

THE DIGITAL EXAMINER



Number 137 – February 2011

Address changes, comments should be sent to
info@pccncalgary.org or
Call 403-455-1916
www.pccncalgary.org

Our next meeting
will be held on
Tuesday

February 8, 2011

At 7:30PM

Dr. Dean Ruether
of the Tom Baker
Cancer centre
will be our guest.

He will be updat-
ing us on his
work with Pros-
tate Cancer pa-
tients.

Our meetings are
held in our new
location which
features lots of
space for social-
izing and FREE
parking behind
the building.

The address is
1008-14 St SE
and is centrally
located in Ingle-
wood. Please
join us!

Dr. Bryan Don-
nelly will be our
speaker on
March 8, 2011

Upcoming Casino! Dates have changed. We need your help.

As you know PCCN Calgary has been approved for a casino for 2011. We have been offered the chance to move our dates to Saturday February 26 and Sunday February 27th.

As a result we are under the gun to gather our 34 volunteers needed. We will be at Stampede casino located at 421- 12 Ave SE.

No experience necessary. There are three basic shifts for each day:

11AM-7PM

6:15PM-3AM

10:30PM-2:45AM

This is an opportunity for us to raise \$65-70,000 for our organization and will enhance our ability to reach more men and their families.

Please call Karen at 403-455-1916 or email

karen.whiteman@pccncalgary.org if you can help. Feel free to invite friends and family as well. They just need to be 18years old.

Thanks in advance for your support.

Prostate Cancer Canada's

WAKE UP CALL BREAKFAST

The most important meal of the year!

If breakfast is the most important meal of the day, Prostate Cancer Canada's Wake Up Call Breakfast is the most important meal of the year! Please help Prostate Cancer Canada fund critical research, education, support and awareness initiatives.



Join us for a prostate-friendly breakfast, networking opportunities and inspirational survivor stories. Your first meal of the day could save a life.

To purchase tickets or a table, visit:
prostatecancer.ca/wakeupcall
or call 1-888-255-0333

Edmonton – April 12
Calgary – April 14

Prostate Cancer Canada thanks you and your company for your generous support.

Projection of 15 year prostate cancer specific survival after radical prostatectomy

In a new paper, just published online in the *Journal of Urology*, Eggerer et al. have now published data that will help us to be able to predict 15-year disease-specific survival in men undergoing radical prostatectomy for localized prostate cancer.

In the same manner as prior risk projections developed by Kattan and his colleagues, this set of projections is based on a sophisticated risk regression analysis modeled using clinical, pathological, and long-term outcomes data from 11,521 patients treated by radical prostatectomy at four major academic centers between 1987 and 2005. The model was then validated using similar data on 12,389 other patients treated at a separate institution during the same time period. The average (median) follow-up of the real patients in the modeling cohort was 56 months (nearly 5 years) and 96 months (8 years) in the validation cohort.

Eggerer et al. were able to show that:

- Overall 15-year prostate cancer specific mortality (PCSM) in the modeling cohort was 7 percent.

- Statistically significant predictors of PCSM were

- Primary and secondary Gleason grade 4 or 5 (each $p < 0.001$)

- Seminal vesicle invasion ($p < 0.001$)

- Year of surgery ($p = 0.002$)

Only 3 of 9,557 patients (0.03 percent) with organ-confined prostate cancer and a pathological Gleason score of 6 or less actually died of prostate cancer post-surgery.

Based on these data, they have developed a nomogram that is capable of predicting 15-year PCSM which was accurate and highly discriminating when tested in the validation cohort of patients.

When patients are stratified by age at diagnosis, the nomogram predicts 15-year PCSM rates as follows:

- For men with a pathological Gleason score 6 or less — 0.2 to 1.2 percent
- For men with a pathological Gleason score of 3 + 4 = 7 — 4.2 to 6.5 percent
- For men with a pathological Gleason score of 4 + 3 = 7 — 6.6 to 11.0 percent
- For men with a pathological Gleason score of between 8 and 10 — 26.0 to 37 percent.
- For men with organ-confined disease — 0.8 to 1.5 percent
- For men with extraprostatic extension — 2.9 to 10.0 percent
- For men with seminal vesicle invasion — 15.0 to 27.0 percent

For men with lymph node metastasis — 22.0 to 30.0 percent The authors conclude that, “The prostate cancer specific mortality risk can be predicted with remarkable accuracy after the pathological features of prostate cancer are known” and that poorly differentiated cancer and seminal vesicle invasion are the prime determinants of PCSM after radical prostatectomy. While it is fair to say that there are no real surprises in these data, based on cohorts of patients treated at some of the very best academic centers in the U.S.A., it will certainly add to the quality of the Kattan nomograms when these data can actually be built into the on-line prognostic tools available on the Memorial Sloan-Kettering web site at <http://www.mskcc.org/mskcc/html/10088.cfm>



The Man Van Schedule

Tuesday February 08, 2011

Universal Ford

2800 Barlow Tr NE

11:00 - 2:00

Tuesday February 22, 2011

#5 City Police & Stn 32 Fire

800 Saddletown Circle NE (Firehall)

11:00 - 2:00

Age plays too big a role in prostate cancer treatment decisions

Published: 22/12/2010 14:44:56

Older men with high-risk prostate cancer frequently are offered fewer – and less effective – choices of treatment than younger men, potentially resulting in earlier deaths, according to a new UCSF study.

The scientists found that men above age 75 with high-risk prostate cancer often are under-treated through hormone therapy or watchful waiting alone in lieu of more aggressive treatments such as surgery and radiation therapies. Instead, say the researchers, old age should not be viewed as a barrier to treatments that could lead to potential cures.

"There is a disconnect between risk and treatment decisions among older men," said senior investigator Dr Matthew R. Cooperberg. "Patient age is strongly influencing treatment decisions, so we sought to understand whether age plays a role in risk of the disease and survival. We found that under-treatment of older-men with high-risk disease might in part explain higher rates of cancer mortality in this group. There is also pervasive over-treatment of low-risk disease in this age group. Overall, treatment needs to be selected more based on disease risk and less based on chronologic age."

The study is published by the *Journal of Clinical Oncology*.

Prostate cancer is the most common form of cancer in men and the second most common cause of cancer death after lung cancer. This year, an estimated 217,730 men will be diagnosed with the disease, and 32,050 men will die from it, reports the American Cancer Society. Moreover, prostate cancer is the most common malignancy among older men: 64 percent of new cases in the United States this year were diagnosed in men older than 65, and 23 percent in men above 75.

Yet most studies delving into optimal treatment options focus on men younger than 75. The new UCSF study is among the first to explore the relationship between age, disease risk and survival among prostate cancer patients.

The researchers studied men in the Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) database, a longitudinal, observational disease registry of men with prostate cancer who were recruited from urology practices

throughout the United States. At the time of the study, the database contained information on 13,805 patients.

The scientists found that older patients are more likely to have high-risk prostate cancer at the point of diagnosis, and less likely to receive potentially curative local therapy. Yet when older, high-risk men received more aggressive treatment, they had a 46 percent lower death rate compared with patients treated more conservatively with hormonal therapy or watchful waiting.

The finding, the researchers say, suggests that under-use of aggressive therapy may in part explain the higher death rates of older men with the disease.

"Age does not independently predict prostate cancer survival," said Dr Peter R. Carroll, chair of the UCSF Department of Urology and co-leader of the prostate program at the UCSF Helen Diller Family Comprehensive Cancer Center. He is a co-author of the paper.

"Our findings support making treatment decisions on the basis of disease risk and life expectancy rather than on chronologic age."

The researchers note that the US Preventive Services Task Force specifically recommends against screening men age 75 or older, but that position is based on studies on younger men, and furthermore does not account for health status or other diseases that the patients may have which would affect life expectancy.

"Older men with high-risk disease frequently die of prostate cancer and under-treatment might be a factor in their deaths," said Cooperberg, a prostate cancer specialist in the UCSF Department of Urology and the Helen Diller cancer centre. "The notion of age as a primary determinant should be reconsidered. Patients with aggressive local disease should be offered a chance of aggressive therapy that might cure them regardless of their age."

Traditionally, Cooperberg said, physicians have feared the risks of surgery on their older patients. But for older patients with localised, high-risk disease – and a life expectancy of more than 10 years – the researchers recommend that surgical treatment and radiation be considered.

"Surgery and radiation risks do go up with age, but it may be that we are focusing too much on risk than on benefit," said Cooperberg. "We need a better balance between risk and benefit."

Source: [University of California - San Francisco](http://www.universityofcalifornia.edu/sanfrancisco)

This article is one of many offered in the free online journal "ecancermedicalscience" at <http://www.ecancermedicalscience.com/news>



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PCCN Calgary Warriors

The Warriors are a caring and compassionate group, well organized and full of information for those men and their families dealing with advanced prostate cancer. The Warriors serve the very important needs of hormone refractory PCCN Calgary members and all those who have an interest in management of advanced prostate cancer. The Warriors meet on the second Tuesday of each month at 6:14 pm prior to the main PCCN Calgary meeting. **Warriors meet in a separate room at the new location, 1008-14St SE. Signs will be posted. Men with advanced prostate cancer, their partners and family members are most welcome to attend!** For more information call our office at 403-455-1916.

PCCN Calgary Peer Network Meetings

Prostate cancer is often a very personal disease so we are pleased to offer smaller peer group meetings for those who would like to connect with others dealing with the same issues.

Men and women meet in separate rooms at the same

location at 7:30PM

February 22, at either: Wellspring 1404 Home Road NW

or South Calgary Health Centre-31 Sunpark Plaza SE

Many thanks to our many friends and supporters!

HELP US CONTINUE OUR WORK

Did you know that, if you donate more to registered charities like PCCN Calgary, you have an opportunity to receive a higher tax credit on your income tax return? As part of the Alberta government's Community Spirit Program, an enhanced charitable tax credit will allow you to do just that. Through this tax credit, when the provincial and federal tax credits are combined, Albertans now receive a 50% non-refundable tax credit for every dollar donated over \$200. These credits reduce taxes payable when you complete your annual income tax return.

Thanks so much for all of your support. We could not do it without you.



Please make cheques payable to
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**Canada Revenue Agency: <http://www.cra-arc.gc.ca/>
or donate online through www.canadhelps.org**