision to go in this direction there is no turning back in the event that some magic solution suddenly appears on the market.



Because of the National conference being held in St. John's in September, there will be no provincial conference in 2009. The time, location and details of the next provincial conference will be published early in 2010.



CPCN National Conference 2009
September 9th - 11th
Sheraton Hotel
St. John's, NL



The sixth annual CPCN national prostate cancer conference will be held at the Sheraton Hotel (formerly the Fairmont) in St. John's from the evening of September 9 through to noon September 11, 2009. The Sheraton Hotel overlooks St. John's historic harbor and is within easy reach of the city's myriad attractions.

The Sheraton Hotel has given conference 2009 registrants a special rate of \$189.00 per night + taxes. The same rate will apply for pre and post conference room nights (3 days prior to and 3 days after the program dates, subject to availability). To make your Sheraton reservations, click [CPCN National Conference 2009](#)

As in the past, CPCN is waiving the registration fee for one representative and partner from each support group in Canada. In addition, CPCN will cover the cost of accommodation at the Sheraton for the nights of September 9 and 10 for the designated support group registrant and partner. For other registrants the registration fee is \$100.00 per person. We will begin receiving registration in April (specific date will be announced later on www.cpcn.org along with details on how to register).

For your convenience, arrangements have been made with WestJet as the preferred conference airline. A 10% discount off the best available regular airfare at the time of the booking is offered. The booking account for our conference is **QC#5915**. Travel arrangements must be made through WestJet Specialty Sales Team (1-888-493-7853). Discounted rates are available for travel 3 days prior to and 3 days after the conference.

Watch www.cpcn.org for registration, program and other conference details.

Mark your calendar
September 9-11th
Don't miss this great opportunity to share with friends nationwide

National Conference 2009 Speakers



Dr. Mark A. Moyad, M.D., M.P.H.

Dr. Moyad occupies an endowed position created and funded entirely by his patients. He is the Phil F. Jenkins Director of Preventive & Alternative Medicine at the University of Michigan Medical Center (Department of Urology). His endowed position allows him to be refreshingly objective and candid about what works and what is worthless to stay healthy.

The primary author of over 80 medical articles, Mark is the editor-in-chief of the medical journal "*Seminars in Preventive & Alternative Medicine*" by Elsevier. He is an editor or regular reviewer for numerous medical journals. Dr. Moyad is the co-author or author of five books and he has maintained a consulting practice in Preventive and Alternative Medicine for the last 10 years.

Dr. Moyad has more than 2300 web sites that refer to his work. He has developed a unique and fundamental framework for disease prevention that recognizes the importance of evidence-based objective investigations of both alternative and traditional treatments.

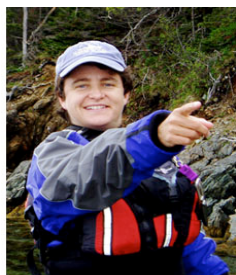


Dr. John Mulhall, M.D.

Dr. Mulhall is an associate professor in the Department of Urology at Cornell University Weill Medical College and the director of the *Sexual Medicine Program*. Dr. Mulhall has a joint appointment with the Department of Urology at Memorial Sloan Kettering Cancer Center. He is a native of Dublin, Ireland and is a graduate of University College Dublin Medical School. Following general surgery training in Ireland, he completed his urologic residency at University of Connecticut School of Medicine. He received his fellowship subspecialty training in male sexual and reproductive dysfunction at Boston University School of Medicine. The *Sexual Medicine Program* encompasses the evaluation and treatment of males with erectile dysfunction ED. His

clinical research interests include postoperative preservation of erectile function following radical pelvic surgery, erectile dysfunction as a harbinger of coronary artery disease and androgen supplementation in males and females with sexual dysfunction.

He is the recipient of numerous awards, including the Robert P. Nelson Award for his research from the Sexual Medicine Society of North America. He is on numerous committees of national and international organizations pertaining to his specialty. He is an internationally recognized speaker on the subjects of male and female sexual dysfunction. Dr. Mulhall is a Specialty Section Editor for the *Journal of Urology* and reviews for multiple journals. He has published in excess of 50 papers in peer-reviewed journals and has authored many book chapters on topics related to his field of expertise.



Dr. T.A. Loeffler, Ph.D.

Dr. Loeffler (TA) is a Professor of Outdoor Recreation at Memorial University of Newfoundland. She is attempting to complete "The Seven Summits," the highest peak on all seven continents. Her work and adventures have taken her to 35 different countries and five different continents. TA regularly inspires audiences big and small with multimedia presentations of her various adventures. She is a gifted speaker who has her audiences laughing out loud one moment and deep in thought the next. She tailors each presentation to the unique needs of the audience. TA Loeffler is a unique combination of outdoor adventurer, author, filmmaker, photographer, educator and motivational speaker. She has received international and national recognition for her innovative teaching and motivational speaking.

The Debate goes on... Are Prostate Cancer Tests Worth the Trauma?

Common Prostate Cancer Test Means Unneeded Treatment, Study Says; Some Docs Disagree

By AUDREY GRAYSON and DAN CHILDS
ABC News Medical Unit
March 10, 2009

New research is adding fuel to the fiery debate over who should be screened for prostate cancer. Researchers say that many prostate cancer patients can live with low-risk cells. While proponents of the standard blood test used to detect signs of prostate cancer -- called the prostate-specific antigen, or PSA test -- maintain that it has saved thousands of lives, researchers in the Netherlands suggest that many men who are diagnosed with prostate cancer [may have been better off never knowing](#) they had the disease.

In a study of American men that lasted from 1985 and 2000, the researchers found that between 23 percent and 42 percent of prostate cancers identified by PSA testing are so slow-growing that they probably would never have posed a health threat. In other words, most of these men would have lived a full life and died from another cause entirely, never knowing they had these slow-growing cancers. Instead, the authors maintain, the men were subjected to unnecessary treatment as well as the psychological trauma that goes along with a cancer diagnosis. The study is published in the current issue of the Journal of the National Cancer Institute.

Dr. Michael Barry, medical director of the Center for Primary Care Innovation at Massachusetts General Hospital, notes in an accompanying editorial that he believes the researchers' estimates are probably low. "The increased risk of getting a diagnosis of prostate cancer due to screening is much higher than for other cancers we screen for, such as cervical, colorectal, or breast cancer," Barry explained. He argued that the benefits of screening, which he said have not been proved, need to be weighed against the emotional trauma of a low-risk cancer diagnosis and possibly unnecessary treatment.

On the other side of the debate are doctors like William Catalona. As director of the Clinical Prostate Cancer Program at Northwestern University Feinberg School of Medicine in Chicago, he has seen his fair share of prostate cancer. And while he acknowledged that a certain level of over-diagnosis occurs when it comes to prostate cancer testing, he said the benefits of the test far outweigh the risks of not having it done.

"I think that if [the authors] spent as much time trying to cure prostate cancer patients as I do, they might think again about discouraging efforts at early prostate cancer detection," Catalona said. "There is little doubt that PSA testing saves lives."

"The age-specific prostate cancer-specific death rate in the United States has decreased by 37.5 percent in the PSA screening era, and even the naysayers estimate that 45 percent to 70 percent of this decrease is probably due to PSA testing," he said.

Dr. Robert Reiter, professor of urology and director of the Prostate Cancer Program for the UCLA Health System, argued that the harms of diagnosing some patients who may not need treatment is far outweighed by the benefit of catching some deadly cancers early.

"The reality is that the goal of early diagnosis will become increasingly relevant for all cancers, in as much as the only way to reduce death from cancer is to diagnose them even earlier," Reiter said. "There is not nearly as much over-diagnosis as these individuals think."

Even Barry admitted that on an individual level, it is impossible to identify which men may have been over-diagnosed and require no treatment for the disease. Given this fact, many believe that recommending that men skip their PSA screenings would be a premature step. Still, Barry noted, more needs to be done to weed out those men for whom prostate cancer will never be a problem. "What's becoming increasingly clear is that men who elect regular PSA testing to screen for prostate cancer substantially increase their risk of having to deal with a diagnosis of prostate cancer, including how to treat it, and men who would have eventually faced a diagnosis of prostate cancer anyway will have to do so much earlier," he said.

Regardless of the outcome of this debate, one thing is clear -- prostate cancer screening is not going away anytime soon...

*If you would like to have your **story/journey** printed in a future issue, please forward a copy of it, along with a recent photo (optional), to me at gmercercer@nl.cancer.ca or write to:*

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