



“WHO are these FELLOWS?”

The mandate of *teaching* hospitals, such as London's, includes provision of exemplary patient care, provision of training for future healthcare personnel and conducting relevant medical research. Typically, these activities are inter-related. One of the cogs in the wheel is the *Clinical Fellows* and *Research Fellows*.

Unlike *Residents*, who are medical graduates undergoing training to become specialists, *Fellows* are physicians who have already completed their specialist training - in our case, urology training. They are seeking additional training in specific areas of urology, with the ultimate goal of “super-specializing” their clinical practice in that chosen area. (Some areas of specialization in urology include management of stone disease, urologic cancers, male reproductive and sexual problems and kidney transplantation.) For some years now, we have been conducting a two year Urologic Oncology Fellowship Training Program at University of Western Ontario, with the generous support of Sanofi Aventis and a private donor. Our program consists of a *Clinical* year and a *Research* year.

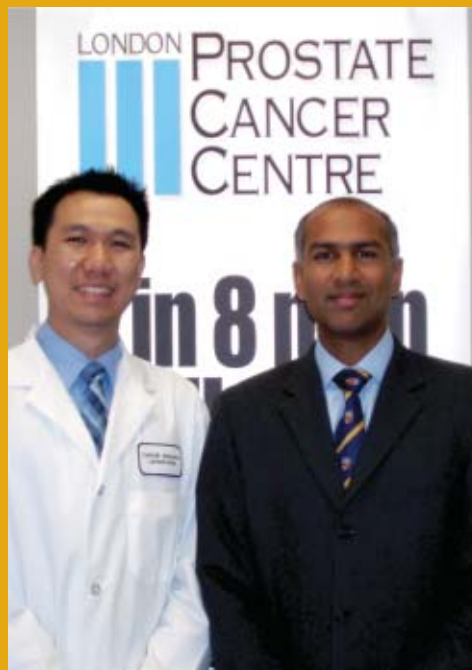
What is the function of the Urologic Oncology Fellows?

Since their goal is to receive training to become super-specialized in management of cancers of the prostate, bladder, kidney, testis and other related organs, they assist the attending uro-oncologists at surgery for these cancers, and participate in the patient care on the ward and in the clinic. A very important aspect of their training is the exposure to state-of-the-art management techniques and new investigative modalities.

Take prostate cancer as an example: the Fellows not only become well-versed in radical prostatectomy techniques, they are also exposed to new radiotherapy treatment concepts and techniques. These include brachytherapy, new investigational chemotherapy and hormonal treatment protocols, robotic prostatectomy, HIFU (high intensity focused ultrasound), cryosurgery etc. They also learn to manage the consequence of treatment such as erectile dysfunction (with their exposure to not only *nerve-sparing* but also *sural nerve graft* surgery) as well as erectile function ‘rehabilitation’ programs.

On the research front, the Fellows conduct clinically related research based on our treatment experience (e.g. they are reporting on the quality of life of patients after various treat-

OUR FELLOWS...



Currently, our Fellows are Dr. Darwin Lim from the Philippines (Clinical) and Dr. Venu Chalasani from Australia (Research).



BROCK TALK

Dr. Gerald Brock is a urologist at St. Joseph's Health Care, London

Summer Time and the Living is Easy!

Summer time. Long days, warm nights and the sense that life is good. Why is it that Canadians appreciate the warm weather that seems to come on earlier each year? I guess it's a quality of life thing. The ability for us to go outside, wear minimal amounts of clothing and do almost anything we want is a freedom that is universally valued.

Sounds simple right? Well these concepts are only now making their way into medical clinics and physicians' minds as you read this article. In fact, having studies that evaluate the impact of various treatment approaches using quality of life (QoL) measures has only become a reality over the past decade.

When I graduated from medical school in 1986, now just over 2 decades ago, prostate cancer studies routinely looked at cure rates and complications of treatment. The idea that quality of life would be a valuable endpoint worth quantifying was not yet realised. We have advanced significantly since then and now incorporate assessments of quality of life and determine the impact of therapy in all large studies. Most physicians regularly offer patients a choice of therapy where the impact on QoL is a major deciding factor.

Erectile function for many men and their partners is an important aspect of their quality of life. In men following prostate cancer therapy, new ideas on strategies to recover erectile function, preserve the penile integrity (the muscle within the penis) and help nerves recover from the surgery or radiation continue to gain support. Recently we have completed a study in London where, as a part of a large multinational investigation, close to 1000 men were exposed to daily therapy with Levitra or placebo for 12 months (a member of the class of drugs similar to Viagra & Cialis) and assessed for recovery of sexual functioning.

Great strides have been achieved over the past few years in our understanding of the impact of prostate cancer therapy on men and their partners. Use of early erectile treatment, identification by the patient of the issues that impact on quality of life following prostate cancer therapy and the knowledge that physicians need to work to reduce these negative effects have allowed us to improve outcomes. As quality of life is recognized as a valuable measure of outcome, coupled with cancer cure rates, patient satisfaction rates will rise, allowing us all to fully enjoy the warm weather.



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This publication should not be used for purposes of self-diagnosis or as an alternative to medical care. If you suspect you have cancer, consult a physician immediately.

Letters-to-the-editor or ideas for articles may be submitted, in writing, to the above address.

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ments for prostate cancer). The Research Fellow participates in basic science research under the direction of Dr. John Lewis at the Robert Hardie Research Laboratory. The Fellows serve an important function in clinical trial research: they perform some of the assessments of the study participants and become familiar with the rationale of the studies, the actual process of running a clinical study, the data analysis as well as reporting results etc.. They learn about challenges facing clinical investigators and pitfalls of such activities.

The Fellows present our research findings at various scientific meetings – from local to international. One important objective of the Fellowship is to publish some of our results and experiences in peer-reviewed scientific journals. In the past year alone, the Fellows have made fifteen presentations on behalf of our Fellowship Program at several national and international urology congresses and have been authors in six

articles in highly regarded urology journals.

The Fellows also contribute to the process by teaching the junior trainees, thereby sharpening their teaching skills for their future role as *academic* uro-oncologists.

When we work with students from abroad our preference is to provide advanced training in urologic cancer management to individuals who then return to their home country and become opinion leaders and pioneers in urologic cancer surgery.

A productive Fellowship Program is a truly rewarding experience for the trainees and for the faculty. The end results are improved understanding of the disease process and better treatment for urologic cancers and thus the ultimate beneficiaries are the patients we serve.



J.L. Chin, M.D., Uro-oncology Fellowship Director,
J.I. Izawa, M.D., Uro-oncologist,
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Lexus of London Charity Golf Classic

On June 4th, 2007 160 golfers raised

\$100,000

at the Highland Golf
and Country Club.

This year funds will support the
ground breaking research of Dr. John
Lewis, the Robert Hardie Chair in
Prostate Cancer Research

Thank you!

Over \$425,000 raised to date.

Golfers, mark your calendars. June 2, 2008

Our Docs Raise \$80K



In our "42K for Cancer" fund-raising project at the 2007 Boston Marathon, our team, in order of finish times was, Chris Boucher (London Health Sciences Foundation), Dr. David D'Sousa (radiation oncologist), Dr. Eric Winquist (medical oncologist), and myself. My "excuse / explanation" is that this is also the order of increasing age.

We arrived in Boston on Saturday to prepare for the Monday race. All weekend we watched weather reports of a major storm affecting northeastern U.S., with Boston being one of the anticipated targets. There were discussions of possible cancellation of the race for the first time in its 111-year history. We boarded our bus at 6 a.m. on Monday for the 45-minute trip to Hopkinton and the start line amidst a steady downpour and gusting winds. The 22,000 run-

ners were all 'corralled' in an indoor track and field facility, all waiting for 10 a.m..

There were staggered starting times for the various groups according to their previous marathon results. The elite runners started first and the 'also-rans' followed. Each runner's progress was tracked by an electronic chip attached to his/her shoe which registered a signal at various points along the course. At start-time, we had to battle gale-force headwinds and steady rain coming at us horizontally. We all ran at our own pace. I was careful not to start out too fast and kept a steady comfortable pace. The volunteers and spectators lining the course and chanting encouragement were truly inspirational. The sight of each distance marker was a small victory and, happily, the weather improved steadily as we progressed. The long-anticipated and dreaded Heartbreak Hill near Mile 20 came and went. As I went past the half way point, I knew Chris and David, and probably Eric, had already crossed or were approaching the finish line. After what seemed like eternity, I crossed the finish line and still managed to stay upright, albeit somewhat wobbly. I exchanged my shoe chip for the coveted Boston Marathon medal and wore it proudly.

Thanks to all our generous sponsors, we almost doubled our goal of \$42,000 and raised close to \$80,000 for Prostate Cancer research. Part of the funds is earmarked for clinical research on patient "quality of life" following various prostate cancer therapies and the rest will fund a project to be conducted by Dr. John Lewis, the Robert Hardie Uro-oncology Research Chair, on the effects of Vitamin E, Selenium and other anti-oxidants on prostate cancer metabolism and growth. Thanks to our donors, everyone associated with prostate cancer, either as a patient, researcher or clinician – including the marathoners with sore muscles and feet – turned out to be a winner, just as one road-side sign said.

J.L. Chin, M.D., Chief, Surgical Oncology
London Regional Cancer Program
London Health Sciences Centre.



GOT a Bike? Why not JOIN us.

Mark your calendars for May 15th, 2008!



On Monday May 27, 2007, 130 riders braved the rain to raise over **\$45,000** for Prostate Cancer Research and Education.

Congratulations to all who participated!

The Motorcycle Ride for Dad

Tel: 519.685.8448

www.motorcycleridefordad.org

What's NEW

Prostate Cancer Clinical Trials

Clinical trials are essential to determine if promising new therapies are effective in the treatment of cancer as well as to compare and refine existing treatments. As an Academic Health Sciences Centre we feel strongly that whenever possible, clinical trials should be available to men with prostate cancer, ideally, at every point in their care. In this way we can provide excellent care and gather important information about our treatments to help our patients now and in the future. We list below some of the clinical trials that are available. Your care team can advise you if you are suitable for participation. Additional details can be found at www.ontariocancertrials.ca

Surveillance for localized prostate cancer:

The "START" trial is a randomized trial comparing initial active surveillance versus immediate treatment with either surgery or radiation for men with very early prostate cancer. The trial is designed to help answer whether men with early cancer should be initially watched closely and then treated if the cancer is active or be treated immediately after diagnosis. This trial will be opening in London soon.

Radiation treatments for localized prostate cancer:

There are three separate randomized trials that are comparing different radiation dose and treatment schedules for men with cancer confined to the prostate. Men are eligible for these trials based on their PSA and the Gleason grade of their cancer at biopsy.

Locally advanced prostate cancer:

There are four trials comparing the combination of hormonal therapy alone versus hormonal therapy combined with chemotherapy either before radiation treatment; before prostatectomy/surgery; after surgery; or after radiation treatment. Men are eligible for these trials based on whether they are to undergo radiation or surgery as their main treatment as well as their estimated risk of cancer recurrence based on their Gleason Grade and PSA.

Recurrent prostate cancer:

The ELAAT trial will be opening soon and will examine whether it is more effective to use hormonal therapy before symptoms develop, or later, in men who have prostate cancer recurrence after radiation. The Tax 3503 trial examines the benefit of adding chemotherapy to hormone therapy for men with prostate cancer that recurs after surgery.

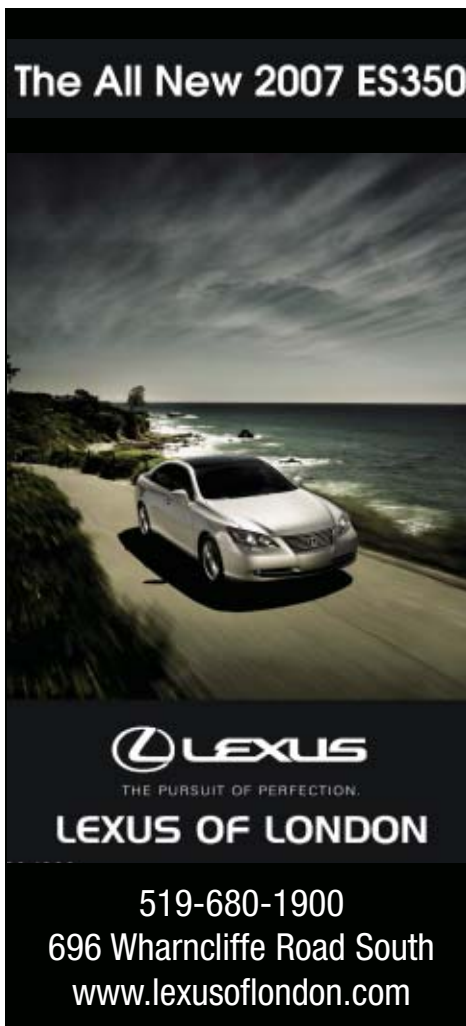
Men on hormone therapy:

One of the potential side effects of hormone therapy when it is used over long (more than 6 months) periods of time for the treatment of prostate cancer is bone loss and osteoporosis. A number of clinical trials are open in London examining a variety of bone protecting agents for men who are starting hormone therapy. These studies will help answer the question of how best to use bone protection drugs, also which drugs and when, for men on hormone therapy for prostate cancer.

There are many other clinical trials

open that are not listed here and we are constantly opening new trials. When considering your treatment options, ask your health care team whether there is a clinical trial for your situation. Learning about clinical trials can help provide valuable information about your treatment options and extensive safeguards are in place to ensure the safety and scientific validity of the clinical trials we open. **Man2Man**

Dr. Glenn Bauman
Medical Director
Genito Urinary Disease Site Team
Professor and Chair of Oncology
London Regional Cancer Program



The All New 2007 ES350

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Meet THE STREAM TEAM



Kristine Carter. R.N.
Research Coordinator

Kris graduated in Nursing from Fanshawe College in London in 1981. Since graduation Kris has worked at London Health Sciences Centre serving in numerous areas including the operating room, radiology and outpatient departments. During the past nine years Kris has played a leading role with the Urology Clinical Research Unit. Kris is married and lives in a rural area outside London with her husband, Rick and their dogs.

What CD do you currently have in your CD player?

Chris Daughtry.

What non-medical book are you currently reading?

Survival of the Fittest. Fiction.

What was the best job you had as a kid? What was the worst?

Best Job: Eaton's. Age 16-19 worked in the ladies handbags, hosiery and luggage Dept's.

Worst job: Cashier with the PUC. 2 shifts a day, afternoon and evening. Boring.

What is your idea of the perfect holiday?

Something exotic to see wildlife as long as it isn't disruptive to their survival ... with my husband.

Who in the world do you most admire?

My husband because of his talents.

If you weren't in research what would you be doing?

A veterinarian, if I was able to pass the program.

What are your hidden talents?

I enjoy cooking and decorating.

What qualities do you most admire in other people?

Honesty and respect for others.(including four legged creatures as well as two) A sense of humour is a must.

What is your all-time favourite movie?

Titanic.

What do you do to keep fit?

Jogging with my dog, elliptical crosstraining (without the dog) also weights & abds.

ASKADOC

Question:

"I am very concerned about my quality of life being affected by urinary incontinence after radical prostatectomy "

Dr. Joseph Chin answers:

Almost all patients will experience some urinary control problems initially. Normally, the prostate gland assists the external urinary sphincter in maintaining urinary control. After surgical removal, one has to rely solely on the urinary sphincter for continence.

Patients need time

to adjust to the

new anatomic

arrangement.

Performing Kegel's

exercises regularly

will definitely assist

in the recovery of

urinary continence.

Factors which affect

the speed and com-

pleteness of recov-

ery include patient

age and pre-exist-

ing medical, urologi-

cal and neurologi-

cal conditions.

With time, the

majority of patients

will regain complete

or virtually com-

plete urinary con-

trol, although the

recovery period may vary from weeks to

months. Some patients will continue to wear

a light protective pad during physical activi-

ties. A small percentage will require more

protection and a very few will still have little

or no urinary control after many months. For

these, surgical implantation of an artificial

urinary sphincter is usually the answer.



**J.L. Chin, M.D., Chief, Surgical Oncology
London Regional Cancer Program
London Health Sciences Centre.**



I've Been Herminated!

This year 800 "Do It For Dad" participants raised over \$88,000 to support prostate cancer research and education.

My name is Herm Vanderheyden, and I am a prostate cancer survivor. My journey began when a change in life insurance required medical tests. I am in my late forties, a husband, father of five children, a chemistry teacher and coach at Mother Teresa Catholic Secondary School. I was in good physical condition as a long distance runner who participated in road races from 5k to half marathon with no medical concerns. A PSA test value of 5.5 led to a prostate cancer diagnosis. I knew I wanted the cancer to be completely removed in spite of the risks of complications because I wanted to live; I wanted to attend my children's weddings and see my grandchildren.

Anyone who has experienced prostate cancer treatment knows the journey is a series of hurdles, from biopsy to diagnosis, surgery, recovery, and rehabilitation. I faced each hurdle with fear of the unknown. I am exceedingly grateful to several men I was able to speak with who went through similar treatment. I took notes! These men encouraged me to be optimistic. I was able to reflect on what I had been told by those who went before me and it gave me confidence. I am fortunate and grateful that each hurdle to date has resulted in the most positive outcome possible. In early June, four months after surgery, my first PSA test gave a value of 'undetectable', which is essentially 'zero'. My younger brother lives in Barry's Bay and invited me to run the 8k leg of a triathlon relay. I did and had a great time doing so.

I was off work for the second semester of the past school year. Two of my colleagues registered a 'Do It For Dad' team under the Mother Teresa banner. They gave me the nickname 'The Herminator', called us 'Team

Hermination' and had t-shirts made saying 'I've Been Herminated'. I asked what that meant: "It's windy and raining ice pellets outside on a mid-winter running day. Most people would decide to take a day off from training; 'The Herminator' would want to know how many layers of clothing were required for the day's run." I continue to learn about myself as I listen to my family, friends and colleagues! A second team was entered, 'Team Hermination - The Next Generation'. By the day of the event we had two full teams and had raised around \$1500.

What have I learned about prostate cancer? If found in the early stages, prostate cancer is very curable. It is often referred to as a 'slow growing' cancer. This may be true when it is found in elderly men, however, in younger men it can be a faster developing cancer. Men need to be checked. Many medical professionals who treated me remarked that my good recovery has been greatly enhanced by my level of fitness and not being overweight going in to surgery. I encourage every man to find activities that they enjoy that will allow them to be fit. No one hopes to become ill. However, if an

illness is diagnosed when we feel fit, our recovery will go much more smoothly. Being physically fit includes following a healthy diet with foods known to prevent many types of cancer.

I would like to conclude by saying how grateful I am for loving family and friends who have supported me in my prostate cancer journey. I am grateful for the medical professionals who compassionately guided me to find a cure and gave the hope for a normal lifespan. I am grateful for the ongoing care available to me as I continue to learn about living as a prostate cancer survivor. **MAN2MAN**



Herm Vanderheyden (circled) with his surgeon Dr. John Izawa and Team Hermination



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Because health matters

We wish to acknowledge and thank Sanofi-Aventis, makers of Eligard, Xatral and Taxotere, for their continuous support of prostate cancer patient initiatives.



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