

# THE DIGITAL EXAMINER



Number 138 – March 2011

Address changes, comments should be sent to  
[info@pccncalgary.org](mailto:info@pccncalgary.org) or  
Call 403-455-1916  
[www.pccncalgary.org](http://www.pccncalgary.org)

Our next meeting  
will be held on  
Tuesday

March 8, 2011

At 7:30PM

Dr. Bryan Donnelly  
will be our  
guest.

He will be updating  
us on his  
work with Prostate  
Cancer patients.

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

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

April's meeting  
on April 12 will  
be a public event  
called "Physical  
Activity and  
Cancer."

Location TBA  
Hold the date!

PCCN Calgary is thrilled to present:

## Physical Activity and Cancer:

Experts provide information and research on how even a small amount of exercise can help prevent cancer, and the role of exercise during the cancer experience (treatment, post-treatment and survivorship).

This event will be held on April 12, 2011 at 7:00PM. Speakers include experts on both exercise and cancer.

## For example:

### Surviving to Thriving – The Physiology

Dr. Smith will discuss the physiology of exercise for cancer survivors. Research conducted in the Faculty of Kinesiology will be highlighted.

### Serving Underserved Populations- Building Community Resources.

Currently available community programs and resources for all cancer groups will also be discussed, and Lauren will cover practical ways to 'Get Moving' so that you can feel empowered to start your own physical activity plan!

### Yoga for Cancer Survivors

Mike will discuss the research supporting Yoga as a complementary intervention in cancer care, including current work on potential mechanisms. Local resources for Yoga Thrive will be presented.

### Exercising for Breast Cancer Survivors

Dr. Friedenreich will discuss the research evidence on the role of exercise for breast cancer survivors, including the observational studies linking exercise to survival and the randomized controlled trials of exercise in breast cancer patients. Current recommendations for exercise during treatment will be presented.

### Oncologist Recommendations for PA

Dr. Easaw will discuss the role the oncologist plays in supporting physical activity throughout cancer treatment.

Please save this date and invite your friends. This event will be very interesting.

Admission is free with a donation to the Food Bank. Location TBA.

## Balding at age 20 linked to prostate cancer?

A study showing that men who start to go bald at 20 may be more likely to develop prostate cancer in later life suggests they might benefit from early screening or preventative therapy, scientists said on Tuesday.

French researchers compared 388 men being treated for prostate cancer with 281 healthy men and found that those with the disease were twice as likely as the healthy men to have started losing their hair when they were 20.

If the men only started going bald when they were 30 or 40, there was no difference in their risk of developing prostate cancer compared to the healthy group.

"At present there is no hard evidence to show any benefit from screening the general population for prostate cancer. We need a way of identifying those men who are at high risk," said Philippe Giraud of Paris Descartes University, who led the study.

"Balding at the age of 20 may be one of these easily identifiable risk factors and more work needs to be done now to confirm this," he said in a statement.

Giraud, whose findings were published in the cancer journal *Annals of Oncology*, said men identified as at higher risk of prostate cancer could be selected for earlier screening, or for chemo-prevention therapy using so-called anti-androgenic drugs like Merck's Proscar, or finasteride.

The data revealed that any balding at stages II-IV was associated with double the risk of prostate cancer later in life. This trend was lost at ages 30 and 40," said Yassa.

"Further work should be done, both at the molecular level and with larger groups of men, to find the missing link between androgens, early balding and prostate cancer."

[http://](http://www.huffingtonpost.com/2011/02/16/balding-prostate-cancer_n_823945.html)

[www.huffingtonpost.com/2011/02/16/balding-prostate-cancer\\_n\\_823945.html](http://www.huffingtonpost.com/2011/02/16/balding-prostate-cancer_n_823945.html)



## Dutasteride Not a Cost-Effective Way to Prevent Prostate Cancer in Some Men, Study Suggests

*ScienceDaily* (Feb. 8, 2011) — The popular drug dutasteride may not be a cost-effective way to prevent prostate cancer in men who are at elevated risk of developing the disease, according to findings by a UT Southwestern Medical Center researcher.

In a study available in the January issue of *Cancer Prevention Research*, investigators found that the medication, at an annual cost of \$1,400, is impractical when compared to the marginal impact on survival and quality of life in at-risk groups. The drug is indicated for the treatment of enlarged prostates but also is widely prescribed for chemoprevention. "Because prostate cancer is the most common cancer in men, the implications of this data are significant since there could be millions of men who would be eligible for anti-cancer drugs," said Dr. Yair Lotan, associate professor of urology at UT Southwestern. "Prior to instituting a chemoprevention strategy to a large population, the utility and cost need to be well understood. Whether a medication improves survival, how it affects quality of life, and what its financial implications will be are all critical issues. Because dutasteride typically is prescribed for the lifetime of the patient, and therefore taken daily for decades, the cost issue is particularly relevant."

Prior research has shown that dutasteride reduced the relative risk of prostate cancer over a four-year period by 22.8 percent, but questions have remained about its cost-effectiveness. The current study analyzed the lifetime health-related costs of the drug in patients at greater risk of developing prostate cancer and compared them to other factors, such as quality and length of life.

Dr. Lotan and his colleague, Dr. Robert Svatek of UT Health Science Center at San Antonio, used a Markov probability model to compare the lifetime cost of taking dutasteride with no therapy. They used data from a previous trial and studies that evaluated outcomes of patients with prostate cancer, including treatment-related complications to create the model. The primary outcome was measured in quality-adjusted life years (QALY), which takes into account both quality and quantity of life.

"The study found that dutasteride was not cost-effective for chemoprevention unless and until a strategy is developed for targeting very high-risk patients and the cost of the drug decreases," said Dr. Lotan. "For the average man, the drug provides minimal survival benefits, and the reduction on treatment-related complications does not compensate for the high costs of every man taking the drug for many years."

UT Southwestern Medical Centre (2011, February 8) Dutasteride not a cost effective way to prevent prostate cancer in some men, study suggests *ScienceDaily*. Retrieved February 22, 2011 from [www.sciencedaily.com/releases/2011/02/110208121341.htm](http://www.sciencedaily.com/releases/2011/02/110208121341.htm)

## Prostate Cancer Survival Unhurt by Time Off Hormone Rx

ORLANDO – Periodic breaks from androgen suppression therapy did not impact survival in men with prostate-specific antigen progression after radical therapy for prostate cancer.

In a [phase III study](#) involving 1,386 men, median overall survival was 9.1 years with continuous androgen deprivation and 8.8 years with intermittent androgen suppression (*P* value .009, hazard ratio 1.02), lead author Dr. Laurence Klotz said at the Genitourinary Cancers Symposium. Median follow-up was 6.9 years. "Based on this study, which is really, I think a pivotal, definitive trial of this question, IAS [intermittent androgen suppression] should be the standard of care for most patients with PSA [prostate-specific antigen] recurrence after radiation, who are initiating androgen deprivation therapy," he said.

The inter-group study, which was stopped early based on the interim analysis, answers the long-standing question of survival for a therapeutic approach that is increasingly popular among clinicians and patients. Intermittent androgen suppression was first described in a report by Dr. Klotz in 1986 and since then has been the subject of 17 phase II and nine phase III studies. Although previous studies reported favorable results, they were either too small to determine survival non-inferiority or included patients with both metastatic and non-metastatic disease, he said.

The current study included men without metastatic disease who had a rising serum prostate-specific antigen of more than 3 ng/ml and serum testosterone of more than 5 nmol/L at one year after undergoing radiation therapy, either as primary management or post radical prostatectomy. PSA testing was performed every 2 months.

In the randomized multi-center trial, 696 patients received initial flare blockade with an anti-androgen (AA) and therapy with a luteinizing hormone-releasing hormone (LHRH) analog until castrate resistance and 690 patients received initial AA and LHRH for 8 months, at which time therapy was stopped if PSA levels became normal. If PSA rose to more than 10 mg/ml, the 8 months of therapy was repeated. Patients were switched to continuous androgen deprivation at disease progression or with a PSA of more than 10 ng/ml within 2 months of discontinuing therapy.

Dr. Christopher Logothetis, chair of genitourinary medical oncology at MD Anderson Cancer Center in Houston, said in an interview that another trial is unlikely to be conducted and that the current findings make intermittent therapy the preferred treatment. He has been using intermittent androgen suppression for more than 5 years in his patients and said the difference in quality of life is striking for these men.

"I'm not sure that the side effect profile he [Dr. Klotz] described captures the degree of benefit that patients feel when they have a normal testosterone – this general sense of well-being, a sort of equanimity they experience and return to life and engagement," he said. "My own view of life is that the benefits are underestimated."

Significant adverse events were similar between the intermittent androgen suppression and continuous androgen deprivation patients, including erectile dysfunction (86% vs. 88%), libido (79% both groups), urine frequency/urgency (61% vs. 57%), fatigue (59% both groups), myocardial ischemia/infarction (10% vs. 11%), and osteoporotic fracture (4% vs. 3%). The only real difference was in hot flashes, favoring the intermittent androgen suppression arm at 90% vs. 93% (*P* = .04), said Dr. Klotz, chief of urology, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

Quality-of-life studies, which will address off-treatment events, will be reported at a future meeting.

<http://www.internalmedicine.com/news/oncology-hematology/single-article/prostate-cancer-survival-unhurt-by-time-off-hormone-rx/ecff658f0c.html>

## The Man Van Schedule

**Tuesday March 01, 2011**

### **Safeway-Ardrie**

Tower Lane Mall-505 Main Street 11:00 - 1:30

**Tuesday March 08, 2011**

### **Safeway-Dalhousie Stn.**

5005-Dalhousie Drive 11:00 - 1:30

**Tuesday March 15, 2011**

### **Safeway-Garrison Woods**

2525-34 Ave SW 11:00 - 1:30

**Wednesday March 16, 2011**

### **Husky Truck Stop**

2525-32 Ave NE 11:00 - 2:00

**Tuesday March 22, 2011**

### **Safeway-Beddington**

8120 Beddington Blvd. NW 11:00 - 1:30

**Tuesday March 29, 2011**

### **Safeway -Ogden**

7740-18 St SE 11:00 - 1:30

**Tuesday April 05, 2011**

### **Walmart-Shawnessy**

100-310 Shawville Blvd SE 11:00 - 1:30



**Officers of the Society:**

**President**

Jason Bedard  
403.870.6170  
[jason.bedard@pccncalgary.org](mailto:jason.bedard@pccncalgary.org)

**Past President**

Bob Shiell  
[Bob.shiell@pccncalgary.org](mailto:Bob.shiell@pccncalgary.org)

**Secretary:**

Harry Ripley  
403.256.7746  
[harry.ripley@pccncalgary.org](mailto:harry.ripley@pccncalgary.org)

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[Daniel.garrison@pccncalgary.org](mailto:Daniel.garrison@pccncalgary.org)

**Executive Director:**

Karen Whiteman  
403.455.1916  
[karen.whiteman@pccncalgary.org](mailto:karen.whiteman@pccncalgary.org)

[www.pccncalgary.org](http://www.pccncalgary.org)

## 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

March 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  
**Prostate Cancer Canada Network  
Calgary**  
PO Box 72126  
RPO Glenmore Landing  
T2V 5H9

**Canada Revenue Agency: <http://www.cra-arc.gc.ca/>  
or donate online through [www.canadahelps.org](http://www.canadahelps.org)**