



# KELOWNA PROSTATE CANCER SUPPORT & AWARENESS GROUP

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## **HAPPY NEW YEAR**

Yvonne and I would like to take this opportunity to wish everyone who reads this newsletter a Very Happy New Year and the very best in 2018.

**Editor's Note:** You will notice by the masthead on this month's newsletter there is no more Okanagan Prostate Resource Centre Society. After close to 17 years in operation, myself as the Executive Director and the Directors decided to close the operation down at the end of our fiscal year Dec. 31, 2017. It was a very enjoyable close to 17 years, but it was time. We would like to take this opportunity to thank all those who donated to our organization over the years. Your support was extremely appreciated. If any of you have questions, or concerns relating to prostate cancer, or if you wish me to speak to a group or organization I am still available but through the Support Group please call 250-762-0607 or email me at [sbren@telus.net](mailto:sbren@telus.net). Thank You again for all the support.

The guest speaker at our December meeting was Tracy Klassen, the Research and Development Coordinator for the Southern Interior at the BC Cancer Foundation office in Kelowna.

Tracy gave us a brief presentation on the need as well as the fund-raising goals for the new PET/CT that is scheduled to be in operation by 2019. At the present time there are only two publicly funded PET/CTs in the province both located in Vancouver at the BC Cancer Agency's facility. These two PET/CTs are designed to deliver approximately 7,775 scans per year but last year 9,247 scans were done between both units. They are estimating that by 2020 in excess of 12,000 scans will be needed to be performed in B.C. The BC Cancer Foundation office in Kelowna is raising \$5 million towards the total cost of the 10-Million-dollar facility. To date they have raised about \$2.5 million. Tracy also mentioned that the BC Cancer Foundation is the largest funder of Cancer Research in B.C.

Last year 900 of these scans were done for patients from the Southern Interior who travelled to Vancouver for their scans. One in five people that are treated at our Cancer Centre for the Southern Interior in Kelowna are not from our area but come to our facility from the Kootenays, Northern B.C. and other areas.

## **A bit of History on Nerve Sparing Surgery –**

The following information was obtained off the Internet and originated with *Johns Hopkins Medicine and the James Buchanan Brady Urological Institute –*

In the bad old days, the late 1970s. Doctors who treated prostate cancer had few weapons in their arsenal. One was radical perineal prostatectomy, developed by Johns Hopkins urologist Hugh Hampton Young in 1904; another was the retropubic approach, first described in the 1940s.

Both procedures were known to cure cancer, if it was still contained within the prostate, but at a terrible price. Every man was impotent after surgery, and 25 percent had severe problems with urinary control. Worse, the retropubic procedure itself was life-threatening because of the horrendous bleeding that went along with it.

Another option was external-beam radiation treatment, introduced in the 1960s. Radiation did not cure prostate cancer as well as surgery, but at least it had fewer side effects—and to many men, this presented a more attractive alternative. Hormonal therapy, a stopgap measure, was also bleak—castration, which immediately shut off the production of testosterone, and temporarily slowed the growth of cancer.

Urologist-in-chief Patrick C. Walsh, M.D. began devising the procedure that would later bear his name with the simple goal of finding surgical methods to lessen the

bleeding, “so we could actually see what we were doing, instead of blindly feeling our way,” he recalls. “Like many urologic surgeons, I was appalled by the blood loss in these men.”

Walsh spent years studying the anatomy of the blood vessels (particularly, the large veins) surrounding the prostate, and developed new techniques, which did two things: First, with the bleeding under control, the operation became much safer. And with the now “bloodless field,” for the first time, critical structures “which previously had been unrecognized and damaged, simply because they were swimming in blood and invisible” could be looked for and saved. More precise dissection and reconstruction reduced the likelihood of significant urinary incontinence to 2 percent, and of those 2 percent, incontinence was generally mild.

### **Breakthrough in Understanding How Potency Works –**

But what about impotence? “Everybody believed that penile nerves were automatically damaged by the radical prostatectomy,” says Walsh. The assumption was that the nerves that controlled an erection ran through the prostate, and were destroyed when the prostate was removed. This was considered an unavoidable hazard, the price of curing cancer.

“Even the textbooks said that this was the case,” Walsh says. “One highly respected anatomy textbook stated merely that the nerves that enable an erection were extremely small, and difficult to follow in the adult cadaver,” and their

location was known “merely through experimental studies.” But it didn’t make sense to me that the nerves from one organ ran through another organ.”

Around this time, “something unbelievable” happened to Walsh. “In 1977, one of my patients returned for a follow-up visit three months after surgery and reported that he was potent. To me, this news was staggering” how could this man be potent, if the nerves for potency were inside the prostate that I had removed? Furthermore, if this could happen to one man, then why only this one? Why weren’t all men potent after a radical prostatectomy? The key was finding these elusive nerves. If we could just figure out where they were, “and then find a way to save them but still cure prostate cancer then men would no longer be faced with an either-or situation. They could be cured of cancer, and remain potent.”

In 1981, Walsh went to the Netherlands for a conference, and met Peter Donker, a Urology professor, recently retired who was studying anatomy and tackling unanswered questions. “No one had successfully dissected the nerves to the bladder because they were difficult to identify in adults” says Walsh. “However, these nerves are not nearly so obscured in infants.” At the laboratory where Donker was working to trace these nerves in the cadaver of a still born male infant, Walsh asked the Dutch urologist if he knew what happened to the other end of this plexus of nerves, the ones that controlled penile erection. “I’ve never looked,” he said. “We got

to work. Four hours later, we were jubilant. We could clearly see that the nerves were **outside** the capsule of the prostate, and that, indeed it was possible to completely remove the prostate and preserve sexual function!”

The next step was to apply what Walsh and Donker had found in infant cadavers (where nerves are easier to see for many reasons, including the fact that infants have less fatty fibrous tissue than adults), and locate these tiny structures in the deep complicated recesses of the pelvis in adult men. Over the next months, Walsh made another important discovery: He noticed a jumble of arteries and veins that travelled along the edge of the prostate in the exact location where these nerves were found in the infant cadaver. Perhaps, he thought, these blood vessels acted as they do elsewhere in the body, maybe they provided a scaffolding for these microscopic nerves. And maybe he could use the bundles instead of pinpointing the microscopic nerves themselves as landmarks. Donker agreed. Walsh tested this theory while performing an operation called a radical cystectomy, removal of the prostate and bladder, in a 67-year-old man. “I had never seen or heard of a patient who had been potent after this operation. But 10 days after surgery, this man stated he awoke in the morning with a normal erection.”

A month later, on April 26, 1982 Walsh performed the first purposeful nerve-sparing radical prostatectomy, on a 52-year-old professor of psychology. This man

regained his sexual function within a year, and has remained complication-free, and cancer-free ever since. Over the years, Walsh has made many modifications in his original operation. "Now, that we've learned exactly where the scalpel can and cannot go, depending on the extent of a man's cancer, it has become possible to either save these nerves deliberately, or to remove more tissue by cutting these bundles away than we previously had believed possible." It used to be that surgeons never excised these nerves, because they were adherent to the rectum, instead, surgeons just cut the nerves and unknowingly left them in place.

With these anatomical techniques, "we now have a better chance of removing all the cancer," says Walsh. "Many people call this a nerve-sparing operation, but a more accurate description is that it's an anatomic radical prostatectomy, because there are actually two things going on. One is preserving the nerves, the other is creating wider margins, by excising them when necessary, removing as much tissue as possible around the cancer, and making this a better cancer operation."

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WITT'S WIT (ON THE LIGHTER SIDE) -

**Friends - Please be careful**

Yesterday I went to a Christmas Party. I had a few beers, followed by a few cocktails, followed by a few shots...

I still had the sense to know that I was over the limit. That's when I decided to do what I have never done before: I took a cab home.

Sure enough, there was a police road block on the way home, and since it was a cab they waved it past. I arrived home safely without incident. This was both a great relief and a surprise because I had never driven a cab before. I don't even know where I got it from and, now that it is in my garage, I don't know what to with it!

The Kelowna Prostate Cancer Support & Awareness group does not recommend treatment modalities or physicians: However, all information is fully shared and is confidential. The information contained in this newsletter is not intended to replace the services of your health professionals regarding matters of your personal health.

The Kelowna Prostate Cancer Support & Awareness Group would like to thank Janssen - manufacturer of Zytiga® - Abiraterone for their support in producing this newsletter.



**UP COMING MEETING DATES FOR 2017 & 2018 –**

**February 10<sup>th</sup> - March 10<sup>th</sup> – April 14<sup>th</sup>  
– May 12<sup>th</sup> – June 9<sup>th</sup>.**

**Meeting Location:**

**Our meetings will be taking place in the Harvest Room at the Trinity Baptist Church located at the corner of Springfield Rd. and Spall Rd. enter through the South Entrance. The meeting begins at 9:00A.M. The Harvest Room is located on the second floor and there is elevator access if required.**



